



## Royal College of Midwives and Birth Companions Joint Submission to the prison healthcare inquiry, Health and Social Care Committee

May 2018

### Executive summary

- The Royal College of Midwives<sup>1</sup> and Birth Companions<sup>2</sup> are calling for the immediate implementation of a detailed policy framework for perinatal<sup>3</sup> women to ensure good, consistent care of pregnant women, new mothers and their babies across the prison estate. Around 600 women receive antenatal care in prison and 100 women give birth in custody every year in England. Without a legislative framework to help prisons implement and adhere to rigorous standards of care, women and babies are at risk of poor health and social outcomes.
- Birth Companions published a *Birth Charter for Women in Prison in England and Wales* in 2016 which the RCM endorses. We would like to see the 15 recommendations it contains become the basis for the national policy framework so that women in prison receive the equivalent standard of care as women in the community; and that all babies get the best start in life.
- We would also like to share with the Committee some examples of good practice in this area and would urge the Committee to help us encourage prison services to implement these.

### Introduction

1. The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.
2. Birth Companions is a registered charity working to improve the lives of mothers and babies facing severe disadvantage; we are the UK's leading organisation in this area. Set up in 1996, the charity's staff and volunteers have supported perinatal women in prisons in England for over twenty years through services that include antenatal education; parenting education and 24-hour birth support. An external evaluation of the service at HMP Holloway found that "women who come into contact with Birth Companions feel much less alone, better informed and more able to cope".

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<sup>1</sup> [www.rcm.org.uk](http://www.rcm.org.uk)

<sup>2</sup> [www.birthcompanions.org.uk](http://www.birthcompanions.org.uk)

<sup>3</sup> In this document the term 'perinatal' refers to the period during pregnancy and for up to a year after the birth of a baby

3. The RCM and Birth Companions welcomes the Committee's intention to investigate the effectiveness of prison healthcare services. We have an ongoing commitment to lobby for the improvement of maternity care for vulnerable women and families, who disproportionately suffer worse clinical maternal and neonatal outcomes. With the right care and support, all babies can have the best start in life, and all mothers can have a positive experience of pregnancy, birth and the postnatal period. Moreover, we believe that contact with perinatal women in prison provides a window of opportunity to improve the outcomes of mothers and babies, and break cycles of disadvantage. There are specific challenges in caring for perinatal women in prison and we urge the Committee to look specifically at healthcare for this group, who currently are at risk of receiving poor care due to a lack of clear standards.
4. The RCM and Birth Companions recently cooperated in the production of a *Birth Charter for Women in Prison in England and Wales*<sup>4</sup>, which has supplanted the RCM's own previous position statement on Women in Custody from 2014. We will use the Birth Charter, published in 2016, as the basis of this joint submission to the Committee. We have also used the evidence from a number of research studies, especially the work of Laura Abbott in her soon-to-be-completed PhD on pregnancy in prisons in England. Laura Abbott is Senior Midwifery Lecturer at the University of Hertfordshire and a Birth Companions volunteer.
5. The Charter is based on Birth Companions' expertise developed by working with over 1,500 women in prison and listening to their experiences, which has given us a unique understanding of the needs of this vulnerable group of women and babies. The Charter also draws upon the available evidence from policy and research; examples of existing best practice in women's prisons; and quotes from women who were pregnant, gave birth or spent time in prison with their babies. Its purpose is to help the Prison Service to provide good, humane and consistent care for this group of women.
6. We understand that there is debate amongst those working in the criminal justice sector over whether pregnant women and new mothers should be in prison at all. The RCM has long campaigned for an end to the detention of pregnant women for immigration purposes because of the issues of dispersal and conditions within centres that can harm mothers and babies. We welcomed the restriction of immigration detention to 72 hours. In regards to women incarcerated in prison in England and Wales, we understand the harm short sentences can do to disrupt care and the large proportion of women incarcerated for non-violent crimes. Birth Companions does not believe that prison is the correct place to care for the majority of perinatal women and their babies, and that more use should be made of community sentences; ensuring women can access support that enables them to parent successfully, overcome the health and social inequalities they face and address their offending behaviour.
7. However, we believe that while it is still practice in England and Wales to incarcerate pregnant women and new mothers, we must ensure the highest standards of healthcare as for any women. The Birth Charter is a document that outlines these standards and the RCM endorses these.

