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INSTITUTIONAL INDIFFERENCE: PHYSICAL AND MENTAL HEALTH CHALLENGES OF PREGNANT INMATES

by

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Abstract

The unprecedented rise in the US incarceration rate is well-documented. However, research into the historic increase in the prison population largely focuses on male prisoners. The dramatic increase in the rate of incarcerated females is often overlooked. This omission is important because women face unique challenges while incarcerated. One of the gendered differences, which affects women, physically and mentally, is pregnancy. This paper examines the current data available on the prevalence of pregnancy amongst female inmates, and data gaps and limitations. Pregnancy is distinctively difficult for incarcerated women as they navigate the stressors of the prison environment while receiving minimal prenatal care. Relying on Goffman's framing of prisons as "total institutions" and Sykes' "pains of imprisonment", I explore how prison experiences are gendered. I also examine current evidence-based reforms such as anti-shackling laws, doula programs, and prison nurseries. In addition to the implications of the current state of prenatal and postpartum care on the inmates themselves, this paper also explores the consequences for their children. Recommendations are made to increase data acquisition, expand prenatal care in prisons, and reinforce the inmates' identities as mothers to support reintegration to society after release.

Keywords

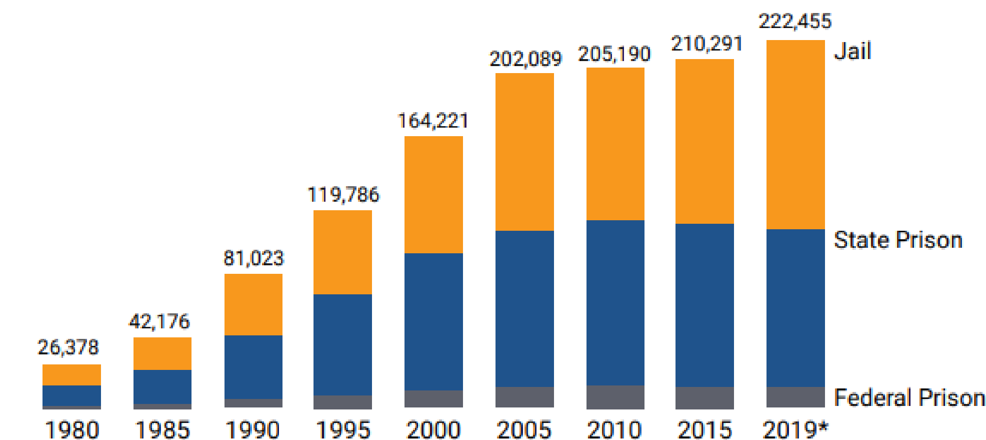
Pregnancy, female inmates, doulas, prison, evidence-based corrections, Goffman

Mass Incarceration and Gender

In the US there was a dramatic increase in the prison population between the 1980s and 2000s—a phase known as “mass incarceration”. The era of mass incarceration has had a distinct impact on female inmates and their families. Since 1980, the number of female inmates has increased from approximately 26,000 to over 200,000, representing a 700% increase and twice the rate of increase for male prisoners (See Figure 1) (Cahalan et al., 1986; Carson, 2020; The Sentencing Project, 2020).

Figure 1

Increase in Female Incarceration Since 1960



From “Incarcerated Women and Girls” by The Sentencing Project, 2020, https://www.sentencingproject.org/publications/incarcerated-women-and-girls/

According to Michelle Alexander (2010), mass incarceration has been used as a form of social control and disproportionately affects minorities and those of low socioeconomic status. Mass incarceration and the “War on Drugs” had a differential impact on women, especially

women of color. While the rate of imprisonment of Black women has decreased over the past 20 years, it remains 1.7 times the rate of imprisonment of white women (Carson, 2020).

