

PROTECT THE RIGHTS OF INCARCERATED WOMEN TO REPRODUCTIVE HEALTH CARE





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In 2008, over 200,000 women were incarcerated in prisons and jails in the United States.¹ Approximately 100,000 of these women were being held in local jails.² Incarcerated women not only have the same reproductive health care needs as the general population, but are at increased risk for sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), and unplanned pregnancy and are more likely than the unincarcerated population to come from medically underserved communities.³ While prisons are governed at the federal and state levels, the county jail system is governed at the local level, meaning that health care provision in jails varies widely, has little central oversight, and leaves crucial decisions about health care provision to administrators' discretion.

STIs AND AIDS

Women who are imprisoned in America are disproportionately low income women and women of color. In 2008, Black females (with an incarceration rate of 349 per 100,000) were more than twice as likely as Hispanic females (147 per 100,000) and more than 3.5 times more likely than White females (93 per 100,000) to have been in prison or jail.⁴ Coming from medically underserved communities, incarcerated women are likely to have received minimal reproductive health care, including STI screening and treatment, Pap testing, and contraception, before incarceration.⁵ Incarcerated women have disproportionately higher rates of Chlamydia (27%) and gonorrhea (8%) compared with the general population, and 2.4% of female inmates are known to be HIV-positive or to have confirmed AIDS.⁶

Local jails, where a quarter of all inmates are released within forty-eight hours and half are released in three to five days, have the potential to target intervention to a population that quickly reenters the general population after being incarcerated.⁷ Programs like the Center for Disease Control's voluntary Rapid HIV Testing in Jail Demonstration Project showed that screening for HIV in a routine manner proved successful in testing a population that would have

otherwise had no access to screening.⁸ Routine screening for Chlamydia, gonorrhea, syphilis, and hepatitis has also proven successful in early detection.⁹ When coupled with treatment and discharge planning services, such practices benefit the individual through identification of infection and treatment and benefit the wider public through interrupting disease transmission when inmates reenter the community.

In New York City, which has the power to set its own standards for correctional facilities, the City Board of Correction sets standards containing specific provisions for reproductive health care. Jails in New York City offer to administer a Pap test, a pregnancy test, a syphilis test, and gonorrhea and Chlamydia screening to all new female inmates. These standards also require that pregnant women receive counseling, prenatal and postpartum care, and abortion care upon request.¹⁰ Such clear standards ensuring access to reproductive health care make New York City a notable exception among jails in New York State, but exemplify the potential of local initiatives to improve reproductive health care among incarcerated women.

PREGNANCY AND BIRTH

Six to ten percent of female prisoners are pregnant when taken into custody, and 1,400 women gave birth while incarcerated in 2007.¹¹ Incarcerated women face challenges specific to prenatal, postpartum, and infant care.¹² Many imprisoned women are likely to have high-risk pregnancies, which are compounded by lack of medical, nutritional, educational, environmental, and family-support services.¹³

Birth outcomes include higher risk of low birthweight and preterm birth.¹⁴ After childbirth, mothers are almost always immediately separated from their babies, which can interfere with mother-child attachment, resulting in cognitive and emotional development delays.¹⁵ More than half of the children of female prisoners never visit their mothers during the period of incarceration.¹⁶

Childbirth is especially stressful for incarcerated women, as most correctional facilities restrain women during transportation to a medical facility for childbirth and even during labor. According to the Rebecca Project for Human Rights, shackling women during childbirth—even when the woman has not committed a violent crime and is not at

risk for fleeing—is standard U.S. Marshals Service practice used in most state prisons.¹⁷ Shackling women restricts their movement during labor and presents such a serious risk to mother and infant health that the practice has been opposed by the American College of Obstetricians and Gynecologists.¹⁸

INCARCERATED WOMEN'S ACCESS TO ABORTION

In the general population, half of all pregnancies are unplanned.¹⁹ Among the incarcerated population, that percentage is likely much higher.²⁰ While no federal or state law explicitly prohibits incarcerated women from obtaining an abortion, access varies greatly from locality to locality and from institution to institution because county jails determine practices regarding incarcerated women's access to abortion.²¹

Even when requests for abortion are granted, funding policies vary. One study found that in states where

Medicaid covers abortion, prisons are more likely to pay for abortions.²² Without coverage to pay for abortion care, female prisoners face the difficult task of securing private funds. Administrators and prison officials can also hinder inmates' access to abortion by refusing to provide logistical support, such as scheduling appointments and arranging transportation to a facility that will perform the abortion. For prisoners, often isolated from their families and coming from disenfranchised communities, arranging for an abortion from behind bars presents multiple obstacles.



RECOMMENDATIONS TO PROTECT THE RIGHTS OF INCARCERATED WOMEN TO REPRODUCTIVE HEALTH CARE

Localities often have broad discretion to determine whether and how women incarcerated in local jails will be treated with regard to reproductive, sexual, and maternal health care. Women entering local jails are more likely to need health care and support services. Local communities must come together to provide services and information to incarcerated women.

WE CALL ON LOCAL LEADERS TO PROTECT THE RIGHTS OF INCARCERATED WOMEN TO REPRODUCTIVE HEALTH CARE BY:

Ensuring incarcerated women have access to health care. There are gaps in the health care services available to incarcerated women. Local policymakers and public health providers cannot neglect the reproductive, sexual, and maternal health needs of incarcerated women in local jails.

- We urge local policymakers to create uniform standards for local jails that ensure access to basic reproductive, sexual, and maternal health care services, including provisions for women who need to access their legal right to abortion.
- We urge local officials and advocacy groups to identify local jails without available reproductive health services in order to collaborate with community health service providers to increase access through mobile medical units.

Protecting pregnant incarcerated women's dignity by prohibiting the use of shackles on birthing women. The human rights of pregnant incarcerated women are being violated through the use of shackles during birth. Localities have the opportunity to preserve incarcerated women's dignity, both in their own community jails as well as in state correctional facilities where local residents are being held.

- We urge local elected officials to pass ordinances that prohibit the shackling of birthing women in local city or county jails and urge state legislators to ban shackling of birthing women being held in state correctional facilities.

LOCAL EXAMPLES:

- ❏ **The MOMobile program in Philadelphia**, which is operated out of the Riverside Correctional Facility, supports incarcerated women who are pregnant or have young children by providing peer support groups and case management during incarceration and for a year following release from prison.
- ❏ In **Marion County, FL**, through an innovative collaboration of county health care providers and the county sheriff's office, a non-profit organization was created to coordinate local health care providers to provide quality health care to county inmates and referrals to health care providers upon release.

ENDNOTES

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The Urban Initiative for Reproductive Health is a program of the National Institute for Reproductive Health (National Institute).

The National Institute is an innovation institute for state and local organizations working on reproductive health issues. We offer strategic guidance, hands-on support and funding to help state and local leaders remove barriers to health care, win public battles and change public policies. Together, we are helping women in communities across the country gain access to the full range of quality reproductive health care options, the freedom to exercise their reproductive rights and the opportunity to have healthy pregnancies.

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