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Improving maternity provision for incarcerated women in the UK

Laura Abbott and colleagues highlight gaps in clinical care for pregnant women in prison and consider how best to meet their needs

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Two newborn babies died in UK prisons in 2019-20 and another died in transit to hospital in 2017.[1 2] The unique challenges faced by women in detained settings were highlighted in the Corston report in 2007,[3] but these deaths drew widespread attention to the serious shortcomings and substandard care for perinatal women in prison.[4] The systemic problems need tackling urgently to protect the health of pregnant women, new mothers, and babies while in criminal justice settings.

Women constitute about 4% of the overall prison population in England and Wales and tend to receive shorter sentences than men, usually for non-violent crimes.[3] The decision to incarcerate pregnant women is a political one, with 11 countries, including Spain, Mexico, and Italy, prohibiting or severely limiting it. Research on care of pregnant women in prison in the UK is sparse, despite evident similarities in the underuse of mother and baby placements in prisons across the world.[5]

Risks of imprisonment

Pregnant women in prison face heightened risks of complications such as preterm birth, and hypertension, while also grappling with complex issues such as trauma, substance abuse, anxiety, and depression.[6] A pregnant woman in prison is seven times more likely to experience a stillbirth than a woman who is not incarcerated.[7] Analysis of hospital data found that in 2017-18, 1 in 10 births among imprisoned women in England took place outside of hospital and over one in five pregnant women in prison missed midwifery appointments.[8] Furthermore, incarcerated perinatal women are at greater risk than the general population of mental health difficulties.[9] This was highlighted by the suicide of Michelle Barnes in 2015, five days after she learnt she was to be separated from her baby.[10] Investigations into her death found several failings in her care, including, "the failure to plan for the post-natal period and a chaotic ad hoc response to an already vulnerable, but now additionally traumatised mother."[10]

On 18 March 2024, the Sentencing Council, an independent body that sets guidance on the type and length of sentence in England and Wales, introduced a new mitigating factor for pregnant and postpartum women. This guidance stresses the need to consider their health and avoid imprisonment because of heightened risks.[11] Provision of comprehensive support and healthcare services in community settings can ensure pregnant women and new mothers receive essential care, significantly reducing the risks and adverse outcomes associated with incarceration during pregnancy. However, when incarceration is unavoidable, it is essential that high quality maternity care provided by specialist midwives is consistently available within the prison system.

Maternity care in prisons

Of the 12 women's prisons in England (Wales has none), six have mother and baby units in which women are separate from the main prison population. Data on the number of pregnant women in prison and the number of births have been publicly available only since 2021 so it not possible to determine trends. From April 2023 to March 2024, 229 pregnant women were held in prison and 53 gave birth during this time.[4] One of these births happened outside hospital. Ninety three women applied to a prison mother and baby unit—15 more than in the previous year. Fifty four applications were approved, and 14 were refused.[4] The remaining applications are unaccounted for (women may withdraw because of changes in circumstances, be released on bail or community sentences, or have their admission decision carried over to the following reporting year).

Currently, specialist registered midwives provide maternity care in prisons. They typically work 30 hours a week, but they are not in the prison overnight or at weekends. Pregnancy and mother and baby liaison officers, who are prison officers and not healthcare trained, provide additional support for pregnant women and new mothers who have given birth in the past year. There are usually two in each prison working traditional prison officer shifts, often on opposite shifts, serving as a conduit to care but not delivering healthcare themselves.

Women are usually accompanied by two prison officers when attending hospital appointments, and if active labour begins in prison, the woman is transferred to hospital accompanied by officers.[12] Some women still report being restrained despite guidelines advising against the use of handcuffs and restraints during antenatal appointments, which exacerbates feelings of stigmatisation.[13] After giving birth, women return to the mother and baby unit if they have a place or to the general prison population without their babies.

