



Healthcare in a Vulnerable Population: Female Inmates in the USA

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Introduction/Overview

Concerns for female inmates' healthcare and risk factors

- General information about inmates/correctional facilities
- General healthcare concerns from inmates
- Brief history of correctional facilities & female correctional facilities
- Female inmate healthcare
 - Pregnancy
- Lack of policy

Healthcare Struggles for Inmates

- Allen, Wakeman, Cohen, and Rick (2010)
 - Subpar
 - Worse for inmates with MH diagnoses
 - Denied medications, therapy & regular doctors' appointments
- Nowotny (2017)
 - Lack in physical health examinations showed an increase in MH diagnoses
- Binswanger, Krueger, & Steiner (2009)
 - Rate of chronic medical conditions is larger for inmates compared to the general population of USA



Descriptive Statistics

- Number of inmates: around 6,410,000 (Maruschak & Minton, 2018)
- Number of female inmates:
 - Federal: 7% of total inmate pop (BOP)
 - Around 231,000 (Kajstura 2019)
- Number of females pregnant upon entering prison: 4% of females entering state facilities (Long 2019)
 - Majority already have children and primary care giver

History of Female Correctional Facilities

- Created for males 1891
- Females and males housed together
- Females participated in white collar crimes – faulty checks primarily
- Created “reform cottages” to make them more lady like
- 1927- first female prison in West Virginia



Female Inmate Healthcare

- Ingram-Fogel (1991)
- Health problems of female inmates
 - First week & 6 months in
- 1st week
 - Menstrual difficulties, alcohol abuse, and severe/frequent headache
- 6th month
 - Menstrual difficulties, fatigue, and severe/frequent headache
- Overweight increased from 45% to 57%
- 17% entered at normal weight and became obese within 6 months



Female Inmate Healthcare

- Over the last 30 years the female inmate population has grown drastically
- Hyde, Brumfield, & Nagel (2000)
 - Healthcare requests
 - Nurse and nurse practitioners most used
 - Expanded role
 - Short-term inmates-more requests
 - Socioeconomic status
 - Long-term inmates
 - Gastrointestinal disturbances



*Naomi Blount (advocate)- Muncy Prison, PA
Served 37 years*



Pregnant Inmates

- Fogel (1993)
 - Low socioeconomic areas
 - Anxiety about implications for their child
 - Separation anxiety
 - 52.3% did not receive appropriate prenatal care
 - 4.4% participates reported receiving NO prenatal care



Pregnant Inmates and Healthcare

- Attachment and bonding a mother has with her child
- Kelsey et. Al (2017)
 - 37.7% of facilities test for pregnancies
 - 45.7% put women through opioid withdrawal programs
 - 56.7% of facilities put restraints on women after giving birth

Pregnant Inmates and Healthcare

- Kelsey et. Al (2017)
 - Recommendations for during pregnancy care have been formed from organizations
 - Institutions do NOT have to follow
 - Facilities did not meet nutritional requirements
 - Used restraints during birth and shortly after birth
 - Belly chains, ankle chains, and handcuffs



*Stephanie Reis and Major
Reis serving time for criminal possession of a controlled substance (Wayne
Lawrence)*



Pregnant Inmates and Restraints

- Ferszt and Clarke (2012)
 - Lack of nutrition & exercise
 - Use of restraints during transport and during & post labor
 - Delivered questionnaire to female state facilities in all 50 states, only 19 responded
 - 9/19 allowed extra rest periods
 - 4/19 made not accommodations for decrease in work
 - Less than half offer parenting education or breastfeeding support
 - 15/19 require C.O. to be in room during birth
 - Only 7 reported that officer must be female

Advocacy and Support: Informal Programs

- American Civil Liberties Union
- Balaban and Kuhlik (2019)
 - 2 specific cases
 - Gave birth in cell
 - Alone after crying out
 - Staff did not respond right away
 - 1 gave birth handcuffed in ambulance-baby did not make it
- Advocacy and Research on Reproductive Wellness of Incarcerated People (ARRWIP)
 - 2 major projects
 - Management of opioid use disorder among pregnant people in jail
 - Pregnant, incarcerated people's experiences with decision making and care

Existing Policies: Federal Bureau of Prisons- Policy

- Recognize the struggles females face
- Women and Special Populations Brand (WASPB)
 - Involved in national policy development



Mothers and Infants Together (MINT)

- Help during last 2 months of pregnancy
- Eligible inmates, residential program stay up to 3 months after having the baby
- Locations: Phoenix, AZ, Tallahassee, FL, Springfield, IL, Fort Worth, TX and Hillsboro, WV

Residential Parenting Program (RPP)

- Allows min security inmates w/sentence of less than 30 months to reside w/ their babies after birth in a supervised environment for up to 30 months
- Only offered through Washington Department of Corrections



Policy Update

Possible Implications for Future Policy

- No state regulations
 - “Just World”
- General policy for pregnancy testing
- Prenatal care
- Parental education
- Restraint use revision
- Skin to skin contact for most inmates after birth
- Community resource education closer to release

Resources

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