

The Incarcerated Pregnant Patient: A Unique Family Community Partnership



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Learning Objectives

- Describe 3 ways the incarcerated OB patient is uniquely different from the “traditional” OB patient
- Identify the special health care needs of pregnant incarcerated women
- State how health care professionals can support the incarcerated pregnant patient and their family

The Incarcerated Woman

- In the U.S. One million women are incarcerated
- Most are non-violent related crimes
- Majority are of limited education, low income, and have complex social histories
- More than ½ are parents & many are single parents



- 10% of incarcerated women are pregnant.

The Pregnant Offender



- Commonly late or no prenatal care until entering facility
- Higher risk to experience illness and poor health prior to and while incarcerated
- Many have history of Substance use disorder
- Have a higher incidence of psychiatric disorders; particularly concerning for those that deliver and return to the facility without their newborn
- Express fear of labor and separation from newborn

The Newborn Factor

- Separation from newborn:
 - Can increase post partum depression
 - Can increase stress and acting out
 - Can lead to Increased child abuse once released
 - Can Increase risk of child entering system-
 - Can Increase risk for offender to return to “old behaviors”

Pregnancy= high motivation to change behaviors.
A strong parenting foundation= empowerment

The Idaho Connection

- Idaho 3rd in nation for incarcerating women
DOUBLE national average
- A local Idaho health system and local Idaho women’s prison noted a 159% increase in the pregnant population and in 2015 partnered together and launched the

OBSTETRICAL COLLABORATION PROJECT



Community Partnership

- ❖ Prior to collaboration project= SILO
- ❖ Lack of understanding prevalent across systems
- ❖ Establishment of professional relationship to better understand roles and expectations of varying partners improved understanding and let to project purpose:

To support the care needs of the pregnant women during her pregnancy and after her pregnancy.

Project Highlights



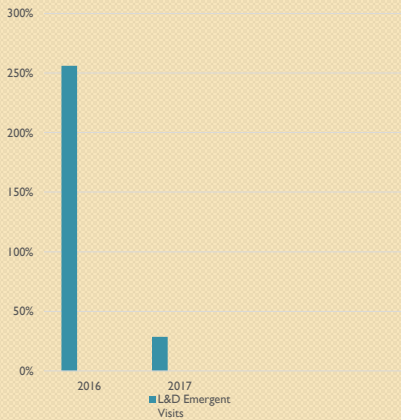
- Specialized Birth and Parenting classes offered quarterly to offenders and their families (76 families have graduated)
- Support person allowed in delivery room until discharge
- Specialized care plans for mom and baby
- Mother's and newborn receive care same as all other patients (no shackling, mom/baby rooming-in)
- Specialized newborn visits 3x week at facility
 - Breastfeeding and bonding
- Breast pump room at facility

Project Outcomes

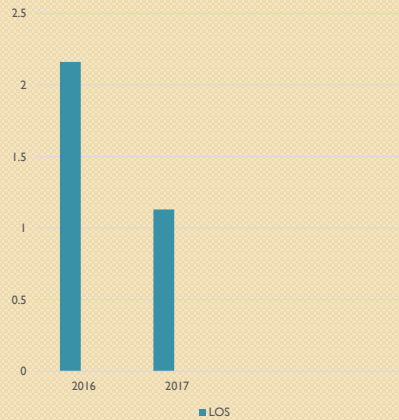
- ❖ Knowledgeable hospital staff, providers, officers, and clinic staff
- ❖ Enhance care coordination
- ❖ Improved community relationships
- ❖ Improved Obstetrical satisfaction
- ❖ Maternal Empowerment & parenting foundation
- ❖ Minimized costs associated with unnecessary transportation and staffing associated with ‘false’ labor symptoms



HOSPITAL TRANSPORTS



TIME IN THE HOSPITAL



Let's look at the Data

Incarceration & Discrimination

Healthcare biases, insensitive care and language, and societal stereotyping can potentially create a lower quality of care for these non-traditional families

- One half of all incarcerated patients express feeling discriminated by health care professionals
- Increases exponentially when pregnant
- Potential to negatively impact care

Recommendations for Clinical Practice

- Neutral, Compassionate Care is **KEY**
- Meet patients and families where they are at, not where you wish them to be; everybody has a personal journey
- Review your hospital policies/processes.
 - Do these align with your local correctional facilities?
- Is there an opportunity to build a collaborative relationship with correctional facilities in your community?

In The News

Local News highlights Incarcerated Project

- <http://idahonews.com/news/local/pregnant-in-prison-bridging-the-gap-between-the-due-date-and-release-date>

QUESTIONS?

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