Most incarcerated women are housed in state facilities, with a smaller percentage in federal prison. In 2019, there were 95,626 state female inmates and 12,329 female inmates in federal prison. Between 1986 and 1991, the number of women in state prisons for drug offenses increased by 433%, almost double the rate of men (Bush-Baskette, 2000). In federal prisons, the percent of women there for drug offenses increased from 26.1% to 72% (Bush-Baskette, 2000). In recent years that number has declined. In 2019 59.2% of females in federal prison were incarcerated on drug charges (Carson, 2020). In 2018, 61% of women in state prison were incarcerated for a non-violent offense, as opposed to 58% of men who were incarcerated for a violent offense (Carson, 2020; The Sentencing Project, 2020). There have been clear gendered patterns of incarceration during the massive increase in prison populations at both the state and federal levels.

The higher percentage of men in correctional facilities compared to women has led to a lack of research into the unique experiences and needs of incarcerated women—especially standards of physical and mental health care during pregnancy and postpartum. This raises issues regarding women's physical and emotional health. The social costs of so many women in prison extends beyond the women themselves onto their children. In 2007, 61.7% of state female inmates and 55.9% of federal female inmates were mothers (Glaze & Maruschak, 2008). Being separated from their children threatens a woman's confidence in her identity as a mother and increases fears of abandonment by her partner (Pogrebin & Dodge, 2001). The child also faces the emotional strain of being separated in addition to the stress involved with moving to a new home or foster care (Bush-Baskette, 2000). Mandatory minimums, increased penalties for conspiracy

and harsher penalties for smaller amounts of drugs have greatly influenced the rise in women's incarceration (Bush-Baskette, 2000). In addition, the role a woman played in a crime and being the sole caretaker of minor children can no longer be used to mitigate sentences, putting more mothers in prison and displacing their children. This has had a greater impact on women of low socio-economic status as they have an increased risk of arrest for drug charges due to a lack of protective economic status, and their high visibility (Bush-Baskette, 2000).

This increased risk of arrest and incarceration puts women at greater risk of going into prison pregnant or being separated from children they already have. This displacement can be harmful to child and mother, especially if after release the mother is not able to regain custody. If a woman's child is placed in foster care while she is in prison, the requirements for her to regain custody while on parole include employment, financial stability, adequate permanent residence, and no further involvement in crime (Pogrebin & Dodge, 2001:226). Certain requirements, like getting a good job or accessing quality housing, are more difficult to fulfill due to the stigma around being an ex-prisoner (Pager, 2008; Mauer, 2003). The exponential increase in the number of incarcerated women and subsequent lack of physical and mental health care, has had a detrimental effect on the women and her children.

The geographic location and fewer number of women's prisons negatively impacts positive mother-child bonds. Children rarely get the opportunity to visit their mothers due to this distance, and it can add to the emotional trauma for both mother and child (Bush-Baskette, 2000: 124). For example, the Federal Bureau of Prisons has only 29 facilities that house women. Some states, like Minnesota and Michigan have only one women's prison. If a woman's family lives on the other side of the state or in a different state, visitation becomes physically less practical and less likely, inhibiting the growth of a healthy mother-child relationship. The separation and

infrequent visits impacts both mother and child. The emotional distress for the child effects their self-esteem, school performance, and can lead to drug abuse and their own incarceration (Bush-Baskette, 2000; Petersilia, 2001; Mauer, 2003).

Historical and Sociological Perspectives on Imprisonment

The shift in punishment ideology toward a greater punitive response was partially behind the mass incarceration trend. This has not always been true. A historical perspective is important to illustrate the ways in which the goals of punishment, and prisons specifically, have evolved. In addition to the social consequences of imprisonment on the women and their children, other consequences of imprisonment for female inmates have been explored historically and sociologically.

Historically, the role of prisons as criminal justice policy has centered around deterrence (general and specific) (Bentham, 1780/1907), incapacitation, retribution, or rehabilitation (Goldman, 1979). These rarely are implemented exclusively and are often reflective of how the broader public perceives crime and appropriate punishment (Beckett, 1997; Garland, 2001). General deterrence acts by informing the public of the punishment for certain crimes by punishing the ones who commit them to disincentivize criminal behavior. Specific deterrence uses the same concept to target one individual and keep them from re-offending. Prison as retribution focuses on the punitive nature of incarceration and uses prison as a means of payment for crimes committed. Prison as rehabilitation aims to change an offender's behavior and "rehabilitate" them into an upstanding member of society. Incapacitation as criminal justice policy prevents a person from committing crimes through physically separating them from broader society. Incapacitation does not necessitate additional punishment or rehabilitation for

the offender, only a physical removal of them to keep the larger community safe. This removal, however, creates issues beyond the loss of physical freedom.

