



## Birth Charter for women in prisons in England and Wales







## Birth Charter for women in prisons in England and Wales

Every year, around 600 pregnant women are held in prisons in England and Wales and some 100 babies are born to women prisoners. However, although there are several pieces of national and international legislation in place to protect their health and well-being, many of these women do not get the care and support to which they are entitled.

Birth Companions has been working with pregnant women and women with babies in prison since 1996. This 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 welcome the government's call for a review of the treatment of pregnant women and new mothers in prison, and for alternative community sentences. Community sentences should help women 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 implementing the Birth Charter is now more important than ever.

This Birth Charter is based on the expertise we have developed by working with women in prison and from listening to what they have told us about their experiences. We have supported over 1,500 women through what is a challenging time in any new mother's life. This work has given us a unique understanding of the needs of this vulnerable group of women and babies. We have also drawn upon the available evidence from policy and research; given examples of existing best practice in women's prisons; and included quotes from women who were pregnant, gave birth or spent time in prison with their babies.

We hope this Birth Charter will form the basis of a much-needed Prison Service Order for Women in the Perinatal Period; assisting the Prison Service in providing humane and consistent care for this group of women. The Birth Charter is supported by the Royal College of Midwives and has been produced with guidance from UNICEF UK Baby Friendly Initiative.





### **Pregnant women in prison should:**

1. have access to the same standard of antenatal care as women in the community
2. be able to attend antenatal classes and prepare for their baby's birth
3. be housed, fed and moved in a way that ensures the well-being of mother and baby
4. be told whether they have a place on a Mother and Baby Unit as soon as possible after arriving in prison
5. have appropriate support if electing for termination of pregnancy.

### **During childbirth, women should:**

6. have access to a birth supporter of their choice
7. be accompanied by officers who have had appropriate training and clear guidance
8. be provided with essential items for labour and the early postnatal period
9. receive appropriate care during transfer between prison and hospital.

### **Women with babies in prison should:**

10. be encouraged and supported in their chosen method of infant feeding
11. be supported to express, store and transport their breast milk safely, if they are separated from their baby
12. be given the same opportunities and support to nurture and bond with their babies as women in the community
13. be entitled to additional family visits.

### **All pregnant women and new mothers should:**

14. be able to access counselling when needed
15. receive appropriate resettlement services after release from prison.



## During pregnancy

Pregnant women in prison should have access to the same standard of antenatal care as women in the community.

### This means that:

- 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 or trained midwife or GP.
- Where scans or other appointments need to happen in 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 night, there should be a timely response to pregnant women's buzzers. Once a woman has been assessed by a midwife, prison staff should facilitate timely access to hospital when advised to do so.

### Additional information

- Women coming into prison have very poor physical, psychological and social health; worse than that of women in social class V, the group within the general population who have the poorest health (Plugge, et al, 2006).
- Prisoners are entitled to the same range and level of healthcare as are available in the wider community (Department of Health, 1999). Mothers and babies who enter the Criminal Justice system should therefore have equivalent care and support to mothers and babies in the community.
- NICE (2012) has identified the need for appropriate antenatal services for vulnerable pregnant women with complex social factors, and that pregnant women with complex social factors may need additional support to use antenatal care services. Previous guidance sets out the additional support and consultations that are required and the additional information that should be offered to pregnant women with complex social needs (NICE, 2010).
- According to the Nursing and Midwifery Order (2001) Article 45, only a Registered Medical Practitioner or Registered Midwife can attend a woman in childbirth unless it is a case of sudden or urgent necessity. Only a trained and registered person can legally make a decision as to whether a woman is in labour or not.

### Good practice example

There is a 'one-stop shop' clinic inside HMP Eastwood Park run by local GPs, which has its own ultrasound scanner. Women can have a scan there without needing to go out to hospital with an officer escort. Reported benefits include freeing up officers' time, reduced likelihood of cancellation if no officer is available and less stress for pregnant women.

### Good practice example

Midwives from the Whittington Hospital have run antenatal clinics three times a week at HMP Holloway since 1998. Women say these regular sessions in the prison's Women's Health Clinic help reduce anxiety and minimize the need for them to go out to hospital. Such hospital trips can become stressful because of the need for officers to escort them in handcuffs until they reach the hospital antenatal clinic. Women report feeling they have good antenatal care.

### Good practice example

In the past, pregnant women in HMP Holloway had 24-hour access to a mobile phone directly connected to the Labour Ward at the local hospital. Women who were concerned about their pregnancy could talk to a midwife from their cell 24 hours a day. An officer would hand the phone to a pregnant woman through the hatch of her cell door and could later speak to the midwife to confirm the advice given e.g. if immediate admittance to the labour ward was advised.

## During pregnancy

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

### This means that:

- Antenatal classes should be delivered by trained, independent childbirth educators and should be comparable to those found in the community. They should meet NICE standards on antenatal services for vulnerable women.
- Attendance should be recognised and remunerated as meaningful activity.
- Education on infant feeding and relationship building should be a key part of the antenatal classes. This 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.

### Additional information

- Appropriate education and care during pregnancy enables women to make healthy choices for themselves and their babies. According to The National Service Framework for Maternity, which sets out the UK government's quality standards for maternity services, "good antenatal care for all women ... includes access to parenting education and preparation for birth as classes or through other means to enable them to make informed choices about the type of birth they would prefer."
- Women in prison have been found to respond positively to health promotion advice (Edge, 2007).
- Women in prison have little opportunity to communicate their preferences and concerns for their baby's birth and a birth plan is a valuable tool for facilitating this process (Simkin, 2007).
- Research suggests that targeted support may act to reduce pre-term delivery, low birth weight and infant mortality in women with complex psychosocial issues (Hollowell, 2011).

### Good practice example

Birth Companions runs a rolling eight-week antenatal course at HMP Bronzefield developed from a pregnancy group model it has run at HMP Holloway since 2008. Women receive evidence-based information enabling them to make positive and informed choices about pregnancy, birth and early parenting, and are supported to write a birth plan. Women are able to talk about their feelings and past experiences, and peer support is encouraged. This course has now been extended to women in HMP Peterborough.



## During pregnancy

Pregnant women should be housed, fed and moved in a way that ensures the well-being of mother and baby.

### This means that:

- Pregnant women should be given the 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 nutritional standards for pregnant women set out in guidelines from the Department of Health and First Steps Nutrition.
- Additional healthy food or 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.
- Pregnant women should be housed in a smoke-free environment.
- Officers working on units where pregnant women are housed should receive training so that they have an understanding of 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 should not be moved around the prison along with the general prison population when they often feel vulnerable. They should be moved separately 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.

### Additional information

- The Department of Health has set nutritional standards for pregnant women (NHS choices, 2016).
- Along with access to sunlight and supplements, diet plays a role in following NICE guidance (2014) on vitamin D for pregnant women. This is important in preventing conditions such as rickets in the foetus.
- NHS advice to pregnant women with morning sickness or heartburn is to eat little and often (NHS Start4Life, 2016).
- Prison Service Order 4800 states that “the dietary requirements of different women should be met i.e. foreign nationals, women with religious requirements, elderly women, women from BME groups, pregnant women, and nursing mothers.”

