

Additional Resources

Interdisciplinary Institute on the Reproductive Health of Incarcerated Women in Minnesota, October 20th, 2014

Institute speakers' names are in BOLD.

1. Association of Maternal and Child Health Programs. *Life course indicator: Incarceration rate*. (2014). (pp. 1-8). Retrieved from http://www.amchp.org/programsandtopics/data-assessment/LifeCourseIndicatorDocuments/LC-58AB_Incarceration_Final_8-1-2014.pdf
 - Incarceration affects individuals' perception and involvement in society, which has an impact on overall health. There are implications for health inequities among different populations disproportionately affected by incarceration. Despite a link between incarceration and well-being, the current measure of incarceration rate for the United States maintains some issues and public health impact has not been reliably and validly defined.
2. Bell, J. F., Zimmerman, F. J., Cawthon, M. L., Huebner, C. E., Ward, D. H., & Schroeder, C. A. (2004). Jail incarceration and birth outcomes. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 81(4), 630–44. doi:10.1093/jurban/jth146
 - Bell and colleagues matched incarcerated women with Medicaid-funded births in the community. Incarcerated women between 30-39 years were more likely to have infants of low birth weight and born prematurely than women in the community, while incarcerated women older than 39 years were less likely than women in the community to experience low birth weight and premature delivery. Prenatal care was associated with lower rates of preterm birth; case management was associated with higher birth weight. Researchers suggested that jails can serve as an avenue for intervention via prenatal care and case management.
3. Bell, J. F., Zimmerman, F. J., Huebner, C. E., Cawthon, M. L., Ward, D. H., & Schroeder, C. A. (2004). Perinatal Health Service Use by Women Released from Jail. *Journal of Health Care for the Poor and Underserved*, 15(3), 426–438. doi:10.1353/hpu.2004.0035
 - Women who gave birth in jail were compared to women who had been incarcerated, but were not pregnant during custody. Time spent in jail increased the likelihood of receiving prenatal and support services but correlated with less total visits for prenatal care and support. Previous pregnancy in jail was related to less prenatal visits, more support visits, and a longer period of time in case management. Jails and public health officials can collaborate to ensure that women receive necessary services upon release, positively impacting future pregnancies.
4. Borelli, J. L., Goshin, L., Joestl, S., Clark, J., & **Byrne, M. W.** (2010). Attachment organization in a sample of incarcerated mothers: Distribution of classifications and associations with substance abuse history, depressive symptoms, perceptions of parenting competency and social support. *Attachment and Human Development*, 12(4), 355–374. doi:10.1080/14616730903416971
 - Researchers measured attachment, depression, self-reported parenting competency, and availability of support among pregnant women participating in a prison nursery program. Compared to other at-risk populations, mothers in prison presented greater rates of insecure attachment. Mothers with preoccupied attachment reported increased depressive symptoms, low parenting competency, and low support upon leaving the nursery program as compared with mothers labeled with other insecure attachment forms. Future research should examine attachment among incarcerated mothers as a mechanism to improve psychological outcomes.
5. Buchanan, C. (2012). Pregnant behind bars: Examining the California prison system through a reproductive justice framework. *Policy Matters*, 9(2), 20–27.
 - Buchanan explores issues regarding abortion, prenatal care, parenting support, and reproductive rights among pregnant, incarcerated women in the United States and California. Recommendations are also made regarding medical practices, shackling, drug use, and nurseries in prisons.

6. **Byrne, M. W.,** Fabi, T., Hughes, M. D., & Hynes, C. J. (2013). The Drew House story: Collaborating on alternatives for incarcerated women and their children. *Criminal Justice, 28*(2), 25–29.
 - This paper examines the process by which a uniquely multi-disciplinary project, Prison Alternatives in Community Treatment (PACT), rolled out an initiative to create an apartment-style, urban building, the Drew House, where women could serve time for felonies while living with their children, as opposed to the alternative of serving time separated in a state prison. The paper provides support for such an intervention by explaining the positive outcomes of prison nurseries.

7. **Byrne, M. W.,** Goshin, L. S., & Joestl, S. S. (2010). Intergenerational transmission of attachment for infants raised in a prison nursery. *Attachment & Human Development, 12*(4), 375–93. doi:10.1080/14616730903417011
 - Attachment was measured among mothers and infants participating in a prison nursery. The majority of the infants presented secure attachments, despite many mothers having insecure attachments; mothers' attachment did not predict infants' attachment. A larger proportion of infants had secure attachments as compared to infants from the community with mothers with similar risk factors (e.g., low income, depressive symptoms, substance use). This study indicates that infants raised in prison nurseries can develop secure attachments comparable to the general population, despite their mothers' internalized insecure attachment.