### **Perinatal women in prison**

8. Perhaps as a consequence of men making up the bulk of the prison population, there is no overarching prison policy covering the treatment of pregnant women, women giving birth or women who are separated from a baby in prison. Few official figures are gathered or released

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<sup>4</sup> Kennedy, A., Marshall, D., Parkinson, D., Delap, N., and Abbott, L. (2016). *Birth Charter for Women in Prison in England and Wales*. London. Birth Companions. <http://birthcompanions.org.uk/Birth-Charter>

on the number of perinatal women in prison; it is estimated that over 600 women receive antenatal care in prison each year with over 100 women giving birth while in prison. There are six mother and baby units (MBUs) in England and Wales<sup>5</sup> with a total capacity of 64 babies, and babies can stay on MBUs until they are 18 months old. We know in 2015, 100 babies spent time on an MBU. Many women are released before birth, but the period in prison can have a significant impact on the mother and her unborn baby.

9. Women offenders typically have a history of domestic and sexual violence, neglect; time spent in care, substance misuse and mental health problems. They are particularly vulnerable during their pregnancies due to the effects of poor health, poverty, lack of support from family and friends and isolation.
  - Women in prison are five times more likely to have a mental health concern than women in the general population; and of all the women that are sent to prison, 46 per cent said they have attempted suicide at some time in their life.
  - Over half have issues with substance and/or alcohol misuse.
  - A significant proportion of women have been victims of childhood sexual abuse and it is thought that 50 per cent are victims of domestic violence.<sup>6</sup>

All of these factors require additional care as defined in NICE guidance on antenatal care for women with complex social factors.<sup>7</sup>

10. The Albertson Commission on Women offenders in Scotland in 2012 found “[pregnant] women [in prison] are more likely to book late for antenatal care, receive minimal antenatal education, not receive adequate food and nutrition during pregnancy and postpartum, be without the support of a family member during labour and birth, have a premature or small-for-dates baby, decide to formula feed, and be separated from their baby soon after birth”. It notes that “these factors combined may have a substantive impact on women’s own physical and mental health, the nutrition, health and development of their babies, and on the appropriate development of attachment, parenting skills, and stable family relationships following release” (Commission on Women Offenders 2012).<sup>8</sup>
11. A high percentage of the female prison population have an existing mental health condition (Corston 2007).<sup>9</sup> Severe mental illness is particularly common among mothers who are separated from their babies (including women who did not apply for a place on an MBU or who were not eligible for admission). For these women, separation from their babies can exacerbate their existing mental health problems, which in turn can contribute to the poor current and future mental health of the child (Gregoire et al 2010).<sup>10</sup> Children who encounter adversity and stress in infancy have significantly increased risk of adverse mental and physical health outcomes later in life, including depression, anxiety, behavioural disorders, substance misuse

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<sup>5</sup> Bronzefield, Eastwood Park, Styal, New Hall, Peterborough and Askham Grange.

<sup>6</sup> Women in Prison (no date). Key facts. <http://www.womeninprison.org.uk/research/key-facts.php#wrapper>

<sup>7</sup> National Institute for Clinical Excellence (2010). ‘Pregnancy and complex social factors’.

[www.nice.org.uk/guidance/CG110](http://www.nice.org.uk/guidance/CG110)

<sup>8</sup> Commission on Women Offenders (2012) ‘Commission on Women Offenders: Final Report’, Edinburgh: Scottish Government.

<sup>9</sup> Corston, J. (2007) ‘The Corston Report: The Need for a Distinct, Radically Different, Visibly-Led, Strategic, Proportionate, Holistic, Woman-Centred, Integrated Approach’, London: Home Office.

