Royal College of Obstetricians & Gynaecologists

RCOG Position Statement:
Maternity care for women in prison in England and Wales[1]

Recommendations

1. The standards set out in the Birth Companions Birth Charter, and the RCOG Maternity Standards, must provide a blueprint for the high-quality care and support available to all women in prison, and be the basis of all policy and best practice for maternity care in prison. We are pleased to see that the newly published Policy Framework **'Pregnancy, Mother and Baby Units (MBUs) and Maternal Separation from Children under Two in Prison' from Her Majesty's Prison and Probation Service (HMPPS)** links to the principles of the Birth Companions Birth Charter, and it is essential this policy framework is embedded in to practice across all women's prisons. Commissioners and providers of maternity services must also consider what actions need to be taken in their locality to ensure women in prison have access to the care that meets these standards.

2. Data on the number of pregnant women in prisons, including the number of births, miscarriages, stillbirths and terminations, should be collected and published regularly. In order to understand the health needs of women living in prison and to shape services accordingly, regular publication of the total number of pregnant women entering and living in the prison estate is needed. Data should also be collected on maternal and neonatal outcomes for pregnant women and their babies in prison, so that any inequalities they face can be addressed.

3. Maternity services located near to a women's prison should have a designated obstetric lead for the care of women in prison. Effective links and communication between maternity services and the prison system is an essential element of women accessing good quality care. Alongside strong links to midwifery care, there should be an obstetrician with responsibility for ensuring high quality care for women in the nearby prison. These leads should play a key role in Maternity Services Liaison Committees (MSLCs) and Multi-Disciplinary Teams (MDTs) involved in women's care.

4. Custodial sentences should only be used in the most exceptional circumstances when sentencing pregnant women. This position statement explores the impact of a prison sentence on pregnant women and their babies, at a time when the prison system does not consistently ensure they have equal access to high quality maternity care. It also outlines the complex needs of many women in the prison system and the high risks associated with pregnancies in the prison estate. The RCOG believes that community-based forms of sentencing should be prioritised for pregnant women wherever possible.

4. The prison system should better understand and meet the complex needs of women in prison. This should include adequate and sustained funding for specialist perinatal mental healthcare, including prison staff understanding how to refer women to these services, as well as adequate training in recognising the signs of domestic violence and the risks factors in relation to pregnancy, and knowledge of the support available to women in the prison system who have experienced domestic violence.

[1] As this statement has been developed to reflect the Birth Companions Birth Charter, prompted by the death of two babies in two prisons in England, this statement focuses on maternity care in prisons in England and Wales. Although Scotland and Northern Ireland have a different set up for the delivery of maternity care for women in prisons, many of the principles and standards of care outlined in this position statement apply across the UK.

Background

In 2020, just over 5000 women were sent to prison[2], and the female prison population is around 3500 at any one time[3]. It is not known how many pregnant women are detained each year as this information is not publicly recorded. However, it is estimated that there are approximately 600 pregnancies in prisons in England each year[4]. Hospital records also show a year on year increase in the number of babies born to women whilst serving prison sentences, reaching 67 in 2018/19 compared to 43 in 2013/14[5].

Women make up only 5% of the prison population as a whole, and there are 12 women's prisons in England and none in Wales[6]. **The relatively small number of women imprisoned compared to men has contributed to a lack of focus on the gender-specific health and wellbeing needs of women in contact with the wider criminal justice system.**

The Ministry of Justice has recently highlighted that, compared with men, women are underrepresented in most serious offence types and sentences[7]. Most women (72%) who entered prison under sentence in 2020 committed non-violent offences[8], and the proportion of women serving very short prison sentences has risen sharply in recent years, with over half (58%) of custodial sentences given to women being for less than six months.[9]

In the Government's Female Offender Strategy, which was published in 2018[10], there was a commitment to reduce the female prison population, recognising that a greater proportion of women could and should be given community sentences, and that those in custody needed better conditions. The **RCOG supports both these ambitions and the positive contribution they could offer to outcomes for pregnant women and their families.**

RCOG position

Access to high quality maternity care

Women in prison should have access to high quality maternity care that is equitable to all other women living in the community, and the prison system must ensure that imprisonment does not compromise maternal or neonatal outcomes. The **RCOG fully endorses the standards of care set out in the Birth Companions' Birth Charter for women's prisons in England and Wales**, **which is founded on the principle of equal provision of care for women in prisons during their pregnancy, childbirth and in early motherhood.**

Maternity services play an important role in ensuring the delivery of high quality maternity care to women in prison. The RCOG Maternity Standards Framework outlines standards for maternity services to ensure the provision of high quality maternity care, and provides a blueprint of the level of care all women should be able to access. **Commissioners and providers of maternity services must consider what actions need to be taken to ensure women in prison have access to care that meets these standards.**

