BIRTH CHARTER

FOR WOMEN

IN PRISONS

IN AUSTRALIA

Contents

Birth Charter for Women in prisons in Australia

The World Health Organization (WHO) recognises that one of the barriers to ensuring the provision of appropriate supports and services for pregnant women and mothers in prison is the lack of reliable data. The available data is a fusion of information gained from several sources, and it is upon these statistics that services are built. It is, however, accepted that the global rate of incarceration of women is ever-increasing, and of those, most women are of child-bearing age. Many incarcerated women and their children do not receive the care they are entitled to despite the implementation of initiatives to improve the health and wellbeing of incarcerated women and their babies.

What is the Birth Charter?

The Birth Charter for Women in Prison in England and Wales (Birth Companions, 2016) is a document setting out recommendations for improving the care of pregnant women and their babies while they are in prison. It was developed by Birth Companions, a charity supporting pregnant women and new mothers who experience multiple disadvantages in their lives. The Birth Charter is drawn from their expertise in working with women in prison and from listening to women's experiences. Birth Companions has been working with pregnant women and women with babies in prison in England and Wales since 1996. Birth Companions have supported over 1500 women through what is a challenging time in any new mother's life, and have gained a unique understanding of the needs of this vulnerable group of women and babies.

The original Birth Charter has informed the development of new policy aspirations for the care of perinatal women in custody, including Public Health England's Gender-Specific Standards to Improve Health and Wellbeing for Women in Prison, and National Health Service (NHS) England is committed to implementing the Birth Charter through its work in prisons. Staff from Birth Companions are currently working with Her Majesty's Prison and Probation Services (HMPPS) to develop a much-needed Prison Service Framework for Women in the Perinatal Period; assisting HMPPS to provide humane and consistent care for this group of women. The original Birth Charter is supported by the Royal College of Midwives, produced with guidance from UNICEF UK Baby Friendly Initiative.

The Australian context

This Australian adaptation is written under license from, and in consultation with, Birth Companions as part of a formal collaboration between CQUniversity and Birth Companions. CQUniversity has innovative projects in place around working with pregnant incarcerated women, which reflects the practical side of the Birth Charter and will promote the implementation of the framework in custodial environments in Australia. The writing team consists of experienced midwives, academics, criminologists, prison management and custodial officers working alongside Birth Companions to produce the Australian Birth Charter for Women in Prison in Australia.

The Australian Birth Charter aims to adapt the guidelines from the original Birth Charter for pregnant women in prisons in England and Wales to the Australian context. The Australian Birth Charter for pregnant women in prison will provide a set of guidelines for best practice within which care for incarcerated pregnant women should be provided.

This Australian Birth Charter sets out our recommendations for improving the care of pregnant women and their babies while they are in prison. At the same time, we (the authors) welcome input from all stakeholders to contribute to the improvement of the experiences of pregnant women and new mothers in prison. We welcome input from policymakers and community service providers to make this a truly holistic approach that assists women to access support that enables them to parent successfully, overcome the health and social inequalities they face and address their offending behaviour. For the pregnant women and new mothers who remain in prison, we believe that, as per Birth Companions' original intent, implementing an Australian Birth Charter is now more critical than ever.

The Australian Birth Charter includes considerations for all mothers in prison, irrespective of whether their child(ren) are with them or in the community. How the Birth Charter is implemented in practice will be dependent on the government departments/agencies responsible for the prisons and the health service that provides healthcare for the individual facility. In the Australian context, state governments are responsible for the prisons and the health services, which in some states, are also governed by individual health service boards.

For these reasons, the information in this charter will be, in parts, general and further clarification will need to be sought from the relevant authorities about supports and services for individual facilities.

Incarcerated mothers who are separated from their children require appropriate support to develop strong positive family relationships. Further, we anticipate expanding on the principles of the Australian Birth Charter for women in prison in Australia to develop supplementary guidelines recognising the importance of the role of fathers and proposing ways in which they can be included, within legislative and regulatory parameters. The supplementary documents will include considerations for any incarcerated parent and the promotion of the family unit.

Fast (and important) facts

A snapshot of Australia's prison population overall *(AIHW, 2019, p. 5):*

- From 2008-2018, numbers of adults in prison in Australian increased by 56%;
- In June 2018, the number of women in prison was 3625, an increase of 10% from the previous year *(ABS, 2019);*
- Almost 1 in 5 reported having one or more parents in prison;
- Almost 2 in 5 reported having children in the community who were dependent on them for basic needs.

A snapshot of the women in Australia's prisons *(AIHW, 2019, p.72):*

- The majority of women in the criminal justice system are mothers;
- Women in prison are more likely to be single parents, and to be socioeconomically disadvantaged than those in the community;
- 1 in 3 women in prison identified as Aboriginal and/or Torres Strait Islander (Australia's First Nations peoples);
- 85% of women in prison reported they had been pregnant at some stage, with the average age of first pregnancy being around 19 years;
- In the reporting year 2018, almost 1 in 50 women entering custody were pregnant.*(Australian Institute of Health and Welfare, 2019)*

Australian First Nations People - Health in Prison Context

We acknowledge the distinct culture and history of Aboriginal peoples, and the Torres Strait Islander people of Australia, and their sovereignty over land and sea in their pursuit of self-determination in accordance with the United Nations Declaration on the Rights of Indigenous Peoples. In addition, we also acknowledge the distinct culture of Australia's South Sea Islander peoples and their history, and their connection with the Aboriginal and Torres Strait Islander community.

