

5-22-2024

## Previously Incarcerated Women's Emotional Experience of Giving Birth in a U.S. Prison

Brigit Ichard-Henderson  
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# Walden University

College of Psychology and Community Services

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Brigit Ichard-Henderson

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the review committee have been made.

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Walden University  
2024

Abstract

Previously Incarcerated Women's Emotional Experience of Giving Birth in a U.S. Prison

by

Brigit Ichard-Henderson

MA, Walden University, 2018

MA, Texas A&M University-Central Texas, 2014

BS, Excelsior University, 2009

Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

Human Services

Walden University

May 2024

## Abstract

Women have been giving birth while incarcerated since the advent of confinement as a punishment for crime. There is a plethora of information on incarceration rates, pathways to incarceration, access to health care and education while incarcerated, and reasons for recidivism among women. However, little is known about women's experiences of giving birth while incarcerated. This study aimed to explore female inmates' experiences of the emotions they felt and recalled at the time of arrest and their interactions with other inmates, health care providers, correctional officers, and their outside support group. Qualitative narrative analysis was used to interpret the data from 15 participants who were previously incarcerated women, 18 years of age and older, who had given birth in US prisons. In semistructured interviews conducted via videoconferencing, participants were asked to recall the emotions they felt during their pregnancy, labor, and delivery. Feminist theory and feminist criminology served as the theoretical frameworks for the study. The eight themes and ten subthemes that emerged showcased participants' memories of felt emotions such as depression and anxiety. Recommendations include further research on the study topic and related topics such as prenatal health care, nutrition, and education for pregnant incarcerated women in the United States. The study's findings could promote positive social change by informing human services professionals of the need to create a positive, humane, and dignified birth experience for pregnant incarcerated women in the United States.

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## Dedication

I want to dedicate this dissertation to my adoptive father, an American soldier stationed in Germany, Mr. Harlod Lee Ichard, who chose a little blonde, blue-eyed baby girl out of hundreds of other babies in an orphanage almost 60 years ago. Without his love, I would not be the person I am today. This study is also dedicated to My daughter, Reba Henderson, and my Grandson, Austen Adams.

## Acknowledgments

First, I would like to acknowledge Barabra Murphy Robinson, a dear friend who gave me the wild idea that I could become more than a welfare statistic by encouraging me to obtain an education. Mrs. Robinson helped me enroll in my first college class and has been a constant light during my education journey. Second, I thank my husband, Charles Henderson, and my son, Travis Henderson, for standing by me and encouraging me through this lifelong learning process. Third, I would like to thank my dear Aunt Mrs. R. L.( Skeeter), who encouraged me through the years. Lastly, I would like to acknowledge and thank my committee member, Dr. McCoy, whose guidance and wisdom this dissertation would never have come to fruition, and Dr. Moran, who was straightforward with his invaluable editing suggestions.

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## Chapter 1: Introduction to the Study

The topic of this study is the emotional experiences of pregnant inmates who have given birth while previously incarcerated in the United States. I conducted this study to shine a light on the marginalized, underserved, and nearly invisible population of U.S. pregnant inmates going through the labor and delivery process without emotional support during their incarceration. Members of several professional groups, correctional staff, correctional management, social workers, female justice advocates, and human services may be able to use the study findings to effect positive social change.

Chapter 1 starts with a brief historical examination of pregnant female convicts from the beginning of the United States. The confinement punishment for female criminals dates back to the 18<sup>th</sup> and 19<sup>th</sup> centuries (Owen, 2020). Besides theft, prostitution, and murder, 19<sup>th</sup>-century female crimes were steeped in societal norms, such as talking back to one's father or husband, gossiping, and going out after dark without a male chaperone, and any pregnancy out of wedlock (Owen, 2022).

The number of female inmates was drastically lower than that of their male counterparts; female convicts were housed with male convicts (Pishko, 2015). Because women were housed with men, some women entered the confinement pregnant, and some women became pregnant during confinement; this trend of becoming pregnant while incarcerated remained steady until the first all-female penitentiary opened in 1829 (McCool & Harman, 2022). The United States' first all-female place of confinement was called Eastern State Penitentiary, and its historical records show that at least 29 women

arrived there pregnant and gave birth during their incarceration (McCool & Harman, 2022).

I then turn my attention to the 1980s and review the increasing incarceration rates of female and pregnant individuals in US prisons, the reproductive rights of inmates, and the health care issues of incarcerated women. Researchers have asserted that the increase in female drug crimes and the stricter drug sentences given by US courts account for the exponential increase of female inmates in the 1980s (Tuxhorn, 2022). Ferszt, et al. (2013) noted that an estimated 6%–10% of women entering the US correctional system were pregnant at the time of the arrest. America's jails and prisons are designed by men and for men in a gender-neutral fashion with no regard for the gender-specific needs of female inmates, according to Braithwaite et al. (2005).

In Chapter 1, I provided information on the theoretical lens for the study, Feminist Theory, and Feminist Criminology, starting with a brief historical review up to the present date. The historical review shows, through a feminist lens, this target population's progress or lack of progress. It was not till the second wave of feminism that stories describing female confinement conditions began to appear in scholarly writings and public newspapers (Menis, 2020). This apparent lack of progress supports the need for gender-based research addressing U.S. female inmates' healthcare

### **Background**

Being female and pregnant in confinement is not a new phenomenon; pregnant women have been detained for crimes since the Middle Ages. Historically, women in the correctional system have been forgotten due to the small number of women incarcerated

in contrast to men (Braithwaite et al., 2005). There has been a stagnation in the research on incarcerated women due to the low numbers in previous centuries. It was not until the second wave of the feminist movement that female incarceration stories began to be printed in scholarly writings and newspapers (Menis, 2020).

One of the greatest challenges facing the criminal justice system in the past few decades has been the heightened growth of the whole prison population (Hughes et al., 2020). Although the overall U.S. male prison population has declined, the number of women involved in the justice system has continued to grow disproportionately, impacting poor and marginalized communities while straining state and local government resources (Baker, 2019). The annual growth rate of women being incarcerated has almost doubled compared to that of their male counterparts (Tenkku Lepper et al., 2018).

Braithwaite et al. (2005) pointed out several disparities for incarcerated women in the United States, whom they labeled the invisible population due to the lack of research and literature concerning their plight for better conditions in jails and prisons. Female inmates have unique needs specific to only their gender; however, prisons and jails were created for and by men (Braithwaite et al., 2005). An estimated 5%–7% of women enter U.S. prisons pregnant each year (McCoy et al., 2016). Without additional female inmate programs, incarceration is often ordered to protect the substance-abusing mother and her fetus (McCoy et al., 2016). The emotional experiences of pregnant inmates who give birth during their incarceration have not been explored, according to my review of the literature. After reading many testimonials of former inmates' birth experiences, I took notice of this subset of women to which there had been little scholarly attention. These



women appeared to have distinctive obstacles and difficulties that could be explored to foster positive social change.

### **Problem Statement**

The problem that was addressed in this study was the lack of knowledge concerning the emotional experiences of pregnant inmates, age 18 and above, who have given birth while previously incarcerated in the United States. There is a plethora of information on female incarceration in other areas, including increased incarceration rates (Lepper et al.,2018), female pathways to incarceration (Tuxhorn,2022), and female inmate health care (Braithwaite et al.,2008). Lepper et al. (2018) revealed that women are the world's fastest-growing population in the criminal justice system. As such, there may be a predictable rise in pregnant inmates. I focused on U.S. inmates who had previous emotional experiences of giving birth while incarcerated in the United States to answer this study's research questions (RQs). In my search of multiple databases and peer-reviewed journals, I located rare studies that centered on the emotional experience of giving birth while incarcerated and without a family member or friend or the aid of a doula.

### **Increase in Female Incarceration Rates in the United States**

The U.S. prison population consists mostly of men, but there has been a marked increase in the number of women who are incarcerated (Baker, 2019). Poor and marginalized communities have seen a higher increase in female incarceration, often straining state and government resources to the brink of collapse (Baker, 2019; Fritz & Whitacre, 2016). Fritz and Whitacre (2016) stated that, although women are only a small

percentage of those incarcerated, their incarceration rates have outweighed those of men. As such, they noted a need for further research on the female prison population.

In the United States and globally, women are the fastest-growing segment of the total prison population (Tenkku Lepper et al., 2018). Hatters Friedman et al. (2020) found that, internationally, the United States had the second highest rate of female incarceration. Most women are still in their reproductive years at the time of their incarceration (Freidam, et. al., 2020). Shlafer, Helledt, et al. (2014) reported that the average childbearing age of females entering incarceration was 18 to 44 years of age in 2014. Tenkku Lepper et al. (2018) correlated the increased incarceration of women with the higher rate of pregnant inmates incarcerated.

### **Reproductive Rights**

Reproductive health care in any situation should be considered a fundamental human right for all women, including inmates (Dunn et al.,2018). The World Health Organization (2020) stated that incarcerated women are one of the most underserved and least advocated for populations globally. In this study, I will strive to present a realistic picture of the emotional experiences of giving birth while previously incarcerated in the United States.

### **Historical Accounts of Female Confinement**

Historical accounts of female confinement show that women began entering correctional settings already pregnant beginning in the late 16<sup>th</sup> century (Owen, 2022). To gain a better picture of women and pregnant women in an incarcerated setting, it is imperative to give a synopsis of the historical records dating back to the late 16<sup>th</sup> century.

The historical accounts show a long-standing struggle of the feminist movement trying to bring the plight of incarcerated women to the public and the scholarly community.

### **Modern Female Confinement**

Since the 1980s, the United States female incarceration rate has been steadily increasing, with a growing concern for the increase in short-term detention in local jails in addition to the already overcrowded larger federal facilities (Rodda & Beicher, 2017). President Nixon's "War on Drugs" campaign and President Reagan's "Just Say No" anti-drugs initiative were the turning points for stricter drug crime laws, and those found guilty received longer jail sentences (Tuxhorn, 2022, p. 421). However, the US correctional system was developed by men for men, with gender-neutral policies dictating all facets of how prisoners are treated and housed (Braithwaite et al., 2005; Hotelling, 2008; Kelsey et al., 2017). This sharp increase in female inmates led researchers to estimate that about 5% to 7% of women who are incarcerated are pregnant at the time of arrest (McCoy et al., 2016). A recent study conducted in the United States state of Texas study supports that increases in rates of incarceration for women now overshadow those of men (Tenkku Lepper et al., 2018). Most (81%) of the incarcerated women who participated in the study were mothers.

### **Pregnant Inmates**

Among female inmates is a smaller subgroup of women who have their pregnancy go to full term and deliver their newborns while still incarcerated in a United States prison. Incarceration of mothers and pregnant women has consequences for all levels of society (Easterling et al., 2019). Poverty, mental health, and substance abuse account for

the increase of incarcerated women, who mainly commit minor crimes (Tenkku Lepper et al., 2018). On average, nonviolent crimes such as fraud, drug use, drug selling, and prostitution are what most women are arrested for (Rodda & Beichmer, 2017). Rodda and Beichmer (2107) noted an increasing level of comorbidity among the female population, with the majority requiring mental health, physical health, substance abuse, and/or pregnancy services at the time of, or soon after, their incarceration.

### **Health Issues of Incarcerated Women**

Women who enter incarceration generally experience a greater number of physical and mental illnesses due to untreated physical and mental health issues before incarceration (Kelsey et al., 2017). Hotelling (2008) pointed out that jails and prison conditions run on gender-neutral policies that harm women's mental and physical health. As society grapples with the war on drugs and addiction, the laws offer no compensation for the reproductive needs of female inmates (Schroder & Bell, 2008). Further research is warranted on pregnant inmates during all phases of their pregnancy. Pregnant incarcerated women have a unique and complex psychosocial need that can strain their ability to cope with the experiences of being pregnant and incarcerated (Ferszt et al., 2013).

### **Purpose of the Study**

The purpose of this qualitative, narrative study was to explore the emotional experiences of pregnant inmates, ages 18 and above, who have given birth while previously incarcerated in the United States. In this study, I sought to gain a clear picture of the emotional experiences of individual women who have given birth while previously

behind bars. I wanted to give a voice to an invisible population going through their pregnancy, labor, and birth process while incarcerated. Anxiety, fear, and loneliness can be exasperated by being pregnant and incarcerated. There could be lasting effects on the lives of pregnant inmates if they go through this life event alone. Kelsey et al. (2017) examined who was allowed emotional support while incarcerated during the labor and birth process; they found that few inmates are granted furloughs for their labor and delivery, and only 10% of prisons allow the father to be present at the birth. A small percentage (19%) allowed another family member to be present at the birth.

There is extensive research describing the poor state of health care received in various United States prisons. However, the focus has been on men despite the added need for health care of the female population (Shlafer et al., 2015). The reproductive health of incarcerated women has not been at the forefront, although attention to this area is needed to improve female incarceration health conditions (Shlafer et al., 2015). Ferszt et al. (2013) noted that although standards exist for pregnancy-related health care stemming from the work of the National Commission on Correctional Health Care and the Public Health Association, adherence to the standards is voluntary. I found limited scholarly literature on this topic for the United States criminal system and other professions such as social work, human services, and mental health. Exploration of the emotional experiences of incarcerated inmates who have given birth could offer much-needed insight to stakeholders, who might use the knowledge to create programs that train correctional employees and to advocate for stronger guidelines and accountability

on health care given to this population. These efforts might set a standard of care that can be monitored in every prison within the United States.

### **Research Questions**

RQ: What are the emotional birth experiences of adult women, ages 18 and above, who have given birth while previously incarcerated in the United States?

Subquestion 1: Do the physical restrictions and shackles of confinement affect the emotional state of the female inmate during labor and delivery while incarcerated?

Subquestion 2: Can giving birth while incarcerated evoke feelings of depression and anxiety?

### **Theoretical Frameworks**

This study is about evoking positive social change for a marginalized and underserved population of female inmates giving birth while previously incarcerated. To do this research, I will use the feminist theory and feminist criminology theory. This study will set out to explore the emotional experiences of pregnant female inmates, ages 18 and above, giving birth while previously incarcerated, therefore the feminist perspective will aid in challenging society's stereotypes of who is not worthy of prenatal care and labor support based on the female's incarcerated status. Feminist researchers strive to bring equality for all; however, raising the bar of equality for all females is the goal of leveling the playing field between the genders. Females should have equal rights to health care whether incarcerated or in the free world.

## **Feminist Theory**

The idea of feminism goes back to the 17th century, and this makes the feminist theory a compatible way to investigate pregnant female inmates as their history of confinement began in the same century. Like the confinement of women after committing a crime, feminism has its roots in Europe. Johnson (2020) states that Mary Wollstonecraft was born in London, England, in 1759 as the founder of feminism. The feminist theory explores the past and present struggles that women have had and continue to endure to this day. England's Transportation Act of 1718 brought feminism and female inmates to the colonies of the new Americas; Elizabeth Fry advocated for female convicts who had arrived from England. The journey for female equality can affect all facets of a woman's life, including jobs, education, reproductive rights, and even her time within the criminal justice system. Equality, difference, choice, care, time, and experience are central concepts of feminist theory, according to Crossman (2020). The use of the feminist theory lens in this study will help compare the pregnant female inmate's experiences during the time of her labor and delivery care and the choices she had in her experience.

## **Feminist Criminology**

I will also be looking at this study through the lens of feminist criminology. In the late 1960s and early 1970s, feminist criminology emerged as a reaction to gender distortions and stereotyping of women within the traditional criminology forum (Tripathi, 2014). Feminist criminology was born from a women's movement to understand and bring attention to the perceived notions and commonality of female crime. Holtfreter

(2018) feminist criminology is the gold standard for female scholarly research and crime. feminist criminology highlights the limitations which are within the criminal justice system due to the failure of the system to act on the clear differences between males and females on how they enter crime, what crimes are committed by gender, and the different needs of each gender within the criminal justice system (Tripathi,2020).

Using the feminist and feminist criminology lens in this study can give a window into how women have limited research on their birth experiences within the criminal justice system. Rezett (2013) mentioned in his work the lack of research on female crime due to the smaller number of female inmates compared to male inmates. Information will be presented to and discussed by the citizens, lawmakers, correctional management, and lawmakers that the United States makes its jails and prisons accountable for the mandatory standard of care for pregnant inmates.

### **Nature of the Study**

Using the feminist theory, I will conduct qualitative narrative in-depth interviews of the women, ages 18 and above, who have given birth while previously incarcerated in a United States prison. Qualitative studies are used to obtain and record in-depth experiences from participants of an identified phenomenon, like recalling the emotional experience of labor and delivery during incarceration. Procedures will include obtaining informed consent, interviewing, reviewing data, stating the limitations, and showing the need for further research. The informed consent will have a confidentiality statement, where and how the interviews will take place, the projected length of interviews, and how the data will be used.



Purposeful and snowball sampling will be used to select participants from the recruitment flyer on the Facebook social media website. These participants can supply detailed accounts of their emotional experiences of labor and delivery while previously incarcerated in a United States prison. The interviews were conducted via Zoom technology so each participant felt that her privacy was protected. Interviews can last up to 1 hour; however, the participants may stop the interview at any time and or decline to answer any question. All interviews were recorded either by audio unless the participant posits an objection; in that case, a handwritten transcript will be used. A \$25 Amazon gift card will be offered to all 15 participants who complete the consent form. The Amazon gift card can be delivered via email.

### **Definitions**

*Appropriate womanhood:* An individual's meeting of proscribed standards of moral norms and the conscience of society (Turner & Maschi, 2015).

*Birth stories:* Pictures and a written account of the labor and birth prepared by a doula and given to a woman (Shlafer, Hellerstedt, et al., 2014)

*Correctional nurses:* Nurses who work specifically in correctional health with the criminal justice system (Daniel, 2019).

*Doula:* A provider of emotional support, comfort massages, repositioning, and gentle touch to pregnant women (Shlafer et al., 2014). The doula can also provide photographic and written birth stories (Shlafer et al., 2014). Unlike nurses or midwives, doulas do not provide medical support or have clinical responsibilities.

*Doula Project:* A group of experienced doulas certified by the Pacific Association for Labor Support (Bell, 2005).

*Feminist:* Whoever is culturally marked as a female, regardless of sexual preference or employment circumstances, is almost exclusively limited to a biological female over the age of 16 (Ermarth, 2000).

*Feminist criminology* is a field that engages with women in three ways: as criminals, as victims of crime, and as individuals working in the criminal justice system (Tripathi, 2016).

*Feminism theory* emphasizes the importance of social, political, and economic structures that shape human societies and stresses that gender must be considered when examining the effects of oppression, domination, power, and powerlessness (Ermart, 2000).

*Gender differences* are the differences between how women are treated and men in everyday life (Drapalski et al., 2009).

*Mass incarceration of women:* The rapid increase in female imprisonment in the United States began in the late 1970s; female imprisonment has risen faster than that of men (Turney & Wildeman, 2018).