### Good practice example

For many years, pregnant women in HMP Holloway were given the choice to be housed together on a unit for pregnant women and enhanced prisoners, which meant they could live in a quieter and supportive unit where women felt safer.

### Good practice example

At times, pregnant women in HMP Holloway were given extra food packs containing cereal or allowed to make toast when they were hungry outside of meal times.



## During pregnancy

All pregnant women should be told whether they have a place on a Mother and Baby Unit as early as possible after arriving in prison.

### This means that:

- 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 an MBU.
- By the time they are six months pregnant, all pregnant women should know if they have a place on an MBU. This would give women time to consider alternative arrangements if necessary. It also means women can be moved to the MBU in advance of the birth.
- For women who come into prison when they are more than six months pregnant, the application process should be expedited to ensure minimum stress for the mother and foetus. The target time for a decision should be a maximum of one month.
- Women who come into prison whose babies are under 18 months should have a decision regarding an MBU place within a maximum of two weeks.
- When a woman has been separated from the baby that she has been breastfeeding, every effort should be made to support her to express, store and transport her breastmilk safely.
- When women are reunited with a baby, they should be supported to re-establish breastfeeding. This should be done by a specialist breastfeeding supporter or midwife.

### Additional information

- Prison can be a stressful environment for pregnant women (Galloway et al, 2014; Corston, 2007; Price, 2005 and Abbott, 2014). 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 (Gerhardt, 2003; Unicef, 2012; APPG The First 1001 days, 2015).
- There is also a growing body of evidence (Bergman et al, 2007; Glover and O'Connor, 2002; Glover et al, 2010; Capron et al, 2015) to show that the children of mothers who were stressed antenatally are more likely to develop childhood emotional and behavioural difficulties, autism and ADHD.
- One of the greatest sources of anxiety for a pregnant woman in prison is caused by not knowing whether she will get a place on a Mother and Baby Unit. All pregnant women in prison are entitled to apply for a place on an MBU where they can stay with their baby until the child is around 18 months. Those who are not accepted are separated from their newborn baby in hospital.
- Research carried out by Sheffield University found that one of the reasons for under-utilisation of MBU places is that women are inadequately informed about the provision available in MBUs and the benefits of residing in one (O'Keefe and Dixon, 2015).
- The effect of separation of mother and baby on forming a loving and close relationship is well documented (Bowlby, 1982, Myers, 1984, Feldman et al, 1999, Unicef 2012). Distress and anxiety can be detrimental to the baby / young child and cause problems in later life with issues such as separation anxiety for the baby and mental distress for the mother (Grille, 2015).
- Other research has highlighted the emotional impact of not knowing whether a place will be available on the MBU resulting in women who "switch off emotionally from the pregnancy or enter a state of anticipatory grieving" (Kitzinger, 2005).

### Good practice example

At different times, pregnant women in HMP Holloway, HMP Bronzefield and HMP Peterborough have benefited from being able to move onto the MBU at around 36 weeks of pregnancy and have reported feeling less stressed and more able to focus on their baby and prepare for parenthood as a result.

### Good practice example

In HMP Bronzefield an MBU liaison officer meets the pregnant women to give them information about the MBU and supports them through the perinatal period.

## During pregnancy

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

### This means that:

- 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 to terminate their pregnancy.
- Women should be able to choose a family member or supporter to accompany them for the procedure.
- After termination women should be observed closely for physical and emotional complications
- Physical complications that may occur post-termination should be assessed promptly by a health care professional.

### Additional information

- Under UK law, a termination can usually only be carried out during the first 24 weeks of pregnancy.
- Research has shown that emotional support following a termination can reduce the woman's emotional distress (Elder and Laurence, 1991).

### Good practice example

Choice for Change, a charity working in HMP Holloway, offers support and counselling for women in 'crisis pregnancy' and around the loss of a baby or child. The team is staffed with a mixture of paid and volunteer staff who are either trained counsellors or student counsellors on placement. The service is provided by Choices Islington, a local charity which operates a similar service in the community.



## During childbirth

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

### This means that:

- No female prisoner should have to go through birth in isolation and without the emotional and practical support often taken for granted in the wider community. She should therefore be able to have a labour and birth supporter of her choice with her 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 have to travel some distance.
- It is important that those women without family, or whose family and friends live too far away to attend the birth (e.g. foreign national women), have access to an alternative source of support.

### Additional information

- Many women in prison have complex lives and some do not have family who are available to support them. This can be because family relations have broken down, or because they are held too far away from home for that to be possible.
- 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 et al, 2012; 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 and Belyea, 2001) or have had difficult childhoods characterised by victimization and neglect (Sable et al, 1999; Knight and Plugge, 2005). Abuse survivors have a greater need for preparation and support around labour and birth so that they are not re-traumatised (Simpkin, 2004).
- The care a woman receives during birth can influence how she nurtures and feels about her baby (Klaus et al, 2012).

### Good practice example

Since 1996, Birth Companions volunteers have supported women in HMP Holloway during birth and the postnatal period. Prison staff and midwives call a 24-hour phone line to mobilise these volunteers. The support - tailored to a woman's wishes - can include breathing, massage, advocacy, and help with breastfeeding. Birth Companions provided similar support for women in HMP Peterborough in 2014/15.

An external evaluation of the service found that "women who come into contact with Birth Companions feel much less alone, better informed and more able to cope" (Rowles and Burns, 2007).



## During childbirth

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

### This means that:

- Officers should receive training so that they can provide appropriate care when transporting women to 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 delivery room if invited to be there by the woman.
- Officers should be respectful to women's needs for privacy (e.g. when breastfeeding or during medical consultations).

### 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, 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. The National Security Framework (2015) sets out the required protocols for these situations, but some officers may be unsure of their role because they have not received appropriate training.

*"the officers were in the room all the time. I was in deep labour and I couldn't really speak but I know they were there, I can still see their faces."*

## During childbirth

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

### This means that:

- All prisons should ensure that pregnant women transferring to hospital have the necessary items to maintain dignity and comfort while in hospital. This should include sanitary items, baby clothes and nappies.
- 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 hospital.
- 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 early photos of their life.

### Additional information

- Hospitals do not generally supply nappies, baby clothes or sanitary towels, and women in prison may be brought to hospital without these essential items; causing stressful situations for women and hospital staff.
- For security reasons, women in prison are not allowed cameras or mobile phones.
- Photographs provide a record of early family life and help other family members to bond with the baby.

### Good practice example

HMP Holloway and HMP Bronzefield supply women with labour bags which include snacks and drinks and items which women in the community are advised to bring to hospital when in labour.