The Corrections systems and Aboriginal and or Torres Strait Islander incarceration are different for each State and Territory. It requires an understanding of the relevant broader issues of Aboriginal and Torres Strait Islander people's holistic historical and contemporary psychosocial culture to inform relevant actions needed across jurisdictions. On this point, the overall criterion for a national corrections approach is that services and programmes offering support to Aboriginal and or Torres Strait Islander prisoners should seek to be culturally competent and culturally safe throughout the prisoner's custodial period *(Commonwealth of Australia, 2016; Division of the Chief Health Officer. Queensland Health, 2011).*

Likewise, the overarching standard in regards to care of Aboriginal and or Torres Strait Islander women and their babies is to provide a throughcare process *(Day, Geia, & Tmatea, 2019)* from prison entry to exit that aims to bring to an end the cycle of reoffending through effective continuity of care processes for the woman and baby from prison and into the community after release. Continuity of care that is culturally safe should function as a benchmark, for women cared for in;

AN ENVIRONMENT THAT IS SAFE FOR PEOPLE (WOMEN AND BABIES): WHERE THERE IS NO ASSAULT, CHALLENGE OR DENIAL OF THEIR IDENTITY, OF WHO THEY ARE AND WHAT THEY NEED. IT IS ABOUT SHARED RESPECT, SHARED MEANING, SHARED KNOWLEDGE AND EXPERIENCE OF LEARNING, LIVING AND WORKING TOGETHER WITH DIGNITY AND TRULY LISTENING

(Australian Human Rights Commission, 2011).

We acknowledge that First Nations, Aboriginal and or Torres Strait Islander women are not homogenous. Each woman experiences distinct circumstances within the discrete geographical, social and cultural diversity of their Aboriginal and Torres Strait Islander identity of 'country' and community.

The family is the functional unit, and foundational living environment for Aboriginal and Torres Strait Islander people, along with their childrearing practices *(Geia, Hayes, & Usher, 2011).*

Pregnancy and birth are major life events in Aboriginal and Torres Strait Islander culture, generally shared within the family and kinship relationships on 'country' in community *(Geia, West, & Power, 2013)* with the care of mother and baby as critical for good health outcomes over the lifespan *(First 1000 Days Australia, 2019).*

Incarceration interrupts this process and is disruptive for women, their families and community. It impacts the mothering and childrearing pathway and can have significant consequences for a woman, and the way she perceives herself, and that of her ability to birth and mother her baby *(Power, 2012).* The "disproportionate burden of adverse perinatal outcomes for Aboriginal and Torres Strait Island mothers and their babies compared to non-Indigenous mothers and babies" are well documented *(Department of Health, 2018, p. 30).*

Closing the Gap is the Australian Government's principal health initiative focused on addressing health disparities of Aboriginal and Torres Strait Island peoples. Present-day Council of

Australian Governments (COAG) commitment, and consecutive National Indigenous Reform Agreements, have shared responsibility and accountability for the refreshed 2018 Closing the Gap agenda for Aboriginal and Torres Strait Islander health outcomes *(Australian Government Council of Australian Governments [COAG], 2018).* A core component of meeting Closing the Gap set targets is COAG's acknowledgment of the importance of including Aboriginal and Torres Strait Islander culture for effective holistic health outcomes.

The need for cultural awareness, sensitivity and safety, (also referenced as cultural competency) in policy and government program development is essential to the Closing the Gap initiatives. Furthermore, cultural understanding and competency should drive health care reform to ensure the "elimination of overt and systemic discrimination, and the development of programs that meet the cultural needs of Indigenous people as an important part of Closing the Gap initiative" *(Australian Government Council of Australian Governments, 2018, pp. A-19).*

In the non-government Aboriginal and Torres Strait Islander health sector, Cultural Safety is the emerging reform model that leads all health service delivery for Aboriginal and Torres Islander peoples. The concept of Cultural Safety is drawn from the work of Māori nursing in New Zealand *(Papps & Ramsden, 1996),* it mandates the necessity for health professionals to critically reflect on their personal values and beliefs about Aboriginal and Torres Strait Islander people; and how the health professional's value systems of their culture can privilege their position over others in their practice.

One in three women in prison identified as Aboriginal and or Torres Strait Islander, the principle of cultural safety in the prison context should be considered a central pillar of any community engagement approach *(Australian Human Rights Commission, 2018)* and applied in all processes of engagement and service development with prisoners, family, and community. It should also involve cultural leadership from community organisations such as the Aboriginal Community Controlled Health Organisations, and the Congress for Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to support women, and to educate health and prison staff essential to care pathways and processes for Aboriginal and Torres Strait Islander women in prison.

Cultural Safety in prison and clinical care is the overarching principle in this Birth Charter in accord with national professional standards and policy documents. Working in a culturally safe practice model acknowledges Aboriginal and Torres Strait Islander heterogeneity, and requires health practitioners *(Australian Medical Association [AMA], 2015; Nursing and Midwifery Board of Australia [NMBA], 2018),* and in this instance corrections staff to aim for safe quality care to meet the identified health care needs of Aboriginal and Torres Strait Islander women and their babies in prison and through to community care.

