UK birth companions birth charter makes an impact on perinatal care in prisons

10.1136/ebnurs-2024-104196

Martha Jane Paynter

Nursing, University of New Brunswick, Fredericton, New Brunswick, Canada

Correspondence to: Dr Martha Jane Paynter: martha.paynter@unb.ca

Commentary on: Cahalin K, Knight L, Binley J, et al. Evaluation of healthcare services provided to women in prison, institute for public safety, crime and justice. Northampton, 2022 and Callender M, Cahalin K, Lugli V, et al. Evaluation of women's health services for perinatal female offenders in prison, institute for public safety, crime and justice. Northampton, 2019.

Implications for practice and research

- ▶ Perinatal health professionals must anticipate barriers to care for incarcerated patients, including not only institutional constraints but feelings of powerlessness, and prioritise advocacy and patient education.
- Future research can examine prison staff understanding of perinatal health, responsibilities to facilitate access to care and risks caused by incarceration.

Context

Globally, the health and experiences of perinatal women in prisons are understudied.¹ Available research has found poor maternal and newborn outcomes and barriers to care. The data analysed for this manuscript² was generated through interviews with pregnant and postpartum women incarcerated in one UK prison, including participants in the prison's Mother Baby Unit, and health professionals involved in their care. Participants included 17 mothers and 12 health professionals. The authors acknowledge contextual and ethical challenges of prison-based research, including power differences, threats to participant autonomy and reliance on prison staff gatekeepers in the research process.

Methods

The authors compare qualitative data from two studies commissioned by the National Health Service of experiences among perinatal prisoners at one UK prison.^{3 4} The analysis is driven by the principles of the Birth Companions Birth Charter,⁵ a 2016 document that set out 15 principles of perinatal care in prison and was endorsed by the Royal College of Midwives. The previous studies used semistructured interviews for data collection, focusing on three main Charter areas, namely: (1) prisoner access to the same standard of antenatal care as available in the community, (2) support for prisoners with respect to chosen method of infant feeding and (3) prisoner access to counselling. The second study sought to determine the extent to which feedback from the first study resulted in perceptions of improved care.

Findings

In both studies, participants expressed great satisfaction with midwifery care. However, conditions of confinement, such as limited telephone access and feelings of powerless, resulted in perceptions that care experiences were not equivalent to that in the community. Antenatal classes were no longer provided in 2021.

Barriers to the chosen method of infant feeding included confusion about what support was available and from whom, after-hours reliance on guards for support and inadequately trained nursery nurses. In 2021, participants reported more concrete availability of resources such as breast pumps.

Progress was reported between study 1 and 2 with respect to accessing mental health support.

Commentary

UK prisons are currently at 111% (overcapacity),6 with an increase in the imprisoned population of over 20% from 2000 to 2020. Negative effects of such crowding on health and service access may be substantial. Incarcer **Q** ated women represent but 4% of the total prison population, and sexed and gendered needs such as reproductive healthcare may be underserved. Perinata incarceration is recognised as harmful to maternal and newborn outcomes and merits particular attention and action. The 2026 Birth Companions Birth Charter is a novel, evidence-informed guide to minimum standards for perinatal care in prison settings. This study provides valuable insight into the limited impact of changes made at one UK prison in response to the Birth Charter to improve care. Similar jurisdictions could use the Birth Charter to evaluate perinatal service delivery, patient satisfaction and outcomes. This study found that although midwifery care is deeply valued by perinata patients, structural barriers to care persist, such as institutional impediments to information, telephone usage limits, absence of prenatal classes and confu sion about infant feeding supports. Further, the authors identify how psycho logical harm and feelings of disempowerment resultant from the experience of incarceration thwart reform efforts. Findings support rethinking the ethics of perinatal and postpartum incarceration, and future research could examinate the impact of alternatives to custody during this period on both maternal and child health. Economic analysis of the comparative costs of non-custodia

child health. Economic analysis of the comparative costs of non-custodial approaches to perinatal sentencing to the Mother Baby Units and perinatal incarceration would complement qualitative description of experiences.

X Martha Jane Paynter @marthpaynter

Competing interests MJP has no financial competing interests. She is the Director of Research on the voluntary board of directors for Wellness Within: An Organization for Health and Justice, the only non-profit in Canada dedicated to advancing reproductive justice for people in prisons. She is a volunteer court liaison support person for the Elizabeth Fry Society of New Brunswick, which provides accompaniment for people to criminal court. She holds grants from the government of Canada that fund her research about the sexual and reproductive health of people who have experienced incarceration. reproductive health of people who have experienced incarceration.

Provenance and peer review Commissioned; internally peer-reviewed.

© Author(s) (or their employer(s)) 2025. No commercial re-use. See right and similar technologies and permissions. Published by BMJ Group.



References

- 1 Paynter MJ, Drake EK, Cassidy C, et al. Maternal health outcomes for incarcerated women: A scoping review. J Clin Nurs 2019;28:2046-60.
- 2 Cahalin K, Clews C, Pendleton J, et al. Complexities of midwifery care delivered to perinatal women in prison: A qualitative study. Midwifery 2024;136.
- 3 Cahalin K, Knight L, Binley J, et al. Evaluation of healthcare services provided to women in prison, institute for public safety, crime and justice. Northampton, 2022.
- 4 Callender M, Cahalin K, Lugli V, et al. Evaluation of women's health services for perinatal female offenders in prison, institute for public safety, crime and justice.
- 5 Birth Companions. The birth charter for women in prison in england and wales. 2016. Available: https://www.nicco.org.uk/userfiles/downloads/5ac5e7eabfa90-birthcompanions-charter.pdf
- 6 World Prison Brief. Available: https://www.prisonstudies.org/country/unitedkingdom-england-wales