### Good practice example

In HMP Holloway, before the MBU closed, volunteers from Babies in Prison took photos of babies in community sessions while on trips and on the MBU. The charity contributed a camera for the unit and towards the cost of photos. They also funded a sensory room on the unit for the babies.



## During childbirth

New mothers and their babies should receive appropriate care during transfer between prison and hospital.

### This means that:

- Women and babies should not be transported in cellular vans.
- 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.
- Officers accompanying women and babies should comply with the National Security Framework (2015) and make additional stops if needed.

### Additional information

The National Security Framework (2015) specifies that:

- The security arrangements for a mother and baby escort must take account of the mother's need to look after the baby during the journey.
- A suitable vehicle must be used to enable mother, baby (in a secure child or baby seat) and one of the escorting officers to sit together.
- When escorting mothers with babies, the needs of the baby must reasonably be balanced against the security required to keep the mother in safe custody. Therefore, the use of restraints on the mother should be seen as exceptional and must be underpinned by an individual risk assessment which clearly sets out the reasons for the use of the restraint. If restraint is considered essential then the degree and duration of restraint must be in proportion to the perceived risk.
- For longer trips, the journey must be arranged to facilitate a comfort break at a convenient prison or police station. If the mother wishes to breastfeed the baby, this must take place during a break in the journey when the baby may safely be removed from its secure seat.



## Women with babies

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

### This means that:

- 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.
- Mothers who are formula-feeding should have 24-hour access to appropriate equipment and facilities to make up bottles and sterilise equipment.
- All MBUs should work to standards set by the UNICEF UK Baby Friendly Initiative.
- Mothers wishing to breastfeed should have access to appropriate clothing such as breastfeeding bras and equipment such as breast pumps.
- 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 specialist midwives, and breastfeeding supporters from organisations such as the Breastfeeding Network, Association of Breastfeeding Mothers and the National Childbirth Trust.
- Prison staff on MBUs 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 (Acta Paediatrica, 2015; Horta et al, 2007; Ip et al, 2007, Lancet, 2016). Mothers who live in areas of deprivation typically have lower rates of initiation and prevalence than in the general community. Antenatal education and ongoing support for women and training of staff is one of the key factors in improving breastfeeding prevalence (Unicef, 2012, NICE, 2010).
- Support should be given to all women to help them feed their baby responsively whether breast or formula feeding (Royal College of Midwives, 2014; Unicef, 2012).

### Good practice example

Until the MBU at HMP Holloway was closed in 2013, the antenatal and early parenting classes run by Birth Companions included sessions with a trained breastfeeding supporter. One-to-one breastfeeding support was given to new mothers. Statistics gathered by the organisation during a two-year period (2011-13) showed that breastfeeding initiation and duration rates were on average 20% higher than the national average.



## Women with babies

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 that:

- Prisons should provide the required equipment to express and store milk such as breast pumps, milk bags and freezers; and should enable the milk to be transferred 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 re-united, 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.

### Good practice example

At HMP Holloway, Birth Companions supports mothers who are separated from their baby to express and store milk. Those who are later reunited with their baby in visits or after their release, are able to continue breastfeeding. For those mothers who will no longer be caring for their baby in the future, expressing milk enables them to give their child a good start in life.

## Women with babies

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 that:

- Women with newborn babies should not be required to start work or education for at least nine months after the birth and should be allowed to stop education or work from 11 weeks prior to their due date.
- For women who choose to work or study during maternity leave, opportunities to bond and breastfeed should still be facilitated. For example, work can be provided on or near the MBU and women can be brought back to the unit to breastfeed if needed.
- Women on the MBU should also be remunerated during maternity leave. They should receive the same remuneration as they would for working in the prison, so they are not discouraged from staying with their baby.
- Women on maternity leave should be given the opportunity to spend their time in a productive way.
- Early parenting support groups and activities should be available to mothers in prison just as they are to mothers in the community. This would help mothers provide their babies with the best possible start.
- Mothers housed on an MBU should be given training, education and support to cook food for themselves and their children in line with the latest nutritional guidelines from Public Health England and the Department of Health.
- Essential items should be provided free of charge to mothers on MBUs who do not qualify for child benefit or who are unable to purchase them.
- Staff on MBUs should have the knowledge and skills to be able to help mothers form a secure and loving relationship with their baby.

### Additional information

- At present, women can stay with their newborn on a Mother and Baby Unit for between six and eight weeks before they are required to start work or education. Outside prison, women in the wider community are given nine months of paid maternity leave with an additional three months unpaid leave available.
- Interventions which promote positive parent infant relationships can have long term benefits (Scottish Executive, 2008, Unicef, 2012).
- Attachment promotion between mother and her baby is a key service outcome for MBUs identified by NOMS (2015).
- Research has indicated that there is a window of opportunity in the first postnatal year when mothers are more open to interventions and change (Sleed et al, 2013; Albertson et al, 2012).
- Enabling mothers to cook for themselves and their babies helps them to give their babies the best possible start and to adjust to family life after release.
- Being able to purchase essential items for their babies is particularly an issue for foreign nationals who currently make up 13% of women in prison, and are not eligible for child benefit. These are women whose family may live abroad and be unable to send in baby clothes and other items.

### Good practice example

The Mother and Baby Unit in HMP Styal is run by Action for Children and combines parenting support, targeted intervention work and high quality nursery provision. A plan is developed with each mother to provide her with opportunities to overcome the challenges she is facing. This can include basic baby care, budgeting, communication skills, issues of bereavement and loss, substance misuse and a wide range of other factors.

### Good practice example

On the MBU in HMP Styal, women are supported and encouraged to cook meals for themselves and their child.

### Good practice example

Baby Steps is a perinatal education programme developed by the NSPCC in partnership with the Warwick University. It has been run in HMP Newhall and HMP Bronzefield. Parents who attended the programme in prison identified a range of positive outcomes from attending the programme.

### Good practice example

Mothers and babies in HMP Bronzefield can attend early parenting groups run by Birth Companions as well as a group run by Born Inside who provide psychodynamic group support to help with mother/baby attachment.



## Women with babies

Mothers and babies should be entitled to additional family visits.

### This means that:

- Visits should be provided on MBUs or in other child-friendly settings.
- Where possible, visits from siblings should be encouraged. Funding should be made available to ensure that children are able to visit their mother and new brother or sister in prison.
- Where possible, mother and baby should be released together on temporary licence to visit their family.

### Additional information

- Visits help family members to form close and loving relationships with the new baby. They are in keeping with the right to family life enshrined in human rights legislation. Article 8 of the Human Rights Act protects the right to family life and includes relationships between parents and children, siblings, grandparents and grandchildren.
- Releasing women on temporary licence is preferable to the mother handing the baby over to someone else and would minimise early periods of separation, which may be harmful for babies (Gerhardt, 2003; 1001 Critical Days, 2015).

### Good practice example

At HMP Holloway, HMP Peterborough and HMP Bronzefield, family days are organised where children and family members can visit the mother in prison in a child-friendly environment.