In addition to the physical separation from general society life in prison has additional consequences. In his book *Asylums*, sociologist Erving Goffman (1961) introduced mental institutions as "total institutions". A "total institution" is physically and socially cut-off from everything surrounding it, dictated by its own rules and authority, and its inmates are stripped of individual identity. Like mental institutions, Goffman characterized prisons as "total institutions" wherein prisoners live, work, and socialize in the same place. While Goffman's presentation of prisons as total institutions investigates how incarceration is more than physical incapacitation, sociologist Gresham M. Sykes (1958:63-83) characterized specific "pains of imprisonment" including deprivation of security, liberty, autonomy, goods and services, and heterosexual relationships. Sykes' (1958) "pains of imprisonment" are both visible and invisible assaults on an inmate's sense of self.

Female inmates experience Sykes' "pains of imprisonment" in ways distinct from men. According to Sykes (1958:76-77), there will always be an irony in housing one criminal with hundreds or thousands of other criminals for extended periods of time. In a prison environment, this loss of individual identity does not lead to solidarity between inmates as the constant threat of violence, assault, and theft remain ever-present (Goffman, 1961; Johnson, 2002). For female inmates in particular, the limited number of facilities—usually one per state—means that each facility houses all security levels. Even if separated within the prison, each minimum-security non-violent female inmate lives in the general vicinity of a maximum-security violent inmate. Being housed with violent offenders creates a near-constant fear of becoming a victim oneself,

alongside the general unease, stress, and influence of living beside convicted violent and non-violent criminals (Sykes, 1958:77).

In line with the goal of prisons as incapacitation is the deprivation of liberty. The deprivation of liberty is difficult for an inmate physically as their movements are restricted, and also emotionally as they are cut off from friends and family (Sykes, 1958:65). According to Sykes, this loss of liberty is akin to a loss of citizenship—inmates are no longer legitimate members of society and must be kept away from "decent" people. The loss is most acutely felt by the separation of inmates from their family (Goffman, 1961:12). This loss of family further diminishes an inmate's sense of self and connection to life outside of prison, especially for mothers who are separated from their children. The social aspect of prison, or rather isolating aspects of prison, are critical to understanding female imprisonment. The loss of family, friends, partners, and children is an intense psychological and emotional stressor for many female inmates (Pogrebin & Dodge, 2001). The long-term economic and social consequences to the women's children and families has been historically understudied.

Similar to the loss of liberty is the loss of autonomy through the rules and oversight of prison officials. Prisons have a dichotomous authority structure where correctional officers and prison officials hold complete authority over inmates' autonomy (Goffman, 1961). According to Sykes (1958), the loss of autonomy is particularly frustrating for inmates as their choices are not their own but made by authoritarian staff who are not required to justify or explain their decisions. What an inmate does, says, and looks at is surveilled and controlled by a correctional authority with total power (Sykes, 1958:72). Correctional staff in women's prisons tend to behave more punitively, issuing more severe write-ups and sanctions than for comparable infractions in men's prisons (Braithwaite et al. 2008; Pogrebin & Dodge, 2001).

The deprivation of autonomy is a requirement of prisons' strict schedules and order maintenance, but it affects an inmate's psyche as well as their physical body. Here the deprivation of autonomy combines with the deprivation of goods and services. According to Sykes, this deprivation is a further assault on an inmate's sense of self. Non-essential items like choice of foods, personal clothing, privacy and space all help express a person's identity in necessary ways. Within total institutions, efficiency will take precedence over individuals—personal possessions are forfeited for communal ones, everyone follows the same routine, and care is substituted for order (Goffman, 1961:78-79). The prison environment becomes a zero-sum game where correctional authority will always come out on top (Sykes, 1958:81). Based on an understanding of prisons as total institutions, it is most often the case that correctional officers win disputes, physical altercations and will ignore complaints. For female prisoners this poses specific risks, especially regarding physical and sexual assault.