Pregnant women in prison should:

- Upon entering prison, have the appropriate medical practitioner informed of their incarceration as a matter of urgency for advanced pregnancy, and have timely access to a maternity care practitioner
- Have access to the same standard of antenatal care as women in the community
- Be offered midwifery continuity of care models, as early as possible in the pregnancy
- Be able to attend antenatal classes and prepare for their baby's birth
- Be housed, fed and moved in a way that ensures the well-being of mother and baby
- Be told whether they have a place on a Mother and Baby Unit as soon as possible after arriving at the prison
- Have appropriate support if electing for termination of pregnancy, or whose pregnancy does not progress to a live birth
- Have access to the full suite of post-abortion care inclusive of reproductive and sexual health counselling/screening and contraception advice/methods if electing for termination of pregnancy or if their pregnancy does not progress to a live birth
- Have the choice of medical or surgical abortion, depending on gestation, if electing for termination of pregnancy

During childbirth, women should:

- Have access to a birth supporter of their choice
- Be accompanied by officers who have had appropriate training and clear guidance
- Be provided with essential items for labour and the early postnatal period
- Receive appropriate care during transfer between prison and hospital In the postnatal period, women should:
- Be offered comprehensive family planning/ contraception counselling and education with access to all contraceptive methods
- Be provided with postnatal care for up to 6 weeks postpartum and where possible with a known midwife
- Be provided with ongoing breastfeeding and lactation support which goes beyond 6 weeks postpartum and up to the first 2 years of the infant's life (in alignment with WHO Infant Guidelines)

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Women with babies in prison should:

- Be encouraged and supported in their chosen method of infant feeding
- Be supported to express, store and transport their breast milk safely, if they are separated from their baby
- Be given the same opportunities and support to nurture and bond with their babies as women in the community, including engaging in cultural birth practice where possible
- Be entitled to additional family visits

All pregnant women and new mothers should:

- Be able to access counselling when needed
- Receive appropriate resettlement services after release from prison

The guiding principles explained:

Pregnant women in prison should have access to the same standard of antenatal care as women in the community, and where relevant, in accordance with cultural safety for Aboriginal and Torres Strait Islander women. This means:

- Regular antenatal clinics should be provided in prisons and run by a specialist team of midwives
- All pregnant women should, where possible, have access to a scan at a regular clinic inside the prison.
- The scan should be undertaken by an ultrasonographer, obstetrician, registered midwife or GP (General Practitioner)
- Where scans or other appointments need to happen in a hospital, officers should observe prison guidance which specifies that they should not be present during medical consultations
- Women should be provided with photos from scans as women in prison are not able to purchase these. They should also be able to apply for permission for a partner or family member to be present at the scan
- A pregnant woman in prison should be able to speak to a midwife 24 hours a day about any concerns she may have (e.g. if she has a severe headache, is bleeding, or feels her baby is not moving). The midwife can then make an assessment and provide the appropriate care and support
- If it is not possible to see a midwife in person, then a woman should have phone access to a midwife 24 hours a day
- At all times, and especially at night, there should be a timely response to pregnant women's buzzers. Once an appropriately qualified health professional has assessed a woman, prison staff should facilitate timely access to a hospital if advised to do so

Additional information

- Pregnant women entering prison are more likely to have participated in high-risk behaviours that affect mother and baby health and wellbeing and suffer mental health disorders while pregnant *(Dowell, Mejia, Preen, & Segal, 2018; Dowell, Mejia, Preen, & Segal, 2019; Knight & Plugge, 2005; Mukherjee, Pierre-Victor, Bahelah, & Madhivanan, 2014)*
- As such, incarcerated women's pregnancies may be regarded as high-risk, and require an appropriate level of care to be provided by the health service provider. The care of pregnant women experiencing adverse mental health issues in prison should be guided by Australian national standards of practice for good perinatal mental health outcomes
- Pregnant women entering prison are also, statistically, more likely to have poor engagement with health care providers and therefore be the recipients of fragmented care. Conversely, the prison environment, for some may provide the opportunity for continuity and consistency of care which in turn may have positive impacts on the short- and long-term health outcomes for both mother and baby *(Ahmed, Angel, Martel, Pyne, & Keenan, 2016)*
- Conversely, Walker, Hilder, Levy, and Sullivan (2014) found that no evidence of incarceration during pregnancy has a positive effect on maternal and neonatal outcomes

All pregnant women in prison should be able to attend antenatal classes and prepare for their baby's birth. This means:

- Antenatal classes should be delivered by trained, independent childbirth educators and should be comparable to those found in the community
- Antenatal classes should be conducted in line with the recommendations of the Department of Health *(2019, pp. 60-63)*
- Attendance at scheduled classes should be recognised and remunerated as a meaningful activity
- Education on infant feeding and relationship building should be a vital part of the antenatal classes and should be delivered throughout the perinatal period by qualified professionals
- Women should be supported to write a birth plan, setting out their needs and expectations for their baby's birth. This individual birth plan is separate from the correctional facility's birth plan, which is a logistical guide for transporting the woman to hospital and guidelines for her hospital stay from a custodial perspective

Additional information

- A review of the literature about incarcerated pregnant women by Baldwin, Sobolewska, and Capper (2018) found that being pregnant in prison was influenced by risks and vulnerability factors such as marginalisation and social exclusion, substance misuse, victimisation, poor health profiles and birth and birthing outcomes
- We acknowledge that Aboriginal and Torres Strait Islander women are members of an identified vulnerable, and marginalised community, many having experienced the effects of racism before they enter prison. A custodial sentence will increase their risk of vulnerability and marginalisation within the corrections system
- Appropriate education and care during pregnancy enable women to make healthy choices for themselves and their babies. According to the Department of Health *(2019, p. 60)* "Structured antenatal education that is suited to the individual can help women to be informed about pregnancy, birth and parenting. Psychological preparation may have benefits for parents' mental health, parenting and infant development"
- According to Skerker, Dickey, Schonberg, MacDonald, and Venters *(2015),* the high rates of pre-existing conditions in pregnant women in prison pose significant challenges to the provision of appropriate antenatal care. Further, new strategies developed through inclusive partnerships are vital in improving maternal and neonatal outcomes in this vulnerable population
- In the past, women in prison have had limited opportunity to communicate their preferences and concerns for their baby's birth. A birth plan is a valuable tool for facilitating this process *(Simkin & Klaus, 2004).*
- Creating care processes that build dignity is paramount, where continuity of care is disrupted by separation within the prison system the mother can experience a loss of autonomy as a parent, and significant milestones can be missed along with forfeiture of bonding when her baby is being cared for outside the prison system
- Research suggests that targeted support may act to reduce pre-term birth, low birth weight and infant mortality for women with complex psychosocial issues *(Baldwin et al., 2018)*

