



Nursing Care for Women in Prison Throughout Their Pregnancy and the Postpartum

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Abstract:

The study promotes access to pregnancy testing, counseling, prenatal care, proper nutrition, safe birthing conditions, and comprehensive, high-quality perinatal care for these women. The study also discusses the moral ramifications of shackling expectant inmates and advocates for laws that would outlaw or ban this practice.

Pregnant women in jail are more likely to have difficult pregnancies and have a large number of unmet healthcare needs. It stresses how critical it is to give these women access to secure birthing conditions, sufficient nutrition, and high-quality prenatal care. In order to speak up for these women and make sure they get the care they need, nurses are essential. The report also emphasizes the risks associated with shackling pregnant inmates and advocates for laws that restrict or do away with this practice completely.

Keywords: Nursing care, nutrition, perinatal care, postpartum period, and pregnancy

introduction:

pregnancy testing, pregnancy counseling, and, upon request, referrals for adoption or abortion services should be available to women who are detained. Pregnant women should have access to regular perinatal care from a doctor with obstetric competence, a lower burk, appropriate nutrition and exercise, pregnancy clothes, and rest and work accommodations if they choose to carry on with their pregnancies while in custody. (Wamsley, 2015). For labor and delivery as well as postpartum treatment, women should be securely transported to a licensed hospital.

Regardless of whether the couple will stay together upon tictipal discharge, jailed women who desire to breastfeed their newborns should receive the same instruction and assistance as non-incarcerated women because nursing is the ideal technique of providing nutrition for infants. Given that a woman's separation from her infant can be distressing for both, AWHONN promotes the consideration of alternatives that enable women to participate in communal life. The correctional infrastructure should facilitate maternal-intimate contact for women who are not eligible for such options. This includes family visiting areas where mothers can fold and breastfeed their infants, prison nurseries that provide sufficient developmental support, and placement in a correctional facility close to their home. (Swavola, Riley & Subramanian, 2016)

AWHONN Opposes Shackling of Pregnant Women, Calls for Medically Necessary Care:

For the convenience of medical professionals or correctional officials, AWHONN opposes medically unnecessary inductions of labor or cesarean deliveries for women who are incarcerated. As a result, AWHONN condemns the practice of shackling pregnant or postpartum women for fewer than eight weeks. (Rabuy & Kapt, 2015), While there are some exceptional situations where shackles might be required, such as when the pregnant woman is in immediate danger or when there is a risk to others. Any possibility of escape, the least restrictive choice ought to be employed for the shortest duration of time. for women of color is around twofold. (Cansion & Anderson, 2016).

During pregnancy or the postpartum phase, a certified staff member must be able to remove the shackles at the request of medical professionals, as soon as it is deemed safe to do so. Every shackle's size should be appropriately documented, and this procedure should be regularly monitored by an independent third party to guarantee that it is reasonable and restricted. (Glaize & Maruschak, 2010) Adequate correctional staff must be on hand to supervise imprisoned women during normal physical examinations, labor and delivery, and the postpartum recovery period, as the safety of nurses and other medical

personnel is crucial. Shackles shouldn't be used frequently or in place of sufficient supervision by correctional officials. (Wamsley, 2015).

The Function of Nurses in Supporting Women in Prison:

Because of their special position, nurses can support pregnant and postpartum women who are in prison. They play a bigger part than just giving medical attention. Here are some ways that nurses can have a big impact:

- **Assessment and Education:** To determine a patient's history of substance abuse, physical and mental health requirements, and any pregnancy-related risk factors, nurses can perform thorough assessments. After that, they can instruct women on nutrition, safe pregnant practices, and the value of prenatal care.
- **Collaboration and Care Coordination:** To guarantee a coordinated approach to care, nurses can collaborate with doctors, social workers, and mental health specialists, among other healthcare providers. This guarantees that, even in the event of a facility transfer, all facets of a woman's health are taken care of and that care continuity is preserved. (Sufrin, Kolbi Molinas, & Roth, 2015)
- **Developing Relationship and Trust:** Women in prison may have feelings of loneliness and reluctance to ask for what they need. By giving patients compassionate care, respecting their autonomy, and paying attention to their concerns, nurses may establish rapport and earn their trust. This is essential to motivate women to follow treatment regimens and seek care as needed. (Glaize & Maruschak, 2010)
- **Defending Patient Rights:** It is the professional and ethical duty of nurses to stand up for the rights of their patients, particularly the rights to informed consent, the freedom to refuse medical treatment, and the provision of high-quality healthcare. In situations where they observe violations of fundamental rights, such as the use of needless shackles, nurses have the authority to step in and assist.
- **Encouraging Support for nursing:** this research highlights the value of nursing for moms and babies. When it comes to educating and supporting imprisoned women who choose to breastfeed, nurses may be quite helpful. This could entail supporting them in promoting laws that permit skin-to-skin contact with neonates and assisting them in overcoming obstacles associated with pumping and storing in a custodial environment.