<sup>10</sup> Gregoire, A., Dolan, R., Birmingham, L., Mullee, M. and Coulson, D. (2010). ‘The mental health and treatment needs of imprisoned mothers of young children’, *The journal of forensic psychiatry & psychology*, 21(3), 378-392.

and cancer. Children of prisoners have three times the risk of delinquent / antisocial behaviour compared to their peers (Galloway et al., 2014).<sup>11</sup>

12. The principle of 'equivalence of healthcare for people in prison and in the community' has been enshrined in law in England and Wales since 1999. Prisoners are entitled to the same range and level of healthcare as are available in the wider community. Therefore mothers and babies who enter the criminal justice system should have equivalent care and support to mothers and babies in the community, throughout pregnancy, birth and the postnatal period.
13. Abbott's (2018, forthcoming)<sup>12</sup> research of pregnant women and new mothers in three prisons found, for some women, prison was a refuge or 'safe haven' and a unique 'turning point' and catalyst for change, especially when they are given the opportunity to live with their baby on a Mother and Baby Unit. However, many more women were scared of violence, left to beg for essentials like nutrition and fresh air, and chose to attempt to hide their pregnancies. Antenatal care was disrupted if women entered prison during pregnancy. Abbott found that prison staff too were left vulnerable with the emotional trauma of witnessing and facilitating the separation of a baby from a mother, with staff attending labours having no recourse to a debrief (a common practice in NHS maternity services when staff go through traumatic care episodes).
14. The experiences of women as documented by Birth Companions shows that while good practice exists, there are still episodes where women's needs have been disregarded and worse, suffered degrading treatment. In imprisoned mothers' own words:

"We shouldn't be dehydrated. The prison may say 'we are feeding them' but I've still got my notes that say I was dehydrated and starving – that's what the midwife was saying: 'This girl is starving and dehydrated, we're keeping her in'."

"I had to fight for everything, I had to write to the governors to be given an extra pregnancy mattress...I had to fight to be allowed extra bread."

"When I was eight months pregnant and had to go for a late scan, I was handcuffed on my way to the appointment. It was so degrading, people looking at you and judging. It was the worst feeling in the world".

"I noticed they [healthcare staff] always spoke to the officers first even though I'll be sitting there, so it's like they discarded me as a human being. So a lot of times I had to say "Scuse me, you know, it's not them that's pregnant, it's me. Like this is my business you're meant to be telling me"."

#### **Concerns about risks in labour and access to appropriate birthplaces for women in prison**

15. In October 2017 Birth Companions wrote to the HMPPS Women's Team regarding a number of concerning incidents where women in custody gave birth in inappropriate settings, including in prison cells. It is a very rare occurrence for women in the community to give birth before arrival in a healthcare setting, or before their midwife arrives at their home.

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<sup>11</sup> Galloway S., Haynes A. and Cuthbert C. (2014) 'An Unfair sentence: All Babies Count. Spotlight on the Criminal Justice System', NSPCC and Barnados, London.

<sup>12</sup> Laura Abbott, *The Incarcerated Pregnancy: An Ethnographic Study of Perinatal Women in English Prisons*. Submitted to the University of Hertfordshire in partial fulfilment of the requirements of the degree of Doctor of Health Research (DHRes) - February 2018.