*Mental health challenges:* Mental health issues, such as posttraumatic stress disorder, depression, schizophrenia, and bipolar disorders, are experienced by female inmates entering the criminal justice system (Tenkku Lepper et al., 2018).

*Prison nurseries:* Nurseries set up within the correctional unit allow newborn infants to stay with their inmate mothers (Dolan, 2013).

### **Assumptions**

The main assumption I hold is that in this qualitative narrative study, the participants will provide honest and well-detailed answers to the interview questions. The next assumption is that the chosen framework, feminist theory, and feminist criminology will be appropriate for this study to generate positive social change for this underserved group of female inmates. The third assumption is that using the narrative methodology was the best choice to investigate the RQs, advance the data on this topic, and propel more investigations for the advancement of pregnant inmates within the United States. I am assuming that the population sample will be eager to share their emotional experiences to shed light on the past and current care and treatment of pregnant inmates in the United States.

### **Scope and Delimitations**

I will limit the scope of this study to an expediency sample of obtainable subjects that met a criterion, which is United States pregnant inmates, ages 18 and above, who have given birth while previously incarcerated in the United States. This purposeful sample will permit a thorough examination of the labor and delivery process through their emotional experiences. Using the feminist and feminist criminology framework lens allows access to information regarding this topic with a historical and current context. I believe this study would be easily transferable in each state of the United States or on a local community level because pregnant female inmates can exist from the largest city to small rural America.

### **Limitations**

Limitations can include the noise and availability of privacy at each participant's location for the interview site. To allow access to privacy, I plan to be very flexible in the interview time frames; later in the evening, I may need women with children so as not to overhear sensitive, age-inappropriate information concerning the family dynamic. Technology issues can occur with computers or apps such as Zoom. Participants' children may be present due to a lack of childcare, causing a distraction for the mother and or interviewer. Using the chat button on the Zoom program will allow the participant to type sensitive information back and forth during the interview process.

To curtail any bias I may have, I did not disclose personal information concerning past female inmates that I have known. Participants' memory can be a factor in describing their emotional experiences during the researched phenomenon, as feelings and reactions can change over time to the same question. An additional limitation when dealing with a marginalized population is that they may seek to predict what they think the researcher wants them to say and how to react to the questions in the given phenomenon of interest.

### **Significance**

Potential contributions to the study of pregnant female incarceration conditions in the United States are a clear and hopeful goal of this study. As presented in past and current scholarly writings, continual and expanded research on all facets of female incarceration is needed. Often, research is not done on female incarceration due to the relatively smaller number of females incarcerated than their male counterparts.

Researching the micro-subgroup of pregnant female inmates who have given birth while previously incarcerated in the United States gives elaboration on the emotions experienced during female incarceration. Being incarcerated can be stressful on its own without the hormonal, medical, and emotional challenges of being pregnant and incarcerated. Although the study's target population is the female pregnant inmate, the benefit of easing emotional distress reaches far out to the community from which she came and hopefully can return and reunite with her child.

### **Summary**

Chapter 1 starts with a brief data set showcasing the rise of female incarceration in the United States. This chapter gives both historical and current accounts concerning female confinement. This chapter is where the first mention of the increase in pregnant inmates occurs. Within the information about pregnant inmates lies the problem statement: the inability to have emotional support during the birth experience while previously incarcerated. Chapter 1 clearly states the purpose of the study to uncover the emotional experiences of women who have given birth while previously incarcerated in a United States prison. I used feminist theory and feminist criminology as a lens to help evaluate the literature and the data collected in this study. Potential limitations include privacy concerns during the interview, background noise, technology concerns, and the participant's ability to recall memories from several years ago. Using the Walden University databases to search hundreds of online articles, journals, and past Walden dissertations opened a pleather of information about the female inmate population. In Chapter 2, I will explore the themes that came to the surface during this research, hoping

to find information on the subpopulation of inmates who have given birth while incarcerated in a United States prison.

## Chapter 2: Literature Review

### **Introduction**

In Chapter 2, I examined the problem of the lack of emotional support given to pregnant female inmates, ages 18 and above, who have given birth while previously incarcerated in the United States. To do justice to this topic, Chapter 2 gives a two-fold overview of the pregnant female inmate to include a historical and current perspective, believing that it may be harder to move forward without knowing what was accomplished in the past. The purpose of this study is to explore the emotional experiences of the participant pool, to help create awareness too their needs, and to generate lasting positive social change. Chapter 2 will review many areas surrounding the conditions of female and pregnant inmates, from their health care and lack of privacy to current programs on parenting, education, and reproductive rights. It will also be discussed how the rate of female inmates has increased, and researchers believe the increase will happen and will continue to rise in the coming years.

### **Female Confinement**

The topic to be investigated in this qualitative and narrative study is the female phenomenon of giving birth while previously incarcerated in the United States. After extensive research, only rare literature was found concerning the phenomenon of giving birth while incarcerated in the United States. Therefore, this chapter will provide historical content and current research surrounding all facets of female confinement and pregnancy in a two-fold format. From the beginning, when using confinement as a punishment, females have been entering the correctional system pregnant or became

pregnant after being imprisoned (Owen, 2022). Globally, incarceration rates are down; however, the female incarceration rate has increased dramatically (Baker,2019). Internationally, it is the recognition of the second highest incarceration of women in the United States (Hatters Friedman et al.,2020). Most women who encounter incarceration are still in their reproductive years upon arrest (Hatters Friedman et al., 2020). The drastic increase in female inmates has led to a higher rate of pregnant females within the correctional systems (Tenkku Lepper et al., 2018). Pregnant female inmates are the fastest-growing population in the United States and globally (Tenkku Lepper et al.,). Alirezaei and Roudsari, (2020) labeled pregnant inmates as the most vulnerable population worldwide.

What is seemingly lacking in the past and present research is how female inmates react to the labor and delivery process emotionally and the possible lasting mental health effects of giving birth while incarcerated in the United States. The emotional toll of giving birth alone is the problem in question that plagues all female inmates waiting for their due date and impending birth (Tenkku Lepper et al., 2018). The United States prison policies tend to allow no family members, doula, or emotional support coach in the labor-delivery room for incarcerated female inmates in active labor (Shlafer et al., 2015). However, the WHO believes it is every woman's right to a companion of choice during childbirth (World Health Organization, 2020).

The purpose of this study will be to explore and record the emotional experiences of United States inmates who have given birth while previously incarcerated in modern-day jails or prisons. To give a voice to an invisible population going through the labor



and delivery process while incarcerated. Geritty (2015) observed a significant lack of concern and attention for pregnant inmates' needs while working as a graduate intern at a prison. Women expressed increased sadness, fear, uncertainty, and anxiety about delivering their babies alone while incarcerated (Shlafer et al., 2015). As a society, communities, and individual citizens, we must pave the way for further research on this topic. We may be able to recognize and treat possible long-term effects on the mental, physical, and psychosocial of female inmates giving birth alone in United States prisons. This study may unearth information that could be used by not only the correctional system but also other helping professions like social workers, human service professionals, legislative bodies, and advocates working for positive social change for pregnant women during incarceration in the United States. With increased literature exposure, advocates may have more information to request stronger guidelines and accountability on the health care given to pregnant female inmates and set a standard of care that is obtainable and sustainable in every facility in the United States.

### **Theoretical Frameworks**

In choosing a theoretical framework or frameworks to use during this qualitative study about the emotional experiences of giving birth while previously incarcerated in the United States, I knew the theory or theories would need to revolve around women and crime. The theories needed to explore and show how women are compared to males over the centuries and in the present time frame. How does society view, treat, and react to women in all life situations, and what is trying to be done to level the playing field?

## **Feminism Theory**

The feminist theory highlights women's past and present struggles in obtaining equal rights in situations such as jobs, education, health care, parenting, and even the criminal justice system of the past and present day. This study is related to the female emotional experience of giving birth while previously incarcerated in the United States. Therefore, an additional theory called feminist criminology seemed right on target with how women are seen in their roles as mothers and criminals. The participants in this study will all have been labeled as criminals, have been in the criminal justice system, and have given birth while in the criminal justice system.

Therefore, I will be working through the lens of the feminist theory and feminist criminology frameworks to investigate the phenomenon of giving birth alone and the emotional effects while previously incarcerated in the United States correctional system. Feminism is rooted in the 17th century; however, its definition is not always agreed upon by working scholars and peers (Winter, 2000). Winter (2020) used Britannica's definition of feminism as a Western or American movement that seeks to empower the female gender. Ermarth (2002) of the University of Edinburgh states her definition as the following: "A Feminist is a woman that treats other women with respect, to include herself." Browyn (2002) realizes that the definition of feminist theory is not a simple answer and remarks that some circle theorists believe no one group can agree on a clear and solid definition of the feminist theory. Disagreements on a clear definition of feminist theory can take away from the work that is trying to be done by scholars and activists (Winter,2020). Although one may have encountered many definitions of feminism and

feminism in my research, one theme that is in every definition is relaying the message that the female gender has the right and should be treated equally in life's choices to what a man has the right to choose.

### ***Core Concepts of Feminism***

Equality, difference, choice, care, time, and experience are central to feminist theory, according to (Hughes et al.,2020). Feminism strives to reveal the differences between male and female experiences in areas like economic inequality, discrimination, exclusion, and objectification based on gender (Crossman,2020). Doing research through a feminist lens can showcase gender disparities that can oppress women in all facets of their lives and then move toward solutions to remove oppressive systems blocking female equality (Ebert & Roe,2021). Grodan (2022) states that feminism is the doctrine of advocating social, political, and economic rights for women equal to men.

### ***Historical Overview of Feminism***

Like confinement, feminism has its roots in Europe; Mary Wollstonecraft, born in London, England, is cited as the founder of feminism (Johnson,2020). Mary's troubled childhood and the injustices she lived through her entire life made her question the current rights of women (Johnson,2020). Mary Wollstonecraft worked on *A Vindication of the Rights of Women* in 1792, voicing her opinion that women only appeared incapable of education because men did not allow them the opportunity. Across the ocean in America, Elizabeth Cady Stanton touted that women should have equal rights equivalent to men and deserve the right to vote (Casey, 1998). It was not till the second wave of feminism that articles about the condition of female confinement were said to be

found in print (Menis,2020). Feminists and their advocates have gained rights to past issues such as voting, occupational choice, and, until recently, the freedom to make decisions about the reproductive systems. In short, the feminist lens will help highlight the patriarchy of the American penal system in the oppression of female inmates by being built and operated on a gender-neutral basis.

### **Feminist Criminology**

Feminist Criminology has a clear and more specific ideology that pertains to the heart of this study, as the study research topic is females that society has deemed criminal but also mothers. When female crimes began to increase in the 1980s, and society began to make various assumptions and stereotypes, feminist criminology was born to examine and dispute the perceived notions and commonality of female crimes. Holtfreter (2018) Feminist Criminology is the gold standard for scholarly research on female crime. Feminist criminology began in the late 1960s and early 1970s with the women's movement to better understand and combat the distortion of women within the traditional criminology forum (Tripathi,2014). Feminist criminology takes an in-depth look surrounding the misconceptions about women who work for the criminal justice system, crime victims who are females, and female criminals (Tripathi,2014). One such way of studying and using feminist criminology for research is by reading a journal with the same name. The *Feminist Criminology* journal was first published in 2006 and became the official publication of the American Society of Criminology Division on Women and Crime (Holtfrete,2018). The journal aims to focus on and explore how crime affects women and girls (Holfrete, 2018).

Tripathi (2021) states that feminist criminology addresses the limitations which are within the criminal justice system due to the failure of the system to take into consideration that there are important differences in the male and female paths to enter crime; differences include types of crimes committed by each gender and the victimization and punishments faced by each gender. Literature written by feminists has advanced the movement in four main ways: first, the neglect of female offenders, by previous criminology studies, that show neglect in the fact offenders can be both male and female, assuming when the word “offender” is used it will be a male, with this discussion it revealed the biological differences that cannot be dismissed.

Second, describing how females are treated within the criminal justice system by challenging the historical concept of females benefiting from chivalry within a male-dominated society. Third, areas such as domestic violence and female sexual abuse that are faced by women even in their “supposedly” safe homes are being recognized. This awareness raises questions about how girls and women victims of male crimes are treated and how survivors can be supported. Last is their femininity associated with the few crimes committed by women compared to the wide variety of crimes committed by their male counterparts (Tripathi,2021).

The topic of this study pertains to women who have been incarcerated when they gave birth and the emotional experience they recall. Using the feminist and feminist criminology theories shows how women have been excluded from researching crime and the lack of research devoted to female crime (Rezett,2013). Because of the lower number of female inmates compared to male inmates, their experiences from the crimes, and how

crime affects women in a specific way, female crime has been understudied by scholars and researchers.

### **Literature Search Strategy**

Using the Walden University library as a starting point, I was able to access several database engines of several disciplines: including psychology, sociology, criminal justice, correctional health, and human services. I did not stop the research process until I believed that I had reached saturation in the available articles. Researched related topic qualitative dissertations in Walden Library. I used Google Scholar and EBSCOhost. Searched journals surrounding this topic, pregnant inmates, feminist criminology, and correctional health care. I obtained information from the following associations: World Health Organization, The National Archives of Education Services, Childbirth and Postpartum Professional Association, Prison Policy Initiative, American College of Obstetricians and Gynecologists, Mayo Clinic, American Pregnancy Association, U.S. Department of Health and Human Services, Women's Prison Association and the Doula Foundation. Key search terms and phrases used in Walden's search engines included *History of confinement, female convict history, early female confinement, female modes of confinement, Pregnancy and jail, pregnancy and prison, mothers in jail, mothers in prison, giving birth in jail, giving birth in prison, pregnant inmates, worldwide pregnant inmates, mothers incarcerated in jails, mothers incarcerated in prison, incarcerated mothers, incarcerated females, incarcerated women, women in jail, women in prison, women in Texas jails, mothers who give birth in jail, birth in jail, birth in prison, support for incarcerated women, support for incarcerated mothers, support for*

*incarnated females, outcomes of birth in jail, outcomes of birth in jails, the outcome of births while incarcerated, feminist and prisons, feminist and jails, female prison advocacy.*

### **Literature Review Related to Key Variables and/or Concepts**

To fully explore the female phenomenon of giving birth while previously incarcerated in the United States, this study will highlight the historical background of female incarceration, beginning in the late 1600s to the present day. Female confinement and the conditions of female confinement as a struggle began with the first feminist advocates from England to modern-day advocates. The structure of this chapter will show a historical background of female confinement, followed by modern-day conditions. The historical literature will show a correlation between being a woman, no matter their ethnic or cultural background, often feeling invisible in American Society; the penal system is yet another place a woman is often forgotten due to the small numbers incarcerated in contrast to incarcerated men. (Braithwaite et al., 2005). Historical criminology research in England was genderless (Menes,2020). It is often said there is an “invisibility” of female prisoners, meaning that the experiences and needs of women have been ignored, not that they do not exist. Menis (2020) states that denying a history of female prisoners due to their smaller numbers fosters a stagnation in the discipline. Lepper et al.(2018) claim that pregnant female inmates are the most invisible, unserved, and marginalized population in recent decades.

## **The Historical Use of Confinement for Punishment in Europe**

Before the topic of giving birth while previously incarcerated within the United States can be explored, a synopsis of using confinement as a form of punishment seems warranted to elicit a clear picture of the phenomenon. Early female criminals were dubbed or cast as double deviants; first, they violated the moral code of their society, and second, they broke an established law (Owen,2022). The history of using confinement can be traced back to the Middle Ages when it originated in Europe (Schmallegger& Atkin-Plunk, 2017). In Western Europe, before the institutions of confinement were commonplace, serious female offenders were often put to death by hanging or burning (Owen,2022). Precursors of early confinement were houses of correction, work or poor houses, and the transportation of prisoners out of Europe to the new American colonies and Australia (Owen, 2022).

The concept of the poorhouse originated in England during the 19th century; poorhouses were intended to house individuals who were sick or older or refused to work (Blakemore, 2018). Europe's municipalities are equal to what we now call cities or states; each region's municipalities were expected to support the segment of people within that domain who were described as feeble, elderly, or paupers (Blakemore,2018). Poorhouses were tax-supported intuitions in which people were required to live if unable or unwilling to support themselves and their families (Blakemore,2018).

Because of the influx of healthy, able-bodied people entering England's poorhouses, officials developed England's 1834 "Poor Law" and created a new type of confinement called workhouses, for those whom they determined unwilling to work and



support themselves and their families (The National Archives of Education Services,2021). England's Victorian workhouses were also designed to deal with the issue of pauperism (Brain,2021; Hodgeman, 2021). Historians still debate the time frame deemed as the end of the workhouses being used as a place of confinement, and some say around 1930, when workhouses were redesigned and renamed as Public Assistance Institutions (Brain, 2021: Hodgeman, 2021). In 1948, England acted on 1946's National Health Services Act and introduced the National Health Services, taking many buildings that were previously workhouses and poorhouses and redesigning them into public hospitals (Green et al., 1999; Hodgeman,2021).

### **Transportation of England's Criminal Element to Colonial America**

In the late 1600s and early 1700s, English statesmen and reformers sought to use the newly colonized lands of America to solve England's troublesome social problems, such as paupers, vagrants, and criminals, by sending them abroad (Gillespie, 1992). English courts, led by King James, agreed with Britain's elite society and sent British convicts to America to alleviate England's ever-growing criminal population in the early 1600s (Owen,2022). The Transportation Act of 1718 cemented the notion of sending British convicts to the Americans (Clark,2022; Dressler, Fogleman- Spencer, 2021; Owen,2022). Between 1718 and 1775, historians claim that 10% to 25% of migrants going to America were British convicts (Novak,2015). Among the convicts being transported to America, researchers estimate that 12% to 20% of the total persons sent were women (Clifford, 2016; Novak,2015; Owen,2022). Some female convicts slated to

be transported to American colonies would “Plead the Belly,” where the female would claim pregnancy to delay or commute their pending sentence (Clifford, 2016, p. 3).

Transportation of the British’s criminal element proved less expensive than constructing new penitentiaries and the estimated cost of care for the growing number of convicts (Gillespie, 1923). Sixty percent of England’s convicted offenders transported across the Atlantic would become indentured servants in the newly created colonies in America and Australia (Owen,2022). The crown used private companies to ship over 50,000 felons across the Atlantic Ocean (Clark, 2022). The early convicts coming from the British Isles to America mainly landed in Maryland and Virginia (Clark,2022). Historical records show that the first American jail was built in Jamestown, Virginia, named the Susan Constant in the 1600s (Virginia Places,2017).

Research shows America’s influx of convicts was transported from England to rid that country of its undesirables (Clark, 2022; Gillespie, 1923). Like England, early American communities began to use some type of punishment, such as confinement, to deal with citizens committing crimes (Bosworth, 2010). By the 1720s, every small town likely had at least one designated spot for criminal confinement (Bosworth, 2010). During this time frame, any place, such as an inn, hotel, or large hall, could be deemed a jail because there were no formal regulations set down by the state or county where jails or gallows must be located (Bosworth,2010). Whether newly transported or firmly established in the American colonies, female convicts’ numbers were small compared to the number of men being held in confinement (Menis, 2020).

