

Prison is a barrier to high-quality, comprehensive midwifery care

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Implications for practice and research

- ▶ Incarceration presents barriers to best midwifery practices, restricting patient choice in care provider and place of birth. Midwives play an important role advocating for incarcerated patients.
- ▶ Prison staff misunderstand midwifery and conceptualise access to care as a reward for good behaviour. Future research should assess outcomes of alternatives to incarceration.

Context

Women continue to be one of the fastest growing populations experiencing incarceration, with significant consequences for their newborns and children. Despite international and national requirements for equivalent care to what is available in community, existing research in the field of prison perinatal health has found delays and gaps in care and poor neonatal outcomes associated with pregnancy in prison.¹ This study by Abbott *et al*² focuses on incarcerated patient access to midwifery services, the leading type of perinatal care provision in the UK, and prison staff understanding of both midwifery care and the distinct need for care among pregnant people.

Methods

The purpose of this qualitative study using institutional ethnography was to understand the experiences of pregnant women with respect to midwifery care in three UK prisons. The study sample included 22 incarcerated women and 6 previously incarcerated women who were pregnant or postpartum in prison, and 10 prison staff members, including officers and healthcare professionals. In addition to the interviews, the authors collected observational data during 10 months of field work. The lead researcher, a midwife, recognised how her presence in the prison as an observer contributed to successful recruitment and the conflict she faced when research participants asked her for health information.

Findings

The authors organised findings into four themes: midwifery care provision, antenatal education and birth choices, relationship with midwife, and staff perceptions of midwifery care. Each prison had only one external midwife providing care, resulting in inconsistencies, gaps and limited professional influence by the midwife on patient's conditions of confinement. Depending on the prison, some women had access to antenatal classes and others did not. Many women expressed fear of labouring

alone in their cell and of being without a known companion or care provider during the birth. Some women wished their midwife had done more for them. Prison staff expressed poor understanding of midwifery and little compassion for people experiencing pregnancy in prison.

Commentary

This study focused on the experiences of pregnant people in prisons and their relationship to midwifery care. Midwifery practice offers patients continuity of care and promotes informed choices and autonomy in decisions about perinatal care provider and place of birth.³ While all participants in this study were attached to a midwife during their pregnancies, the authors found the key tenets of midwifery were inherently at odds with restrictive and punitive prison operations and norms. Furthermore, participants expressed that their midwives did not leverage their professional power adequately, failing to advocate for equitable access to programmes and services, for example, antenatal classes, and to negotiate for or arrange for back up services in their absences. Many described how midwifery service was experienced differently in the prison setting, with less trust and support, than they expected it would be in community.

The lack of understanding of midwifery care by prison staff, including healthcare professionals employed by the prison, although not surprising, is cause for alarm. In UK prisons, the assigned midwife is an external care provider, dependent on prison staff for timely communication about the patient's condition, compliance with prescriptions (eg, vitamins), and for transport and care arrangements for labour and birth: understanding the roles is essential to prevent delays and miscommunication.

Importantly, this study affirms the need for local and appropriate clinical practice guidelines⁴ for perinatal care of incarcerated people and for routine ministerial audits to evaluate access to care in prisons and associated outcomes for pregnant people and newborns. Midwifery education should include basic understanding of the prison system and mother-baby units⁵; how prison threatens patient autonomy and norms of midwifery practice; the danger of institutionalisation of care provision; and the need for strong professional advocacy by the midwife in the prison setting.

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Competing interests None declared.

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