Custodial officers can assist in supporting women by building their own knowledge about pregnancy, childbirth and motherhood. Targeted education sessions for custodial officers includes basic knowledge related to the antenatal period such as basic physiological changes in pregnancy morning sickness, imminent birth and early labour pains. Information about the intrapartum period includes recognising signs of labour, signs for immediate concern, how to provide support for the labouring woman before during and after transfer to a birthing facility. In the postnatal period it important for the officers to be able to provide basic guidance on settling a baby, feeding issues and general care of the child.

This also allows the officers to make more informed decisions about the needs of the woman and babe in relation to custodial arrangements. Education sessions offered to custodial officers also must include recognition that some women in prison are mothers whose children are not accommodated in the prison, and these women require the same levels of support and understanding.

Pregnant women should be housed, fed and moved in a way that ensures the wellbeing of mother and baby. This means:

- Pregnant women should be given a choice to be housed in one location so that specialist services can be focused on this wing/location and women can benefit from peer support
- All food should meet the recommended nutritional standards for pregnant and breastfeeding women as set out in the Australian Dietary Guidelines *(National Health and Medical Research Centre [NHMRC], 2019)*
- Additional food and snacks should be provided to pregnant women if they get hungry between set meal times or need to make up meals missed due to sickness
- Officers working on units where pregnant women are housed should receive training so that they understand common ailments during pregnancy such as sickness, backache and pelvic pain
- Perinatal women should be allowed to remain on their wing/unit if they feel unwell and should not be penalised for it
- Pregnant women often feel vulnerable in prison, and this can be exacerbated when they are moved around the prison along with the general prison population. They should be moved separated in smaller groups
- Pregnant women should have access to maternity clothes and appropriate support bras as the pregnancy develops. Supportive mattresses and extra pillows should be provided to women where needed

CORRECTIVE SERVICES IN AUSTRALIA, PRIVATE OR PUBLICLY RUN, REPORT THAT, STANDARD PRACTICES FOR PRISONER MOVEMENT ARE FOLLOWED, EXCEPT FOR MOVING WOMEN IN SMALLER GROUPS. WOMEN ARE ALWAYS ASSESSED AS TO THEIR VULNERABILITY AND APPROPRIATE MEASURES PUT IN PLACE WHETHER PREGNANT OR NOT. MANAGEMENT BELIEVE THAT THIS IS A CASE BY CASE BASIS AND IF THE WOMAN WOULD LIKE TO MOVE IN A SMALLER GROUP, THIS WILL BE FACILITATED WHERE POSSIBLE. CAUTION IS TAKEN TO ENSURE THAT THE WOMAN IS NOT MADE TO FEEL 'SINGLED OUT' DUE TO PREGNANCY ALONE. DESPITE CORRECTIONS STAFF SUPPORTING THE IDEA OF ADDITIONAL PILLOWS AS A REASONABLE ACTION, PRESENTLY, ADDITIONAL PILLOWS ARE NOT PROVIDED DUE TO FIRE LOAD RESTRICTIONS.

Additional information

- National Health and Medical Research Centre *(2019)* has provided dietary guidelines for pregnant and breastfeeding women
- Along with access to sunlight and supplements, diet plays a role in following the Australian Pregnancy Care Guidelines *(Department of Health, 2019)* on vitamin D for pregnant women. Vitamin D is essential in preventing conditions such as rickets in the foetus
- Department of Health (2019) advise pregnant women with morning sickness or heartburn is to drink plenty of fluids, eat little and often during the day, getting plenty of rest and avoiding fatty or spicy food

MOST CORRECTIONAL FACILITIES ENLIST THE EXPERTISE OF A DIETITIAN WHO ENSURE THAT THE MENU PROVIDED TO PREGNANT WOMEN MEETS THEIR NUTRITIONAL NEEDS.

All pregnant women should be told whether they have a place on a Parental Support Unit (PSU) as early as possible after arriving in prison. This means:

- As soon as they arrive in prison, all pregnant women and women separated from their babies should be given the information they need to help them apply for a place on the PSU
- By the time they are six months pregnant (approximately 24 weeks' gestation), all women should know if they have a place on the PSU, giving women time to consider alternative arrangements if necessary. It also means women can be moved to the PSU in advance of the birth
- For women who come into prison when they are more than six months pregnant (24 weeks' gestation), the application process should be expedited to ensure minimum stress for the mother and baby. The target time for a decision should be a maximum of one month
- Women who come into prison whose babies are under 18 months of age should have a decision regarding a PSU place within a maximum of two weeks
- When a woman has been separated from the baby she has been breastfeeding; every effort should be given to support her to express, store and transport her breastmilk effectively
- When women are reunited with a baby, they should be supported to re-establish breastfeeding. A specialist breastfeeding supporter or midwife should do this

CURRENT PRACTICE IS CONSISTENT WITH THE RECOMMENDATIONS. CORRECTIVE SERVICES STRIVE TO MEET THOSE TIMEFRAMES BUT, IN SOME INSTANCES, CROSS DEPARTMENTAL COMMUNICATION DELAYS, ESPECIALLY IN RELATION TO CHILD SAFETY, IMPACT ON THE TIMELINESS OF DECISION MAKING.

