The Problem
Within the pregnant prison population, most are unable to receive proper neonatal drug treatment, leading to high levels of prenatal mortality and morbidity (Siefert, K., & Pimlott, S., 2001). The United States has the highest incarceration rate of women in the world (Maruschak, Berfzosky, & Unagnst, 2015). As most prisons are designed for men, much of the infrastructure is not suitable for pregnant women (Skerker et al., 2001). Nutrition in prison is not sufficient to sustain a healthy pregnancy, there are no maternal education programs, and many women are discouraged from breastfeeding (Ocen, 2012). According to a research study, imprisoned women are more likely to deliver prematurely with a lower birth weight (Eckenweiler, 2005). More than half of the United States does not have laws prohibiting shackling women during labor even though it is a potential human rights violation (Ocen, 2012). Shackling women during labor can cause serious complications, such as severe cuts and bruising, making it one of the most important problems to address in ensuring adequate reproductive treatment while incarcerated (Thomas, S.Y., & Lantern, J. L, 2017).

Data is being reported from 57% of the imprisoned women population in the United States (Sufrin et al., 2016-2017).

1396 Women were pregnant at intake

<table>
<thead>
<tr>
<th>753 live births</th>
<th>46 miscarriages</th>
<th>3 newborn deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 abortions</td>
<td>2 ectopic pregnancies</td>
<td>4 stillbirths</td>
</tr>
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</table>

6% of births were premature

There are NO mandatory standards of care for pregnant women in U.S. prisons
Potential Solutions

Being pregnant in prison should not have more negative outcomes than pregnancy outside of prison. To ensure a healthy pregnancy and delivery, policy makers should require nutritional supplements that are needed by pregnant and lactating women to be supplied in all prisons. Along with proper diet and nutrition, pregnant women should be placed in women-only prisons that are specifically designed for women so that they can support the infrastructure needed to sustain a healthy pregnancy (Skerker et al., 2015). Similarly, during pregnancy and labor, there must be properly trained medical personnel to assist in prenatal care and delivery. This solution would require overturning the Supreme Court case, *Estelle v. Gamble*. Medical staff should always be available for pregnant women as they may encounter pregnancy related complications. The medical staff, including nurses, must mandate that shackling not be used during labor. Shackling poses several medical risks and nurses and other healthcare professionals have the authority to mandate that shackles be removed (Nurse-Midwives, 2012, ACOG, 2011).

Racial Construction in Prison

Research shows that black women are more likely to be shackled during pregnancy due to race. Black women are referred as "felons" and "violent" more than other races due to a history of enslavement and harsh punishment of black women in the post-Civil War South. These historical biases stemming from racist origins have allowed the inequality of treatment while pregnant and incarcerated (Ocen, 2012).

Overturning Estelle v. Gamble

The landmark *Estelle v. Gamble* Supreme Court case explained that an incarcerated individual “must rely on prison authorities to treat his/her medical needs; if the authorities fail to do so, those needs will not be met” overall lessening prisoner rights (*Estelle v. Gamble*, 1976). This decision determined that the United States does not have national standards to implement the constitutional right of access to medical care in prison.

Overturning *Estelle v. Gamble* can strengthen reproductive justice rights for women in prison (Ocen, 2012). If incarcerated women had enough influence policy makers, they would likely receive much better perinatal care (Roth, 2006).