### **Confinement of Women Convicts in Colonial America and the Early United States**

Female crime has been linked back to societal norms of the day, going back to female incarceration in England (Owen,2022). Besides the obvious crimes of theft and murder, early female convicts were punished for gender-based crimes such as gossiping or disobeying their fathers or husbands (Owen,2022). Women were often sent to jail for lewd behavior, being a Fallen Woman, or just walking the streets after 10 p.m. without being accompanied by a man (Novak,2015). Female crimes were often described as sexual, showing the patriarchal double standard of the times (Kurshan,2022). Perceived moral failings such as being unruly, penniless, prostitution, or just being an unchaste woman were enough to allow the male in charge to have a woman transported from England to the new colonies in America and Australia (Owen,2022). Based on the philosophy of reformation, confinement was designed to “improve the moral character of women”; unmarried sex, premarital pregnancies, adultery, and contracting a venereal disease were just some of the gender-type crimes; females were sent to the new reformatories (Anderson, 2006; Mallicoat,2014).

Female crime and punishment related to being sexually immoral took a darker turn in the 20<sup>th</sup> century under the American Plan (Stern,2019). During WWI, there was a federal plan put in place to prevent the rising cases of sexually transmitted diseases from spreading within the ranks of soldiers and sailors (Stern,2019). Any woman could be locked up without trial, simply for having a sexually transmitted infection; without consent, these women underwent experimental treatments that were often poisonous and

dangerous to their health (Stern,2019). The woman would remain in confinement until she was deemed not contagious and cured (Stern,2019).

By the 1820s, the American solution to crime was the construction of the American penitentiary, based on the principles brought over from England and the influx of prisoners sent after the Transportation Act of 1718 (Novak,2015). Females were first housed in men's prisons because of the low numbers of prisoners in dormitory-type buildings (Pishko, 2015). By the late 1800s and early 19<sup>th</sup> century, the few women imprisoned were still housed in a male prison but were now confined to separate wings or quarters (Kurshan,2022).

One example of an early female-only prison was the Eastern State Penitentiary, which opened in 1829 and is regarded as the first American penitentiary (Romero & Merriman,2019). East State Penitentiary has a 172-year history; for more than half of that time, women and men were housed within its 11-acre complex (McCool & Harman, 2022). Penitentiary historical records show that at least 29 women arrived at the Eastern State Penitentiary pregnant and gave birth during their incarceration (McCool & Harman,2022). Another example is the 1920s Auburn Penitentiary in New York, which began to house males in separate cells at night; however, for the 25 women assigned there, one large room in the attic with the windows' sealed shut was their environment (Kurshan, 2022). Sealing the windows shut was an act to prevent communication with the men housed on the lower floors (Kurshan,2022). Money was not spent on female matrons to oversee the women. Instead, they were often left alone to fend for themselves; during

this time, many female convicts were physically and sexually abused by each other and the male guards who had access to the attic (Kurshan, 2022; Pishko, 2015).

### ***Slavery and Female Confinement***

Prisons in the South served as a powerful and lucrative adjunct to slavery (Bosworth,2010). Prisons held slaves awaiting trial, undergoing trial, along with those being used as house slaves awaiting sale (Bosworth, 2010). Abolitionists were often held in the same jails as the slaves they sought to liberate (Bosworth, 2010). Regardless of age and sex, captives were housed together, from the older adult to a mother with an infant at her breast (Bosworth, 2010). It was not uncommon to see an all-Black chain gang working the roads of the Deep South (Bosworth, 2010). Historical accounts state that Black female convicts were often whipped on the buttocks and forced to defecate in front of male guards as a form of punishment (Kurshan,2022).

### ***Race and Class in Early Confinement***

Although no early prisons or gallows were fit for human habitation, women of color experienced more injustices in comparison to their white counterparts as inmates, during this time frame (Bosworth,2010). Thomson, a male guard, documented the plight of one female prisoner of color; he recalls that her door was left open at night, allowing unwanted sexual advances from guards or prisoners (Bosworth,2010). In the South after 1870, prison camps emerged to house those in penal servitude (Kurhan, 2022). The overwhelming majority of women sent to the new prison camps were Black; if a White convict was placed in the same prison, her conditions were far better than her Black counterparts (Kurshan,2022).

### *Historical Advocates of Improvements to Female Confinement*

**Elizabeth Fry.** The struggle for female prison reform is not new; Elizabeth Fry is often regarded as “England’s Angel of Prisons” (Jackson,2021). Beginning with Fry’s first visit to England’s Newgate Prison in 1813, prison reform was a frontrunner of early social work with Fry at the helm (Walton, 2020). Fry often visited the prisoners unaccompanied by guards to see firsthand the conditions of female prisoners (Elizabeth Fry Charity, 2020). Fry witnessed hundreds of women and children crammed together in a small place; on one visit, she witnessed two women with newborns without clothes or provisions needed to sustain life (Jackson,2021; Pettinger, 2018; Steyart, 2013).

A bold movement ‘the Association for the Improvement” of Female Prisons” led by Elizabeth Fry in 1817 and 12 other women determined to create a better prison environment (Elizabeth et al., 2020; Stewart,2013). The association lobbied local lawmakers and the British Parliament until 1823, when the Gallows Act was presented to the House of Commons (Jackson,2021). The Gallows (prison) Act required that female prisoners be housed in separate standalone facilities and that female prisoners were to be overseen by female wardens (Elizabeth et al., 2020; Jackson, 2021; Pettinger, 2018; Walton,2020).

**Quakers.** One of the first groups of America’s prison reformers was known as the Quakers (History Editors, 2019). As the convicts were transported to America, Quakers migrated to the colonies of North America around the mid-16th century to escape religious persecution (Bacon, 2022; History Editors, 2019). The tradition of the Quaker women’s concern for female prisoners dates to England and the works of Elizabeth Fry

(Bacon,2022). Inspired by Fry, a group of Quaker women under the leadership of Mary Walm Wiser created a group known as the Society of Women's Friends, which began visiting women prisoners in the 1800s (Bacon, 2002). Quaker men were also proponents of early American prison reform; history names Willam Penn as the first great Quaker of prison reform in his hometown of Pennsylvania (History Editors, 2019). From the late 1680s to the early 19th century, quaker reformers acted as activists for prison reform, the rights of Native Americans, and the abolishment of slavery and were big supporters of the women's suffrage movement (Bacon, 2002).

### **Confinement of Women Prisoners in the United States in the 1800s and 1900s**

Throughout U.S. history, records of female imprisonment and conditions of the female convict were rarely written about in the academic and public press due to the small number ratio to their male counterparties (Menis,2020). The female prison population is often referred to as the invisible population (Menis,2020). Separate women's facilities in the 1930s were called Reformatories, which allowed for more gendered confinement and rehabilitation (Mallicoat,2014). Historically, gender played an important role in reforming the female convict. With female matrons to guide them, female convicts were taught society's gender-appropriate tasks for that era, such as cooking, sewing, laundry, and family skills (Mallicoat,2014). By providing training in the domestic arts, female convicts would be ready to reenter society as well-trained wives, mothers, or domestic servants (Mallicoat,2014).

As United States correctional history shows, jails and prisons were still made by men to incarcerated men (Braithwaite et al., 2005; Kelsey et al., 2017). However, by

1940, 23 states had facilities designated to house female inmates exclusively (Mallicoat,2014). Prisons and jails are operated with gender-neutral policies that harm the mental and physical health of female inmates (Hoteling,2008). One main issue is the lack of privacy for female and pregnant inmates; men watch them eat, sleep, bathe, and sometimes give birth, as the correctional system has always been a patriarchal system (Tenkku Lepper et al., 2018).

### ***Mount Pleasant Female Prison***

The United States opened the first women's prison in New York in 1835 (Sweet, 2020). Mount Pleasant was overcrowded, and women were routinely subjected to strait jackets and gagging to keep them quiet and docile (Pishko,2015). The Mount Pleasant Female Prison remained open for over 30 years until shut down due to horrendous conditions noted by visitors, workers, and inmate complaints (Banks, 2003; Pishko, 2015; Sweet, 2020).

### ***Indiana Women's Prison***

Shortly before the end of the 18th century, the Indiana Women's Prison (IWP) was constructed in 1873 and is often described as the first separate prison for women in the United States (Jones, 2015). Women at Indiana Women's Prison were held in a different building in the early prison; however, it was physically close to and administratively dependent on the men's Sing Sing prison (Jones,2015). Indiana Women's Prison is where violent female convicts were sent, as it was the first and only maximum-security prison in the United States (Pishoko, 2015). Like Mount Pleasant Female Prison, Indiana Women's Prison was grossly overcrowded; conditions were dirty



and unsanitary, and most convicts went without enough bedding, food, or provisions (Pishko, 2015).

**Indiana Female Inmates Used as Research Subjects.** Theophilus Parvin, an acclaimed doctor who cared for the women and girls of this historic prison, treated the inmates from 1873 to 1883 (Jones,2015). Parvin advocated for ‘female circumcision and the removal of women’s ovaries to cure nymphomania and masturbation.’ During the 10 years Parvin worked at Indiana Women’s Prison, he had unlimited access to an average of 25 girls and 100 women at any given time. In an 1881 legislative investigation, it was discovered that Parvin performed operations on women for reasons that were not always clear to the inmate or the matrons overseeing the female inmates. Three years after he departed from the Indiana Women’s Prison, Parvin published an extensively illustrated and detailed textbook on gynecology and obstetrics, establishing him as an internationally recognized authority in gynecology.

### **Confinement of Women Prisoners in the United States in the 2000s**

Female confinement in the late 19th and early 20th century began to change from custodial confinement to the reforming model (Schmalleger &Atkin-Plunk, 2017). As the county expanded and the population rose, more places of female-only confinement were built. Two confinement models were commonplace; first, there was the original model brought over from England, called the custodial model, in which female convicts were merely housed (Banks,2003; Bosworth,2010; Mallicoat,2014). The second model, dubbed the reformatory model, touted a new and better concept for rehabilitating female convicts rather than just housing them in dormitory-style warehouses (Banks, 2003;

Bosworth,2010; Mallicoat,2014). In the mid-1900s, America began to define and label the correctional intuitions for males and females based on where it was located, who paid for the construction of the facility, and where the allocated funds for staff salaries and upkeep of the prisoners were derived from (Bosworth,2010). The 1940s and 1950s saw a new model of corrections emerge called the medical model (Owen,2022). The medical model moved from harsh discipline and work orientation to a treatment platform (Owen,2022). In the medical model, the verbiage was changed to represent a new way of thinking; jails and prisons were called correctional institutions, and the guards employed at these sites were called correctional officers (Owen,2022). The treatment regime was introduced to diagnose, classify, and treat the inmates before their release back into their communities (Owen,2022; Saenz, 2022). Proponents of the medical model believed that human crime was committed because of the individual's organic or mental disease state (Saenz,2022).

### ***Prisons Versus Jails***

Prisons are larger and meant for people who have been convicted of felonies (Barger,2020; Warshow,2018). Prisons are operated at a state or federal level; inmates are sent there for longer-term sentences (Barger,2020; Warshow,2018). There are several advantages to being sent to prison: access to higher education opportunities, more fluid inmate movement, and many inmates having jobs to complete daily (Barger,2020; Warshow,2018). In addition, reactional time lasts longer in prison, as large outside yards are present at most prisons (Barger,2020; Warshow,2018).

Jails are smaller and designed for shorter stays; however, with prison overcrowding, some inmates wait longer in jails before being transferred to the prison they are assigned to for their full sentence (Barger,2020; Warshow,2018). Because jails are smaller, they lack the amenities commonplace to state or federal prisons; depending on the wealth or lack of some jails have only the bare necessities to offer, and those can be in short supply (Barger,2020; Warshow,2018). Inmates waiting in jails can have inadequate medical care, limited mental health services, and a lack of nutritional food (Barger,2020; Warshow,2018). Inmate movement is greatly restricted in jails due to the smaller acreage, which limits the amount of exercise and outside movement (Barger,2020; Warshow,2018).

### ***Mass Incarceration of Women Prisoners in the 21st Century***

In the late 20th century, around the 1980s up until the present day, there has been an upward shift in the mass incarceration of females in the United States (Kelsey et al., 2017). As this study highlights, the story of female incarceration is not new to American society, and female incarceration dates back to the late 17th century with the founding of its earliest colonies (Bacon,2002; Novak, 2015; Schmallegger& Atkin-Plunk,2017). In the shadows for centuries, the story of female incarceration growth rates has been obscured by overly broad discussions of the total prison population (Sawyer,2018). Looking at the prevalence of female incarceration, there is a need to look at the increase globally and nationally. The United States incarnates a whopping 30% of the world's incarcerated females, in contrast to the United States' current residency of only 4% of the world's female population (Kajstura,2018). Baker (2019) states that globally, incarceration rates

have fallen. However, the female incarceration rate has dramatically increased over the years.

One such organization that looks at worldwide incarceration rates is the Prison Policy Initiatives (Widra & Herring,2021). Widra and Herring looked at the world incarceration rates as if every state in the United States was a country. The Prison Policy Initiative published reports on mass female incarceration in 2014,2015,2018, and the most recent in September 2021, *States of Incarceration: The Global Context* (Widra & Herring,2021). The Prison Policy Initiative uses a common mathematical formula: the number of individuals imprisoned per 100,000 residents in each state (Wagner & Bertram, 2020). Nationally, the United States incarcerates 698 people for every 1000,000 persons (Wagner & Bertram,2020). Taking from the total United States imprisoned population, we can separate the female imprisonment rate to 133 females per 1000,000 persons (Kajstera,2018). Second only to Thailand, the United States is runner-up to the highest number of women incarcerated at any one time (Fredam et al.,2020),

In 35 states, women’s prison population numbers have fared far worse than their male counterparts, creating a disturbing gender disparity in the overall prison population trend (Sawyer, 2018). To examine each state’s incarceration rate closely, the Prison Policy Initiative compares each state to the other 49 states and the other NATO countries worldwide (Widra & Herring, 2021). In 2021, *States of Incarceration: The Global Context*, Louisiana had the highest incarceration rate within the United States and was dubbed “the world’s prison capital,” unseating Oklahoma (Widra & Herring, 2021; Tuxhorn,2022).

Past research documents the rise of female incarceration from the 1980s until now (Decourcy,2020; Kelsey et al., 2011; Pishko,2015; Sawyer,2018). Starting with Nixon's declaration of a so-called "War on Drugs" and Reagan's era of "Get Tough on Crime" (Tuxhorn, 2022, p. 421), Female incarceration rates in the U.S. have risen 700% from 1980 to 2014 (Esterling et al., 2019; Fritz & Whitacre,2016; Goshin et al., 2017). Most women who enter the justice system are still in the childbearing age range, 18 to 44 years (Shlafer, Helledredt, et al., 2014). Repercussions of the increased female inmate population lead to the increased number of females who are pregnant at the time of arrest (Friedman et al.,2020). An estimated 6%-10% of women incarcerated are pregnant at the intake stage of their incarceration (Ferszt et al., 2013; Kelsey et al., 2017; McCoy et al., 2016; Tenkku Lepper et al., 2018).

### **Modern Pathways to Female Incarceration**

Women who enter the criminal justice system throughout the United States are more likely to come from impoverished backgrounds, have minimal education, and have histories of physical and sexual abuse combined with substance use and abuse (Allen et al.,2010; Kelsey et al., 2017). Victimization, such as domestic violence and sex crimes, is a common stress factor that leads women to drug use and abuse, therefore increasing the number of incarcerated females (Baker,2019; Clark & Adashi,2011; Rodda & Beichner,2017). An overwhelming majority of female inmates were incarcerated for non-violent crimes such as prostitution, minor theft, and other drug-related crimes (Allen et al.,2010; Braithwaite et al., 2005; Kelsey et al., 2017).

### ***Substance Abuse and Addiction***

Substance abuse is one of the driving factors in the mass incarceration of women; cheap drugs such as Crack and Meth are readily available across the United States, raising female crime rates to an all-time high (Braithwaite et al., 2005; Hotelling,2008; Rodda & Beichner,2017). Although Crack and Meth are cheaper to make and easier to get, all illegal drugs have seen a rise in female use and addiction, therefore elevating the number of mothers and infants that must go through drug withdrawals as they enter the justice system (Baker,2019; Clark&Adashi,2011; Friedman et al.,2020; Gardener et al.,2016). Drug abuse leads to female incarceration through the need to maintain adequate supply and committing such crimes as theft and sex crimes to obtain the funds needed to purchase needed drugs (Braithwaite et al., 2005; Howard et al., 2010; Schroeder & Bell).

### ***Trauma***

A high percentage of women present at arrest with past or presently occurring trauma and or abuse as they enter the justice system (Baker,2019; James & Glaze,2006). Women are more likely to report their past abuse than their male counterparts (Baker, 2019). Researchers concluded that the one female pathway to incarceration is propelled by their past or occurring victimization to include physical, mental, and sexual abuse (Allen et al.,2010; Baker,2019; Braithwaite et al., 2005; James & Glaze,2006). Females have a high prevalence of mental illness; however, tests to assess the prevalence in cases and provide treatment to incoming inmates are not mandatory in all states across this nation (Hotelling,2008; Understanding et al.,2022).

### ***War on Drugs***

Historically, women make up only a small number of people who become incarcerated. However, the war on drugs has increased the number of women in jail exponentially (Young & Bohmert, 2021). Hotelling (2008) explains that strict, mandatory sentencing and drug laws passed by Congress failed to consider that mothers and pregnant women face different circumstances. While the Federal Sentencing Guidelines were designed to reduce disparities in race and class, criminologists credit this practice as being gender-blind, which does more harm than good for females during the sentencing phase of the court (DeCourcy, 2020). Because of the radical changes in sentencing and drug policies of the 1980s, the United States prison population has increased by 500% in the last 30 years (Allen et al., 2010). New drug laws and policies were created on a gender-neutral basis, with no laws specific to the female substance-using population; therefore, states are left to misinterpret existing drug laws and policies (Cross, 2020). The biopsychosocial needs of pregnant women have yet to be addressed as they enter United States jails and prisons (Cross, 2020).

### **Pregnancy and Female Incarceration in the United States**

Research shows the increase in female incarceration, which produces an increase in pregnant inmates throughout the United States (Fritz & Whiteacre., 2016; Hatters Friedman et al., 2020; Hotelling, 2008; Howard et al., 2009; Kelsey et al., 2017; Tenkkuet al., 2018). Obtaining an accurate number of pregnant inmates within the United States can be daunting, as there is no national or state consensus to record and document the occurrence of pregnant inmates (Hatt-Friedam et al., 2020; Kelsey et al., 2017).