### Good practice example

Family engagement workers from PACT support women who are finding it difficult to maintain contact with their children and family members while in prison.



## All pregnant women and new mothers

All women should be able to access to counselling when needed.

### This means that:

- 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

- A high percentage of the female prison population have an existing mental health condition (Corston, 2007) and pregnancy is a time when existing mental illnesses can be exacerbated. (Prince et al, 2007). Women who have a pre-existing mental health condition are at increased risk of serious post-natal illness such as post-partum psychosis (Gregoire et al, 2010; Mukherjee et al, 2014).
- Research has shown that pregnant women in prison constitute a very vulnerable group, of which the majority have had significant multiple adverse experiences in their lives (Edge, 2007).
- Research carried out by the NSPCC and Barnados (2014) found that almost two-thirds of mothers in prison reported that they were depressed and that over half were lonely.
- Severe mental illness is particularly common among mothers who are separated from their babies (including women who did not apply for a place on an MBU or who were not eligible for admission). For these women, separation from their babies can exacerbate their existing mental health problems, which in turn can contribute to the poor current and future mental health of the child (Gregoire et al, 2010).
- Separation can lead to insecure attachment in children (Baradon and Target, 2010) and have a detrimental effect on mother's mental health (Woolredge and Masters, 1993, Unicef, 2012, 1001 Critical Days, 2015).

### Good practice example

In HMP Holloway, a weekly Psychological Therapies Referral meeting is held, attended by Healthcare staff and external agencies such as Women in Prison. The purpose is to ensure women are referred to appropriate interventions and there is a clear plan of action should more support be needed.

## Women with babies

Pregnant women and new mothers should receive appropriate resettlement services after release from prison.

### This means that:

- 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 Centres or specialist community voluntary sector organisations in the area where they will be living.
- Women being released may also need practical help to source baby clothes and equipment.
- All pregnant women and new mothers should receive 'through the gate' support.

### Additional information

- Around a third of women prisoners lose their home as a result of incarceration (Prison Reform Trust, 2000). As a result, women face real difficulties in rebuilding relationships after release (Bruns, 2006).

### Good practice example

Birth Companions' Community Link Service works with women in London after release, providing specialist one-to-one antenatal, birth and postnatal support and a range of essential practical items. A recent external evaluation of the service (Clewitt and Penfold, 2015) found that:

- It was successful in engaging women with the service, when many other services struggled to do so. There was some evidence this led to better engagement with other services.
- Women felt more in control of their situation as a result of advocacy support from Birth Companions and having the parenting skills, knowledge and material equipment necessary to care for their babies.
- Women felt less isolated through Birth Companions involvement, from support during labour to developing strong, trusting relationships with volunteers who provided emotional support. There were mixed experiences of the sustainability of reduced isolation when the support ceased.

### Good practice example

Housing for Women provides support and accommodation for women reuniting with their children after being in prison.

### Good practice example

PramDepot is an Arts led recycling project that provides high quality recycled baby clothes and equipment to new mothers who receive support from Birth Companions and other agencies.

### Good practice example

The Hub at HMP Holloway provides support to women on their immediate release from prison, enabling them to engage with external agencies offering through the gate support, charge their phones and get essential items such as winter coats and baby clothes.







### Women's experiences

Birth Companions' experience of working with pregnant women and new mothers in prison has shown that care for these women varies greatly from prison to prison and within prisons. Some women have told us that coming to prison enabled them to turn their life around and make a new start with their baby. They have also described how much they valued support provided by individual officers and agencies. For others, it proved a stressful experience during which they struggled to meet their basic needs (e.g. adequate food and privacy) and to focus positively on their baby. The following quotes from women who have been pregnant or had a baby in prison illustrate the diversity of their experiences, and the powerful impact it has had on them.

### Emotions

"I was six months pregnant when I went in. I remember the officer who took me in and then that's when I cried. I just couldn't believe I was there.... I just felt I was in a nightmare."

"Being pregnant in Holloway was a very lonely and dark time in my life... No-one to feel your baby kicking except other inmates. Nobody to talk to about your worries and fears. The officers monitoring you. I could not talk to them in fear that if I said something like "I'm scared" or "I feel so down", they would not let me keep the baby."

"You don't know what's happening so you're worried – are we going to go home, are we going to an MBU, what's going to be happening next?"

"The not knowing [about whether or not I had a place on the MBU] was making me ill, was making me anxious, was just making me so frustrated... I came to prison in May and I was told it's a 2/3 month process. I sat my board and I still didn't go. The van came to collect me; they forgot to tell me, apparently."

"All I did was cry – I didn't want to do anything, it was awful. I felt like I had lost everything. I didn't like the food and I was scared of the other prisoners. At first I was in a room with lots of women who smoked and I was told I couldn't be moved until after the weekend. That was really hard for me."

"When I arrived in Holloway I was the lowest anyone can be, my biggest fear being my failure as a mother. I'd left two small children and although they were being looked after by my family, I couldn't help but feel heartbroken."

"You don't know what's happening so you're worried – are we going to go home, are we going to an MBU, what's going to be happening next?"

## Health and wellbeing

"I lost a lot of weight in there. I was trying to keep myself calm but I felt really guilty because I was pregnant and my son wasn't getting what he needed. ... I knew I wasn't getting enough food, I knew I was hungry all the time, I knew I wasn't sleeping properly."

"No one even asks you if you're ok, (sometimes you get emotional or upset) and take into consideration oh she's pregnant.... Being away from your family, not being able to communicate with them as much as you want to...."

"They put me on the fifth floor so sometimes I was really exhausted from climbing up to the top of the prison."

"It's not special treatment we're asking for, we've already been locked away, it's just your basic human rights. You know the prison gets funded for the number of days we are there for so we are meant to be able to eat, we're meant to be able to drink. We shouldn't be dehydrated. The prison may say we are feeding them but I've still got my notes that say I was dehydrated and starving – that's what the midwife was saying: "this girl is starving and dehydrated we're keeping her in".

"I never knew what I was entitled to, there were no brochures, there were no leaflets. There was nothing that said this is what happens when you have a baby in prison, this is what you are entitled to. I had to fight for everything, I had to write to the governors to be given an extra pregnancy mattress...I had to fight to be allowed extra bread, extra whatever."

"It was better being on the unit with pregnant women and I got fruit and salad – I felt reassured seeing other pregnant women. Before that I was really worried about not seeing anyone else who was pregnant."

"You don't feel safe in prison. You have to leave the landings. You feel scared as women are running on free flow to make sure they get to education to get the classes they want or else they don't get paid."

"They put me on the fifth floor so sometimes I was really exhausted from climbing up to the top of the prison."

## Handcuffs

"I don't think you should be handcuffed at all...it's not really a nice feeling... if you're pregnant, where are you going to go?"

"You would get the odd officer who would just keep you handcuffed until you go all the way upstairs [for appointments in the hospital] and you're already sitting down with all the other pregnant women and they are all just looking at me..."