Analysis of hospital data found that women in prison miss a higher proportion of obstetric and midwifery hospital appointments than women in the general population. A common reason for missing appointments is lack of staff to escort prisoners.[14] Staffing pressures in prisons are a longstanding issue, with challenges faced when both recruiting and retaining staff.[15]

Following the death of Michelle Barnes, recommendations were made that emphasised the necessity for specialised and tailored support for women who are separated from their babies,[16 17] and such support was a core element of the mandatory requirements set out in the revised policy framework on perinatal care from HM Prison and Probation Service (HMPPS) and the Ministry of Justice.[18] The need for focus on maternal separation was also emphasised in the findings of the jointly commissioned HMPPS and NHS review of health and social care in women's prisons.[19] Although alternatives to imprisonment are preferable for pregnant women, exceptional cases will always exist and therefore maternity care in prison must be of high and consistent quality. Gaps in care currently persist, evidenced by inconsistencies in the workforce, lack of care at night,[17] and barriers to accessing healthcare.

Improvements have been made in response to recent reports, including in-cell telephones, assigned pregnancy mother and baby liaison officers, and increased maternity cover. However, prison services do not match the accessibility of NHS services, where there are no gatekeepers or physical barriers to obtaining maternity care and women have direct access to a midwife or obstetrician should they need assistance outside regular hours. Although pregnancy liaison officers are valuable as a support for women, there has been no formal evaluation and the officers remain primarily as operational staff and have no additional professional training.

Closing gaps in maternity care

Until alternatives to imprisonment become routinely used for pregnant women, we suggest several actions to enhance maternity care within prison settings. These include ensuring protected time for midwives, thereby preventing their duties from being considered an add-on to existing caseloads, and establishing obstetric clinics within prisons to minimise missed appointments and unnecessary trips to hospitals. Evidence and our collective expertise suggest that we need to explore enhanced multidisciplinary clinical training for all healthcare providers in prison settings to reduce barriers to healthcare and emergency care, especially during the night.

Hospital staff may lack awareness of how prisons operate, leading to issues such as prescribed medications being unavailable or confiscated when a patient returns to prison.[20] Midwives and obstetricians are often inadequately trained in the complex needs facing pregnant prisoners and the complicated, time consuming process of arranging for a prisoner's re-entry to prison when in early labour and then return to hospital. Hospital staff should receive training on the specific needs and procedures for caring for prisoners.

The development of a specific maternal separation pathway akin to those emerging in community services, such as the Giving HOPE project (box 1),[21] is important to meet the needs of women experiencing compulsory separation from their babies. Additionally, perinatal pathways in prisons must adopt a seamless approach, fostering shared practices and coordination through initiatives such as the Prison Midwives Action Group (PMAG) and peer mentoring. It is also critical to consider the importance of specialist perinatal mental health support, advocating for approaches aligned with the principles in the 1001 critical days manifesto, which sets out a vision for services from conception to age 2 years (box 2).[22]

Box 1: The Giving HOPE project

Giving Hope, a collaboration between Lancaster University and Birth Companions, supports mothers and babies separated at birth because of safeguarding concerns.

At its core are HOPE boxes—standing for "hold on, pain eases"—created with mothers who have lived experience. These boxes provide emotional and practical support, informed by the Born into Care research on local authority interventions at birth.

Box 2: Mental health provision for perinatal women in prison

- The Central and Northwest London NHS specialist prison based perinatal mental health service provides for pregnant and postnatal women in prison, including those involved in care proceedings. The service is characterised by
- Trauma informed, mentalisation based care to support emotional wellbeing and strengthen mother-baby bonding and attachment
- Psychological assessments, tailored therapy, and parenting guidance
- Women who are referred through prison healthcare and midwifery team with sessions based on clinical need
- Support provided by a team of perinatal psychiatrists, psychologists, midwives, health visitors, and social workers
- Focus on early intervention, supporting the 1001 critical days framework for maternal and infant mental health[22]

Policy implications

Efforts to improve service provision for incarcerated women are likely to face competing priorities within healthcare systems, which already have stretched resources. Policy makers and healthcare providers may prioritise more visible or politically expedient issues over the needs of incarcerated women, particularly when faced with pressing concerns within hospitals serving the general population. The voices of women with relevant experience must be central to learning, improvement, and meaningful change to benefit mothers and babies.[23] Birth Companions, a national charity focused on women facing disadvantage during pregnancy and early motherhood, including those in prison, draws on its lived experience team to improve care for others.