8. **Byrne, M. W.** (2010). Interventions within prison nurseries. In J. M. Eddy & J. Poehlmann (Eds.), *Children of incarcerated parents: A handbook for researchers and practitioners* (pp. 161–188). Washington, D.C.: Urban Institute Press.
 - Byrne discusses prison nurseries, dispelling inaccuracies and presenting perspectives from history and internationally. Information from some studies is also presented, highlighting prison nurseries as an effective intervention for the United States.

9. **Byrne, M. W.,** Goshin, L., & Blanchard-Lewis, B. (2012). Maternal separations during the reentry years for 100 infants raised in a prison nursery. *Family Court Review, 50*(1), 77–90. doi: 10.1111/j.1744-1617.2011.01430.x
 - Byrne and colleagues examine separations between mothers and infants in a prison nursery program. Most were separated due to Corrections' protocol requiring infants be removed from the nursery once they turn one year. Recidivism and relapse relating to substance use also led to separation. This paper highlights the importance of collaborative services in the prison and reentry for the years following release.

10. Clarke, J. G., & Adashi, E. Y. (2011). Perinatal care for incarcerated patients: A 25-year-old woman pregnant in jail. *The Journal of the American Medical Association, 305*(9), 923–9. doi:10.1001/jama.2011.125
 - This paper examines the increase in the population of incarcerated women in the United States and Corrections' difficulties in meeting women's needs, notably those who are pregnant. Some studies indicate that serving time in custody results in better pregnancy outcomes for women with multiple risk factors as compared to giving birth in the community. Clarke and Adashi examine prison for a pregnant inmate, the issues and benefits related to incarceration of pregnant women, and the importance of continuing services following release.

11. The American College of Obstetricians and Gynecologists. *Committee opinion: Health care for pregnant and postpartum incarcerated women and adolescent females.* (2013). (pp. 1–5). Washington D.C. Retrieved from <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Pregnant-and-Postpartum-Incarcerated-Women-and-Adolescent-Females>
 - Clinicians must examine the special health needs of pregnant, incarcerated women, along with the detrimental impact of shackles on the women's pregnancy, birth, and postpartum periods presented in this paper.