The final deprivation Sykes discusses is the loss of heterosexual relationships. Sykes (1958:70) focused on the male population of inmates and the loss of heterosexual relationships as a physical and psychological loss, attacking an inmate's self-image and status as "a man". For female inmates, the more acute loss would be that of *consensual* heterosexual relationships due to pervasive sexual abuse and rape at the hands of prison staff (Pogrebin & Dodge, 2001). Women in prison are frequently threatened by violence and sexual assault, especially by prison staff, as reported by many researchers and watchdog organizations (Equal Justice Institute, n.d.; Braithwaite et al., 2008; Pogrebin and Dodge, 2001). Instances of sexual assault by prison staff is difficult to determine because of the victims' fear of retribution from staff which also applies to other staff not reporting the behavior, a victim's fear of not being believed, the difficulty of investigating the claims especially if the accused is in a position of authority. Sometimes the acts

are determined to be “consensual” since the victim received goods or favors in return for the sex act. In Pogrebin and Dodge’s (2001) interviews, former inmates reported widespread sexual and emotional abuse, particularly for minority women, and outlined the inability for consent due to the power imbalance.

Many data sources (Department of Justice, 2015; Equal Justice Institute, n.d.; Mother Jones, 2013; Pogrebin and Dodge, 2001) report widespread sexual abuse and assaults in prisons putting female prisoners at the additional risk of an unexpected and/or unwanted pregnancy. Julia Tutwiler Prison in Alabama was named one of America’s “10 Worst Prisons by Mother Jones (2013) and investigated by the Equal Justice Initiative and the Department of Justice after accounts of “widespread sexual abuse” and inmates giving birth to children of prison guards. In 2015, the Department of Justice found Tutwiler to be in violation of the Eighth Amendment and reached a settlement to rectify the findings of pervasive sexual assault and abuse at Tutwiler (Department of Justice, 2015).

While certain consequences of imprisonment may be unavoidable due to the nature of prisons, the psychological effects of these punishments remain as severe as physical abuse. Goffman (1961:76) posed that in exchange for the inmate’s freedom and autonomy, an institution has a responsibility to maintain “humane standards”. However, the definition of humane could include basic food and shelter standards while ignoring psychological needs. While basic human necessities like food and shelter are met in prison, the loss of individualized clothing, privacy, quality of food, and the ability to express oneself through personal belongings, is a devastating loss to one’s identity (Sykes, 1958). In prison, the combination of these deprivations can constitute an aggressive barrage on the identity of each prisoner.

The conclusion that prisons are psychologically damaging is not new. Historically, there were serious physical punishments associated with life in prison—public floggings, no bedding or plumbing, isolation in cells too small to sit in, and generally poor living conditions (Dickens, 1842; Lyons, 2003). In 1843, author and reformer Dorothea Dix (1843) spent a couple years visiting jails, including ones that housed women. Dix reported pervasive suffering and abuse in a letter appealing to the Massachusetts legislature to reform conditions for the physical and psychological well-being of the inmates. In 1842, Charles Dickens published his account of a Philadelphia prison he visited on a trip to North America. While the physical conditions were harsh and solitary, what Dickens found to be most troubling was the psychological pain of the inmates he visited. The inmates he visited were emotionally broken, afraid for their safety, and no longer even looking forward to release. Dickens considered depression, solitude, and hopelessness traumatic to the strongest individual, affecting the physical body even if it does not become wholly self-destructive. Critics argue that a prison system that causes psychological harm is cruel and unusual, a violation of the Eighth Amendment, and rivals physical harm.