16. There are a number of risks associated with births in prison. Perinatal women in prison have higher-risk pregnancies than the general population, and their deprivation/low socio-economic status is associated with an increased risk of premature labour, babies with low birth weight and maternal and infant mortality. Bleeding during labour, post-partum bleeding, placental abruption, hypertensive disorders, obstructed labour and problems with the umbilical cord are all conditions that can lead to maternal/infant death or injury if immediate expert intervention is not available during childbirth.
17. Healthcare staff and officers may currently be making decisions for which they are unqualified, putting women, babies and themselves at risk. Outside of the limited times midwives visit most prisons, unqualified prison officers or Prison Healthcare staff are making decisions about whether pregnant women are in labour or need to go to hospital, for example when women are bleeding or their waters have broken. Typically a woman would speak to a prison officer who would then decide whether to call a nurse. Only a trained and registered person (midwife or doctor) can legally make a decision as to whether a woman is in labour or not (Nursing and Midwifery Order 2001 Article 45), except in an emergency. Contravention can be prosecuted.
18. In their letter to the HMPPS Women's Team, Birth Companions outlined some of the stresses they see within the prison system that could be contributing to these incidents. Sometimes women do not call officers despite being in labour. This can be because they are due to separate from their babies and are fearful of what will happen next; officers have less time to build relationships with women, thus making some women less likely to request assistance; women may be unable to articulate their needs because of learning difficulties; low staffing levels mean there are fewer staff to respond to women, particularly at night time; lack of antenatal education means some women, particularly with their first pregnancy, may not know what to expect in labour and not know when to call for help.
19. If pregnant women are held on many different wings in the main prisons, rather than on the MBU or on one wing, staff have less opportunity to build their experience and expertise in caring for pregnant women. Lack of training means some staff are not aware of risks, protocols and procedures around responding to calls for assistance. Staff may be reluctant to organise transferring a woman to hospital if they are not sure this is necessary, particularly given time and cost implications. Lack of access to appropriate advice mean nurses or officers are sometimes making (sometimes wrong) decisions about whether or not women are in labour.
20. Infrequent midwifery visits to prisons to hold clinics means midwives are less likely to see women in the final weeks of pregnancy and in the early stages of labour, leaving women without specialist support and expertise needed in this crucial times.
21. In response to these events, Birth Companions have called for prison staff to be regularly trained in the care of perinatal women. Pregnant women should be offered the opportunity to live on a designated wing where they can benefit from peer support and staff can build up an expertise in their care, and they should all have the opportunity to benefit from antenatal education. Like women in the community, every pregnant women in prison should have a birth plan and a plan for what should happen in an emergency.
22. In order to make unexpected births in custody a rarer, and much safer process for women, children, staff and prisons, a Policy Framework for Perinatal Women is needed to ensure staff know what is expected of them and to ensure safe, appropriate care at all times. Moreover, all

women in England have the right to choose where to give birth and to have that experience personalised; women in prison have this right too.<sup>13</sup>

### **Mother and Baby Units**

23. Research from O’Keefe and Dixon (2015)<sup>14</sup> recognises that MBUs can form protective, relatively stable environments in which mothers can bond with their babies and report a growing body of evidence that suggests that MBU residents are less likely to reoffend than the general female prison population. However, there is evidence that women’s access to Mother and Baby Units is not always timely or fair.
24. Research from Abbot (2018, forthcoming)<sup>15</sup> found that often women were not informed about whether or not they had gained a place until very late on into the pregnancy and sometimes not until going into labour, or even after giving birth. This is especially distressing for mothers whose applications for a place are denied. Women experiencing separation and uncertainty around MBUs are especially vulnerable, as the Inquest into the death of Michelle Barnes in Low Newton Prison in 2015 found; Barnes was told she was unlikely to be able to secure a place at an MBU.<sup>16</sup>
25. O’Keefe and Dixon’s research highlights many problems and inconsistencies with the current MBU system and makes a number of recommendations, including “access to relevant, appropriate and timely information about MBUs” and “programmes which encourage attachment”. They also make the point that “commissioners of services for childbearing women need to understand that long-term outcomes for this group will require intensive support and will not be the cheapest to deliver”; both in prison, on release and in the community. Evidence suggests that women in prison who are pregnant or who remain with their baby in MBUs, whilst receiving good care, do not receive the same quality of perinatal healthcare as those living in the community and this needs to be urgently addressed. We need to invest in MBUs to maximise their benefits to women, babies and the wider community, being realistic about what it truly costs to make it work.