The standards state that maternity services with a women's prison in their locality must have in place arrangements to link health care services for expectant women and mothers with newborns in these

[2] Prison: the facts, Bromley Briefings Summer 2021, Prison Reform Trust (2021)
[3] Official statistics: Prison population figures, Ministry of Justice/HMPPS (2021)
[4] Pregnancy and childbirth in English prisons: institutional ignominy and the pains of imprisonment, Laura Abbott et al (2020)
[5] Locked out? Prisoners' use of hospital care, The Nuffield Trust (2020)
[6] Prison: the facts, Bromley Briefings Summer 2021, Prison Reform Trust (2021)
[7] Statistics on Women and the Criminal Justice System 2019, Ministry of Justice (2019)
[8] Prison: the facts, Bromley Briefings Summer 2021, Prison Reform Trust (2021)
[9] Prison: the facts, Bromley Briefings Summer 2021, Prison Reform Trust (2021)
[10] Female Offender Strategy, Ministry of Justice (2018)

institutions to local maternity services. The standards also state that services must ensure all women have access to midwifery care in all settings, that systems should be put in place to ensure outreach to frequently excluded groups (women in prison should be considered under this definition), and that there must be clear, evidence-based guidelines and policies supporting women's access to different care settings.

Pregnant women in prison have less reliable access to maternity care than they would if they were not in prison, and face multiple barriers to accessing care. In terms of missed outpatient appointments, 22% of pregnant prisoners missed midwife appointments and 30% missed obstetric appointments, compared with 14% of midwifery appointments and 17% of obstetric appointments missed in the general population[11]. Delayed access to antenatal care is linked to increased maternal, fetal and infant mortality and morbidity.[12]

Analysis shows that one in 10 pregnant women in prison deliver before they reach hospital, meaning the birth took place either in a prison cell or on the way to the hospital.[13]There is also evidence to demonstrate limited access to wider support, pre-natal education and appropriate nutrition for pregnant women.[14]

The causes of the barriers to care for women in prison are multiple and interconnected. A lack of coordination and collaboration between maternity services and the prison system, which is exacerbated by a lack of resource across both systems, is significant. However, we know that these barriers often lead to poorer maternal and neonatal outcomes, exemplified by the deaths of two babies in two different women's prisons within 9 months of each other in 2019 and 2020.[15][16]Research studies have demonstrated a range of poorer outcomes for pregnant women in prison, and of parental imprisonment on child wellbeing.[17]

Due to the nature of living in prison, as well as the fact that the female prison population has more complex needs and experience of multiple disadvantage than the population as a whole, specialist pathways and designated professionals with knowledge and experience of working with women in prisons is important. The Royal College of Midwives (RCM) has stated the importance of having a specialist midwife in trusts that are local to a women's prison, as well as the importance of continuity of carer as a default care pathway. **To ensure that care in prison can fully reflect care received outside of prison, and ensure women have access to the right professional at the right time, we recommend that maternity services located near to a women's prison have a designated obstetric lead for the care of women in prison.**

The lack of specialist knowledge about the needs of pregnant women within the prison workforce is also a barrier. Prison staff are often responsible for acting as a link between a woman and the right healthcare, including perinatal care, and therefore a lack of knowledge can result in a barrier to access. **We recommend that all women's prison staff and staff who work with women in the criminal justice system should have mandatory training on the needs and experiences of perinatal women and their babies, as well as the impact of separation on both mother and baby.** In their statement on perinatal women in the criminal justice system, the RCM calls for all health inspectorate teams going into the women's prison estate to include a midwife, to assess the healthcare needs of perinatal women. We support this call.

Understanding and meeting the complex needs of women in prison

[11] Locked out? Prisoners' use of hospital care, The Nuffield Trust (2020)
[12] Understanding delayed access to antenatal care: a qualitative interview study, Rosalind Haddrill et al (2014)
[13] Ibid
[14]The Incarcerated Pregnancy: An Ethnographic Study of Perinatal Women in English Prisons, Laura Jane Abbott (2018)
[15] Baby dies in UK prison after inmate 'gives birth alone in cell': Police investigate unexplained death at Bronzefield women's prison in Surrey, The Guardian (2019)
[16] Death of baby in Cheshire prison prompts investigation: Inmate at Styal prison had complained of stomach pains but was unaware she was pregnant, The Guardian (2020)
[17] Short but not sweet: A study of the impact of short custodial sentences on mothers & their children, Lucy Baldwin and Rona Epstein (2017)

Women in prison often face multiple disadvantage and can have a higher level of need, including more complex health needs[18]. Mental health needs of women in prison have been identified as very high with 79% of women self-reporting mental health issues [19]. Analysis by the Nuffield Trust shows a significant proportion of women had co-occurring mental health concerns diagnosed alongside pregnancy, childbirth or the post-natal period[20].