In 1975, Michel Foucault expanded upon and updated Dickens' observations on psychological versus physical punishment. According to Foucault (1975/1995:11), the "punishment-body relation" is now focused on the psychological and the body is only a means to an end, an "instrument or intermediary". It is through "suspended rights" that punishment is most effectively doled out in modern prisons, not through physical pain and suffering (Foucault, 1975/1995:11). The perceived strides in bettering these physical conditions have overshadowed the psychological costs of imprisonment that have persisted. According to Foucault, this has in part been a consequence of the bureaucratic nature of the criminal justice system in conjunction with a collective shame surrounding public executions and punishments. The publicity of the

criminal justice process is now placed on the trial and sentencing while the public distances itself from the act of punishment. This shift away from public, physical punishment results in the psychological torture Foucault and Dickens observed. Foucault (1975/1995:10) wrote, “It is ugly to be punishable, but there is no glory in punishing”. Punishment becomes a part of the “abstract consciousness” and redistributes blame away from the condemner solely onto the condemned (Foucault, 1975/1995:9).

A sociological and historical approach contextualizes how an inmate’s sense of self-worth can be slowly dismantled as they lose their identity, autonomy, and connections to family and friends, which may be more severe for mothers. To create a new identity, and salvage what is left, inmates must adapt to the culture of prison which through having its own rules and order, further separates inmates from outside society. For pregnant inmates, this is particularly detrimental to their physical and mental health as they struggle being pregnant while incarcerated.

Current Data on Incarcerated Pregnant Women

Despite the increase in the rate of female imprisonment, and consequently, the number of women going into prison pregnant, there is a dearth of data on exactly how many women go into prison pregnant, the results of the pregnancies, and any care they received while incarcerated. Most women who give birth during their sentence go into prison pregnant, but the lack of oversight and punishment for correctional staff regarding sexual assault and rape has led to a small percentage of women who become pregnant while in prison (Braithwaite et al., 2008; Equal Justice Initiative, n.d.). According to the BJS, almost half of pregnant inmates are not provided adequate resources or care for their pregnancy (Maruschak, 2004). Given the potential detrimental effects for of both mother and child—physically and psychologically—this is a

serious policy issue. There are no mandatory prenatal or postpartum standards for incarcerated pregnant women (Johns Hopkins, 2019). Incarcerated pregnant women have been left out of data collection and analysis, such neglect communicates a disregard for their health and well-being. Consequently, there are negligible standards of care and a lack of legislative oversight, raising questions about women's full constitutional protections.

The Bureau of Justice Statistics (hereafter BJS) is the centralized federal system made to gather statistics and data on people in the criminal justice system. The most recent BJS study mentioning pregnant inmates was "Medical Problems of Prisoners" (Maruschak, 2004), which catalogued pregnancy as a "medical problem" alongside dental problems, vision impairments, and HIV. This does not adequately characterize the physical and psychological stressors of pregnancy especially under conditions of confinement. The report stated that at the time of admission 4% of state and 3% of federal inmates said they were pregnant and of the pregnant federal inmates, 94% received an obstetric exam, and 54% received some type of pregnancy care (Maruschak, 2004). The details of this care were not provided and have no mandatory quality standards. In addition, the data show 46% of pregnant inmates receive no care at all. The percentages of federal inmates who received an obstetric exam or who received pregnancy care were, "not calculated due to small sample size" (Maruschak, 2004). The BJS did not count pregnant inmates again until "The First Step Act" in 2018, and it would only include data on the small population of federal inmates.

The first comprehensive study on pregnant inmates and the outcomes of their births was not done by a government agency such as the Bureau of Prisons (hereafter BOP), or the BJS, but by Dr. Carolyn Sufrin-an OB-GYN, medical anthropologist, Assistant Professor at the Johns Hopkins University School of Medicine. In 2016, in her capacity as Director of Advocacy and

Research on Reproductive Wellness of Incarcerated People [hereafter ARRWIP] she and her colleagues created the Pregnancy in Prison Statistics Project [hereafter PIPS] (Johns Hopkins, 2019). Dr. Sufrin and Johns Hopkins' PIPS study began in 2016, two years before federal law would require data on pregnant women in federal prisons. The PIPS project was the first systematic study on the number and outcomes of incarcerated women's pregnancies.