"When I was eight months pregnant and had to go for a late scan, I was handcuffed on my way to the appointment. It was so degrading, people looking at you and judging. It was the worst feeling in the world".

## Medical care

"I was getting loads of cramps and Braxton Hicks and I remember I pressed the bell. It took a while for the officer to come, and then all she said to me was "are you bleeding?" I was like "no". She said "Call me when you're bleeding." I went down to see the doctor's about three or four times and never got seen. You get put in a room and other people get seen and then it's time to go back to your cell."

"When I had to my first scan inside Holloway they have a really small scan – really old school. She wanted to do an internal scan and I wasn't down for that but she said I'm going to have to know how far and I was almost forced into having this internal scan."

"Once I was getting an examination done and it was actually the nurse who said to the officer, and it was a male officer, "You need to step outside."

"I noticed they [healthcare staff] always spoke to the officers first even though I'll be sitting there, so it's like they discarded me as a human being. So a lot of times I had to say "Scuse me, you know, it's not them that's pregnant, it's me. Like this is my business you're meant to be telling me"."

## In hospital

"While I was in labour I had two prison officers at the end of my bed. I was having difficulties, which I am sure was partly because of being so stressed having officers present."

"When I was there every single mother had a caesarean section – we all felt that it was because we were stressed and the officers were in the room all the time. I was in deep labour and I couldn't really speak but I know they were there, I can still see their faces."

"I had two officers sitting outside the curtain so that the whole ward knows you are in prison – what are people going to think?"

"I was breastfeeding so the poor men that were there guarding me had to pop out every minute and my child was breast feeding every two hours and it was all hours of the night for seven days. I didn't know these people, in the end I couldn't be bothered to ask them to leave anymore because I was so tired and felt ashamed to ask them to leave because I want to breastfeed, it became almost annoying for them."

"I had two officers sitting outside the curtain so that the whole ward knows you are in prison – what are people going to think?"

"Having a birth companion helped me to make the right decisions about what I wanted during my labour and I am sure it helped me to have a really positive experience and to give birth naturally. They gave me information which really helped me to make decisions. This was really important as I felt under a lot of pressure from the midwife and the doctor to have lots of interventions which I chose not to have. Having my baby was one of the most important moments of my life and someone there telling me I was strong and I could do it, it helped me to keep going. Every woman needs that kind of support."



## On the MBU

"HMP Peterborough had an outside garden with space, grass and at last I could feel the sunlight....I would express milk and store it in the prison freezer. The prison and the senior officer were really good and let me hand my milk out. They also never forced me to go to education, they let me stay mostly on the unit so I could breastfeed my baby."

"At Askham [Grange], I was able to go out on solo shopping trips and have money in my hand, it made me feel normal, that helped, otherwise when I was released it would have been too much."

## Release

"When I came out of prison I didn't know that I was going to get released... they didn't tell me what date I was going. At 5am the officer came and said you're going out, you're going home."

"A lot of girls go out to nothing which is much harder with a baby. I can understand how some maybe could fall back down again with no support and a baby in tow."

"It feels like people don't want to be around you. Feels like everyone thinks you are a criminal when you come out of Holloway."

"When I came out I didn't have any additional support. My family was there for me but even though I was only there for six weeks I felt like I was thrown out onto world. I was literally standing on the Holloway Road with black bags."

"It feels like people don't want to be around you. Feels like everyone thinks you are a criminal when you come out of Holloway."



### Support

"It's not until you look back and see... the groups they were so important in there. Just being able to talk to someone, just like "I have never had a baby before. How will I know I'm in labour?"

"I was absolutely alone and when you've had the baby and you see people in their beds and their family are coming with balloons and you know, its gut wrenching but then – you know [a birth companion] would turn up with a teddy... it means a lot, that somebody actually cares."

"I felt a huge amount of support. I was able to share my experiences with the other girls and the birth companions without fear of judgement. I was never asked why I was here and for the two hours of the group I didn't feel I was in prison. It just felt like we were all mums looking forward to our new arrivals with no stress."

"They gave me the right amount of advice and support which encouraged me to give it a try, which I loved. I didn't have my son in prison with me unfortunately but they taught me to express so my son could still benefit, which is the best thing I ever did."

### Being a mother

"I think prison made me a better mum. It helped me concentrate fully on my daughter. I am extremely close with her and will be eternally grateful that she supported me through the most difficult time in my life...I have managed to fit back into life as I have support."

"I was able to have a quick birth without intervention and [received] kindness and nurturing. I was at a very low point and had depression throughout my pregnancy. However the birth was a good experience. I feel the birth has been a turning point."

"Just a little kindness and support really changed the way I felt about the world."

"I was fortunate to go back to the Mother and Baby Unit at Holloway and three weeks later on to a mother and baby rehab. Thanks to support I completely turned my life around and have been clean six years this year."

"Just a little kindness and support really changed the way I felt about the world."

## Why is a Birth Charter needed?

No official figures are released on the number of pregnant women in prison; however research figures estimate that over 600 women receive antenatal care in prison each year with over 100 women giving birth while in prison. There are six Mother and Baby Units in England and Wales with a total capacity of 64 babies, and babies can stay on MBUs until they are 18 months old. In 2015, 100 babies spent time on an MBU. Many women are released before birth, but the period in detention can have a significant impact on the mother and her unborn baby.

Women offenders 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 due to the effects of poor health, poverty, lack of support from family and friends and isolation. Evidence suggests that women in prison who are pregnant or who remain with their baby in MBUs do not receive the same quality of perinatal healthcare as those living in the community. There is currently no requirement in England and Wales for the NHS to provide antenatal classes for women in prison.

The babies born to women in prison often experience risks that could affect their care and development and are more likely to experience perinatal mortality and morbidity than the babies of non-incarcerated women (NSPCC/Barnardo's, 2014). In particular, the issues that women offenders typically experience are risk factors for poor parenting skills and infant feeding choices which can result in the impaired physical, social and emotional wellbeing of their children (Albertson et al, 2012). Moreover, difficulties such as mental health problems and substance misuse, both especially prevalent amongst women in prison, can affect the quality of infant-parent attachment (NSPCC/Barnardo's, 2014).

In addition, the environment and treatment pregnant women and babies encounter in prison can impact on the babies' health and well-being. We know through research that children who encounter adversity and stress in infancy have significantly increased risk of adverse mental and physical health outcomes later in life, including depression, anxiety, behavioural disorders, substance misuse and cancer (NSPCC/Barnardo's, 2014). Children of prisoners have three times the risk of delinquent / antisocial behaviour compared to their peers.

Male prisoners make up the bulk of the prison population in England and Wales and historically both prison policy

and practice have largely been based on their needs. There is no overarching prison policy covering the treatment of pregnant women, women giving birth or women who are separated from a baby in prison.