### **Women who are separated from their babies**

26. Women who do not get a place on a Mother and Baby Unit and separate from their baby return to the prison and often receive no additional support other than from officers or other women in the prison. Women in this situation often experience great distress and are at very high risk of postnatal depression.

### **The importance of a policy framework**

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<sup>13</sup> National Maternity Review (2016). *Better Births: a five year forward view for maternity care*. <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

<sup>14</sup> C. O’Keefe, L. Dixon (2016). *Enhancing Care for Childbearing Women and Their Babies in Prison*. Hallam Centre for Community Justice, Sheffield. <https://www.barrowcadbury.org.uk/wp-content/uploads/2015/12/FINAL-MBU-report-7th-December-2015.pdf>

<sup>15</sup> Laura Abbott, *The Incarcerated Pregnancy: An Ethnographic Study of Perinatal Women in English Prisons*. Submitted to the University of Hertfordshire in partial fulfilment of the requirements of the degree of Doctor of Health Research (DHRes) - February 2018.

<sup>16</sup> <https://www.theguardian.com/uk-news/2016/oct/21/inquest-into-death-of-prisoner-days-after-giving-birth-finds-very-serious-matters>

27. Although women in the perinatal period have specific healthcare, psychiatric and social needs, there is no single, comprehensive piece of legislation which focuses on them. We hope the Committee can appreciate, as we do, that without such a framework we are not only risking the goal of equivalent care for women in prison, but doing a disservice to the prison service healthcare system which needs a clear guide about what 'good' looks like. We believe that the care of perinatal women in prison is an area in which national, prescriptive guidelines are appropriate to ensure consistency of care and implementation of the highest possible standards.
28. Guidance is currently sporadic and hard to find. Research from Abbot (2017) finds both staff and pregnant women did not know what they were entitled to. Staff need to know who/how to refer to if a woman presents in pain and/or labour as care from maternity services is absolutely essential and must not be delayed.
29. Birth Companions and the RCM have called for a comprehensive legislative framework for ten years and we believe the Birth Charter can form the practical basis of the urgently-needed Policy Framework for Women in the Perinatal Period. This should cover essential provisions and ensure equivalent access to and quality of healthcare for pregnant prisoners, new mothers, and the mothers who do not have a place with their baby on an MBU. We believe that our recommendations will substantially improve the physical and mental health and wellbeing of this group of mothers and ensure the best start possible for their babies.
30. Public Health England's new Gender Specific Standards to Improve Health and Well Being for Women in Prison<sup>17</sup> use the Birth Charter and other documents to outline the expectations around maternity care for women in prison. With a substantial section on Pregnancy and Families, a commitment to overarching principles such as a trauma-informed approach and peer support, the document presents a vision of a system fully aware of the needs of women and the support they require to address the multiple challenges in their. The Standards represent a significant breakthrough and we are fully supportive of the changes they could bring about.
31. The document's signatories state that implementation "is a shared objective of HMPPS, NHS England and PHE" but acknowledge that "currently not all standards are being met". This understates the scale of the challenges facing the system today that get in the way of providing good care for perinatal women. A policy framework, based on our Birth Charter, would be a good place to start.

#### **The 15 Birth Charter points:**

##### *Pregnant women in prison should:*

- i. Have access to the same standard of antenatal care as women in the community
- ii. Be able to attend antenatal classes and prepare for their baby's birth
- iii. Be housed, fed and moved in a way that ensures the well-being of mother and baby
- iv. Be told whether they have a place on a Mother and Baby Unit as soon as possible after arriving in prison
- v. Have appropriate support if electing for termination of pregnancy.

##### *During childbirth, women should:*

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<sup>17</sup> Public Health England (2018). Gender Specific Standards to Improve Health and Well Being for Women in Prison. <https://www.gov.uk/government/publications/women-in-prison-standards-to-improve-health-and-wellbeing>

- vi. Have access to a birth supporter of their choice
- vii. Be accompanied by officers who have had appropriate training and clear guidance
- viii. Be provided with essential items for labour and the early postnatal period
- ix. Receive appropriate care during transfer between prison and hospital.

