The Incarcerated Pregnant Patient: A Unique Family Community Partnership

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Learning Objectives

- Describe 3 ways the incarcerated OB patient is uniquely different from the “traditional” OB patient
- Identify the special health care needs of pregnant incarcerated women
- State how health care professionals can support the incarcerated pregnant patient and their family
The Incarcerated Woman

- In the U.S. One million women are incarcerated
- Most are non-violent related crimes
- Majority are of limited education, low income, and have complex social histories
- More than ½ are parents & many are single parents

- 10% of incarcerated women are pregnant.

The Pregnant Offender

- Commonly late or no prenatal care until entering facility
- Higher risk to experience illness and poor health prior to and while incarcerated
- Many have history of Substance use disorder
- Have a higher incidence of psychiatric disorders; particularly concerning for those that deliver and return to the facility without their newborn
- Express fear of labor and separation from newborn
The Newborn Factor

- Separation from newborn:
  - Can increase post partum depression
  - Can increase stress and acting out
  - Can lead to Increased child abuse once released
  - Can Increase risk of child entering system-
  - Can Increase risk for offender to return to “old behaviors”

Pregnancy= high motivation to change behaviors.
A strong parenting foundation= empowerment

The Idaho Connection

- Idaho 3rd in nation for incarcerating women
  DOUBLE national average

- A local Idaho health system and local Idaho women’s prison noted a 159% increase in the pregnant population
  and in 2015 partnered together and launched the

OBSTETRICAL COLLABORATION PROJECT
Community Partnership

- Prior to collaboration project = SILO
- Lack of understanding prevalent across systems
- Establishment of professional relationship to better understand roles and expectations of varying partners improved understanding and led to project purpose:

  To support the care needs of the pregnant women during her pregnancy and after her pregnancy.

Project Highlights

- Specialized Birth and Parenting classes offered quarterly to offenders and their families (76 families have graduated)
- Support person allowed in delivery room until discharge
- Specialized care plans for mom and baby
- Mother’s and newborn receive care same as all other patients (no shackling, mom/baby rooming-in)
- Specialized newborn visits 3x week at facility
  - Breastfeeding and bonding
- Breast pump room at facility
Project Outcomes

- Knowledgeable hospital staff, providers, officers, and clinic staff
- Enhance care coordination
- Improved community relationships
- Improved Obstetrical satisfaction
- Maternal Empowerment & parenting foundation
- Minimized costs associated with unnecessary transportation and staffing associated with ‘false’ labor symptoms

Let’s look at the Data

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Incarceration & Discrimination

Healthcare biases, insensitive care and language, and societal stereotyping can potentially create a lower quality of care for these non-traditional families

• One half of all incarcerated patients express feeling discriminated by health care professionals
• Increases exponentially when pregnant
• Potential to negatively impact care

Recommendations for Clinical Practice

• Neutral, Compassionate Care is KEY

• Meet patients and families where they are at, not where you wish them to be; everybody has a personal journey

• Review your hospital policies/processes.
  • Do these align with your local correctional facilities?

• Is there an opportunity to build a collaborative relationship with correctional facilities in your community?
In The News

Local News highlights Incarcerated Project


QUESTIONS?
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