By carrying out these responsibilities, nurses can stand out for the health and welfare of women who are detained at a crucial and vulnerable point in their life. (Rabuy & Kapt, 2015),

Needs for Nursing Education and Training:

It may be necessary for nurses to receive further education and training in order to provide pregnant inmates with appropriate care. This might consist of:

Recognizing the particular health requirements of women who are incarcerated: Education should focus on the particular health inequalities and difficulties that this group faces, such as trauma histories, mental health issues, and drug abuse issues.

When providing treatment in a correctional context, nurses should be knowledgeable about the rules and regulations of the system, how to communicate with staff members, and how to effectively represent patients' interests while they are incarcerated.

Care that is culturally competent: To guarantee that nurses can treat women from a variety of backgrounds with dignity and efficacy, cultural competency training is a must.

Advocacy skills: Nurses should possess the abilities and information necessary to push for legislative changes that improve the health and welfare of women who are incarcerated, including those pertaining to shackling and access to all-inclusive healthcare.

Improving Care for Incarcerated Women: Training Nurses for Pregnancy:

Healthcare facilities may guarantee that pregnant and postpartum women in prison receive the compassionate, high-quality care they need by providing continuing education and training for nurses.

The United States has an unprecedented number of women incarcerated: over 200,000 women, or nearly one-third of all women worldwide, are incarcerated in US prisons and jails (Wamsley, 2015). The majority of women in US jails are there due to nonviolent offenses (Swavola, Riley & Subramanian, 2016), and roughly 64% of these women have been found guilty of nonviolent crimes (Canson & Anderson, 2016). Rising rates of incarceration for women are linked to changes in drug laws and law enforcement over time (National Resource Center on Justice Involved Women 2016), rather than rising rates of general criminal activity or violent behavior on the part of women.

In comparison to women without a history of incarceration, women in prison are very vulnerable and have higher rates of poverty (Rabuy & Kapt, 2015), interpersonal violence (Grella, Lovinger, & Warda, 2013), HIV infection (Centers for Disease Control and Prevention, 2017), mental illness (Fazel, Hayes, Bartellas, Clerici & Treatman, 2016), and substance abuse (Fazel, Yoon, & Hayes, 2017). Is roughly twice as high for Black women as for White women (Canson & Anderson, 2016).

The Deficient Standards of Care for Incarcerated Mothers:

The majority of women behind bars are of reproductive age, with women between the ages of 30 and 34 having the highest rates of incarceration (Carson & Anderson, 2016). Between 3% and 6% of women behind bars are pregnant when they are admitted to a correctional facility (Sufirin 2014). However, because testing and reporting are not standard practices in correctional facilities, estimates are imprecise and may be lower than actual numbers (Sufirin, Kolbi Molinas, & Roth, 2015). The majority of mothers who are incarcerated are eventually freed, and they typically indicate plans to resume caring for their children (Glaize & Maruschak, 2010). However, the federal government does not require prisons or jails to collect data on pregnancy and childbirth among female inmates (DeAngela 2016).

Although there are recommended standards of care for pregnant women who are incarcerated (American College of Obstetricians and Gynecologists (ACOG), 2016), correctional facilities are not required to adhere to these standards and frequently provide care that is of poor quality (Ferazt & Clarke, 2012, Kalsoy, Model, Mullins, Dallaire, & Forestell, 2017). Pregnant women who are incarcerated are often high risk and complicated by histories of intimate partner violence, drug and alcohol dependence, mental illness, suboptimal nutrition, and limited access to prenatal care (Sutrin, 2014).

Shackles are non-medical restraints that are frequently used on the hands, feet, and/or abdomens of pregnant inmates when they are not in jails or prisons, including during their visits to labor and delivery centers. Regular shackling is supposedly done to keep prisoners from escaping, hurting other people, or hurting themselves. Corrections officers are obliged to stay with pregnant inmates in non-correctional environments, such as hospitals and birthing facilities, since a woman's capacity to harm others or escape is already physically restricted during pregnancy and delivery (International Human Rights Clinic (2013). (Glaize & Maruschak, 2010)

For instance, shackles raise the risk of falls and can make it more difficult for a nurse or other healthcare professional to properly assess and treat an imprisoned pregnant woman in an emergency situation like a maternal hemorrhage. They can also unnecessarily delay the administration of potentially life-saving measures. (Goshin, Arditt Daltaire, Shafer, & Hollihan, 2017) Additionally adding unnecessary difficulty to the labor and delivery process are shackles and other physical constraints. Longer labors, more severe pain, and a greater need for pain medication can all be consequences of being unable to walk, move, or change positions. Shackling can interfere with a woman's ability to properly manage her infant and prevent her from bonding and holding her baby (ACOG, 2016).