12. **Dallaire, D. H., Zeman, J. L., & Thrash, T. M. (2014).** Children's experiences of maternal incarceration-specific risks: Predictions to psychological maladaptation. *Journal of Clinical Child and Adolescent Psychology, 0*(0), 1–14. doi:10.1080/15374416.2014.913248
 - Dallaire, Zeman, and Thrash seek to examine the risk for social and emotional problems among children with incarcerated mothers. Children's experiences relating to incarceration and environmental risk factors were reported by mothers, children, and their caregivers and examined with psychological outcomes. Children's incarceration-related risk factors predicted internalizing and externalizing behavioral issues; environmental risk did not predict psychological outcomes. These findings suggest that incarceration has a greater impact on children's psychological well-being as compared to general environmental risk factors; future research must examine children in the context of maternal incarceration.
13. **Egley, C., Miller, D., Granados, J., & Ingram-Fogel, C. (1992).** Outcome of pregnancy during imprisonment. *The Journal of Reproductive Medicine, 37*(2), 131–134.
 - Women delivering a baby in prison were compared to a control group, matched for demographic factors and start dates for prenatal care. Of the incarcerated women, 36% indicated that they used drugs during pregnancy as compared to 3% of the control group. Most, 60%, of incarcerated women smoked cigarettes during pregnancy, as did 20% of the control group. Still, incarcerated women tended to have better birth outcomes, as they had a decreased likelihood of premature delivery and premature membrane rupture.
14. **Ferszt, G. G. (2011).** Who will speak for me? Advocating for pregnant women in prison. *Policy, Politics and Nursing Practice, 12*(4), 254–256. doi:10.1177/1527154411424615
 - Despite the negative attention surrounding shackling in the past, the practice continues in the United States. This paper explores the current use of shackling, associated risks, and methods to advocate for the vulnerable population impacted by the practice.
15. **Ferszt, G. G., & Clarke, J. G. (2012).** Health care of pregnant women in U.S. state prisons. *Journal of Health Care for the Poor and Underserved, 23*(2), 557–69. doi:10.1353/hpu.2012.0048
 - Despite established protocol for the health care of pregnant, incarcerated women, no entity oversees practices. Ferszt and Clarke reached out to wardens from 50 women's state prisons; only 19 completed a survey. Results indicated that health providers across state prisons failed to use standards in prisons. More must be done to establish best practices and ensure that they are adhered to among the vulnerable population of pregnant, incarcerated women.
16. **Howard, D. L., Strobino, D., Sherman, S., & Crum, R. (2008).** Within prisons, is there an association between the quantity of prenatal care and infant birth weight? *Paediatric and Perinatal Epidemiology, 22*(4), 369–78. doi:10.1111/j.1365-3016.2008.00933.x
 - This study examined whether an association between prenatal care and birth weight among pregnant, incarcerated women existed. By analyzing medical records, researchers concluded that each prenatal visit resulted in an increase in birth weight among mothers who were in prison during the first trimester. This finding did not hold among women who entered the facility following the first trimester.
17. **Hutchinson, K. C., Moore, G. A., Propper, C. B., & Mariaskin, A. (2008).** Incarcerated women's psychological functioning during pregnancy. *Psychology of Women Quarterly, 32*(4), 440–453. doi:10.1111/j.1471-6402.2008.00457.x
 - Researchers interviewed women incarcerated in prison and identified themes. Women completed surveys regarding psychological well-being and relationships with their mothers. The women reported depressive symptoms and hostility. In addition, they perceived their mothers as controlling and lacking warmth. Women who presented depressive symptoms tended to discuss separation, attachment, visits, negative feelings toward their children's caregivers, and coping in the interviews. Women who reported their mothers as low in warmth were more likely to think about being united with their babies. Those with controlling mothers were more confident in their parenting abilities. These results reveal psychological well-being among incarcerated women for future interventions.

18. Ingram Fogel, C. (1993). Pregnant inmates: Risk factors and pregnancy outcomes. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 22(1), 33–39. doi:10.1111/j.1552-6909.1993.tb01780.x
 - This study examined the risk factors and birth outcomes among women pregnant and incarcerated in prison. The women presented multiple risk factors throughout their pregnancy (e.g., substance use, poor nutrition, negative past birth experiences, anxiety, depression, poor prenatal care). The results highlight the importance of prenatal care and education along with mental health services for incarcerated, pregnant women.
19. Kyei-Aboagye, K., Vragovic, O., & Chong, D. (2000). Birth outcome in incarcerated, high-risk pregnant women. *Obstetrical & Gynecological Survey*, 55(11), 682–684.
 - Birth outcomes were compared between pregnant incarcerated women with a history of drug use, women who were not incarcerated but participating in a methadone program, and a control group. The group in the methadone program had less prenatal visits compared to the other groups. All of the women in the incarceration and methadone groups smoked cigarettes; 12.5% of controls smoked. All of the methadone group used drugs, 78%, of incarcerated women reported using drugs before incarceration, and 4.11% of the control group used drugs. All of the groups had significantly different birth weight outcomes compared to one another. The study suggests that quitting drugs, committing to healthy choices, and prenatal care led to positive birth outcomes among incarcerated women.
20. Knight, M., & Plugge, E. (2005). Risk factors for adverse perinatal outcomes in imprisoned pregnant women: A systematic review. *BMC Public Health*, 5(111). doi:10.1186/1471-2458-5-111
 - Knight and Plugge present a review of papers regarding birth outcomes among pregnant, incarcerated women as compared to control populations. Incarcerated women were more likely to be single, be of an ethnic minority, smoke, use substances, and have not finished high school. Incarcerated women were more likely to have a medical issue affecting pregnancy and less likely to receive prenatal care. Knight and Plugge concluded that incarcerated pregnant women constitute a high-risk group in the field of obstetrics.
21. Martin, S., Kim, H., Kupper, L., Meyer, R., & Hays, M. (1997). Is incarceration during pregnancy associated with infant birthweight? *American Journal of Public Health*, 87(9), 1526–1531.
 - Birth weight was compared among three groups of women: women incarcerated throughout pregnancy, women incarcerated at a time other than the pregnancy, and women who had never been incarcerated. Birth weight was not significantly different among women who were incarcerated throughout pregnancy and those who had never been incarcerated. Birth weight was significantly worse among women incarcerated for part of the pregnancy as compared to those incarcerated throughout the entire pregnancy and never incarcerated.
22. Martin, S. L., Rieger, R. H., Kupper, L. L., Meyer, R. E., & Qaquish, B. F. (1997). The effect of incarceration during pregnancy. *Public Health Reports*, 112(4), 340–346.
 - Researchers examined birth outcomes among women incarcerated during one pregnancy and not incarcerated during another. After controlling for multiple factors, results indicated that time spent incarcerated was associated with birth weight. Aspects of the prison environment may be more favorable for women from vulnerable populations as compared to the general environment in the context of pregnancy and birth.
23. Poehlmann, J., & Shlafer, R. J. (2014). Psychosocial and biological factors in low-income and incarcerated pregnant women. In *Oxford Handbook of Perinatal Psychology*, S. Stuart and A. Wenzel (Eds.) Oxford University Press.
 - Poehlmann and Shlafer examine risk factors and intervention programs related to poverty along with incarceration and its impact on pregnant women and their children, two groups who share similar risk factors. The researchers present innovative interventions for pregnant, incarcerated women.