The Albertson Review notes that "[pregnant] women [in prison] are more likely to book late for antenatal care, receive minimal antenatal education, not receive adequate food and nutrition during pregnancy and postpartum, be without the support of a family member during labour and birth, have a premature or small-for-dates baby, decide to formula feed, and be separated from their baby soon after birth". It notes that "these factors combined may have a substantive impact on women's own physical and mental health, the nutrition, health and development of their babies, and on the appropriate development of attachment, parenting skills, and stable family relationships following release" (Commission on Women Offenders, 2012).

Our experience has been that despite the challenges, many pregnant women and new mothers have benefited from the support they have received while in prison; formed loving and successful relationships with their children; and gone on to rebuild their lives in a positive way on release. Appropriate support for women in the perinatal period ensures that cycles of disadvantage are not repeated and we believe this Birth Charter will increase these opportunities.

### Existing law and guidance

Promoting health in pregnancy and after birth is a clinical priority. The Department of Health Getting the Right Start: National Service Framework for Children states that "improving the health and welfare of mothers and their children is the surest way to a healthier nation" (Department of Health, 2007). The principle of 'equivalence of healthcare for people in prison and in the community' has been enshrined in law in England and Wales since 1999 (Department of Health, 1999). Prisoners are entitled to the

same range and level of healthcare as are available in the wider community. Therefore mothers and babies who enter the Criminal Justice system should have equivalent care and support to mothers and babies in the community, throughout pregnancy, birth and the postnatal period.

The UK is a signatory to the United Nations Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders. Known as the Bangkok Rules, and adopted by the UN General Assembly (Resolution A/RES/65/229) in 2010, they were the first specific UN standards for the treatment of women in prison. The Rules protect the rights of women offenders and prisoners, explicitly addressing the specific needs of women in custody and are also the first international instrument to address the needs of children in prison with their parent. The Bangkok Rules reiterate the importance of equivalence “without discrimination” and make specific recommendations on many aspects of care for pregnant women, mothers and children in prison.

Specific guidance on care for vulnerable pregnant women with complex needs, including the prison population, was published by the National Institute for Clinical Excellence (NICE) in 2010. These set out recommendations to support relationship-building in the antenatal period, improve the health outcomes and reduce risk of complications for mother and baby.

More generally, the Human Rights Act (1998) sets out fundamental rights and freedoms that should be respected, including respect for one’s established family life (Article 8).

### Prison Service Orders/Instructions

Many aspects of the running of prisons in England and Wales are governed by Prison Service Orders (PSO) or Instructions (PSI), but although women in the perinatal period have specific healthcare, psychiatric and social needs, there is no single, comprehensive PSO which focuses on their needs. There are a number of PSO/PSIs that cover women prisoners in general (e.g. PSO 4800). Several others make specific mention of pregnant women:

- PSO 1600 covers the use of force and appropriate restraint.
- PSO 6200 specifies that heavily pregnant women and mothers of babies should not be transferred in a cellular vehicle.
- PSI 54/2011 and Standard 35 cover Mother and Baby Units (MBUs), providing a comprehensive instruction for the operation of MBUs. However, it makes no mention of pregnant or postnatal women who do not have a place on an MBU, and have to separate from their children.

### Calls for Reform

In 2008, the Royal College of Midwives (RCM) recommended a specific PSO for pregnant prisoners and pointed to inconsistencies in the care of pregnant inmates. A position statement published in 2014 called for “a much more humane approach to [pregnant women and women with young babies]...in prison, and the ending of the use of restraints for pregnant women in the prison system, including during visits

to courts and transfer between areas “except in situations where the woman poses a risk to herself or her unborn child or if her life is clearly in danger”. The RCM also made clear that women prisoners should have access to safe and appropriate healthcare “to the same quality and standards as the non-prison population and strictly in line with NICE guidance”. The statement reiterates the point that the provision of effective care is done best “where consistency and safety in the standards of care for pregnant and postnatal women are contained within agreed protocols, such as the Prison Service orders” (RCM, 2014).

The recently published National Maternity Review champions “personalised care centred on the woman, her baby and her family based around their needs and their decisions, where they have genuine choice informed by unbiased information”. It also stresses the need for women to have continuity of care in labour. (NHS, 2016)

The Francis report (2013), following Maternity Alliance’s paper ‘Getting it Right? Services for pregnant women, new mothers and babies in prison’ (North, 2006) says there is a need for a mandatory cohesive service-wide response to pregnancy in prison. It also recommends that service users should have greater involvement in the planning of their care. Additionally, the Department of Health policy: Midwifery 2020 (Department of Health, 2010) and NSPCC/Barnardo’s ‘All Babies Count’ report (2014) outline the need to create seamless maternity services for women with complex social needs.

In 2015, Enhancing Care for Childbearing Women in Prison (O’Keefe and Dixon, 2015) recognises that MBUs can form protective, relatively stable environments in which mothers can bond with their babies and report a growing body of evidence which suggests that MBU residents are less likely to reoffend than the general female prison population. At the same time it highlights many problems and inconsistencies with the current system and makes a number of recommendations, including “access to relevant, appropriate and timely information about MBUs” and “programmes which encourage attachment”. They also make the point that “commissioners of services for childbearing women need to understand that long-term outcomes for this group will require intensive support and will not be the cheapest to deliver”; both in prison, on release and in the community.

Birth Companions believes our proposal for a Birth Charter can form the practical basis of the much-needed Prison Service Order for Women in the Perinatal Period. This should cover essential provisions and ensure equivalent access to and quality of healthcare for pregnant prisoners, new mothers and new mothers who do not have a place with their baby on an MBU. We believe that our recommendations will substantially improve the physical and mental health and well-being of this group of mothers and ensure the best start possible for their babies.

