Prison Doulas – An Innovative Healthcare Strategy for Incarcerated Women

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Unbared: Strengthening Families Affected by Incarceration
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Objectives

1. Understand the scope of pregnancy in the context of incarceration
2. Learn about the health disparities faced by incarcerated women
3. Understand the role of a prison doula
4. Learn about how our project has dramatically improved birth outcomes for infants born to incarcerated mothers

Incarcerated Pregnant Women

- Adult jails+state prisons+federal prisons = Over 200,000 women
- Adolescent detention centers = 14,000 girls
- On average 6-10% of women enter facilities pregnant each year
- Between 12,840 – 21,400 pregnant women are incarcerated each year
- Not accounting for women and girls who are court ordered to treatment centers, halfway houses, or on home arrest
The Idea of a Prison Doula Project

- First experiences at MCF-Shakopee, 2003
- Depression and Pregnancy
- Everyday Miracles, Inc.
  - www.everyday-miracles.org
- Developing an intervention that begins in pregnancy for the highest risk mothers
- To date there are currently 4 other prison doula projects in the nation.

What is a doula?

- The word “doula” comes from the ancient Greek meaning “a woman who serves”.
- Studies have shown that when doulas attend birth
  - labors are shorter with fewer complications
  - babies are healthier
  - breastfeeding is more easily established

Prison Doulas

- The primary form of prenatal education, emotional support during pregnancy, and physical comfort during labor and delivery.
- Create an environment of hope and respect at the birth
- Model respect and empathy
- Help new moms establish a relationship with her newborn baby, within the parameters of prison policies
- Help women to cope with the grief of separation
Considerable Health Disparities for Incarcerated Women

- Mental Illness
  - Depression
  - Substance dependence
  - History of trauma

- Physical health
  - Chronic disease
    - Gynecological disease
    - HIV
    - Hepatitis C viral

Isis Rising: A Prison Doula Project

Two Components:

1. Support and Education Groups
   - New Moms
   - Mothering Inside

2. Doula Program

Program Overview

1. Our Groups
   - Who can participate
   - Format
     - Weekly, two-hour meetings
     - 12-week group sessions
   - Curriculum
     - Specifically designed for incarcerated mothers
   - Goals
2. Doula Program

- Physical, emotional, and informational support
  - Prenatal
  - Labor and Delivery
  - Post-Birth and Postpartum

Our Staff

- Inter-professional Team
  - Experienced Doulas
  - Social Workers
  - Nurses
  - Public Health Workers
  - Students
  - University Partners
  - Yoga instructor

Isis Rising Begins

- January 2010–November 2010
  - Our first group
- November 2010 – October 2011
  - First Birth November 2, 2010
  - 11 births, 7 were by Cesarean (63%)
Our Research Partnership

- Community-University Partnership with Dr. Rebecca Shlafer
- First funding from the Clinical and Translational Science Institute at the University of Minnesota
- Healthy Equity
- New partnerships between University researchers and community-based organizations

Program Evaluation

Maternal Report
- Initial & Final (12-week follow-up) Surveys
- Mental and physical health; experience with the program
- Post-Birth Survey
- Labor, birth, and postpartum experiences

Doula Report
- Case Notes
- Information about birth plan, pregnancy, labor and delivery
- Birth Report
- Length of labor, interventions used, birth statistics
- Birth and Separation Narrative

Program Evaluation

October 2011 – December 2012
- N = 48 participants
  - n = 19 pregnant and matched with doula
- Age: 19-40 yrs. (M = 27.8 yrs.)
- Education: M = 11.3 yrs.
- 69% of participants had depressive symptoms in the clinical range at the start of group
Program Evaluation

- At the 12-week follow-up
  - Women reported significantly fewer depressive symptoms
  - More confidence as parents
  - More support from other women at the prison
  - More support from prison staff

What did you learn from group:
"How to relieve stress, discipline my children, get support, ask for help, care for my children emotionally and physically."

Program Evaluation

- Birth Outcomes (n = 29)
  - 28 spontaneous, vaginal deliveries; 1 planned-C (3.4%)
  - Labor length ranged between 1-17 hours (M = 6 hrs.)
  - Birth weight ranged between 7lbs. – 8lbs. 6oz.
  - None of the babies born preterm

Why do birth outcomes matter?
- Predictive factors
  - Poor outcomes = high health care costs
  - Average cost difference between full and preterm delivery = $50,000

Implications and Conclusions

- Pilot data suggest doula support may be a promising approach to working with incarcerated mothers
- Limitations
- Next Steps
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