Unless the incoming inmate is visibly pregnant to the naked eye, she may be incarcerated for months before someone in the justice system becomes aware of the inmate's pregnancy, as there are no nationally mandated requirements for all jails or prisons to perform a pregnancy test at the time of arrest or the intake session (Hatt-Friedam et al., 2020; Kelesy et al., 2017). Combining state and federal jails and prisons, researchers now believe there are 5% to 10% of pregnant inmates on any given day in the United States (Braithwaite et al., 2005; Hatters Friedman et al., 2020; Kelsey et al., 2013; McCoy et al., 2016; Shlafer et al., 2014).

### ***Programs for Pregnant Inmates***

Recycled programs for male prisons are often used as a template to access and deal with the gender-specific needs of pregnant inmates (Fear & Parker, 2004; Hotelling, 2008). Prenatal services are available in fewer than half of all prisons (Tapia & Vaughn, 2020; Tuxhorn, 2022). Prison nurseries are available in fewer than a dozen U.S. states (Ferszt et al., 2013). There are no standards within the United States that limit or create a lighter workload for pregnant inmates and ensure adequate food, medical treatment, or specific care during or after pregnancy while incarcerated. (Johnson, 2022; Riley, 2019).

**Good Nutrition.** Good nutrition helps the mother handle the new set of demands on their body and get the required nutrients to support the growth of the growing fetus (The American College of Obstetricians and Gynecologists, 2021). Research shows that the availability of healthy meals and access to nutritional calories are lacking in the correctional systems of most states (Ferszt et al., 2013; Hoteling, 2008; Kelsey et al.,



2017; McCoy et al., 2016; Tenkku et al.,2018). Food bought from jail and prison commissaries is not likely to be fresh fruit or vegetables, but rather a high calorie and of no nutritional value to the mother or the growing fetus (Daniel, 2019; Ferszt et al., 2013; Forestell & Dallaire, 2018; Shlafer et al., 2014). Forestell and Dallaire (2018) suggested that jail and prison officials should provide nutritional classes for all pregnant inmates to help them make smart and healthy choices out of the food options that they have access to.

**Prenatal Vitamins.** Healthy meals and snacks are a great start; however, doctors encourage most pregnant women to take a supplemental prenatal vitamin as well (American Pregnancy Association, 2024). Few statewide programs provide pregnant inmates prenatal vitamins (Hoteling,2008; Kelesy et. Al., 2017; Stringer,2019). Prenatal vitamins are a broad term for a pill that contains much more than common vitamins; folic acid, iron, calcium, iodine, and electrolytes all play a major role in fetal development (American Pregnancy Association,2024; American College of Obstetricians and Gynecologists, 2024). Limited meals coupled with a lack of prenatal vitamins lowers the chance of pregnant inmates receiving an adequate number of vitamins, minerals, and calories to facilitate the growth of a fetus (American Pregnancy Association, 2024; American College of Obstetricians and Gynecologists,2024).

**Emotional Support.** Pregnant women not only require an uptake in food and vitamins but also emotional support during pregnancy to deliver a healthy fetus (American College of Obstetricians and Gynecologists,2024; American Pregnancy Association,2024). The rate of prior mental illness is high among female inmates and

exceedingly high among pregnant inmates (Hotelling, 2008; Kelsey et al., 2017; Rodd & Deicher, 2017). The added stress of knowing they, as an inmate, will have their babies without the emotional support of family, friends, birth coaches, and or a doula can add to the already higher levels of sadness, fear, and anxiety (Ferszt et al., 2013; Hoteling, 2008; Mukherjee et al., 2014; Shlafer et al., 2014). Mukherjee et al. (2014) state that incarceration induces stress and heightens the risk of exacerbating past or present mental illness. Fewer than 10% of jails and prisons in the United States allow anyone to give emotional support to the inmate during labor and delivery (Ferszt et al., 2013; Shlafer et al., 2014; Stringer, 2019). Compounding the emotional stress is the inmate's knowledge that she will be separated from her infant within 72 hr after birth in most U.S. jails and prisons, as less than one dozen prisons have a nursery on site. (Cangila, 2018; Mukherjee et al., 2014; Tuxhorn, 2022).

### ***Obstetrical Services for Pregnant Inmates***

The National Commission on Correctional Health Care recognized that prisons that contained incarcerated and incarcerated pregnant inmates need special recommendations to provide appropriate health care services and treatment during their term of incarceration (Hotelling, 2008). In 2017, the first national study of the care of pregnant women while incarcerated in jails or prisons in the United States was performed to gather information on obstetrical care for pregnant inmates (Kelsey et al., 2017). Kelsey et al. (2017) administered a quantitative survey through phone and email to employees of 384 predominately jail medical facilities and asked what the common medical practices and policies were concerning pregnant inmates.

The results showed that services for pregnant inmates were evenly unavailable to pregnant inmates across 53 jail facilities, only 37.7% of surveyed jails performed pregnancy tests on all women upon arrival to jail, 45 jails were able to put opioid-addicted pregnant women through a monitored withdrawal process, and 56.7% of the facilities required the women be put in restraints during active labor and delivery (Kelsey et al., 2017).

**Standards.** The National Commission on Correctional Healthcare (2005) created a set of guidelines for the healthcare of pregnant inmates in all 50 states to follow. Although the standards were distributed and set in motion, states did not create an accreditation process to establish checks and balances on the recommended standards. Therefore, no state is held accountable (Ferszt & Clark, 2012; Ferszt et al., 2013; Kelsey et al., 2017). The Office on Women's Health suggests that the average number of prenatal visits for a non-high-risk pregnancy should be one each month through 28 weeks, twice a month 28 through 36 weeks, and weekly from 36 weeks until birth (U.S. Department of Health and Services, 2024). Past research shows that other aspects of obstetrical care were found lacking or void for pregnant inmates at jail facilities, including equipment needed to help with an on-site birth or a difficult birth (Baker, 2019; Hoteling, 2008).

**Continuity of Care.** Continuity of care for pregnant women has three realms: informational, management, and relational (Haggerty et al., 2003). Haggerty explains that the informational realm relates to the availability of past health information to current and ongoing visits. Management continuity is achieved by the patient consistently receiving

services in a complementary and timely manner (Haggerty et al., 2003). Relational continuity deemed the most important, allows the patient to have a sense of predictability and coherence from the health care provider, establishing a patient-to-caregiver trust (Haggerty et al., 2003).

The pregnant inmate rarely has continuity or care, as different doctors and nurses can perform each on-site or off-site visit (Hotelling, 2008; Tenkku et al., 2018). Pregnant inmates may not be informed of the scheduled prenatal visit until the guard shows up to escort them and has no idea where the visit will take place or which physician and nurse will perform the exam (Baker, 2019). In addition, prenatal visits are missed simply because the prison is unaware of the inmate being pregnant, as there is no set standard in the U.S. to test for pregnancy at the time of arrival (Kelsely et al., 2007; McCoy et al., 2016). Maruchak (2008) and Shlafer et al. (2014) both noted that on-site pregnancy services were not widely available to women in state prisons in the United States, with slightly more than half of female prisoners having access. Research shows that inmates have inadequate prenatal care and lack pregnancy-related self-help resources (Committee on Health Care for Underserved Women, 2011; Dinkel & Schmidt, 2014; Tenkku et al., 2018). Pregnant inmates housed in rural area jails have less chance of continuity of care than in major cities due to the declining number of healthcare providers and hospital services available in rural areas (Baker, 2019; McCoy et al., 2016).

### ***Location of Birth***

The location of giving birth while incarcerated is usually one of four places: an inmate's cell, a prison infirmary, during transportation, or a local hospital. Because the

documentation of inmate pregnancies and births is sparse, there is no way of knowing how many inmates gave birth alone in their cells (Danil, 2019). Little (2019) shares a first-of-its-kind look in his study published in the *American Journal of Public Health*, in which a sample of 753 state and federal inmates who had live births was documented. Out of the 753 births, all but six were delivered in a local hospital, three were delivered on-site in the prison, and three deliveries had no documented information about the deliveries (Little,2019). Little (2019) described most prison infirmaries as not being equipped to handle a high-risk birth, preterm birth, or birth with complications. In 2015, up to a dozen examples of women experiencing either an ectopic pregnancy, stillbirth, or miscarriage were reported by the *Rewire News* within the United States jails and prisons due to a delay in proper medical care (Couts & Greenberg,2015; Deboer, 2012; Schmidt, 2020).

### ***Use of Restraints***

Restraints have been used on female inmates since the late 1600s (Owen,2022). Females were restrained in the past, not for fear of escape, but to control and keep them quiet and docile (Owen,2022). Strait jackets were used to restrict movement and keep them submissive, and metal masks with spikes were used to keep women in a subdued state (Owen,2022). In 1999, Amnesty International published *Not Part My Sentence - Violations of Human Rights of Women in Custody, which outlined the alarming producers and inadequate healthcare* practices for women in U.S. jails and prisons (Hotelling,2008).

As we move forward in this century, many states have now greatly restricted or banned the use of all restraints on pregnant inmates. However, most states still use this practice to deter escape (Friedman et al., 2020). To this date, there have been no reported escape attempts by inmates during labor and delivery within the United States (Friedman et al., 2020). Twenty-two states have passed laws that prevent using restraints on pregnant inmates (Friedman et al., 2020).

The use of restraints on pregnant inmates during transportation to off-site doctor's appointments and or the labor and delivery process presents several known hazards: falls, impeding nurses and doctors from performing their duties, and obstacles to emergency equipment that may be needed to save the life of mother or infant (Friedman et al., 2020; McCoy et al., 2016). Second, due to the physical dangers that may fall upon the mother and or infant, the use of restraints can exacerbate feelings of depression, fear, and anxiety (Friedman et al., 2020). Lastly, researchers show concern about the use of restraints as a physical barrier to hinder the mother-to-infant bond time given; most babies are removed from the mother within 24 to 72 hr after delivery (Ferszt et al., 2013; McCoy et al., 2016). Vainik (2008) believes shackling is just another way to humiliate further and degrade female inmates.

### ***Prison Nurseries***

Research shows that in many countries, the addition of prison nurses is now commonplace; however, in the United States, the topic is the most controversial gender-responsive program for incarcerated females (Martin et al., 2013; Tuxhorn, 2022). Dolan (2020) reveals that there is no national policy that dictates what happens to newborn

children of incarcerated females. Pregnant women and mothers have been incarcerated, beginning in Victorian England, through the transportation of female convicts to the new American colonies up to the present day (Johnston,2022). After the Transportation Act of 1718 was abolished, England was left to focus on the problem of long-term imprisonment of mothers and pregnant convicts. Pregnant women, nursing women, or mothers with small children often got lighter sentences than men or women not directly attached to children.

Brixton and Parkhurst were early female prisons in England where children could stay confined with their mothers up to the age of 2 (Johnston,2022). England established birth records of all its citizens in 1737; incarceration records show around 200 women with their children, and an average of 40 births were recorded yearly (Johnston, 2022; Zendner, 1994). However, by 1870, all of England's female convicts were relocated to the new Millbank prison; after this reorganization, convict prison nurseries were abolished. The Industrial Schools Act of 1866 pushed the burden of the convict's children onto local parishes to pay for the care and upkeep of children due to their parent's imprisonment.

In the late 1800s in the United States, Reformatories were designed to house female offenders, often with their children remaining throughout the mother's sentence (Craig,2009; Tuxhorn,2022). In 1901, Bedford Hall Prison created a nursery to accommodate female inmates and their newborns (Fritz & Whiteacre,2016). Riker's Island prison created several Mother and Child Nurturing Together residential parenting programs (Fritz & Whitacre, 2016; Women's Prison Association, 2009).

In the early 1970s, all United States prison nursery units were closed with one exception: Bedford Hillis prison in New York, which opened in 1901 (Mauskopf, 1998; Staley,2002; Tuxhorn,2022). Only 11 out of 50 states currently have at least one nursery unit operating within the prison. Some prisons operate community-based nursey for incarcerated women, but it is located outside of the confines of the institution (Cangilia, 2018; Tuxhorn, 2022). In 2022, Riley (2019) states that there are still less than a dozen functioning prison nurseries in the United States. With more than 200,000 women incarcerated on any given day in the United States, prisons have pressure from advocates to create on-site nursery programs for the 3% to 10% of women who enter the system pregnant.

### *Correctional Nurses*

Nursing is critical in the correctional setting, as it cares firsthand for pregnant inmates (Detzer,2008; Ferszt et al., 2013). Correctional nurses have access to the prison or jail environment and the health care that is available and given to pregnant inmates. Ferszt et al. (2013) stated that correctional nurses can use their limited interaction with pregnant inmates to identify issues and work toward planning and implementing improved programs for pregnant inmates.

Most of society cannot see behind the jail or prison walls, which makes pregnant inmates out of sight, out of mind to most Americans. Being in an invisible and vulnerable state of mind, pregnant inmates are often powerless to effect changes toward improving their health care (Ferszt et al., 2013). Nurses have a code of ethics that the mission not only allows but also promotes, advocating for the protection of the health and safety of



patients and the rights of their patients by speaking out, supporting, or defending them no matter where the patient may be located, including correctional settings (American et al., 2001; Ferszt et al., 2013; Varrtio & Leino- Kilpi, 2004). The Association of Women's Health, Obstetrics, and Neonatal Nurses (2011) stated that each nurse must know the laws of their state concerning pregnant inmates, allowing them to advocate for better care for both mother and infant while being held in a correctional setting. Nurses are required not just to know the laws about pregnant inmates in their state but to advocate for more humane treatment and do all that is possible to protect the dignity of each patient at the point of care (Cardaci,2013).

### ***Doulas***

Trained individuals who provide emotional, physical, and educational information to pregnant women before, during, and after the birth of a child are called Doulas (The Doula Foundation, 2024). Doulas need to be certified to practice their profession of helping women through their pregnancy and birth journey (Childbirth and Postpartum Professional Association, 2024). Doulas are defined as a person professionally trained in childbirth and provide benefits such as emotional, physical, and educational support to the mother (The American Pregnancy Association 2020). The doula's purpose is to ensure that each woman they help has a safe, empowering, and memorable birth experience (American Pediatric Association, 2020). Doulas and correctional nurses can work hand in hand to access and provide specific care in dealing with the psychological and medical needs of pregnant inmates (Ballen & Fulch, 2006; Shlafer et al., 2014).

Research shows that pairing pregnant women with doulas results in positive health outcomes, shortened labor, and few birth complications (Tribune,2020). Tribone (2020) points out that in the setting of jails and prisons, doulas can help new mothers navigate the grief that comes with separation from their newborn shortly after birth. Women giving birth while incarcerated have a higher risk of suffering from postpartum depression, as there are limited counseling services within the walls of a prison (Shlafer et al.; Tenkku Lepper et al., 2018).

**The Doula Project Study.** Schroeder and Bell (2005) were interested in the concept of providing pregnant inmates with the services of a doula to complement their health care during incarceration and through the birth process. Their observations of constraints placed on jailed pregnant inmates in labor at a large teaching hospital aroused the interest of a study (Schroeder & Bell, 2005). The doula project aimed to assess the development and implementation of a doula program for pregnant inmates (Schroeder & Bell, 2005). The target population was incarcerated pregnant inmates with at least a 2-year sentence remaining who would eventually give birth in custody. All 18 women invited to join the study agreed to participate, with 14 inmates committing to a postdelivery interview regarding their incarcerated birth experience with the additional support the doula did or did not provide for them. The doula was required to write a detailed account of each visit with the inmate, labor, delivery, and postnatal visit. The results showed that every one of the postdelivery interviews had favorable comments, and the women were satisfied and greatly appreciative of the support during the process. Inmates without previous contact with an assigned doula faced the journey of pregnancy

and birth with strangers, armed guards (Usually Male), and void of any family or friends (Schroeder & Bell, 2005).

**Iris Rising.** Nine years later, Schlafer, Hellerstatt, et al. (2014) embarked on a study dubbed Iris Rising to build on the work of Schroder and Bell's 2005 study. Iris Rising is a prison-based doula program done at the women's state prison in the Midwest to Collect the data needed. Doula provided professional services for 19 pregnant inmates between July 2011 thru December 2012. Considering 99% of pregnant inmates throughout the United States are laboring and delivering their newborns alone, meaning with no one they have met before, these 19 women were agreeable to partake in the study. Having the support services of the doula, which inmates met with several times before the delivery, added a sense of empowerment and normalcy to their important life event. Possibly, the greatest level of support came at the end of the celebration of birth when the inmate is returned to prison and is separated from their newborn. Schlafer et al. (2014) noted that every doula expressed intense difficulty watching the pregnant inmate navigate the labor and delivery experience with the addition of restraints or shackles and being emotionally alone during the separation from their newborn.

### ***Birth Outcomes***

No matter what programs and services are or are not provided for pregnant female inmates, low birth weight has a strong possibility of occurring while women are incarcerated (Baker,2019). The low-birth-weight topic has been studied at length to explore the correlation between imprisonment and birthweight. Researchers predict that the added stress and lack of prenatal care will prove to raise the number of low-birth-

weight deliveries among the pregnant inmate population (Baker,2019; Ferszt et al., 2013; Friedman et al., 2020; Howard et al.,2010).

Surprisingly, birthweights were shown to go up for some mothers during incarceration, possibly due to the fact the mothers were alcohol-free, drug-free, out of abusive relationships, less likely to be homeless, and receiving at least three meals a day (Baker,2018; Ferszt et al., 2013; Freidman et al., 2020). Howard et al. (2009) did a study that showed that the timing of the mother's incarceration influenced whether the birth weight was increased. The study showed that women who were incarcerated in their first trimester were less likely to have a preterm or low birthweight infant at the time of delivery (Howard et al.,2009). Like Howard, other researchers noted that the time in jail the pregnant inmate spent away from unhealthy conditions before incarceration was a definite benefit to the health of the infant and mother (Baker, 2019; Ferszt et al., 2013; Friedman et al.,2020).

### **Summary and Conclusions**

This summary, like the complete Chapter 2, is two-fold first a historical synopsis of female confinement and conditions that spans 3 centuries through an in-depth look at modern-day female confinement conditions. The phenomenon of females giving birth while previously incarcerated is not a modern-day-only occurrence; public records and female accounts of giving birth while incarcerated go back to the 17th century. Because of the smaller ratio of imprisoned women to men, it is often said that is an invisible population within the American penal system. Being invisible to over 99.9% of society, the past and present experiences of female inmates can be written off as never occurring,

but only that the female experience of incarceration has been and continues to be ignored to a certain degree. Beginning with a historical overview of female confinement in the United States, the story must start in 16th-century England before this country was founded. In the late 1600s through the 1700s female criminals experienced a brutal array of punishments, from hanging by the neck to being burned alive and beheaded for their crimes. Precursors of early English confinement were called houses of corrections, workhouses, poorhouses, and transportation out of England. The Transportation Act of 1718 began the disbursement of England's undesirable population of criminals to what we now call the United States and Australia. Historians claim that 10% to 20% of the first migrants to America's new colonies were British convicts. Within that group, it is estimated that 12% to 20% of those transported to America as criminals were women.