The rate of self-harm in women's prisons is at a record high, with the number of individuals who self-harmed per 1,000 people at 335 for females[21]. Furthermore, 39% of women in prison report being subject to assessment, care in custody and teamwork (ACCT) case management[22], the system which identifies prisoners at risk of suicide or self-harm and sets out what level of care and monitoring they need. Separation from, and loss of, children was one of the most commonly cited factors leading to the high risk of suicide and self-harm within prisons[23], as recognised by the Independent Advisory Panel on Deaths in Custody.

The prevalence of mental ill health amongst women in prison demonstrates the need for access to enhanced perinatal mental health support. The RCOG maternity standards outline service standards for the maternity care of women with, or at risk of, mental health problems, and these standards must be met in a way that provides for women in prison. Prisons must support early referral, and ensure sustained access to specialist perinatal mental health services where needs emerge, change or escalate. **Adequate and sustained funding for specialist perinatal mental healthcare must be available for women in prison.** The professionals supporting women should know how to refer women to these services, including supporting early referral as well as ensuring sustained access when women's needs emerge, change or escalate.

High numbers of women in prison are also victims and survivors of domestic violence, with at least 49% of women in prison identifying themselves as being victims of domestic violence.[24] There are strong links between women's experience of domestic and sexual abuse and coercive relationships, and their offending[25]. There is also substantial evidence that demonstrates pregnancy as a risk factor for domestic violence[26], and that violence can begin or escalate during or shortly after pregnancy[27]. If a woman is given a prison sentence during her pregnancy, she may well be coming directly from an environment where she has been exposed to violence whilst pregnant. Domestic violence increases the risk of miscarriage, infection, premature birth, and injury or death to the baby[28]. **Prison staff and health professionals supporting pregnant women in prison must be adequately trained in recognising the signs of domestic violence, understanding the risk factors in relation to pregnancy, and have adequate knowledge of the support available to women in the prison system who have experienced domestic violence.**

Mother and Baby Units

Separation of mother and baby has well documented adverse outcomes and mothers should not be separated from their babies unless absolutely necessary to guarantee the safety of either mother or baby. Sentencers must prioritise the use of community-based alternatives to prison to prevent avoidable separations.

[18] Short but not sweet: A study of the impact of short custodial sentences on mothers & their children, Lucy Baldwin and Rona Epstein (2017)
[19] Annual Report 2019-29, HM Chief Inspector of Prisons for England and Wales (2020)
[20] Locked out? Prisoners' use of hospital care, The Nuffield Trust (2020)
[21] Statistics on Women and the Criminal Justice System 2019, Ministry of Justice (2019)
[22] Annual Report 2019-29, HM Chief Inspector of Prisons for England and Wales (2020)
[23] Pregnancy and childbirth in English prisons: institutional ignominy and the pains of imprisonment, Laura Abbott et al (2020)
[24] Why focus on reducing women's imprisonment? England and Wales Fact Sheet, Prison Reform Trust (2019)
[25] 'There's a reason we're in trouble': Domestic abuse as a driver to women's offending, Prison Reform Trust (2017)
[26] UK Government, Coercive or controlling behaviour now a crime (2015)
[27] House of Commons Library, Will this be the Parliament to enact a domestic abuse bill? (2019)
[28] RCM, Safe places? Workplace support for those experiencing domestic abuse (2018)

Where a custodial sentence is given, or women are held on remand, Mother and Baby Units (MBUs) play an essential role in preventing separation for women who are pregnant, or have a baby under the age of 18 months when they enter prison.

The Government and HMPPS, as well as individual prisons, must ensure women have the right information and support to apply to MBUs to avoid separation between mother and baby unless it is necessary on safeguarding grounds. The professionals supporting women, including those working in children's social services, must also recognise the importance of avoidance of separation and the value of MBUs. We encourage the Government and HMPPS to fully consider all and any recommendations from the MBU case review currently being undertaken by the Chief Social Worker for England.

Further reading

- Birth Charter for women in prisons in England and Wales, Birth Companions, 2016
- Your inside guide to pregnancy, birth and motherhood in prison, Birth Companions, 2020
- Locked out? Prisoners' use of hospital care, The Nuffield Trust, 2020
- Short but not sweet: A study of the impact of short custodial sentences on mothers & their children, Lucy Baldwin and Rona Epstein, 2017
- Alone and Waiting: The experiences of pregnant women in prison during the Covid crisis, The Centre for Child & Family Justice Research, Lancaster University, 2020
- The right to family life: Children whose mothers are in prison, House of Commons and House of Lords Joint Committee on Human Rights, 2017-19
- Position statement: Perinatal women in the criminal justice system, Royal College of Midwives, 2019
- Maternity care reform in English prisons: a century of unanswered concerns, Rachel Bennett, 2019
- Alternative approaches to prison for mothers of young children, Dr Rachel Dolan, 2016