### March 2016



## References

- Abbott L. (2014) 'The pregnant woman in prison'. ECAN Bulletin (23). The Howard League for Penal Reform.
- Abbott L. (2015) 'A Pregnant Pause: Expecting in the Prison Estate', in Baldwin, L. (ed.) *Mothering Justice: Working with Mothers in Criminal and Social Justice Settings*. 1st ed. England: Waterside Press.
- Albertson, K., O'Keeffe, C., Lessing-Turner, G., Burke, C. and Renfrew, M. (2012) 'Tackling health inequalities through developing evidence-based policy and practice with childbearing women in prison: A consultation.' Project Report. Sheffield, Sheffield Hallam University.
- Albertson K. (2014) O' Keeffe C., Burke C., Lessing-Turner G. and Renfrew M. (2014) 'Addressing Health Inequalities for Mothers and Babies in Prison' in Tod A. and Hirst J. (2014) *Health and inequality: applying public health research to policy and practice*. United Kingdom: Routledge.
- All Party Parliamentary Group (APPG) (2015) *First Steps 1001 Critical Days. Building Great Britain: Conception to age 2*. <http://www.1001criticaldays.co.uk/buildinggreatbritonsreport.pdf>
- APPG (2015) *The 1001 Critical Days manifesto: The importance of conception to age 2*. [http://www.1001criticaldays.co.uk/1001days\\_Nov15.pdf](http://www.1001criticaldays.co.uk/1001days_Nov15.pdf)
- APPG (2015) *The 1001 Critical Days manifesto: breastfeeding supplement* <http://www.1001criticaldays.co.uk/~criticaldays/UserFiles/files/The%201001%20Critical%20Days%20Breastfeeding%20supplement%20%20.pdf%20Wednesday%2025th%20February%202015.pdf>
- Association of Breastfeeding Mothers (ABM) <http://abm.me.uk/>
- Ball H., Moya E., Fairley L., Westman J., Oddie S. and Wright J. (2012) 'Infant care practices related to sudden infant death syndrome in South Asian and White British families in the UK.' *Journal Paediatric and perinatal epidemiology*, 26 (1) 3-12.
- Baradon, T., and Target, M. (2010) 'Mothers and babies in prison: A psychoanalytic approach supporting attachment'. In A. Lemma, & M. Patrick (Eds.), *Off the couch: Contemporary psychoanalytic applications* (pp. 81) Routledge.
- Baumann-Grau, A. and Van Gundy, A. (2013) *Women, Incarceration, and Human Rights Violations: Feminist Criminology and Corrections*. Ashgate Publishing, Ltd.
- Bergman, K., Sarkar, P., O'Connor, T., Modi, N. and Glover, V. (2007) 'Maternal stress during pregnancy predicts cognitive ability and fearfulness in infancy'. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46 (11) 1454-1463.
- Bowlby, J. (1982) 'Attachment and loss: retrospect and prospect', *American Journal of Orthopsychiatry*, 52(4) 664.
- Breastfeeding Network (BfN) <https://www.breastfeedingnetwork.org.uk/>
- Brooks H. and Coster D. (2014) *Baby steps in a prison context: parents' perspectives*. NSPCC, London.
- Bruns, D. (2006) 'Promoting mother-child attachment relationships for incarcerated women and their children'. *Infants & Young Children*, 19(4), 308-322.
- Buckley, S. (2015) *Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care*, Washington, D.C.: Childbirth Connection Programs, National Partnership for Women & Families, January 2015.
- Byrom, S. and Downe, S. (eds.) (2014) *The Roar Behind the Silence: Why kindness, compassion and respect matter in maternity care*. Pinter & Martin, United Kingdom.
- Capron, L., Glover, V. and Ramchandani, P. (2015) 'Does maternal antenatal depression alter infant hypothalamic-pituitary-adrenal (HPA) axis functioning in the offspring at 4 months postpartum?', *Psychoneuroendocrinology*, 61, 33.
- Clewett N. and Pinfold, V. (2015) 'Evaluation of Birth Companions' Community Link Service', McPin Foundation, London.
- Commission on Women Offenders (2012) 'Commission on Women Offenders: Final Report', Edinburgh: Scottish Government.
- Corston, J. (2007) 'The Corston Report: The Need for a Distinct, Radically Different, Visibly-Led, Strategic, Proportionate, Holistic, Woman-Centred, Integrated Approach', London: Home Office.
- Corston, J. (2007) 'The Corston Report: A review of women with particular vulnerabilities in the criminal justice system', London: Home Office.
- Department of Health (2004) 'National service framework for children, young people and maternity services', London: Department of Health.
- Department of Health (2007) 'Getting the Right Start: National Service Framework for Children', London: Department of Health.
- Edge, D. (2006) 'Perinatal Healthcare in Prison A Scoping Review of Policy and Provision', The Prison Health Research Network, Department of Health, London.
- Elder, S. and Laurence, K. (1991) 'The impact of supportive intervention after second trimester termination of pregnancy for fetal abnormality', *Prenatal diagnosis*, 11(1), 47-54.
- Feldman, R., Weller, A., Leckman, J., Kuint, J. and Eidelman, A. (1999) 'The nature of the mother's tie to her infant: Maternal bonding under conditions of proximity, separation, and potential loss', *Journal of Child Psychology and Psychiatry*, 40(06), 929-939.
- First Steps to Nutrition Trust (2014) 'Eating Well in Pregnancy, A practical guide'
- Fogel C. and Belyea M. (2001) 'Psychological risk factors in pregnant inmates: a challenge for nursing'. *MCN The American Journal of Maternal/ Child Nursing*, 26 (1): 10 - 16.
- Galloway S., Haynes A. and Cuthbert C. (2014) 'An Unfair sentence: All Babies Count. Spotlight on the Criminal Justice System', NSPCC and Barnados, London.
- Gerhardt, S. (2003) *Why love matters: how affection shapes a baby's brain*. Hove, East Sussex: Brunner-Routledge.
- Glover, V. and O'Connor, T. (2002) 'Effects of antenatal stress and anxiety', *The British Journal of Psychiatry*, 180(5), pp. 389-391.
- Glover, V., O'Connor, T. and O'Donnell, K. (2010) 'Prenatal stress and the programming of the HPA axis', *Neuroscience & Biobehavioral Reviews*, 35(1), 17-22.
- Graham, H. (2007) *Unequal lives: Health and socioeconomic inequalities*. Maidenhead: Open University Press, United Kingdom.
- Gregoire, A., Dolan, R., Birmingham, L., Mullee, M. and Coulson, D. (2010) 'The mental health and treatment needs of imprisoned mothers of young children', *The journal of forensic psychiatry & psychology*, 21(3), 378-392.
- Grille R (2015) *Parenting for a Peaceful World* <https://blogs.unicef.org.uk/2015/06/12/baby-friendly-robin-grille/>
- Hodnett, E., Gates, S., Hofmeyr, G., Sakala, C., & Weston, J. (2012) 'Continuous support for women during childbirth'. *Cochrane database of systematic reviews*, 10.
- Hollowell, J., Kurinczuk, J.J., Oakley, L., Brocklehurst, P. & Gray, R. (2009) 'A systematic review of the effectiveness of antenatal care programmes to reduce infant mortality and its major causes in socially disadvantaged and vulnerable women'. National Perinatal Epidemiology Unit, University of Oxford.
- Horta B., Bahl R., Martines, J. and Victora, C. (2007) *Evidence on the long-term effects of breastfeeding*. WHO, Geneva.