Women transported as criminals from England, like the American female colonist were judged on societal norms of that era. Those societal norms played a major role in the crimes that women were accused of committing. Males perceived, female immoral conduct as a constant pathway to female imprisonment. Women during this era could be detained for any act deemed lewd or unsavory conduct for a lady, such as walking at night unaccompanied by a male chaperone after dark. Gender-related such as adultery, premarital sex which resulted in pregnancies, or having a venereal disease were all common pathways to female incarceration in the 18th century in America.

Race and class also played a major role in female confinement from the mid-18th century to the late 19th century, as the institution of slavery was rooted deeply in the southern states of America as well as northern states such as New York. Prison in the

South was a mere extension of slavery in the South and Black female inmates received the worst treatment of both genders and any class. Prisons were used to house runaway slaves, slaves awaiting trial, and slaves waiting to be sold. Quakers and early proponents of feminism worked tirelessly and at great risk to advocate for better conditions of female confinement for all and the abolishment of slavery. Even after the abolishment of slavery, Black women were treated differently than their Black male counterparts or any gender of Whites. Most Black women charged and found guilty during this period were sent to the South's new prison camps.

During the 20th century, the female population was still relatively small compared to males. By the 1930s, the reformers' movement had succeeded in establishing separate women's prisons. Fledgling female-only prisons began to appear; the Mount Pleasant Female Prison was built in New York in 1835, and the Indiana Women's Prison was constructed in 1873. Although the above prisons moved a major step forward in housing only female inmates, being overcrowded, unsanitary, unstaffed, and underfunded led to shortages of items needed for basic human survival. Most convicts lived with constant shortages of food, not enough bedding, and medical attention to sustain a healthy existence.

In the late 20th century, correctional models turned from being simply custodial to reforming more in hopes of rehabilitation of female inmates back into society. By the 1940s, 23 states had prisons designated for females only. Still, these prison policies were designed by men, with a gender-neutral bias that left female inmates lacking in specific gender programs and services. Historians label the late 20th century around the 1980s as

the time America saw the mass incarceration of women. The prevalence of American female inmates can be expressed in numbers with the following data: The United States female population is only 4% of the world's population, but female inmates make up 30% of the female global population. The Prison Policy states that as of 2021, Louisiana is the world's prison capital, incarcerating the most females in the United States. The increasing number of female inmates can be traced back to Nixon's declaration of the "War on Drugs and Regan's era of "Get Tough on Crime."

Most women entering the 21st-century correctional system were biologically still in their childbearing years of 17 to 44. Female incarceration in the United States rose 700% from 1980 to 2014. Repercussions of this mass female incarceration are the inevitable increase in pregnant inmates within the United States. It is now estimated that 6% to 10% of women entering today's penal system are pregnant at the time of arrest, many not even knowing at the time.

Women entering this modern penal system often come from impoverished backgrounds, have minimal education, and have histories of physical and sexual abuse and exploitation coupled with substance abuse. Overwhelming, female crimes are those of a non-violent nature and born out of necessity to survive. Substance use and abuse are a leading cause of female incarceration; crimes such as possession, burglary, and minor theft are commonly perpetrated to obtain a constant supply of drugs for their personal use.

Past and current trauma and abuse can also lead to a higher rate of female incarceration, coupled with the victimization of drug-abusing females, leading to using

drugs to escape the reality of the female's living situation. Strict gender-neutral drug laws and stiffer sentences fail to be concerned with the full price of the incarceration of a mother or pregnant female on families, communities, and society. Gender-neutral prison policies leave little room for programs that are specifically designed to ensure the well-being of the pregnant inmate or her newborn infant. The Association of Gynecologists and Obstetricians lists proper nutrition, prenatal vitamins, continuity of prenatal care, and emotional support as the leading factors to a healthy pregnancy and safe delivery of a healthy newborn whenever the mother happens to be residing at the time. Not only are the basic needs of pregnant females not being met in most county and state federal correctional units, but they are also facing a shortage of nursing staff and equipment needed to ensure a safe delivery if needed. There are no set standards of care for pregnant inmates put in place in the United States to provide for pregnant inmates and ensure the safe delivery of newborn and postpartum care.

The location of the pregnant inmates in active labor and delivery is not always the best circumstances with correctional employees, to no fault of their own, not trained to recognize the stages of active labor. Although rare, several female inmates have given birth within their cell, alone without proper medical personnel to assist with the birth. However, one luxury of giving birth alone in one's cell is the freedom of movement, as restraints are routinely used in active labor and delivery in many states.

Restraints, routinely called shackles, are still being used on pregnant inmates in active labor, as well as transportation to prenatal appointments, court appearances, and any time the inmate is removed from the prison. The shackles are still in use while the



inmate is in active labor at the nearest hospital. Complaints have been made of the increased danger of falling while in shackles, constriction around the stomach, and the inability of medical personnel to complete care in a crisis to the point of endangering both mother and newborn and fetus.

The next natural question is what to do with the newborn after the delivery. Most states opt to separate the infant from the inmate within 72 hours of giving birth. In many global countries, prison nurseries are considered standard practices and solutions to end the separation of the mother and the newborn, increasing the chances of the mother-to-infant attachment bond being formed. However, in the early 1970s, the United States closed all prison nurseries except the Bedford Hills prison in New York, which opened in 1901. Currently, only 11 states have at least one mother-baby unit on their correctional grounds.

Two groups have helped pregnant inmates during their pregnancy active labor, delivery, and postpartum needs within the penal system. First, the correctional nurse is an active ally in the life of a pregnant inmate. Correctional nurses are trained to recognize symptoms of active labor, signs of fetal distress, or impending complications. Correctional nurses are required to know the laws concerning pregnant inmates in the state in which they perform services to a pregnant inmate and are required to advocate for the decent and safe treatment of both the inmate and the unborn child throughout the pregnancy, in active labor, delivery, and during postpartum care.

The second profession is known as being a doula. A doula is specially trained and licensed to provide additional medical and emotional support to a pregnant individual.

Inmates need additional emotional support to overcome the isolation of being pregnant while incarcerated. Doulas provide a detailed account of each prenatal visit, the labor and delivery process, and the postnatal care. A doula can add a sense of normalcy to an unnatural situation of giving birth while incarcerated and the separation of the child from the mother in the hours to follow.

Birth outcomes are a significant concern for caregivers and pregnant inmates themselves, as an incarcerated pregnancy is never ideal. Sudden birth complications in a prison can be a dangerous situation in a facility experiencing shortage in obstetrically trained staff and proper equipment. Low birthweight has been studied through the years, and findings show that depending on the trimester in which the female is incarcerated plays a role in the birth weight of the newborn. Pregnant females who are incarcerated in the first trimester are more likely to have an infant closer to a normal birthweight, being that they may have been removed from abusive relationships, drug use, and homelessness and are going to receive some form of prenatal care, however inadequate. Females entering later trimesters can become addicted to drugs or alcohol, have poor nutritional habits, physical or sexual abuse, and have a total lack of prenatal care.

In retrospect, the review of the literature within this chapter shows adequate evidence that women have been giving birth while incarcerated since the 16th century. Throughout the centuries to the present day, most pregnant female inmates struggle with the basic human journey of pregnancy, labor, and delivery and the separation from their infant without ideal medical care, proper nutrients, and emotional support. Using the feminist and feminist criminology theoretical frameworks allowed this review of past and current

female confinement to focus on female inmates, the crimes generally committed, and the outcomes of their incarceration. This review shows the need for continued research concerning pregnant inmates in the United States to ensure a generation of future citizens get the best start in life to become productive human beings.

## Chapter 3: Research Method

### **Introduction**

Limited research highlights the rise in female inmates, the age group, and the rate of pregnancy upon admission to jails and prisons. Beginning in the early 1980s, the female inmate population began to rise at an exponential rate (Kelsey et al., 2017). A large percentage of the females entering the prison or jail systems were of childbearing years (Howard, Strobino, Sherman & Crum, 2011). Childbearing age is technically the years of one's life, and a woman can get pregnant and bear children (Watson, 2018). These years are also commonly known as the reproductive years, ranging from 12 to 51 or from the start of menstruation to menopause (Watson, 2018). Howard, Strobino, Sherman, and Crum (2010) state that the prime childbearing years are between 20 and 35. The increased number of female inmates in this age bracket comes with an increase of female inmates who are entering the correctional setting already pregnant or testing positive for pregnancy at admission.

The subgroup of women who arrive pregnant or test positive for pregnancy has increased as the female inmate population has risen (Hotelling, 2008). Among this group is a micro-subgroup of women who give birth while still incarcerated. The study begins within this micro-subgroup. There has been little research and data examining the emotional birth experiences of adult female inmates who give birth while incarcerated. It is important to explore the thoughts and feelings on such a monumental event as childbirth in a woman's life with the restrictions and regulations of incarceration, taking

note that the children born to these mothers will be in a society without attachment and nurturing from their mothers.

During this study, I read and recorded the personal narratives of adult women who have given birth while previously incarcerated in a United States prison. In using the qualitative-narrative approach, I gained a thorough description of the labor and delivery process while previously incarcerated in a United States prison. Additionally, the current study will explore how these adult women interpreted the pregnancy journey while previously incarcerated. The women will also be able to share how this event affected their emotional state during their incarceration. The purpose of this study will be to give a voice to an invisible population of adult women going through the labor and delivery process of childbirth while previously incarcerated in a United States prison. Participants will be previously incarcerated females aged 18 and above who have given birth while residing in a United States prison.

Chapter 3 includes an in-depth look at the qualitative narrative design that will be used to obtain thick descriptions of the inmate's emotions during the birth experiences while previously incarcerated in prison within the United States with open interview questions. Purposeful and snowball sampling is the best option for this study because it allows people with like experiences to present as potential participants. Semi-structured interviews provide a methodology plan to gain intricate details of a person's lived experiences. Verbatim transcription offers the interviewees and researcher a clear path to trustworthiness by knowing that only the participant's words will be analyzed. Repeated reading of the verbatim transcripts will be done with coding done in the margins. Coding

allows the researcher to see trends and patterns within the data collected. Taking the patterns I found should lead me to answer the RQs and produce a plan to use the information to create positive social change for this marginalized and underserved population.

### **Research Design and Rationale**

I conducted a qualitative, narrative study with a goal of 10 to 15 participants who will share their emotional experience of giving birth while previously incarcerated in the United States. The narrative approach is often used in qualitative research to understand how research participants construct their own stories using their own experiences (Delve & Limpaecher, 2020). The in-depth interviews will give the participants a platform to share personal information concerning the emotional journey during the phenomenon of giving birth while in a United States prison. Participants will be able to share how giving birth while incarcerated impacted their past and present state of mind and emotional well-being. Participants may share how or who helped them through this life-changing event. In addition, the qualitative approach allows the researcher to discover the context of issues that occurred surrounding the data for an original focus point (Hennink et al., 2011).

I envisioned and did develop the RQs for this study to gain a better understanding of the emotional experiences of women, ages 18 and above, who have given birth while previously incarcerated in a United States prison. The RQs were as follows:

RQ: What are the emotional birth experiences of adult women, ages 18 and above, who have given birth while previously incarcerated in a United States prison or jail?

Sub-question 1: Do the physical restrictions and shackles of confinement affect the emotional state of female inmates during labor and delivery while incarcerated?

Sub-question 2: Can giving birth while incarcerated evoke feelings of depression and anxiety?

The central concepts of this study revolve around scholarly literature that shows an exponential increase in the female inmate population since the 1980s (Hotelling,2008). Among this increased population of female inmates is a subgroup of adult women, ages 18 and above, who enter the correctional system pregnant (Guerino et al.,2010). These women enter the system in different gestational stages of pregnancy, from just finding out upon arrest to their third trimester about to give birth. This study delves further into a micro-subset of inmates who went through the labor and delivery process of childbirth while previously incarcerated in a United States prison.

### **Role of the Researcher**

As the researcher, I provided a realistic descriptive view of this phenomenon of giving birth while previously incarcerated in the United States. To accomplish this daunting feat, I used the narrative research tradition. My rationale for choosing the narrative tradition is steeped in the knowledge that researchers have long used this format to document and describe individuals' storied lives (Ravitch, Carl, 2016). The argument for conducting this study is to showcase the gap in the current literature about the stated

phenomenon. The goal is to bring the emotional birth experiences of this target population to the social consciousness of scholars, practitioners, lawmakers, and society to promote positive social change if deemed necessary.

For this study, I sought to create a visual picture of the emotional birth experiences of women who were previously incarcerated and the possible occurrence of depression and anxiety. I hoped to understand this phenomenon's physical, emotional, and social outcomes better. My role as the researcher is strictly observant and non-participatory. Being observant only in observing how the participants react physically and emotionally to recalling their past birth experiences during in-depth interviews. As all the data is collected from in-depth interviews, there is no way to be a physically present observer or participant in the given phenomena of giving birth while incarcerated.

I had no personal or professional relationships with the study participants. There is no power relationship between being an instructor or having supervisory status with the chosen participants. Researcher bias is a valid concern in the study as I have known people who have experienced giving birth while in a United States prison. I have a strong desire to discover resources to enhance the lives of the women who have given birth while incarcerated. In addition, I sought out advocacy groups that are promoting positive social change within the correctional system to enhance the birth expiration of pregnant inmates. I used several tactics to reduce my personal bias against the participants who answered the in-depth questions. Limited personal disclosure on the Facebook recruitment flyer, pre-interviewing, during the interview, or post-interviewing conversations.



I presented myself as a doctoral student of human services from Walden University who has an interest in how the United States cares for the emotional well-being of the pregnant inmate and the fetus before, during, and after delivery of the infant while incarcerated. I became interested in the female inmate population while reading current literature on the exponential increase of the female inmate population and the increase of pregnant inmates.

## **Methodology**

### **Participant Selection Logic**

The participants' demographic will be a small purposive sample of 10 to 15 adult females, ages 18 and above, who have given birth while previously incarcerated in a United States prison. The specific age group of these participants will be 18 and above, which meets the criterion of incarcerated women in their childbearing years who have given birth while previously incarcerated in the United States. The recruitment process for the participants includes posting a flyer on Facebook. Respond to communication from interested persons, create a contact sheet, administer a demographic and inclusion questionnaire, and notify the potential participants of inclusion or exclusion from the study.

The population for this study was previously incarcerated females, ages 18 and above, who have given birth while previously incarcerated in a United States prison. The non-probability sampling technique of purposive sampling was used to narrow down the likelihood of finding individuals who meet my study's criterion. By using purposive sampling, I hope to find a group of individuals that have shared the same phenomenon,

which can lead to accidental sampling called snowball sampling. Snowball sampling, also called chain sampling, is a path of recruitment that enables the researcher to locate participants with an uncommon but shared phenomenon that makes a particular group of study participants hard to locate (Hennick et al., 2011). Snowball sampling can help participants with target characteristics that can be hard to locate (Naderifor et al., 2017).

When potential participants reached out and expressed interest in the study, I followed up with them and created a contact sheet for further communication (see Appendix A). If the person meets the participant criterion as expressed in the demographic and inclusion criterion questionnaire, signed informed consent was obtained and documented, and then the participant will be allowed to schedule a Zoom interview time at their convenience. Only previously incarcerated women aged 18 and above who have given birth while incarcerated in the United States will be admitted to the study.

### **Instrumentation**

The purpose of this qualitative, narrative study is to explore the emotional experiences of female inmates over the age of 18 and above who have given birth while previously incarcerated in the United States. The interview questions will be written to explore the following categories: recalled emotions about their labor and delivery while previously incarcerated, interactions with the other inmates concerning their labor and delivery, interactions with the medical staff, correctional staff, and the removal of the infant after the birth. A complete list of the interview questions can be found in Appendix B.

### **Procedures for Recruitment, Participation, and Data Collection**

I collected the data through in-depth interviews. The participants were interviewed via Zoom. Interviews were planned for 30 to 60 min. I posted a recruitment flyer on Facebook. Participants may contact me via my Walden University email account or by phone, and I then explain the topic of my study, explain the informed consent process, and briefly describe the estimated amount of time needed to accomplish each phase of the study. I first created a contact sheet with their name or assigned identification number to follow them through the study. The contact sheets are stored in a password-protected Zip folder. Next, the potential participant completed a confidential demographic questionnaire. A consent form was emailed to her if the potential participant met the inclusion criteria. The prospective participant then read the consent form and provided verification by typing "I consent" on the form, which they emailed back to me. Answering an inclusion and demographic questionnaire, obtaining and documenting a signed informed consent, conducting the in-depth interview, explaining how the data will be used, stored, and disposed of, exiting from the study, and obtaining their incentive.

To help ensure a smooth interview process, I instructed potential participants to select a day and time in which they would likely have the least interruptions. Second, I instructed them to choose a place that offered privacy and was comfortable for answering questions of a sensitive and personal nature. Third, I reminded the prospective participant that all interviews would be recorded by audio, to ensure that I could have the questions transcribed verbatim and assure that only their words would be in the study.

To obtain the data from this population, I was extremely flexible concerning the date and time, as I would be unaware of the circumstances of their family life. Forming a conversational partnership conveys the message that each participant's experiences, insights, and knowledge cannot be interchangeable with anyone else (Rubin & Rubin, 2012). In a short amount of time, I will try to build a trusted platform with each new participant.

Begin with a short, concise conversation concerning my interest in their phenomenon. While researching the topic of Texas having the largest number of female inmates in the United States, I began to wonder what was happening with the women who entered the Texas correctional system while pregnant. My goal is to understand the personal and social aspects of the emotional process of giving birth while incarcerated. I will explain that the purpose of the study is to gain, in as much detail, their lived experiences of giving birth while previously incarcerated.

I started the interview by reviewing the basic demographic questionnaire that was filled out, then confirmed the documentation of the signed consent form to ensure the participant met the study criterion. Next, I asked a few general questions, such as the age at which they were incarcerated, how far the prison was from their family home, and whether any family members or friends were able to visit them while previously incarcerated. These questions allow the participants to share some information about themselves and build trust with me.

### ***Justification for the Use of Incentives***

The 15 participants were offered a \$ 25 Amazon gift card as a thank-you when their consent form is returned via email. Justification for this type of incentive comes from the state of Texas's current practices. Texas Children's Health Plan is an umbrella of medical, vision, and dental services the Texas Health and Human Services Department provides. Incentives of Walmart gift cards ranging from 20 to 50 dollars are offered to parents for completing their child's well-child appointments on time, including vaccinations. Parents receive Similar incentives for taking their children to annual dental and vision examinations. Pregnant women are offered gift cards for going to prenatal visits.