Additional information

- Prison can be a stressful environment for pregnant women *(Abbott, 2014; Galloway, Haynes, & Cuthbert, 2014; Petrillo, 2007).* Antenatal stress is found to increase levels of the hormone cortisol in the mother's body, which, when it crosses the placenta, can affect the health of the baby, brain development, emotional attachment and early parenting interactions *(APPG The first 1001 days, 2015; Cusick & Georgieff, 2012)*
- There is a school of thought *(Capron, Glover, & Ramchandani, 2015; Glover, O'connor, & O'donnell, 2010)* that mothers who were stressed antenatally are more likely to develop childhood emotional and behavioural difficulties, including Autism Spectrum Disorders (ASD). Although Roberts, Koenen, Lyall, Ascherio, and Weisskopf *(2014)* report that previous research is inconsistent with linking maternal stressors and ASD clearly, these authors do recognise that increased psychosocial stressors in some women's socially disadvantaged backgrounds, exposure to intimate partner violence, and other factors that are more likely in the lives of incarcerated women, may increase the link to ASD due to the previously stated increases in cortisol levels
- Existing research points to the lack of awareness of, being the leading causes of under-utilisation of an PCU and women's uncertainty about being placed in a PSU being a leading cause of stress for pregnant incarcerated women *(O'Keeffe & Dixon, 2015)* described by Kitzinger *(2005)* as 'anticipatory grieving'

THE CURRENT SITUATION: WOMEN CAN APPLY TO HAVE THEIR CHILD WITH THEM IN CUSTODY AS SOON AS THEY LIKE. ASSESSMENTS ARE TYPICALLY COMPLETED WITHIN A MONTH, QUICKER DEPENDING ON THE STAGE OF THE PREGNANCY.

All women should have appropriate support if electing for termination of pregnancy. This means:

- Women considering termination should be offered abortion counselling to the same standard as that available in the community, both while they make the decision and following the termination
- Counselling, scans and other appointments should be provided within a timescale that allows women the choice of methods to terminate their pregnancy
- Women should be able to choose a family member or appropriately trained support person to accompany them for the procedure
- After termination women should be observed strictly for physical and emotional complications
- Physical, emotional and mental health complications that may occur post-termination should be assessed promptly by a health care professional

Additional information

- Acknowledgment: The authors acknowledge the expert advice and contribution of Lydia Mainey for this section of the Australian Birth Charter. Lydia's background in this field and her current research focus is a valuable addition to the charter

- Under Australian law, a termination can usually only be carried out during the first 22 weeks of pregnancy, but each state/territory has specific laws which may be slightly different between them. The *(2018)* Queensland Termination of Pregnancy Act clearly states that termination of pregnancy should be treated as a health issue rather than a criminal issue. Under this Act, women can request a termination of pregnancy up to 22 weeks without disclosing the reason, and termination can be performed after 22 weeks if two medical practitioners agree that it should be so *(Queensland Government, 2018)*

- Research shows that emotional support following a termination of pregnancy can reduce the woman's emotional distress. Several non-profit groups offer support for women post-termination in addition to the follow-up healthcare support offered by health services. These may vary from state to state

- Current evidence encourages the implementation of a Trauma-informed Care Model for women undergoing termination of pregnancy. However, the 'trauma' component does not necessarily refer to the physical termination, rather the associated social and personal issues that contribute to the woman's decision making about abortion. *(Ely, Rouland, & Kotting, 2018). A trauma-informed social work framework for the abortion seeking experience. Social Work in Mental Health, 16(2), 172-200*

- Termination is usually framed by the social situation, which in turn will impact on her emotional status. Not all women grieve their abortions so the support must be individualised, and attention paid to the complex social issues

- In addition to essential counselling, abortion care must also include education and access to various methods of contraception, child spacing and sterilisation post-termination that best fits their needs as decided by them

- Follow-up care by health services in prisons may be fragmented or difficult to access for several reasons. The review conducted by Owolabi, Biddlecom, and Whitehead *(2019)* discusses the challenges and proposes suggestions to ensure high-quality abortion care which may be helpful when considering the unique needs of women in prison who choose termination

All women should have access to a birth supporter of their choice. This means:

- No female prisoner should have to go through birth in isolation and without the proper emotional and practical support that is afforded to women in the wider community. She should, therefore, be able to have a labour and birth supporter of her choice throughout this time
- When a woman goes into labour and wants a family member or friend with her, the prison should ensure that the birth supporter is notified as soon as possible. This increases the likelihood that they will be able to get to the hospital to support a woman through her labour and birth, especially important if they must travel some distance
- It is important that those women without family, or whose family and friends live too far away to attend the birth, have access to alternative support

IN THE PILOT PROJECT IN ONE AUSTRALIAN STATE, MIDWIFERY STUDENTS LINK WITH THE WOMEN TO PROVIDE ONE TO ONE SUPPORT DURING LABOUR AND BIRTH; ADVOCATE FOR WOMEN DURING LABOUR AND BIRTH; PROVIDE EDUCATION; AND HELP ENSURE INFORMED CONSENT IS GAINED PRIOR TO ANY PROCEDURE DURING LABOUR AND BIRTH.