24. Rossi, M. A. (2011). *Nursing care of pregnant and postpartum women in MN jails & workhouses: An education and training manual* (pp. 1–96).
- Rossi provides a comprehensive manual outlining the care of incarcerated pregnant women in the state of Minnesota from a nurse’s perspective. The Manual includes information regarding the context, prenatal care, nutrition, comfort measures, medications and substance use, pregnancy outcomes, postpartum care, discharge, and addressing complaints from pregnant women.
25. **Shlafer, R. J.**, Gerrity, E. & Duwe, G. (*Revise and Resubmit*). Pregnancy and parenting support for incarcerated women: Lessons learned. *Progress in Community Health Partnerships: Research Education and Action*.
- Shlafer, Gerrity, and Duwe present lessons learned from a pilot study of a prison-based pregnancy and parenting support program based on a community-university-corrections partnership. The pilot study evaluated women’s physical and mental health along with perceptions of the program. Researchers noted that a collaborative partnership was necessary to effectively provide services to pregnant, incarcerated women.
26. **Shlafer, R. J.**, **Hellerstedt, W.**, Secor-Turner, M., Gerrity, E., & Baker, R. (2014). Doulas’ perspectives about providing support to incarcerated women: A feasibility study. *Public Health Nursing*, 1-11. doi: 10.1111/phn.12137
- This paper examines the feasibility of a prison doula program through doulas’ birth narratives. Narratives revealed key themes: empowerment of clients, trusting relationships, normalization of pregnancy and birth, and support as mothers were separated from their infants. The researchers determined that the intervention was feasible and appropriate for pregnant, incarcerated women.
27. Terk, J., Martens, M., & Williamson, M. (1993). Pregnancy outcomes of incarcerated women. *Journal of Maternal-Fetal and Neonatal Medicine*, 2(5), 246–250.
- Pregnant incarcerated women were compared to a control group of women who were not incarcerated. More incarcerated women used drugs as compared to the control group. In addition, more incarcerated women gave birth to low birth weight and premature infants. Pregnancy outcomes (i.e. cesarean section, premature birth, low birth weight) improved as the time spent in prison increased. Prenatal care in prison and reduction in high risk behavior may have beneficial effects for some incarcerated, pregnant women.
28. Wilper, A. P., Woolhandler, S., Boyd, J. W., Lasser, K. E., McCormick, D., Bor, D. H., & Himmelstein, D. U. (2009). The health and health care of US prisoners: Results of a nationwide survey. *American Journal of Public Health*, 99(4), 666–672. doi:10.2105/AJPH.2008.144279
- Wilper and colleagues examined chronic medical and mental illness among inmates in the United States. Those impacted by a chronic condition included 38.5% of inmates in federal prisons, 42.8% in state prisons, and 38.7% in local jails. Few inmates with a mental health condition who had been treated with medication in the past were taking medication upon arrest in federal (25.5%) prison, state (29.6%) prison, and local jails (38.5%). Upon entry to facilities, 69.1%, 68.6%, and 45.5%, respectively, received psychiatric medication. Findings suggest that inmates with illnesses are not receiving adequate care prior to and during incarceration.

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