Furthermore, the complex nature of the criminal justice system and inter-agency collaboration presents logistical challenges to improving service provision. Coordination between prison authorities, healthcare providers, policy makers, and third sector organisations is essential but may be hindered by bureaucratic hurdles, jurisdictional disputes, and differing priorities.

We must ensure that women entering prison receive healthcare equivalent to that available outside, with the system equipped to address their complex health needs.[9 19] Prisons can provide stability for pregnant women who are living in chaotic or traumatic circumstances, but short sentences may prevent full engagement in essential treatments such as detoxification, perpetuating cycles of harm.[17] Substantial investment is needed to support women diverted from custody, alongside enhanced training and specialised support for probation staff working with perinatal women. Examples include a 24 space residential scheme in Southampton, designed and developed by the charity One Small Thing,[24] as well as more established formally evaluated programmes such as Trevi House in Plymouth.[25] Both these initiatives provide residential support for women involved in the justice system and their children, offering trauma informed care, specialist services, and opportunities for rehabilitation in a community setting. They are excellent examples of how, with funding, alternatives to imprisonment can be transformative for women and their babies.

By advocating for legislative changes and empowering healthcare professionals to push for better maternity care in the criminal justice

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system, positive outcomes for women can be achieved. Concerted efforts are needed from healthcare providers, policy makers, third sector organisations, and prison authorities to effect positive changes. The deaths of mothers and babies within the prison system highlight the urgency of addressing current deficiencies and continue to galvanise our collaborative endeavours to advance maternity care provision in prison while also working to avoid the incarceration of perinatal women in all but the most exceptional of circumstances. Countries such as Brazil, Mexico, and Italy, which emphasise community based solutions,[13] could offer valuable lessons for the UK in improving its approach to maternity care within the criminal justice system.

The recent changes to sentencing guidance, acknowledging pregnancy and the post-birth period as mitigating factors,[11] have the potential to reduce incarceration rates for perinatal women, thereby impacting health and prison systems. Aligning policies to accommodate enhanced maternity care within prisons, including extended postnatal support, is crucial. Collaboration between NHS providers and prison healthcare services can foster compassionate care and meet the needs of pregnant and perinatal women. It is important not to view prison as a place of safety for vulnerable pregnant women. The challenge lies in creating alternatives that offer the same level of support for their complex needs.

Key messages

- Pregnant women in prison face heightened risks of pregnancy complications
- All pregnancies in prison are now deemed high risk, however gaps in care provision persist because of barriers to healthcare
- Whenever possible, we should avoid incarceration for pregnant women and prioritise viable community based alternatives
- High quality maternity care for imprisoned women requires protected midwife time, obstetric clinics within prisons, and multidisciplinary training of care providers
- Specialised support should be provided to help mitigate adverse effects of mandatory separation in the critical 1001 days of life

Contributors and sources: The authors have backgrounds in academic research, practical experience in women's health, advocacy within the third sector, and first hand lived experiences. LA is a registered midwife specialising in pregnancy and new motherhood in prison. KK works for a charity focusing on the needs and experiences of pregnant women and mothers of infants affected by contact with the criminal justice system, children's social care, or the immigration system. TC is a midwife with over 26 years of global clinical experience who has published extensively on midwifery and women's health. MD led a programme of work using routinely collected hospital data to explore how people in prison access hospital services. LB has over 35 years' experience in criminal and social justice and is also a qualified social worker and probation officer.

Patient and public involvement: We engaged with women who have been pregnant in prison. Their perspectives, insights, and concerns were integrated into the narrative of the article, shaping the framing of key issues, and highlighting overlooked aspects of maternal care provision in the criminal justice system.

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