From 2016-2017 the PIPS Project gathered quantitative data from the US state and Federal Bureau of Prisons, following 1,396 pregnant women and the outcomes of their pregnancies. Data gathered in the PIPS project included the frequency and outcomes of prison pregnancies, whether there were maternal or newborn deaths, along with rates of substance abuse, mental illness and breastfeeding. This data was gathered over one year from 22 state prison systems, the BOP, six jails (including the five largest) and three juvenile facilities. According to the ARRWIP website this represents 57% of the female prison population and 5% of female jail inmates. Results showed approximately 3-4% of incarcerated women are pregnant on admission throughout state and federal prisons. This is similar to the numbers reported by the BJS in 2004. If extrapolated, this means about 3,000 pregnant women are admitted to prison and approximately 55,000 pregnant women are admitted to jails each year (Sufrin, 2020). Of the prison births recorded, 6% of deliveries were preterm (before 37 weeks) and 30% of all deliveries were cesarean. Of all known outcomes there were three newborn deaths and no maternal deaths (Sufrin et al., 2019). (See Figure 2 for full results).

Figure 2

PIPS Project Results

	#	%
Live births	753	92%
Miscarriages	46	6%
Abortions	11	1%
Stillbirths	4	.5%

Note. The table includes known outcomes of prison pregnancies. Adapted from "Pregnancy Outcomes in US Prisons, 2016-2017", by C. Sufrin, L. Beal, J. Clarke, R. Jones, and W. D. Mosher, 2019, *American Journal of Public Health,* 109, no. 5, pp. 799-805. (https://doi.org/10.2105/AJPH.2019.305006). PMID: 30897003

In 2018, The First Step Act was enacted at the federal level, requiring the BOP to annually report to the BJS the number of pregnancies and their outcomes, marking the first time since 2004 that pregnant inmates would be counted by the BJS. However, this data collection is only a requirement for federal prisons, and most inmates are housed in state facilities. This legislation does provide a glimpse into the numbers and situation of women who are in prison and pregnant. In 2019, there were 12,329 female inmates in federal prison vs 95,626 at the state level. In 2018, the BOP catalogued 171 pregnancies in federal facilities with 94 known outcomes. (See Figure 3 for full 2018 results).

Figure 3

"The First Step Act" Data on Pregnancies in 2018

	#
Pregnancies	171
Live births	86
Miscarriages	5
Abortions	3
Unknown	77

Adapted from "Data Collected Under the First Step Act, 2019," by A.E. Carson, 2020, Bureau of Justice Statistics.

There were no maternal or neonatal deaths, preterm births (before 37 weeks), or stillbirths (Carson, 2020). In 2019 there were 180 pregnancies with 109 known outcomes. There were five preterm deliveries (before 37 weeks), three neonatal deaths, and no maternal deaths or stillbirths (Carson, 2021). Data was not reported on rates of cesarean deliveries. (See Figure 4 for full 2019 results).

Figure 4

"The First Step Act" Data on Pregnancies in 2019

	#
Pregnancies	180
Live births	94
Miscarriages	5
Abortions	2
Unknown	71

Adapted from "Federal Prisoner Statistics Collected under the First Step Act, 2020," by A.E. Carson, 2021, Bureau of Justice Statistics.

Again, these numbers are reflective only of federal prisons. Failing to gather data on the number of incarcerated women, their health care needs, and results of their pregnancies in a centralized way, like through the BOP or BJS, inhibits the ability to make policy changes in regards to their health and safety such as standardized prenatal care. The increase in female inmates in general has led to an increase in women who are going into prison pregnant, and consequentially receiving substandard or no prenatal care (Alirezaei & Roudsari, 2020; Pogrebin & Dodge, 2001). The lack of data on how many incarcerated women are pregnant and the care they are or are not receiving inhibits adequate and effective policies to be implemented. Pregnancy is challenging for many women, and being in prison while pregnant only compounds many of these challenges.

Challenges While Pregnant

Female inmates face the same physical stressors of prison that affect all inmates—violence, sexual assault, isolation, and "pains of imprisonment" (Sykes, 1958). Female inmates are also more likely to report having a current medical issue, require more medical services, and have their medical complaints ignored (Braithwaite et al., 2008; Maruschak, 2004; Pogrebin & Dodge, 2001). Beyond these physical and emotional stresses of prison, the inmates must also navigate the many physical and mental health challenges of pregnancy while incarcerated. However, prisons have historically provided inadequate support to their pregnant inmates throughout pregnancy, giving up their infant, and the postpartum period. Female inmates also require additional reproductive, pre and post-natal health care that is often entirely absent (Alirezaei & Roudsari, 2020; Pogrebin & Dodge, 2001).