Additional information

- The geographic distances in Australia and the locations of women's prisons mean that often women are located many hundreds, if not thousands, of kilometres from their friends and family
- There are often intergenerational and or complex social reasons the woman does not have their partner or family with them in labour and birth. For example, the woman's partner may also be in prison, or subject to limitations of probation or parole, which preclude them being in the same place as a current prisoner
- Recent reports of a pregnant Aboriginal woman going into labour and birthing alone in her prison cell is a cause for great concern. The current investigation into the birth at Bandyup Women's Prison *(2018)* by the Office of The Inspector of Custodial Services provides information on the case, and important learning to prevent a repeat of an incidence. Summary retrieved from - **https://www.oics.wa.gov.au/wp-content/uploads/2018/12/Inspectors-Summary-publicly-released.pdf**
- Research demonstrates the positive impact that continuous birth support can make to mothers and babies, resulting in shorter labours, reduced interventions and fewer complications *(Hodnett, Gates, Hofmeyr, Sakala, & Weston, 2011; Sandall, 2014).* In addition, Moberg *(2014)* identifies the importance of kindness and compassion being shown towards women in labour in reducing stress and increasing the flow of oxytocin: a hormone that facilitates childbirth and breastfeeding
- Research has shown that more than three-quarters of women prisoners have experienced violence as children *(Fogel & Belyea, 2001)* or have had difficult childhoods characterised by victimisation and neglect *(Knight & Plugge, 2005; Sable, Fieberg, Martin, & Kupper, 1999).* Abuse survivors have a greater need for preparation and support around labour and birth so that they are not re-traumatised *(Simkin & Klaus, 2004)*
- The care a woman receives during birth can influence how she nurtures and feels about her baby *(Klaus, Kennell, Marshall, & Klaus, 2012).* Further, a woman's pregnancy, birth and motherhood experiences can frame her world view and thereby alter her behaviours and choices

All women should be accompanied by officers who have had appropriate training and clear guidance. This means:

- Officers should receive training so that they can provide appropriate care when transporting women to a hospital or on 'bedwatch'
- Officers who have not had access to training should be given clear guidance which they are required to read when commencing their shift
- Once a woman is in active labour, officers should only be present in the room for birth if invited to be there by the woman. However, if required by the conditions of the woman's incarceration, officers should be unobtrusive as possible
- Officers should be respectful to women's needs for privacy, especially when breastfeeding or during medical consultations
- Officers should facilitate the opportunity for women to have a minimum of one hour, immediately after birth, of uninterrupted skin to skin contact with their newborn unless medically indicated and help to provide a suitable environment to initiate breastfeeding

UNDERSTANDING THE IMPORTANCE:

CUSTODIAL OFFICERS CONTRIBUTE TO MANAGEMENT OF PRISONERS USING EFFECTIVE COMMUNICATION AND BUILDING POSITIVE RELATIONSHIPS WITH THE WOMEN. IN THIS WAY, THEY IMPROVE THE WOMAN'S BIRTH EXPERIENCE WHILE INCARCERATED. THEIR CUSTODIANSHIP OF THE WOMAN DURING BIRTH FULFILS THE ORGANISATIONAL NEED WITHIN AN APPROPRIATE LEGAL FRAMEWORK. INFORMATION LEARNED THROUGH INTERACTIONS WITH THE WOMEN CONTRIBUTES TO WORKPLACE DECISION-MAKING AND PRACTICE TO ULTIMATELY PROMOTE THE WELLBEING OF PREGNANT AND BIRTHING WOMEN IN PRISON.

Additional information

- Research has demonstrated the importance of respecting a woman's dignity and privacy during birth and breastfeeding. In birth, we know that a stressful environment can impact on labour and mother/baby bonding *(Buckley, 2015)*
- When women prisoners attend antenatal appointments or give birth in local hospitals, which is usually the case in Australia, they are accompanied by two officers on 'escort duty' whose role is to ensure the prisoner remains in secure custody while off-site from the prison

WHERE POSSIBLE THE OFFICERS WHO ACCOMPANY THE WOMEN TO ANTENATAL APPOINTMENTS SHOULD BE THOSE WHO HAVE RECEIVED SPECIFIC TRAINING AS DISCUSSED PREVIOUSLY. THE KNOWLEDGE GAINED DURING THIS TRAINING PROVIDES THE OFFICER WITH THE RELEVANT SKILLS AND CONFIDENCE TO PROVIDE APPROPRIATE SUPPORT FOR WOMEN DURING TRANSPORT. IN ALL CASES, THE NEEDS OF THE PREGNANT WOMAN MUST BE BALANCED WITH NECESSARY SECURITY MEASURES, AND WHERE POSSIBLE HER SPECIFIC NEEDS ACCOMMODATED.

All women should be provided with essential items for labour and the early postnatal period. This means:

- All prisons should ensure that pregnant women transferring to hospital have the necessary items to maintain dignity and comfort while in the hospital. The necessary items should include sanitary items, baby clothes and nappies, and breast care items
- Women in labour should be able to access appropriate food and drink to sustain them
- All prisons should provide cameras for early baby photos, including photos at the hospital. Providing cameras to the women is outside usual custodial practices, so the option of providing a device capable of taking photos for and on behalf of the women to the escorting officers should be considered
- Women who are separating from their baby should receive copies of the photos as soon as possible
- Photos should be taken at regular intervals on Mother and Baby Units so that children have photos of their early life

Additional information

- Hospitals do not generally supply nappies, baby clothes or sanitary pads, and women in prison may be brought to the hospital without these essential items, causing stressful situations for women and hospital staff. Consideration should be given to having a 'quick exit' travel bag at the point of transfer from the prison. This bag should contain nappies, one or two sets of baby clothes, baby blankets, maternal toiletries and sanitary pads. This bag should be restocked on return and checked regularly to ensure it is fit for purpose