- Ip, S., Chung, M., Raman, G., Trikalinos, T., & Lau, J. (2009) 'A summary of the Agency for Healthcare Research and Quality's evidence report on breastfeeding in developed countries'. *Breastfeeding medicine*, 4(S1), S-17.
- Kitzinger, S. (2005) *The politics of birth*. Books for Midwives Press.
- Klaus, M., Kennell, J., & Klaus, P. (2012). *The doula book: How a trained labor companion can help you have a shorter, easier, and healthier birth*. Da Capo Press.
- Knight M, and Plugge E. (2005) 'Risk factors for adverse perinatal outcomes in imprisoned pregnant women: a systematic review.' *BMC Public Health*: 5:111.
- Leadsom A., Field, F., Burstow P., Lucas C. (2013) 'The 1001 Critical Days: The Importance of the Conception to Age Two Period'. A cross party manifesto. [http://www.1001criticaldays.co.uk/UserFiles/files/1001\\_days\\_jan28\\_15\\_final.pdf](http://www.1001criticaldays.co.uk/UserFiles/files/1001_days_jan28_15_final.pdf)
- Marshall, D. (2010) 'Birth Companions: working with women in prison giving birth', *British Journal of Midwifery*, 18(4), pp. 225–228.
- Mukherjee, S., Pierre-Victor, D., Bahelah, R. and Madhivanan, P. (2014) 'Mental health issues among pregnant women in correctional facilities: a systematic review', *Women Health*, 54(8), 816–42.
- Myers, B. (1984) 'Mother—infant bonding: The status of this critical-period hypothesis', *Developmental Review*, 4(3), 240–274.
- National Childbirth Trust (NCT) <https://www.nct.org.uk/professional/breastfeeding-services>
- National Institute for Clinical Excellence (2010) 'Pregnancy and complex social factors', [www.nice.org.uk/guidance/CG110](http://www.nice.org.uk/guidance/CG110).
- National Institute for Clinical Excellence (2014) 'Increasing Vitamin D supplementation amongst high risk groups'. NICE, London.
- National Maternity Review (2016). 'BETTER BIRTHS: Improving outcomes of maternity services in England. A Five Year Forward View for maternity care'. <https://www.england.nhs.uk/wpcontent/uploads/2016/02/national-maternity-review-report.pdf>
- National Security Framework (2015)
- North, J. (2006) 'Getting it Right? Services for pregnant women, new mothers and babies in prison', *Maternity Alliance*, London.
- O'Keefe, C. and Dixon, L. (2015) 'Enhancing Care for Childbearing Women and their Babies in Prison'. <https://www.shu.ac.uk/research/hccj/sites/hccj/files/enhancing-care-childbearing-women-babies-prison.pdf>.
- Plugge, E. et al. (2006) *The Health of Women in Prison*, Oxford: Department of Public Health, University of Oxford.
- Price, S. (2005) 'Maternity services for women in prison: a descriptive study', *British Journal of Midwifery*, 13(6), 362–368.
- Prince, M., Patel, V., Saxena, S., Maj, M., Masello, J., Phillips, M. and Rahman, A. (2007) 'No health without mental health', *The Lancet*, 370 (9590), 859–877.
- Prison Reform Trust (2000) 'Justice for Women: the need for reform'. London: PRT.
- Prison Service and National Health Service Executive Working Group (1999) 'The future organisation of prison health care', London: Department of Health.
- Rowles and Burns (2007) *Birth Companions External Evaluation Report*. [http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/External\\_Evaluation\\_Report\\_-\\_Birth\\_Companions\\_March\\_07\\_1\\_.pdf](http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/External_Evaluation_Report_-_Birth_Companions_March_07_1_.pdf)
- Royal College of Midwives (2014) *Infant feeding Supporting parent choice*. RCM: London.
- Royal College of Midwives (2014) *Position Statement: Women in Custody*. RCM: London.
- Sable, M. R., Fieberg, J. R., Martin, S. L., & Kupper, L. L. (1999) 'Violence victimization experiences of pregnant prisoners.' *American journal of orthopsychiatry*, 69(3), 392.
- Sandall, J., Soltani, H., Gates, S., Shennan, A. and Devane, D. (2013) 'Midwife-led continuity models versus other models of care for childbearing women', *Cochrane Database Syst Rev*, 8 (8).
- Schetter, C. and Tanner, L. (2012) 'Anxiety, depression and stress in pregnancy', *Current Opinion in Psychiatry*, 25(2), 141–148.
- Schroeder, C. (2005) 'Labor Support for Incarcerated Pregnant Women: The Doula Project', *The Prison Journal*, 85(3), 311–328.
- Scottish Executive (2008) *Support and Services for Parents: A Review of the Literature in Engaging and Supporting Parents*.
- Simkin, P., & Klaus, P. (2004) *When survivors give birth*. Seattle: Classic Day.
- Simkin, P. (2007) 'Birth Plans: After 25 Years, Women Still Want To Be Heard'. *Birth*, 34: 49–51. doi: 10.1111/j.1523-536X.2006.00126.x
- Sleed, M., Baradon, T. and Fonagy, P. (2013) 'New Beginnings for mothers and babies in prison: A cluster randomized controlled trial.' *Attachment and Human Development*, 15(4): 349–367.
- The Nursing and Midwifery Order (2001) *Statutory Instruments*. No. 253. Article 45. [http://www.legislation.gov.uk/uksi/2002/253/pdfs/uksi\\_20020253\\_en.pdf](http://www.legislation.gov.uk/uksi/2002/253/pdfs/uksi_20020253_en.pdf)
- Moberg, K. (2014) 'How kindness, warmth, empathy and support promote the progress of labour: a physiological perspective' in Byrom, S. and Downe, S. (eds.) (2014) *The Roar Behind the Silence: Why kindness, compassion and respect matter in maternity care*. Pinter & Martin, United Kingdom.
- Van den Bergh, B., Mulder, E., Mennes, M., & Glover, V. (2005) 'Antenatal maternal anxiety and stress and the neurobehavioural development of the foetus and child: links and possible mechanisms. A review', in *Neuroscience & Biobehavioral Reviews*, 29(2), 237–258.
- Wooldredge, J., and Masters, K. (1993) 'Confronting problems faced by pregnant inmates in state prisons.' *Crime & Delinquency*, 39(2), 195–203.
- United Nations (2010) 'United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)', Resolution 2010/16
- Unicef (2012) *The evidence and rationale for the Unicef UK Baby Friendly Standards*. [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Research/baby\\_friendly\\_evidence\\_rationale.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Research/baby_friendly_evidence_rationale.pdf)
- Unicef UK Baby Friendly Initiative [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

## Acknowledgements

The Birth Charter was written by Annabel Kennedy, Denise Marshall, Diana Parkinson, Naomi Delap, Laura Abbott, and a group of women; all of whom have been pregnant, and some of whom have had babies in HMP Holloway. Many thanks for input, advice and support from Abbi Ayers, Viv Gray, Claire Powell, Claire Cain, Katharine Hodgson, Francesca Entwistle, Jacque Gerrard, Gabrielle Bourke, Janet Fyle, Brian Benson and Peek Creative.



E-mail: [info@birthcompanions.org.uk](mailto:info@birthcompanions.org.uk)  
Website: [www.birthcompanions.org.uk](http://www.birthcompanions.org.uk)

Design: [www.haveapeekatthis.com](http://www.haveapeekatthis.com)

Registered Charity Number: 1120934

Birth Companions is also a company limited by guarantee (company number:6269047), registered in England and Wales with a registered office address at:

Dalton House, 60 Windsor Avenue, London SW19 2RR