Supporting Incarcerated Mothers Through Pregnancy and Postpartum

Nurses are in a unique position to support pregnant and postpartum women who are detained. It's critical that nurses understand institutional practices and state regulations regarding the shackling of pregnant inmates. To provide safe, high-quality treatment, nurses can collaborate directly with correctional officers, other members of the care team, and pregnant inmates in accordance with these laws and procedures.

nurses need to be aware of the unique health care requirements of pregnant women who are incarcerated. These women may have had limited access to healthcare, have a history of trauma (Grella et al., 2013), and are disproportionately sicker than the general population (Centers for Disease Control and Prevention, 2017, Farel et al., 2016: Fazel et al., 2017, Maruschak & Berzolsky, 2015). According to Kalsey et al. (2017), nurses can work in conjunction with other medical professionals to create action plans for child care and housing for women upon release, as well as for breast feeding (Shialer, Davis, Hindt, Gosthin, & Gerrity, 2018). (Guthrie, 2011)

Shackled and Vulnerable: Opposing the Inhumane Practice of Restraining Pregnant Women

Access to comprehensive, high-quality healthcare is regarded by AWHONN as a fundamental human right (AWHONN, 2017). Laws in 22 states and the District of Columbia limit the use of restraints on pregnant women who are detained; however, the specific laws vary greatly in terms of the circumstances under which and how shackling is prohibited (Fersat Painer, & McGrane, 2018).

The American Medical Association (2010) is among the professional associations that are against the use of shackles during labor, delivery, and the first few days after giving birth.

Amnesty International (1999) and ACOG (2016) reject the use of shackles on any pregnant woman who is detained. That has been decided by federal courts. The US Eighth Amendment is violated when someone is shackled while working. Digram and Adashi (2014), the Constitution.

When there is no immediate danger of escape, harm to be sold, or harm to others, AWHONN supports institutional policies that forbid shackling pregnant or postpartum women who are in jail. In a similar vein, comprehensive legislation at the state and federal levels is required to outlaw shackling during pregnancy and for eight weeks following delivery in the absence of an immediate risk of escape, harm to oneself, or harm to others (Goshin, Arditt Daltaire, Shafer, & Hollihan, 2017). As dependable medical professionals, nurses can support these initiatives through state and local nursing associations as well as in collaboration with other health care provider and legal advocacy groups that are opposed to this practice.

Nursing Care's Considering Mental Health

Anxiety, despair, and post-traumatic stress disorder (PTSD) are among the mental health conditions that incarcerated women are more prone to face. Stress from pregnancy and labor in a carceral setting can worsen these issues.

Prenatal nursing care: for women in prison should incorporate mental health assessment and treatment, according to AWHONN. In order to guarantee that patients receive the right care, nurses may be extremely helpful in identifying mental health problems, offering supportive therapy, and working with other mental health specialists. (Goshin, Arditt Daltaire, Shafer, & Hollihan, 2017)

Obstacles and Difficulties in Nursing Care:

In prison, pregnant and postpartum women frequently encounter considerable obstacles in obtaining high-quality nursing care, even in spite of AWHONN's recommendations. These difficulties may result from: (Swavola, Riley & Subramanian, 2016)

Limited resources: Budgets for healthcare may be scarce in correctional facilities, which could result in understaffing of nurses and other healthcare professionals, antiquated equipment, and restricted access to specialists.

Continuity of care: A woman's medical history and pregnancy may become difficult for nurses to follow when she often transfers between institutions, disrupting the continuity of treatment. (Rabuy & Kapt, 2015),

Stigma: Women who are incarcerated may face stigma from both medical professionals and correctional workers, which makes them reluctant to speak up for themselves or postpone getting treatment.

Conclusion:

AWHONN supports providing incarcerated women with comprehensive care throughout their pregnancies and the postpartum phase. This entails making certain that women have access to high-quality healthcare, encouraging breastfeeding assistance, and developing laws that safeguard the health of expectant mothers and their babies. (Cansion & Anderson, 2016).

Because of their special position, nurses should speak up for these women and try to develop a healthcare system that caters to their needs. The practice of shackling pregnant inmates is called for to halt in the paper's conclusion, citing the potential psychological and bodily harm that can result from it. (Glaze & Maruschak, 2010)

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