New mothers and their babies should receive appropriate care during transfer between prison and the hospital. This means:

- Cellular vans should not be used to transport women and babies
- During journeys, there should be stops to enable mothers to feed their babies and receive sustenance for themselves
- Women should have access to toilets and baby-changing facilities

Women should be encouraged and supported in their chosen method of infant feeding. This means:

- All mothers, irrespective of how they choose to feed their baby, should be supported to build a close and loving relationship with their baby and be guided to learn how best to respond to their babies' need for food, love and comfort
- Formula-feeding mothers should have 24 hours access to appropriate equipment and facilities to make up bottles and sterilise equipment
- All PSUs should work to standards set by the Baby-Friendly Health Initiative *(Australian College of Midwives, 2016)*
- Mothers wishing to breastfeed should have access to appropriate clothing such as breastfeeding bras and equipment such as breast pumps and nursing pads
- They should also have regular access to specialist breastfeeding information and support, as well as an environment in which breastfeeding is encouraged and nurtured
- Women wishing to breastfeed should be provided with the same support as available in the community to ensure those who experience difficulties get the support they need. This can be from midwives, maternal and child health nurses, lactation consultants and community organisations such as the Australian Breastfeeding Association
- Prison staff on the PSUs should receive training so that they can maintain a supportive environment for women who wish to breastfeed

Additional information

- There is much evidence that breastfeeding improves the short and long term health and wellbeing outcomes for both mother and baby *(Queensland Government, 2016)*
- Support should be given to all women to help them feed their baby responsively whether breast or formula feeding *(Queensland Government, 2016)*

All women who wish to do so should be supported to express, store and transport their breast milk if they are separated from their baby. This means:

- Prisons should provide the required equipment to express and store milk such as breast pumps, milk bags and freezers; and should provide the means and the access to transfer the milk safely to the baby's carer
- Specialist breastfeeding support should be available to mothers who wish to express milk

Additional information

- Women who are separated from their babies can continue to express and store breast milk for their babies which can enable the baby to receive the health benefits of breast milk. This can also help mothers to feel less distressed and to feel they are still doing something for their baby
- Where mother and baby will be reunited, this support may enable them to re-establish breastfeeding in the future. Anecdotally, we know that starting to breastfeed can have a very positive impact on women, particularly those who have only a short time with their baby

FORMAL PROCEDURES AT CORRECTIONAL FACILITIES IN AUSTRALIA AIM TO ENSURE WOMEN ARE SUPPORTED TO COMMENCE AND/OR CONTINUE BREASTFEEDING THEIR INFANTS/CHILDREN. FOR EXAMPLE, THEY ARE PROVIDED WITH A BREAST PUMP SO THEY CAN EXPRESS INTO BREAST MILK BAGS. THE PORTIONS ARE FROZEN AND THEN ISSUED TO THE EXTERNAL CARER IN A STYROFOAM CONTAINER WITH ICE BRICKS. ON RECEPTION AT THE FACILITY, WOMEN ARE ASKED IF THEY ARE CURRENTLY, OR RECENTLY BEEN BREASTFEEDING TO ENSURE THAT REASONABLE SUPPORTS AND MEASURES ARE OFFERED.

Women in prison should be given the same opportunities and support to nurture and bond with their baby as women in the community. This means:

- Women with newborn babies should not be required to start work or education until they are physically, emotionally and psychologically ready after the birth of their baby
- Pregnant women should be allowed to stop education or work from 34 weeks gestation, in line with women in any employment in the community. However, if there are concerns about maternal or foetal wellbeing, it may be in the mother and baby's best interests to stop education or work earlier. Likewise, if the woman wishes to continue to participate in work or education, and if it is deemed appropriate by the healthcare professional providing pregnancy care, she should be afforded the opportunity.
- When the woman returns to education or work, she should be granted ample opportunities to bond with her baby, attend to their needs and feeding. The same opportunities provided for women who choose to breastfeed or artificially feed their baby
- Prisons should consider a modified version of paid maternity leave for the pregnant woman/new mother. That is, consider giving the woman the same pay that they would usually receive from going to work to ensure that they are not discouraged from staying with their baby

- Early parenting support groups and activities should be available to mothers in prison just as they are to mothers in the community, aiding mothers to provide their babies with the best possible start
- Mothers housed on a PSU should receive training, education and support to cook food for themselves and their children in line with the Department of Health's Nutritional Guidelines and Infant Feeding Guidelines *(Australian Government. Department of Health, 2020)*
- Essential items should be provided free of charge to mothers on PSUs who do not qualify for child benefit or who are unable to purchase them
- Staff on PSUs should have the knowledge and skills to be able to help mothers form a secure and loving relationship with their baby

Additional information

- The length of stay and access to PSUs vary across facilities and organisations, as well as being dependent upon each woman's circumstances.
- One of the aims of PSUs is to promote and enhance strong mother-baby bonds
- Research has indicated that there is a window of opportunity in the first postnatal year when mothers are more open to interventions and change *(Albertson, O'Keeffe, Lessing-Turner, Burke, & Renfrew, 2012; Sleed, Baradon, & Fonagy, 2013).*
- Enabling mothers to cook for themselves and their babies, which helps give the babies a good start to life and facilitates a smooth transition to family life after discharge

Mothers and babies should be entitled to additional family visits. This means:

- Visits should be provided on PSUs or in other child-friendly settings
- Where possible, visits from siblings should be encouraged. Funding should be made available to ensure that children can visit their mother and new sibling in prison