*Women with babies in prison should:*

- x. Be encouraged and supported in their chosen method of infant feeding
- xi. Be supported to express, store and transport their breast milk safely, if they are separated from their baby
- xii. Be given the same opportunities and support to nurture and bond with their babies as women in the community
- xiii. Be entitled to additional family visits.

*All pregnant women and new mothers should:*

- xiv. Be able to access counselling when needed
- xv. Receive appropriate resettlement services after release from prison.

**Good practice in prisons**

32. There are examples of good practice related to each of these Charter points which we would like every prison healthcare service deliver for pregnant women and new mothers. These examples demonstrate the importance of a multi-agency approach and the crucial role of the third sector. We will send a copy of the Charter to you so you will have access to these examples. Some more are set out in the paragraphs below.
33. Low Newton Prison, County Durham and Darlington NHS Trust and NHS North East and Cumbria have led the way in appointing a Specialist Midwife for the Judicial System to develop a comprehensive pathway for perinatal women in the prison, deliver services and ensure partnership working. The perinatal pathway was developed particularly in partnership with mental health services at the prison and includes women who have separated from their baby for up to a year after birth. This model was put in place after the coroner's inquest into the death of Michelle Barnes in 2015, six days after the birth of her baby. We would like to see this role replicated across the women's estate. Further, the CQC must be proactive and include a specialist midwife on its inspectorate team as an urgent matter of women and babies' safety.
34. Choice for Change, a charity working in HMP Bronzefield, offers support and counselling for women in 'crisis pregnancy' and around the loss of a baby or child. The team is staffed with a mixture of paid and volunteer staff who are either trained counsellors or student counsellors on placement. The service is provided by Choices Islington, a charity which operates a similar service in the community in London.
35. In HMP Peterborough all pregnant women are given free 24-hour telephone access to the Labour Ward at Peterborough City Hospital so that they can talk to a midwife about any concerns or symptoms they are experiencing.
36. In HMP Peterborough pregnant women and breastfeeding mothers are given a food pack of healthy snacks in addition to their standard food.

37. In HMP Holloway, before the MBU closed, volunteers from Babies in Prison took photos of babies in community sessions while on trips and on the MBU. The charity contributed a camera for the unit and towards the cost of photos. They also funded a sensory room on the unit for the babies. This enabled women to keep hold of precious mementos and memories and contributed to normalising motherhood in prison settings.
38. At HMP Bronzefield and Peterborough Birth Companions offers 24-hour birth support from trained volunteers who can support and advocate for a woman during birth in hospital.
39. At HMP Foston Hall mothers who are separated from their baby are supported to express and store milk. Those who are later reunited with their baby in visits or after their release are able to continue breastfeeding. For those mothers who will no longer be caring for their baby in the future, expressing milk enables them to give their child a good nutritional start in life.
40. In HMP Peterborough, serving prisoners have been trained as peer supporters and work to give information and emotional support to pregnant women and new mothers in the prison.
41. The Mother and Baby Unit in HMP Styal is run by Action for Children and combines parenting support, targeted intervention work and high quality nursery provision. A plan is developed with each mother to provide her with opportunities to overcome the challenges she is facing. This can include basic baby care, budgeting, communication skills, issues of bereavement and loss, substance misuse and a wide range of other factors.
42. Baby Steps is a perinatal education programme developed by the NSPCC in partnership with the Warwick University. It has been run in HMP Newhall and HMP Bronzefield. Parents who attended the programme in prison identified a range of positive outcomes from attending the programme.
43. The Birth Charter is available online<sup>18</sup> and we will send a copy of the Birth Charter to the Committee to accompany this submission. We hope the Committee can see the value in prison healthcare services using the Charter to develop a much-needed policy framework to safeguard the health and wellbeing of this most vulnerable group of new mothers.

**The Royal College of Midwives and Birth Companions  
May 2018**

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<sup>18</sup> <http://birthcompanions.org.uk/Birth-Charter>