### ***Justification for Sample Criteria and Size***

I sought participants who were adult female inmates, ages 18 and above, who had given birth while previously incarcerated in a United States prison. The nature of their crime or the amount of time served is irrelevant in this study and plays no part in choosing participants. The only three requirements are that they are free from incarceration at the time of the study, their birth occurred while previously incarcerated on United States prison property, and they fell in the age group of 18 and above at the time of their incarcerated birth experience. My sample size goal was 10 to 15 participants. The small sample size correlates to my 10-15 goal of participants because in-depth interviews used in qualitative research are meant to be generalized to larger populations of interest (Dworkin,2012). The concept of saturation is the road map to how

many samples are needed to complete the proposed research when the information stops yielding new insight saturation (Dworkin,2012).

### **Data Analysis Plan**

Data analysis in qualitative research involves gathering, structuring, and interpreting the data to understand what it represents (Dye, 2022). I used open-ended questions during the in-depth interviews. To analyze the interview findings, I followed four steps outlined by (Dye, 2022). Doing so provided insight into the emotional experiences of female inmates, ages 18 and above, who had given birth while previously incarcerated in the United States. The first step involved collecting and gathering the data from the interviews. Second, I organized the collected data. Third, I began the coding process. Fourth, I looked for insights and themes that emerged from the coding process and reported them in a reader-friendly format or style (Dye,2022). For this study, I used two types of coding, inductive and deductive, when examining the answers to the interview questions. Coding is a primary way to identify issues, ideas, and or opinions that are evident in the collected data (Hennink et al., 2011). Deductive coding allows the researcher to choose pre-determined codes and allows the researcher to focus on a specific research question (Bingham& Withowsky, 2022). Inductive coding allows the researcher to read through the data and let codes and themes present in a natural succession by reading and rereading the transcripts a number of times.

To begin the two-fold coding for this study, I printed the transcripts of each participant's in-depth interview with a wide side margin to allow myself space to make notes in both the inductive and deductive styles. I used green highlighters to mark the

deductive information in the transcripts and a blue highlighter for the concept information. Then use the different colored highlighters to distinguish inductive codes created from the concept codes created.

The data analysis process allowed me to identify key codes, patterns, and themes from the collected data. Hopefully, the collected data will formulate a relationship between the data and my RQs. After the data analysis, I hope to have uncovered vital information to help elicit a positive social change for this underserved population of pregnant inmates giving birth while previously incarcerated in a United States prison.

### **Issues of Trustworthiness**

For the research to be valid, it must gain trustworthiness; many researchers follow Guba's constructs as a guide. Guba names four constructs needed to produce trustworthiness: Credibility, transferability, dependability, and confirmability (Shenton,2003). Qualitative research is a process of discovering new knowledge and understanding its meaning to be relevant; trustworthiness in research is the key (Adler,2022). One way to establish trustworthiness is to use transactional validity methods, frequently revisiting the participants' facts, feelings, and experiences. In this study, the action of transcribing the interviews verbatim helps to maintain the true experiences, because I was able to reread the actual words of each participant. When coding begins, I did not exchange words or phrases with the participant's experiences to enhance the probability of finding patterns and trends.

## **Credibility**

Using the member-checking approach, I paused after each question during the interview and restated the information in my notes. Along with the audio recording of the interview, member checking will help promote the credibility of the study. Summarizing my notes to the participant allows the participant to clarify her answer before moving to the next question. This also allows the researcher to confirm that the question was relayed and understood correctly. Checking the information at the end of each question allows the participant to delete, correct, or add to her response before moving to the next question. This is especially important when dealing with sensitive topics, as reviewing all the questions at the end could be emotionally overwhelming. Reading my written responses also allowed me to leave the interview with a better piece of mind, and I understood the information that each participant was trying to convey.

In developing my interviewee questionnaire, I asked open-ended questions to allow the participants the opportunity to give incredibly detailed information regarding their emotional experiences about realizing they were pregnant and incarcerated, how they felt when their labor began, during the labor and delivery process, and the emotional aftermath of this life event. By allowing the participants to give in-depth descriptive answers instead of a simple yes or no, they are creating a thick description of what it was like to give birth while previously incarcerated in a United States prison. Because of the depth and sensitivity of these questions, I have chosen to ask only 8 questions.



**Transferability**

I used open-ended questions for the interview to obtain narrative-rich responses. I will also use the context from the written field notes to merge and balance the in-depth descriptions of the participant's responses. The field notes, and the verbatim written transcript of the interview responses will be used to promote further research. In this study, the participants are relaying a true, real-life account of giving birth while incarcerated. The act of giving birth is unique for every woman, making it easier to acquire different accounts of the same event. Transferability in this study will be promoted by several participants who recall different emotional states and feelings about the same phenomena or sequence of live events. Despite the use of thick descriptive answers, snowball, purposeful sampling, and data triangulation transferability, there is no proven guarantee that this or any study can be exactly repeated, therefore creating some limitations to the study. It is with great hope and a well-developed study design that another researcher would easily be able to recreate the model of this study to be used on a different population in a different setting and get unique results from their participants.

**Dependability**

When a research study can be replicated by a separate researcher and hail the same findings of the original study, it is said that the study has dependability (Glossary,2022). The fact that this study is not done in a focus group and the participants are not reading the transcribes of other interviewees to ensure honest and unique telling of the participants' experiences. Using these strategies and with a thought-out plan for data collection, I hope to produce stable and consistent results over time.

**Confirmability**

The object of confirmability is allowing the data, views, and insights collected by the participants to shine through the study; this is accomplished by leaving the biased and subjective views of the researcher out of the data findings (Glossary,2022). I plan not to analyze the collected data with my biased views when doing the data analysis. Being objective about all the data collected in my study will aid in creating confirmability.

**Treatment of Data**

At the bottom of each participant's document set, there will be an assigned numerical case number that will follow the participant throughout the study. This unique code will make the paperwork anonymous and confidential. The key that identifies the participant will be stored in a separate file, along with all the other collected data in my home office. The study's data is restricted to me, my chairperson, committee members, and the IBR department of Walden University.

As described in the sample and recurrent section, supervision relationships have no power to cause a conflict of interest. The study is not being conducted in my or any other work environment. However, an incentive is given to the participant at the end of their interview. The participants were offered a \$25 prepaid Visa card and or Amazon gift card, which will be delivered to their email or \$25 to their personal PayPal account.

**Ethical Procedures**

To ensure that the recruitment is done ethically, I took language precautions while writing the recruitment statement that will be placed on Facebook. The wording will be easy to read and facilitate understanding. Before I collected any data, I obtained

approval from Walden University's (no.78 10-23-23-060-2218) Institutional Review Board (The wording will not be pervasive, misleading, or promising of any rewards. Participants can receive a written consent form through email. If the participant wants a signed photocopy, it will be mailed to them upon request. All participant's contact sheets, identification information, consent forms, inclusion questionnaires, and transcripts of interviews will be housed in my home office with restricted access. A brief privacy statement will be included in the consent form.

### **Summary**

Chapter 3 summarizes much work to be done within my study. Research design and rationale state the qualitative, narrative inquiry, as it has been proven to engage all the participants to recall the chosen phenomenon. The phenomenon in this study is the birth experiences of adult female inmates, ages 18 and above, who have delivered babies while previously incarcerated in United States prisons. The role of research carries a heavy burden of adhering to all the ethical issues that arise when dealing with human subjects. This study will contain very personal and sometimes painful memories to recall to a stranger, and it is my duty to allow these recollections to be as honest as possible without inferring any bias, approval, or disapproval. Experience in counseling prepared me to remain calm and not display specific types of facial expressions that would deter the participants from being totally at ease and forthcoming in their responses.

The methodology identifies the population, the size of the population, the criterion that is required, and the relationship between saturation and sample size. The population has been identified as adult female inmates, ages 18 and above, who have

delivered a baby while incarcerated in a United States prison. Criterion has been set as not being incarcerated during the study. If saturation is not seen after the first 10 participants are done, a backup plan to continue the study has been planned.

A large part of Chapter 3 is considering the ethical procedures that are applied to working with disadvantaged populations. I obtained approval from Walden University's Institutional Review Board (no. 78 10-23-23-060-2218) before data collection to ensure that my study would be done ethically. Going over the requirements, I find I have no power or supervisor relationships, planning to get informed consent and assuring the participants that their privacy and confidentiality are of utmost importance.

## Chapter 4: Results

### Introduction

This chapter contains data collected from this qualitative study that explored the emotional experiences of adult women, ages 18 and above, who gave birth while previously incarcerated in the United States. The gathered data was based on the lived emotional experiences of females who gave birth while previously incarcerated. One primary RQ and two sub-questions were used to explore the participants' emotional experiences. The questions were as follows:

RQ: What are the emotional birth experiences of adult women, ages 18 and above, who have given birth while previously incarcerated in the United States?

Sub-question 1: Do the physical restrictions and shackles of confinement affect the emotional state of the female inmate during labor and delivery while incarcerated?

Sub-question 2: Can giving birth while incarcerated evoke feelings of depression and anxiety?

From 15 individual Zoom interviews, I analyzed the collected data to discover and explore codes and themes to be discussed in this chapter. I started the process with deductive coding throughout all the transcripts, with the established codes, often called (piori codes), being emotional words and words of restraint. Miles et al. (2020) stated that deductive coding helps a researcher to organize the data and identify data based on the RQs. Deductive coding works from the top down (Creswell & Plano Clark, 2007; Bingham & Wiltkowsky, 2022). I chose to do another round of deductive coding using the predetermined priori words depression and anxiety. Next, I began the task of inductive

coding of each transcript line by line. Inductive coding goes from the ground -up with no preconceived codes (Chandra & Shang, 2019). Inductive coding and analysis involve reading through the data and or transcripts to allow the natural progression of the categories, patterns, and or themes to emerge (Miles et al., 2020). This type of use, deductive and inductive, is called a hybrid method (Thomas & Harden, 2008).

### **Setting**

All the data collected for this study was done on recorded audio Zoom calls. The sample included 15 adult women, ages 18 and above, who have given birth while previously incarcerated in the United States. To begin, I posted the study flyer on my Facebook page, asking friends and family to share and repost the flyer. In addition. I posted the flyer on several individual Facebook pages that were created by a person to share their personal story about their incarceration. Also, I asked for permission, and was granted permission, to post my study flyer on Facebook pages of organizations set up to advocate for and allow previously incarcerated individuals and or their family members to share their personal stories of incarceration with the public. The participation criteria for potential interviewees were that they had to have given birth while previously incarcerated, ages 18 and above, and were not incarcerated at the time of the interview.

### **Demographics**

My recruitment process began by posting the study flyer on my Facebook page, X (formally known as Twitter), and Instagram, along with female inmate advocate websites. In the 1st week, I received three responses to my flyer. Several weeks went by without any further interest in the study. I quickly added my study flyer to the personal Facebook

pages of women who had an open conversation with the public about their life experiences of being incarcerated in the United States. As a result, I ended up with 31 inquiries to my study flyer, resulting in 15 completed interviews. The 31 inquiries broke down as follows: two were excluded, seven had no response after receiving the inclusion and demographic questionnaire, 15 completed Zoom interviews, and seven were turned down due to incentive limits. One of the potential participants was excluded because she was a close relative of mine. Reviewing the ethics requirements, I decided to exclude her from giving any hint of a power relationship that would lead to skewed results. The second potential participant was excluded for two reasons: one, I had known her as a child, and one, she was released from prison 3 weeks before delivering her infant. Although this participant spent 99% of her pregnancy behind bars, the inclusion criteria were clear the participant must have still been incarcerated at the time of infant delivery.

The study participation flyer was posted on several websites that advocated for female inmate reduction or reform, along with several Facebook pages of female former inmates that used their websites to offer an open forum to ask questions of others and tell personal stories of their incarceration. In all, my participant flyer garnered 31 individual responses. The ages of the participants ranged from 19 to 28 years, with an average of 21 years old at the time of their arrest. The number of years incarcerated by the participants was one to 4 years. The participants came from all over the United States, with the largest amount coming from Texas to the smallest amount coming from North Carolina and Arizona. The knowledge of pregnancy at arrest was overwhelmingly yes with only two of the participants being unaware of their pregnancy at the time of their arrest. A breakdown

of participants' demographics on age, years of incarceration, state of incarceration, and knowledge of pregnancy at the time of arrest can be found in Table 1.

**Table 1**

*Participant Demographics (N = 15)*

| Participant no. | Age at incarceration (years) | Year of incarceration | Year of release | State of incarceration | Pregnancy known at the time of arrest |
|-----------------|------------------------------|-----------------------|-----------------|------------------------|---------------------------------------|
| 3000            | 27                           | 2010                  | 2012            | Texas                  | No                                    |
| 3011            | 24                           | 2021                  | 2022            | Texas                  | Yes                                   |
| 3013            | 28                           | 2019                  | 2022            | Minnesota              | No                                    |
| 3014            | 23                           | 2018                  | 2022            | Texas                  | Yes                                   |
| 3015            | 24                           | 2019                  | 2023            | California             | Yes                                   |
| 3020            | 19                           | 2019                  | 2021            | Minnesota              | Yes                                   |
| 3021            | 24                           | 2019                  | 2022            | Florida                | Yes                                   |
| 3022            | 25                           | 2020                  | 2021            | Colorado               | Yes                                   |
| 3023            | 23                           | 2018                  | 2020            | California             | Yes                                   |
| 3024            | 25                           | 2022                  | 2023            | California             | No                                    |
| 3025            | 21                           | 2017                  | 2021            | Florida                | Yes                                   |
| 3026            | 21                           | 2017                  | 2021            | Florida                | Yes                                   |
| 3027            | 19                           | 2016                  | 2017            | Texas                  | Yes                                   |
| 3028            | 21                           | 2018                  | 2022            | North Carolina         | Yes                                   |
| 3029            | 21                           | 2020                  | 2023            | Arizona                | Yes                                   |

### **Data Collection**

For each response, I created a contact sheet that would follow the participant through the study process, beginning with their name, date, assigned participant number, and email, followed by the date of verified inclusion, verified consent, proposed interview date, date thank you gift was issued and date of a follow-up interview to recap the summary of the studying findings. I sent the inclusion and demographic questionnaire by email. I then notified the potential participants of their inclusion or exclusion in the study. Next, I emailed each participant the consent form. Once the consent form was



returned, I sent them a calendar with available dates and times to schedule their interview. Out of 31 responses to my recruitment flyer, two potential participants were excluded, and 15 semi-structured interviews were completed. Seven potential participants did not reply after the inclusion and demographic questionnaire was sent to them by email. The last seven potential participants were turned away because they lacked the funds to receive the 25-dollar thank-you gift cards.

All interviews were audio recorded using the Zoom Platform. I offered an extra safety net of anonymity by having the camera off and recording only the interview audio. After receiving the participants' consent forms, I emailed each one confirming the Zoom information by highlighting the Zoom meeting link in green and the Zoom meeting number and passcode in yellow. In that message, I also restated that their name would not be used, and throughout the rest of the process, I used a participant number to identify all correspondence between us. I started my participant numbers at 3000. The interviews lasted between 20 and 45 min. All participants received a copy of the audio interview for review, only four participants replied by email that they had reviewed the transcript and stated they were fine. Fortunately, the Zoom platform can take the recorded audio interviews and produce a written transcript within minutes. Therefore, I did not need to do any transcribing. In addition, I compared the transcripts with the recorded audio for each interview to clarify the responses.

Two days before the interview, I sent each participant a short message to thank them for their time and willingness to share their story. This message restated the importance of me listening and capturing their story in their own words. On the interview

day, I introduced myself again and asked the participant if she had any questions before we began the interview. I let the participants know we could move to the next question if they felt uncomfortable. This happened only once throughout the interviews. During the interview, if I heard they were having a hard time emotionally, I gently asked if a break was needed and paused before moving forward to the following questions. At the end of the interview, I asked each participant if they wanted to share any other information or feelings about their experience of being pregnant and delivering a baby while previously incarcerated. I also asked each participant if there were any questions they thought I should have included in the interview. I was given two suggestions; “Was the inmate given extra food and prenatal vitamins while incarcerated?” and “Did the inmate decide who would get guardianship of their newborn until their release?” I added those two questions to the rest of the interviews and was able to gather a richer picture of their lived experience of delivering a baby while incarcerated. Emailing the previously interviewed participants with the same two questions allows equal participation.

### *Ethical Considerations*

As discussed in Chapter 3, I followed the ethical guidelines to ensure that each participant’s identity and interview data were treated accordingly to preserve confidentiality. All participants were reassured that their participation was voluntary and that the interview would stop without reprisal if they became uncomfortable. At the end of each interview, participants were asked how they would like to receive their Thank you gift card. I delivered the gift cards via Amazon or PayPal. None of the participants wanted to receive the Visa gift card mentioned in the study flyer, so I adapted and sent all

the gift cards via email. I stored all the printed interview data, comment memos, and personal reflections in a locked drawer in my home office. All the digital information, study contact sheets, returned inclusion and demographic questionnaires, returned consent forms, and digital transcripts were stored in password-protected Zip folders. At the end of the interview, the participants were informed that I would store the interview data for 5 years per Walden University protocol. After 5 years, paper data would be shredded, and digital data would be deleted from my computer.

### **Data Analysis**

Using a thematic plan for analysis, I began with a hybrid inductive and deductive coding approach. Thematic coding helps reveal patterns of relationships, similarities, and differences in the data collected (Dye, 2022)). Because my study is based on exploring the emotional experiences of women, ages 18 and above, who have given birth while previously incarcerated. I used a deductive round of coding to find any emotional words expressed by the participants. After reviewing for redundancy, 38 emotional or feeling codes were revealed about the overall experience of giving birth while previously incarcerated in the United States. These included “denial,” “regret,” “guilty,” “anxiety,” “stress,” “blame,” “fear,” “frustrating,” “embarrassed,” “depression,” “vulnerable,” “lonely,” “anger,” “loss,” “worry,” “confused,” “lost,” “broken,” “anger,” “rejected,” “ashamed,” “stigmatized,” “blocked out all feelings,” “suicidal thoughts,” “helplessness,” “despair,” “happy,” “grateful,” “bad,” “judgmental,” “heartbreaking,” “empowered,” “nervous,” “relief,” “supported,” “happy,” “proud,” and “joy.”

I used the deductive round of coding to help answer part of the primary RQ of this study. Deductive coding allows the researcher to choose predetermined codes and allows the researcher to focus on a specific RQ (Bingham & Witkowsky, 2022). I did another round of the deductive process with two specific emotional codes, depression, and anxiety, as both those words relate to Subquestion 2. I coded depression in purple highlighter and anxiety in blue highlighter.

The next step was to begin the inductive coding process and reveal if other themes would emerge from the interview transcripts relating to the study's RQs. After the first round of inductive coding, three themes and seven subthemes arose, expressing emotional answers to the primary RQ. The second round of inductive coding revealed three additional themes from the general context of interview answers: the amount of time allowed with newborns directly after birth, the decision on where the inmate's infant would be placed, and the amount of extra nutrition and or prenatal vitamins given to pregnant inmates related to the interview questions. A third round of inductive coding rendered one theme, restrictions of confinement, which was consistent with Subquestion 1, and one theme, probability of depression and anxiety related to Subquestion 2. I used whiteboards to visualize each round of coding. Between each coding round, I snapped a picture and then printed the picture to allow myself to study the data without standing in front of the whiteboard. Many hours were devoted to reviewing the data collected on my whiteboards.