Additional information

- Visits help family members to form close and loving relationships with the new baby. This is consistent with the right to family life as enshrined in human rights legislation which protects the right to family life and includes relationships between parents and children, siblings, grandparents and grandchildren
- The current research findings, as presented by the AIHW (2019) show that there are significant negative impacts of mother-child separation, both short and long term. That is, children of women in prison in Australia have a higher chance of being in out-of-home care (which includes non-family foster care) and have an increased risk of becoming enmeshed in the juvenile justice system
- Each year thousands of children are affected by their mothers' imprisonment, and far too often, the family link is broken forever. In Australia, the increase in women's imprisonment has been shown to impact on children's welfare in both the short and long term *(Besemer & Dennison, 2018)*
- Imprisonment disrupts the relationship with children and the family support network and places burdens on governmental services such as schools, foster care, and youth-serving organisations *(Bell, Bayliss, Glauert, & Ohan, 2018).* Research indicates many children of prisoners become enmeshed in the justice system once they enter care, with devastating long-term consequences including disrupted education, homelessness and imprisonment *(Goulding, 2007)*. It has been shown that having one parent in custody can have a traumatic effect on both the child and the parent and increases a child's risk of becoming an offender themselves. This risk increases significantly when that parent is the mother

All women should have access to counselling when needed. This means:

- Pregnant and postnatal women should be offered confidential counselling and support, and prompt referral to an appropriate health care professional should postnatal illness be suspected
- All women who are separated from a baby who is up to 18 months old should be offered pre and post-separation counselling
- All women who lose babies, whether, through miscarriage, ectopic pregnancy or stillbirth should be offered counselling

Additional information

- Overall, the incidence of mental health issues is higher in the prison population than in the general community *(AIHW, 2019)* and over half of women admitted to prison have a pre-existing diagnosis of a mental health disorder
- Pregnant women in prison are more likely to have mental health issues than pregnant women in the community *(AIHW, 2019)*
- The experience of stillbirth is profoundly traumatic to a woman and her family. The common practice for helping mothers through their grief and loss is to offer a mother a photo, footprint, handprint and name tag of the stillborn baby. However, this is not universally accepted for all Aboriginal women who have their own cultural and spiritual beliefs and practices in regards to death and dying. The woman's cultural and spiritual belief and practice must be paramount in all hospital, and prison health care
- Important note: In some Aboriginal cultures the taking of photos or foot or handprint of stillborn babies for the mother is not culturally acceptable, and can be inconsistent with their spiritual and cultural beliefs practices of death and dying. Women should be asked first if they want to see their stillborn baby and if they want photos, footprints and handprints or any image that is connected to their baby
- Current research reports that Australia's First Nations' women in prison show the women have significant and complex physical and mental health issues *(Sullivan et al., 2019)*
- According to the *(AIHW, 2019, p. 72),* women in prison are a "particularly vulnerable group"
- Women in prison are more likely to come from disadvantaged backgrounds and face more significant challenges to health and wellbeing than those in the broader community

Women and new mothers should receive appropriate resettlement services after release from prison. This means:

- Resettlement support should take account of the needs of pregnant women and new mothers
- As well as relevant benefits and housing advice, this group of women should receive specialist support. This might include signposting them to health services, children's services or specialist community voluntary sector organisations in the areas where they will be living
- Women being released may also need practical help to source baby clothes and equipment, including age-appropriate furniture

Why is the Australian Birth Charter Needed? Discussion, Justification and Explanation

- Australia wide data about the numbers of pregnant women in prison are not conclusive with multiple reporting streams that, to be mindful of ethical considerations as well as organisational policies, often do not provide details. It is not mandatory for all states to report these statistics

- The usual practice in Australia is that babies who are approved to remain with their mothers in prison are entitled to do so until they reach school age, which is usually 4-5 years

- Women in prison typically have a history of domestic and sexual violence, neglect, time spent in care, substance misuse and mental health problems. They are particularly vulnerable during their pregnancies because of pre-existing poor health and chronic disease, poverty, lack of support from family and friends, and isolation. There are conflicting opinions in the literature about the quality of care received by pregnant women and mothers in prison. Some experts report that pregnancy outcomes for women in prison may be improved, given the opportunistic healthcare and removal from detrimental environments, while others report no significant change in outcomes. Due to the lack of consistent evidence to this point, it is reasonable to adopt the view that any support and access to healthcare that the woman may not usually have, must in some way contribute to better maternal and neonatal experiences at the very least. The overarching mandate is that the healthcare afforded women in prison must be equal to that available to women in the community, even if there is not a prescribed mandate about the provision of antenatal classes/education for women in prison. The availability of, and how, antenatal classes are provided is, as previously alluded to, up to each health service and depends on how healthcare is provided in the prisons. Of note, is that all midwives, when performing antenatal assessments during a woman's pregnancy will include antenatal education and preparation for parenting discussions as a routine part of care

- The babies born to women in prison often experience risks that could affect their care and development, including poor parenting skills and infant feeding practices which can result in impaired physical, social and emotional wellbeing of their children *(Albertson et al., 2012)*. Moreover, difficulties such as mental health problems and substance misuse, both prevalent among women in prison, can affect the quality of the infant-parent attachment

- An Australian Birth Charter for women in prison provides a therapeutic health care tool to create opportunities to support women and their baby who are marginalised in prison and can indirectly support their family in the community. A Birth Charter is one step that can bring a positive impact on women's health and life experience during their period of incarceration and contribute to a constructive transitioning to parenting and childrearing on release from prison

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AUSTRALIAN BIRTH CHARTER