## **Evidence of Trustworthiness**

### **Credibility**

I used the following techniques to ensure credibility: member checking, continuity of the interview questions, and inclusion and demographic questionnaire. All participants were asked the same interview questions, with slight variation happening when I asked, “Would you like to elaborate on that topic?” and “Is there anything you would like to add before the interview is over?” However, I did navigate the interview back to the core question of the study, “Asking if you have any specific feelings or emotions about that information.” Asking to verify a response after a question and giving time at the end of the interview to elaborate on any question promotes credibility. In addition, I send a pre-interview conversation to each participant the day before their interview, reiterating the importance of capturing their lived experiences to the interview questions without my influence. During the interviews, I did not agree or disagree with the participants' answers before moving to the next question, trying not to imply my bias to their answers in any way.

Saldana (2009) suggests that using member checking enhances the chance of credibility by validating the accuracy of the researcher's interpretation and the accuracy of the participant's answers to the questions. Transcripts were created verbatim with the Zoom program and checked against the audio version if needed upon review. During the interviews, I also took notes on ideas for additional questions suggested by the participants to enrich the collected data. After each interview, I took time to review my

notes and reflect on things I could do better to foster trust and encourage a willingness to reveal in-depth details about the topic.

### **Transferability**

Due to the gender-specific nature of this study, transferring to male inmates was not applicable; however, it seems likely that this study could be easily transferable to other groups of female inmates within the United States. By providing a detailed description of the steps used in the research process, transferability could be achieved in different target populations with the same lived experiences within select regions of the United States or even select countries. Purposive and snowball sampling was a practical approach to locating participants willing to provide rich data for this research.

Transferability was promoted by providing detailed, in-depth descriptions of the sample population.

### **Dependability**

The code-re-coded method is one way of obtaining dependability (Vicent, 2014). I used a hybrid inductive and deductive coding system on all the participants' transcripts. I coded each transcript, both inductively and deductively, distinguishing them with different color highlighters. Second, I used a whiteboard to transcribe my codes and then took a picture of each whiteboard; as suggested, I erased each whiteboard, waited 1 week, and recorded all the transcripts again using the same process as the first coding session. Comparing the initial coding session and the re-code session, I was confident that I had captured enough codes to move on to finding themes and subthemes within the data.

### **Confirmability**

Using a consistent interview process of asking the same interview questions to each participant in the same order helped with obtaining confirmability. Excluding the two participants who knew me allowed for a clean sample of participants with whom I have had no previous knowledge of their experiences. My identity was described as a Walden University doctoral-level student on the consent form, the flyer, and the communication emails. Additional questions suggested by a participant were reviewed, and if used, I emailed all the prior interviewees with the additional questions. All participants replied by email to the three additional questions, maintaining the rigor of consistency in the interviewing process.

### **Results**

All participants in this study were asked to describe their emotions to a series of interview questions concerning the emotional experiences of giving birth while previously incarcerated in the United States. Creswell and Plano Clark (2007) stated that deductive coding can organize data, apply theory, and set the stage for inductive coding. The first round of deductive coding used “emotional words” as my predetermined priori codes. After reading and reviewing for redundancy, a total of 38 emotional words were articulated by the participants throughout the 15 interview transcripts about their experiences of giving birth while incarcerated. For the second round of deductive coding, I used specific priori codes for depression and anxiety in relationship to Subquestion 2, which yielded the following results, the word depression was recalled 12 times, and the word anxiety was used 9 times. I hoped to take the deductive coding findings and use

them in conjunction with the inductive findings to unveil a total emotional picture of giving birth while incarcerated in the United States. The following are the data findings of my inductive coding of the interview transcripts to attempt to answer my RQs.

### **Primary Research Question**

I identified three themes and 10 subthemes concerning the primary RQ. The first theme was time of arrest with the subthemes of pregnancy known, emotions at the time of arrest, and knowledge that they were pregnant. The second theme was health care. Its four subthemes were pregnant inmate health care, interactions between inmates and health care workers on the premises, transportation to the hospital, and labor and delivery. Theme 3 was jail interactions, which had four subthemes encompassing pregnant inmate interactions with fellow inmates, correctional guards, a health care professional outside the prison walls, and an outside support group. Table 2 includes the themes and subthemes for all RQs and additional themes that emerged.

**Table 2**

#### *Themes and Subthemes*

| Research question | Theme                               | Subtheme   |
|-------------------|-------------------------------------|--|
| Primary           | Emotions felt at the time of arrest | Was pregnancy known at arrest?<br>What were the emotions felt knowing they were pregnant at the arrest?                |
|                   | Health care                         | Prenatal health care<br>Health care professionals<br>Transportation to the hospital<br>Labor and delivery              |
|                   | Jail interactions                   | Interactions with inmates<br>Interactions with guards<br>Interactions with health care providers (inside prison walls) |



|                                     |  | Interactions with outside support |
|-------------------------------------|--|-----------------------------------|
| Subquestion 1                       | Inmate physical restrictions during transportation, labor, and birth |                                   |
| Subquestion 2                       | Depression and anxiety   |                                   |
| Additional (not specific to any RQ) | Time with newborn  |                                   |
|                                     | Infant placement   |                                   |
|                                     | Prenatal nutrition and vitamins                                      |                                   |

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*Note.* RQ = research question.

### ***Theme 1: Time of Arrest***

Two subthemes emerged regarding the emotions the participants felt at the time of their arrest. Subtheme 1 was the participant's knowledge of whether she was pregnant at the time of arrest. Only two participants out of 15 did not know she was pregnant at the time of her arrest. Subtheme 2 was the emotions felt at the time of arrest, knowing they were pregnant. Participants recalled a range of emotions that felt during their arrest. The most common was fear, shock, and regret. Considering that they were pregnant at the time of the arrest evoked additional emotions such as fear of judgment, shame, embarrassment, guilt, depression, loneliness, and even relief for two participants. Participant 300 stated she "was relieved because I knew it would happen eventually." Participant 3024 recalled, "It felt like my world was about to crash." Participant 3027 worried, "What was going to happen next because she was pregnant at the time." Feeling guilty and ashamed of the fact they were pregnant and being arrested were the two most common emotions described.

### ***Theme 2: Health Care***

**Subtheme 1: Prenatal Health Care:** The topic of prenatal health care was discussed with all 15 participants. I asked two interview questions related to health care: "Did you receive any prenatal health care during your incarceration?" and "What emotions described how you felt after your interactions with the health care workers?" All themes and subthemes about health care emerged from the two interview questions, and the extra details were given with the answers to those questions. The participants conferred that the amount of health care they received was in the range of none to several prenatal visits

before the baby's birth. Participant 3020 stated, "Lack of health care led to frustration." Participant 3013 recalled the issue being "Having to wait a long time, up to 2 days for medication and not feeling special". Participant 3025 had a positive experience, remembering that "The midwives were nice." Participant 3025 was the only inmate who had visits with a midwife. Studies showed that Doulas, like mid-wives, can provide some medical care, education, advice, and support before, during, and after delivery were a viable option in increasing the prenatal care given to pregnant inmates (Schroeder & Bell, 2005; Shlafer et al., 2014).

**Subtheme 2: Transportation to the Hospital.** The amount of time from when the inmate alerted someone that she suspected the labor process had started and the amount of transportation time to the hospital varied among the participants. The participants described two ways the prison was alerted to their labor starting: they either told a guard directly or relayed the messages to the closest inmate, which informed the closest guard. The amount of time before transportation to the hospital began ranged from under 1 hr. to not in time.

Three participants, out of 15, were not transported to the hospital in time to deliver their infant inside the hospital. Participant 3027 delivered in her cell, with the help of a nurse, and Participant 3021 delivered her child alone in her cell. Both participants were delivered in their cells and later transported to the hospital for proper care. Participant 3024 recalled waiting so long for the transportation to be arranged that she gave birth in the vehicle during the transportation to the hospital. The 12 participants who could be transferred to the hospital experienced wait times of under 1 hr to under 3 hr and

finally over 3 hours. The most recalled emotions felt while waiting to be transferred to the hospital were fear, confusion, and anxiety. Likewise, the emotions recalled by the two participants who delivered their babies in their cells were extreme fear, anxiety, and loneliness. Participant 3014: “Worried no one would come to get her before the baby was born”.

**Subtheme 3: Labor and Delivery.** The 12 participants arrived at the hospital in time to deliver their babies and endured additional factors that created distinct emotions. Twelve out of the 15 participants had restraints fastening them to the bed during the labor and delivery process. The most common theme discussed concerning the labor and delivery process while incarcerated was the inability to have any emotional support from a known person during the labor and delivery. Giving birth while incarcerated can be a daunting event; most states do not allow the inmate to have any outside emotional support in the labor and delivery room. In addition to being restrained, the inmate is attended by at least one correctional guard, who could be an unknown male.

Although qualified doctors and nurses are attending to the inmate, it is highly unlikely that they have met or been examined by the attending healthcare professionals. Only two out of 15 participants could have outside support during the labor and delivery. Participant 3020 from Minnesota was allowed to have their mother in the room with her. Participant 3025 from the state of Florida was allowed to have a midwife who visited the pregnant inmates at the jail in the delivery room.

Fear of the unknown was expressed often during the interviews. Prenatal education did not exist among the participants, leaving first-time mothers to prepare

themselves for labor and delivery while incarcerated. This aligns with past articles that state prenatal education for pregnant inmates is uncommon within the United States (Kelsey et al., 2017). Participant 3000 said, “Because this was my first baby, I was very nervous, not knowing what to expect; I did not even know how to push.”

Surprisingly, many participants recalled positive emotions right after the delivery of their baby. Several participants felt joyful, happy, proud, special, and blessed that they had safely brought a new life into the world despite being incarcerated. Participant 3015: “I felt happy at first, then down.” Participant 3020 recalled, “I felt some joy”. The time the participant was allowed to spend with her newborn greatly varied from no time, under 1 hr., several hours, and over 3 hr. The emotions recalled during this time mirrored those right after the delivery; however, the participants recalled being extremely emotionally distressed at the time of separation from their infant. Overwhelming, the emotions recalled were being heartbroken, helpless, sad, and blaming oneself for the situation.

The most common theme discussed concerning the labor and delivery process while incarcerated was the inability to have any emotional support during the labor delivery from a known outside person such as a friend, family, or the father of the child. Giving birth while incarcerated can be a daunting event. Most states do not allow the inmate to have any outside emotional support in the labor and delivery room. In addition to being restrained, the inmate is attended by at least one correctional guard, who could be an unknown male. Although qualified doctors and nurses are attending to the inmate, it is highly unlikely that they have met or been examined by the attending healthcare professionals. Only two out of 15 participants could have outside support during the labor

and delivery. Participant 3020 from Minnesota was allowed to have their mother in the room with her. Participant 3025 from the state of Florida was allowed to have a midwife who visited the pregnant inmates at the jail in the delivery room.

### ***Theme 3: Jail Interactions***

Being confined to a limited area, pregnant inmates only had four types of human interaction. Inmates were able to interact with other inmates, inmates had to interact with correctional staff, and inmates had interactions with health care providers. Some were lucky enough to interact with their outside support system. Each type of interaction was unique and came with its own emotions.

**Subtheme 1: Pregnant Inmates' Interactions With Fellow Inmates.** The participants in the study shared a wide range of emotions they felt after interactions with other inmates while being pregnant and incarcerated. Participant 3013 “Did not feel comfortable “and did not feel like discussing their pregnancy with any of the other inmates and often felt isolated. Of the participants who recalled speaking to one or more inmates, described emotions from both ends of the spectrum. Some inmates described other inmates as being very judgmental and felt they were stigmatized for being pregnant and incarcerated. However, after interacting with other inmates, more pregnant inmates described their emotions as supportive, encouraged, relieved, and empowered. Two participants revealed they had interactions with another pregnant inmate, which lessened the feelings of isolation. Participant 3026 recalled, “Some offered advice.” Participant 3020 stated, “Some had the same experiences as me, so at times they were able to motivate me.”

**Subtheme 2: Pregnant Inmates' Interactions With Correctional Guards.**

Unlike interactions with other inmates, a pregnant inmate's interactions with correctional guards happen daily. A few participants recalled positive emotions they felt after interactions with some guards. Participant 3025 claimed she "Felt they were understanding". Participant 3026 believed "Some guards were very supportive." Correctional guards often gave unsolicited comments when working with pregnant inmates. Participants recalled feeling judged, ashamed, awful, or angry after interactions with the correctional guards. Participant 3025 said, "The guards were very brutal." Participant 3013 claimed the guards "Were not Friendly." One participant recalled a correctional officer saying, "You should be ashamed of yourself for being pregnant and getting arrested." Participants recalled feeling lost, guilty, and extremely ashamed due to the brutal and judgmental comments made by some correctional guards. Participant 3000 recalled being treated as "lower than garbage" during interactions with correctional guards. A few participants recalled being treated well by the guards, as they offered words of encouragement and often were supportive during their daily interactions. Feelings of empowerment often came from positive interactions with the guards.

**Subtheme 3: Pregnant Inmates' Interactions With Health Care Professionals.**

Interactions with health care workers such as doctors and nurses occurred less frequently than inmate interactions with other inmates or guards. Although the interactions were rare, more participants recalled positive feelings after a visit with a nurse or doctor inside the prison and outside the correctional facility. Participant 3027 recalled, "Yeah, I kind of felt they were available." Participants said they felt less rejected and more supported after

interacting with a healthcare provider. Participant 3025 recalled, “They offered genuine support.” Recalled interactions between the doctor or nurse and the inmate were the only times questions about pregnancy, labor or the delivery process could be answered, as none of the participants recalled any prenatal education provided by the prison.

**Subtheme 4: Pregnant Inmate's Interactions With Their Outside Support System.** Interactions between pregnant inmates and their outside support groups yielded nothing but positive recalled emotions. Outside support groups are family or friends of the pregnant inmate. Some participants were lucky enough to have regular interactions with family and friends. During these interactions and after returning to their cell, participants recalled feelings of happiness, relief, and gratitude for the time and support their friends and family gave. Participant 3020 said she “Felt a bit of empowerment “after she visited with her outside support system. All 14 other participants declined to share their conversations with outside support groups.

### **Subquestion 1**

#### ***Theme 1: Restrictions of Confinement***

All 15 participants were shackled and restrained during the transportation to the prenatal appointments outside of the prison. Only 3 out of the 15 were not shackled to the bed with extra restraints during the labor and delivery process. The two inmates who delivered their newborn in their cells were not restrained, and the participant who delivered during transportation was not restrained after it was apparent that the inmate would not make it to the hospital in time. Those inmates recalled being so relieved and happy to have the freedom of movement during the labor and delivery. Being shackled



during transportation to the hospital while in labor comes with another set of challenges. Pregnant inmates are more often transported in large vans that are higher off the ground than a regular passenger vehicle. Participants stated they were cuffed at the feet and well as the hands and the presence of shackles often inhibited their ability to enter and exit the vehicle. Participant 3029 recalled, “The feeling of helplessness being restrained.”

Participant 3000 recalls the guard saying “Inmate, just hop down out of the vehicle.” Participant 3000 recalled feeling very scared that she or the infant would be injured by falling to the ground because of her inability to maneuver herself out of the vehicle while in pain and cuffed both at the feet and hands. Fortunately, for Participant 3000, nurses had already arrived and were waiting where the inmates and loaded and unloaded. Participant 3000 recalls a nurse telling the guard “You must undo her restraints, for her to safely exit the vehicle, can’t you see she is 8 months pregnant and in labor?” Participant 3000 expressed her gratitude for the nurses and hospital staff she encountered during the birth of her baby.

## **Subquestion 2**

### ***Theme 1: Emotional Expressions Recalled by the Participants***

Referring to my first round of deductive coding, the number of emotional words that were recalled by the participants about any aspect of their experience of giving birth while previously incarcerated in the United States resulted in 38 different words. The spectrum of emotions recalled from their experience ranged from suicidal to extreme happiness. Overall, the emotions recalled were on the negative side of the spectrum.

**Subtheme 1: Depression and Anxiety.** Seven out of 15 participants articulated their recalled emotions using the word depression and or anxiety. The word depression was used 12 times throughout the interviews, and the word anxiety was used nine times. One participant out of 15 recalled that she felt suicidal at times during her incarceration. Although every participant did not use distinct words for depression or anxiety, all 15 participants voiced their emotional experience with words that could be directly related to either the feelings of depression or anxiety. Participant 3020 recalls, “I felt a lot of depression.” Participant 3028 stated she felt “a lot of anxiety and stress.” Participant 3000 said, “I was super anxious about things.” Participant 3027 remembered “as very, very, very depressed.” Participant 3024 stated, “In summary I was depressed”. I looked through the 38 different emotional words that were used by the participants and noticed some of the words could be directly related to depression and anxiety. Emotions recalled by participants related to depressive feelings such as sadness, unhappiness, loss, helplessness, desperation, rejection, and or broken. Emotions recalled by participants related to feelings of anxiety were fear, stress, fear, shame, isolation, nervousness, worry, confusion, and or vulnerability.

### **Three Additional Themes From Inductive Coding of Participants’ Transcripts**

Three additional themes emerged during the coding process: the amount of time allowed with newborns directly after birth, the decision regarding where the inmate’s infant would be placed, and the amount of extra nutrition and prenatal vitamins given to pregnant inmates. These additional themes emerged from the in-depth conversation

during the interview questions, which led several participants to recommend additional questions about their experiences.

***Theme 1: Time With Newborn***

The time the inmate spent with her newborn was described as a happy and proud time. The amount of time each inmate spent with their newborn varied from each participant, with two participants recalling that the infant was removed directly from the delivery room, allowing no visitation time for mother and baby to bond. Time spent between the inmate and newborn had a wide range from 8 hr to no time at all. The average time recalled was from less than 30 min to 3 hr.

***Theme 2: Infant Placement***

All 15 participants expressed they could make the final decision on where the infant was placed during the rest of their prison sentence. All infants were placed in the care of a close family member. The inmate's mother was the number one choice for the infant placement. Out of the 15 participants, three infants were relinquished to their mother, two to a sister, and one to the family. Ten participants declined to answer the question. Several participants recalled being worried because the prison did not advise them that the infant had indeed been placed where they wished. Emotions recalled from the inmates knowing their family member was caring for their infant were positive. The emotional words used to describe the knowledge of their infant's safety were relief, happiness, joy, and gratitude.

### ***Theme 3: Prenatal Nutrition and Vitamins***

Most of the participants expressed that they were always hungry. If the inmate was not receiving outside funds from family and or friends to purchase extra food from the prison commissary, they strictly relied on the food provided by the facility. Of the 15 participants, only 8 recalled that extra food or more nutritious food was or was not offered during their pregnancy while incarcerated. Prenatal vitamins were another concern for most inmates. Proper nutrition and prenatal vitamins are vital to the fetus's growth and the mother's well-being (Tenkku Lepper et al., 2018). It was a rare occurrence that prenatal vitamins were provided to the participants of this study. The breakdown of participants who received extra food or prenatal vitamins can be found in Table 3.

**Table 3**

*Participants Who Recalled Receiving Extra Food and/or Vitamins During Their Incarceration*

| Participant no. | Food given        | Vitamins given |
|-----------------|-------------------|----------------|
| 3000            | Extra             | Yes            |
| 3011            | Extra             | No             |
| 3013            | Very little extra | No             |
| 3020            | No                | No             |
| 3022            | No                | No             |
| 3024            | Extra             | Yes            |
| 3027            | No                |                |
| 3029            | Extra             |                |

### **Summary**

In Chapter 4, I collected, analyzed, and presented the research findings on the emotional experiences of adult women, ages 18 and above, who had given birth while previously incarcerated in the United States. The steps included exploring the research

setting, inclusion of participants, participant demographics, process of data collection, analysis of data, evidence of trustworthiness, and the recovery of themes and subthemes related to my RQs. All participants recalled in-depth and rich data concerning their emotional experience of giving birth while previously incarcerated.

After a mixture of deductive and inductive coding of the interview transcripts, a total of eight themes and 12 subthemes emerged (see Table 2). The themes and subthemes were presented in the order of the RQs, followed by additional themes that arose from numerous rounds of coding and recoding. The latter part of Chapter 4 goes through each theme and subtheme and describes the results in detail. In addition, participants' quotes that were relevant to either a theme or subtheme were recorded. The final question I asked at the end of each interview was, "Do you have any thoughts on the overall experience of giving birth while incarcerated"? Some participants were happy to share their thoughts. Participant 3013 stated, "When a pregnant woman is in labor, I prefer they should be handled in a good way; they are special people." Participant 3025 said, "I think our prisons should allow all mothers to spend 3 months with their infant to breastfeed". Ethical considerations were reviewed and applied to the data. Issues of Trustworthiness were shown by expanding on credibility, transferability, confirmability, and dependability. In Chapter 5, I will focus on the discussion of the findings, recommendations for further research on this topic, and my study conclusion.

## Chapter 5: Discussion, Conclusion, and Recommendations

### **Introduction**

This study was performed on the belief of a noticeable gap in the literature on the emotional experiences of women, ages 18 and above, who have given birth while previously incarcerated in the United States. Female inmate rates have risen over 700% since the 1980s (Esterling et al., 2019). Researchers estimate that 5% to 7% of female inmates enter the correctional system at some stage of pregnancy (McCoy et al., 2016). As outlined in Chapter 1, a plethora of literature concerning female inmates was found and discussed several aspects such as increased rates of female inmates, female crime, increased occurrence of pregnant inmates, and health care of pregnant inmates. However, scholarly articles exploring the emotional side of being incarcerated and pregnant were rare.

At the beginning of this chapter, I will review and discuss this study's purpose, themes, and subthemes that emerged during my data analysis process. Further discussions include the limitations of this study and the need for additional research on pregnant female inmates. A summary will conclude this chapter, along with implications for positive social change. The discussions in this chapter and proposed future research may work together to determine further answers to the RQs:

RQ 1: What are the emotional birth experiences of adult women, ages 18 and above, who have given birth while previously incarcerated in the United States?

Subquestion 1: Do the physical restrictions and shackles of confinement affect the emotional state of the female inmate during labor and delivery while incarcerated?

Subquestion 2: Can giving birth while incarcerated evoke feelings of depression and anxiety?

Giving birth while incarcerated is not a new phenomenon among female inmates. As outlined in Chapter 2, women have been giving birth in confinement beginning in the 1600s, although rare and seldom known to the public (Owen,2022). Beginning in the mid-1980s, an exponential increase in female inmates occurred, an increase in female drug-related crimes, and the harsh jail sentences that fueled the war on drugs (Tuxhorn,2022). As the female inmate rates increased, an unavoidable increase in women being pregnant at the time of arrest occurred, leading to a group of female inmates who gave birth while incarcerated.

### **Interpretation of the Findings**

This section includes the findings identified from Chapter 4. Based on the 15 interviews conducted with females, ages 18 and above, who gave birth while previously incarcerated, I found a total of eight themes and 10 subthemes. Themes and subthemes will be presented in the order of the RQs, followed by three additional themes with reflections and recommendations reflecting on the literature review in Chapter 2. In addition, showing the alignment of the findings to the theoretical frameworks used to guide the study.

### **Primary Research Question**

The primary RQ asked a broad range question of about the emotional experiences of giving birth while incarcerated in the United States. The participants recalled 38 emotional terms to describe how they felt during their incarceration. Emotions recalled

covered a broad spectrum of feelings, and overall, the feelings experienced by the participants were negative, but positive feelings were expressed about certain situations. In addition, three themes and seven subthemes were extracted from the primary RQ. Theme 1 was the time of arrest; Theme 2 was health care, with prenatal health care, transportation to the hospital, and labor and delivery as subthemes; and Theme 3 was jail interactions, with pregnant inmate interactions with fellow inmates, correctional guards, health care professionals, and with an outside support system as distinct subthemes.

### ***Theme 1: Time of Arrest***

Findings gathered from this study suggest that at the time of arrest, most participants recalled being scared, shocked, fearful, regretful, and lonely. One of the interview questions asked the participants if they were aware of their pregnancy at the time of arrest. Out of 15 participants, only two were unaware of their pregnancy at the time of arrest. Unless the incoming inmate is visibly pregnant during the intake process, their pregnancy might go unnoticed for months, as there are no nationwide standards to test for pregnancy when entering the correctional system (Hatt-Friedam et al., 2020; Kelsey et al., 2017).

The participants who were aware of their pregnancy at the time of arrest recalled additional emotions they felt when arrested. Shame, embarrassment, and fear of judgment top the list of recalled feelings from the participants who were aware of their pregnancy at the time of the arrest. Guilt was recalled by most participants who were aware of their pregnancy at the time of the arrest. Participants recalled feeling guilty for bringing an unborn child into their current situation.



## ***Theme 2: Health Care***

**Subtheme 1: Prenatal Health Care.** General health care for those incarcerated has been researched more often on men than women (Shlafer et al., 2015). It is widely known that jails and prisons are built for men by men and are commonly called gender-neutral (Braithwaite et al., 2005; Hotelling, 2008). Prenatal health care was a topic that came up in all 15 interviews. Prenatal visits were not done regularly, and often participants had no time to prepare for visits; continuity of care was hard to achieve, with participants rarely seeing the same healthcare workers twice. Participants recalled being worried that prenatal vitamins were not readily available and feeling deprived of extra food and nutrition that is needed for healthy fetal growth.

**Subtheme 2: Transportation to Hospital.** This study brought to light the instability of transporting female pregnant inmates to the hospital during active labor. One infant was born during the actual transportation. Two infants were born in the inmate's cell, one with a nurse present at the time of delivery and one alone in her cell. Childbirth is different for every person, and the time of delivery can be unpredictable. The three inmates who did not make it to the hospital recalled guards not believing they were telling the truth about being in labor and the extended time it took to arrange the actual transportation to the hospital.

**Subtheme 3: Labor and Delivery.** The overall theme recalled by the 15 participants was fear and anxiety as they prepared to deliver their infant in unfamiliar surroundings with unknown people. Only one of the participants was accompanied by a

family member during labor and delivery. Only one of the participants recalled the correctional guards and the hospital staff being helpful during their labor and delivery.

### ***Theme 3: Jail Interactions***

Theme 3 of the RQ had four subthemes, reviewing the interactions between the pregnant inmates and four groups: other inmates, correctional guards, health care professionals, and outside support groups. Of the four possible interactions, the inmate's outside support groups, such as family and friends, yielded the most positive recalled memories. Inmates recalled positive and negative emotions concerning their interactions with other inmates, correctional guards, and health care professionals. Fourteen of the inmates relayed their extra emotional duress, because of the lack of outside support allowed to be with them during the labor and delivery.

#### **Subquestion 1**

Only four of the 15 participants in this study recalled that they had no physical restraints that bound them to the bed during their labor and delivery. Participant (3000) was the only inmate who delivered at the hospital and was not restrained to her bed during labor and delivery. Two of the participants recalled being glad but fearful that they delivered their infant in their cell instead of the hospital, simply because they were free to move around in their cell, without cuffs or shackles, during the pain of labor and delivery. The participant who gave birth in the transportation van recalled that the restraints were removed when it was apparent the birth would occur before reaching the hospital. The 12 remaining participants recalled being physically restrained by handcuffs or shackles during the transportation, labor, and delivery.

**Subquestion 2**

Recalling Table 1 from Chapter 4, the participants narrated their experience of giving birth while incarcerated with 38 different words of emotions or feelings. This subquestion asked the question if giving birth while incarcerated could evoke feelings of depression and anxiety. Out of the 15 participants, seven of them recalled memories of giving birth while incarcerated using the exact words depression and or anxiety. Within the 15 interviews, the word depression was used 12 times, and anxiety was used nine times to recall some part of the story. I believe the findings show that giving birth while incarcerated could evoke feelings of depression and anxiety.

**Alignment of the Findings to the Theoretical Framework**

The data collected in this study makes it clear that both theoretical frameworks were chosen to coincide with the recalled emotional memories and descriptions voiced during the interviews. Looking first at feminist criminology, I chose this because the participants and some of the individuals with whom the inmates interact daily met the definition of women in the definition of feminist criminology. Feminist criminology was born out of the women's movement in the late 1960s and early 1970s as a reaction to the stereotyping and gender distortions within the traditional legal forum (Tripathi,2014). Feminist criminology looks at the plight of women deemed criminals and the stereotypes concerning their crimes in hopes of improving how women are treated before, during, and after incarceration by the systems already in place in our society (Tripathi,2014).

Second, I chose the feminist theory lens to collect and record the data concerning this milestone, giving birth, in female inmates' lives. Like giving birth while incarcerated,

feminism dates to the 1600s, but programs to benefit this population are still lacking in the United States. This study specifically looks at the gender limitations concerning pregnant female inmates and health care while incarcerated. Prisons made by men for men are not equipped to service the female gender during pregnancy, labor, or delivery. Feminism does not want extra or more benefits for females in their day-to-day lives, but rather an equal chance at the quality of life men experience daily. In this study, it was the emotional experience of female inmates giving birth alone while incarcerated that was explored.

### **Limitations of the Study**

Limitations in this study include the number of participants, recalled emotional duress, singular point of view, and lack of research funds. The small number of participants in this study could be a limitation, offering only a limited view of the topic. Recalled emotional duress was a limitation because several participants became emotional and overwhelmed by recalling their emotional experiences during the interview. In addition, there is no way of predicting how the emotions they recall will affect their daily lives after the interview. The third limitation I came across was the study was only told from one population's point of view. Interviewing the guards and the healthcare workers could add a better understanding of how the inmates are affected emotionally. For me, the biggest limitation was the lack of research funds, offering participants a monetary thank-you gift was an idea I had from the beginning. However, I could not predict how many potential participants would respond to the study. The seven extra potential participants I had to turn away could have enhanced my study further.

### **Recommendations**

A wider participant pool may generate more data on this limited topic. Further exploration of this topic in specific areas of the United States could provide data specifically needed in different regions of America. Expanding the participant pool from only inmates who have given birth while incarcerated to pregnant female inmates, in general, could produce data to uncover a wide variety of issues concerning pregnant inmates. If the researcher plans to offer a monetary thank-you gift, look for a sponsor or research grant to enhance the possibility of accommodating a larger participant pool. A quantitative study may be warranted to ascertain the number of pregnant inmates within the United States and or a specific state. Further recommendations for this topic of pregnant inmates are endless; just a few could be pregnant inmate's emotional status after released from prison, the emotional status of kids born while there their mothers were incarcerated, and the emotional health of the families and outside support systems of this group of inmates.

I would recommend quantitative studies along with the additional qualitative topic listed above. Quantitative studies regarding the total number of pregnant inmates that give birth in their cell across the United States, the number of infants that died because the inmate delivered alone in the cell, and the total number of infants born while their mother is incarcerated grow up to be pregnant and incarcerated as well. These types of quantitative studies may produce statistics that shock society into making appropriate gender changes within the jails and prisons of the United States.

### **Implications**

The implications of not doing further research on this topic could be staggering as the number of female inmates continues to rise in the United States. One negative implication is a whole generation of infants and mothers that never bonded because infants are removed after delivery at most prisons in less than 72 hr. Bowlby claimed bonding creates a secure attachment of trust between the mother and the infant (Mooney, 2010, p. 19). Ainsworth's procedure, called "Stranger Situation," used familiar and unfamiliar adults entering and coming out of the room; depending on the child's reaction, Ainsworth could determine which children had developed a secure attachment with their caregiver, usually the mother (Mooney, 2010, p. 30). Only nine state prisons in the United States allow the mother and infant to coexist for up to 2 years, increasing the infant's likelihood of secure attachment, which is needed to maintain all long-term relationships in every individual's life (Mulligan, 2019).

The emotional experience of giving birth while incarcerated was the focus of this qualitative study. The next question could be what the long-term emotional effects on the inmate (mother) are when separated from her infant within 72 hr after birth. Long-term meaning after release back into society. This study's data showed that inmates who gave birth while previously incarcerated recalled far more negative emotions than positive ones. Programs, such as more infant-inmate nurseries, could ebb the despair of mothers being separated from their infants directly after birth. Prenatal education in prisons could lessen the fear of the unknown concerning the labor and delivery process while

incarcerated. Programs that provide extra nutrition and prenatal vitamins could increase the inmate's chances of delivering a full-term healthy infant.

For this tragedy of inmates having their infants alone while incarcerated, first, no woman wants to imagine themselves going through this important life event alone. For men, imagine your wife, sister, or daughter going through such an important time alone with just a prison guard, probably an unknown male, restrained tightly to the bed in a woman's most private and vulnerable time in her life. It is time for the United States to implement gender-specific programs that preserve the humanity and dignity of all female citizens giving birth, incarcerated or free.

The driving force for this study was a positive social change for the marginalized population of pregnant inmates giving birth while incarcerated in the United States. Not only would any positive social change enhance the lives of pregnant inmates but all female inmates in general. Several positive social implications stood out while performing this study. First, better prenatal health care for pregnant inmates across the United States. Second, create specific training programs for correctional guards and prison management to learn the skills of recognizing the start of the labor process in pregnant inmates to ensure that no inmate gives birth inside her cell. Third, an increase in mental health services for pregnant inmates could circumvent lasting negative emotional trauma after release back into society.

Positive social change could occur by adding to a larger body of scholarly research on this topic. Data from studies concerning pregnant inmates could provide information for female prison advocates to improve their chances of creating local, state,

and or federal change through laws and legislation. Lastly, educating the public about this female inmate population's physical and emotional experiences. Often called the invisible population, these women deserve a chance at a positive, dignified birth experience.

### **Conclusion**

Giving birth behind bars is not a new feat; women have been giving birth behind bars since the beginning of confinement, being used as a form of punishment in the 1600s (Owen, 2022). The United States is recognized as having the second-highest female incarceration rate in the world (Hatters Friedman et al., 2020). Most women enter the correctional system during their reproductive years (i.e., ages 18 to 44; Tuner et al., 2014). Research on the female inmate population is limited because females still make up a smaller portion of the whole incarcerated population (Braithwaite et al., 2005). The U.S. correctional system was designed by men for men in a gender-neutral format (Hotelling, 2008).

However, the second wave of feminism brought forth an increase in written scholarly accounts highlighting all aspects of female incarceration (Menes,2020). This study hopes to add to the limited data concerning female inmates within the United States. This qualitative study of the emotional experiences of giving birth while previously incarcerated was done to gain an understanding of the emotional impact of giving birth alone on the inmate's mental health and well-being. The RQs forged a path for unraveling the profoundly personal experience of each participant who delivered her infant behind bars.



This study provides insight into the emotions females 18 and above felt during the labor and delivery process while previously incarcerated in the United States. The participants shared recalled emotions, from suicidal thoughts to joy, about giving birth while previously incarcerated; the emotions these women felt are valid and need to be recognized. During the interviews, this study allowed the participants to confront and divulge other aspects of being pregnant and incarcerated that caused them concern. The additional themes that emerged from the data were prenatal health care and nutrition and the inability to have an emotional support person during the labor and delivery process.

In addition, I hoped the data collected in this study would forge a pathway for further research on the mental health implications being created by forcing young women to give birth behind bars without a known source of emotional support. Positive social change can occur for this target population with the enlightenment of our society on the topic of emotional experiences and the aftermath of giving birth behind bars in the United States. Safe, humane, dignified birth behind bars should be the norm, not a rarity, as seen in this study.

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## Appendix A: Study Contact Sheet

## Study Contact Sheet

Researcher: Brigit Henderson

Study Title: The Emotional Experience of Giving Birth in a United States Prison: Special Interest in Depression and Anxiety

Date:

Potential participant name:

Potential participant email:

Potential participant phone number (if given):

The sequential number is given to potential participants:

Date of verified inclusion:

Date of verified consent:

Date and time of proposed Zoom interview:

Date and time of proposed Zoom review of study:

Date when the study summary was sent to participants:

Date \$ 25 Visa gift card as a thank-you gift sent by email:

Date confirming participant's receipt of \$25 Visa gift card:

## Appendix B: Interview Questions

**Disclaimer:** If at any time you feel overwhelmed answering a particular question, feel free to stop and move to the next question. If at any time you require a break, please let the researcher know.

### **Time of Arrest**

1. Can you describe your emotions and feelings at the time of your arrest?

### **Prenatal Care**

2. Can you describe the emotions you felt during and after the prenatal care you received from the nurses you met during your incarceration?

### **Interactions With Other Inmates**

3. Can you describe any emotion you had when discussing your pregnancy with other inmates?

### **Correctional Staff**

4. What emotions do you remember feeling when discussing your pregnancy with the correctional staff?

### **Labor and Delivery**

5. What emotions do you remember feeling when you realized you were in active labor?
6. Can you explain the emotions you felt at the delivery of your infant while incarcerated?
7. Can you describe the feelings and emotions you had during the time you were allowed to spend with your newborn?

8. What feelings or emotions did you experience after the removal of your newborn and your return to the correctional unit?

## Appendix C: Basic Demographic and Inclusion Questionnaire

1. What year were you arrested?
2. What was your age when arrested?
3. Did you know you were pregnant at the time of your arrest?
4. Were you visibly pregnant at the time of your arrest?
5. Where incarcerated in the United States?
6. What state?
7. Did you deliver your infant while incarcerated?
8. Did you deliver your infant in your cell, during transportation, or at a hospital?
9. Are you incarcerated at this time?
10. What year were you released?