According to the CDC Division of Reproductive Health, maternal mortality rates remain higher in the United States than in other similar, high income countries, and the women most at risk to die during childbirth are non-Hispanic Black women (Petersen, et al., 2019) who are overrepresented among the prison population (The Sentencing Project, 2020). As such, they are acutely affected by prison's inadequate pre/perinatal health care and at greater risk for a traumatic labor and delivery processes. Female inmates often go into prison with compromised health—related to low socio-economic status, prior substance abuse, and prior physical or sexual trauma—putting them at greater risk for HIV/AIDS, hepatitis C and cervical cancer once incarcerated (Braithwaite et al., 2008). The structure of prison, being a mass congregation of people going in with compromised health, lends itself to further illness being transferred between inmates as witnessed during the Coronavirus pandemic.

Pregnancy and postpartum are mentally and physically challenging for many women, regardless of whether or not they are incarcerated. Data on pregnant inmates is lacking, but research on mothers outside of prison shows that pregnancy can be a psychological, as well as physical strain. According to the National Institute of Mental Health and the Center for Disease Control, prenatal depression can occur during pregnancy and is characterized by traditional symptoms of depression—deep sadness, hopelessness, guilt, irritability—while post-partum depression occurs after giving birth. "Baby blues" typically resolves itself within a couple weeks of delivery, while post-partum depression can last up to two years according to Zauderer (2009). Cheryl Zauderer, a certified as a nurse-midwife and psychiatric nurse practitioner, specializes in postpartum depression. Pregnancy, labor and the postpartum period are emotionally and physically draining times, coupled with hormonal, and physiological changes. Due to the cultural stigma surrounding mental health, many women are reluctant to report their postpartum depression to health care providers or loved ones out of embarrassment (Zauderer, 2009). According to the CDC, approximately 1 in 8 mothers in the general population have experienced some level of postpartum depressive symptoms (Bauman et al., 2020). Prison mental health resources are insufficient in general (Reingle Gonzales & Connell, 2014), and prison resources are especially ill-equipped to support inmates who are pregnant and those who have recently given birth. This lapse in mental health care can affect the mother while she is in prison and after release if she is unable to access mental health services or medication due to lack of resources in or outside of prison or out of fear of stigmatization or institutionalization (Braithwaite, 2008; Petersilia, 2001).

Labor and Delivery

There are many issues associated with labor and delivery for incarcerated women including the use of shackles, access to doula programs, and concerns over the professional boundaries of correctional officers. When incarcerated women go into labor, they are transported from the prison to a public hospital (Pendleton et al., 2020; Sheldon, 2020). As of 2018, only 22 states have any kind of limitations or prohibitions on the use of restraints and shackles on pregnant inmates and these laws have little to no oversight on their enforcement (Ferszt et al., 2018; Weichselbaum, 2015). In 2014, Minnesota passed a law prohibiting the use of shackles on pregnant women in labor but in states without similar prohibitions, protocol is to shackle an inmate in labor to the bed. In 2018, The First Step Act prohibited the use of shackles on pregnant inmates in federal prisons and the custody of the Bureau of Prisons. However, the majority of women are in state prisons and unprotected by the First Step Act (Carson, 2020). Shackling inmates to the bed during labor has been denounced by Rebecca Project, American Public Health Association, American Civil Liberties Union, and American Medical Association for increasing the danger for mother and child in the case of an emergency and potentially violating the women's Eighth Amendment rights (Clarke & Simon, 2013; EJI, 2020; Ferszt et al., 2018; Lambert, 2019).

Female inmates are put at greater physical risk when prison officials do not take their medical complaints seriously. The lack of institutional resources devoted to this population adds stressors—both physical and psychological—onto the mothers and children. In an interview with NPR Dr. Sufrin said, "They can be shackled during childbirth…They can have their complaints of contractions, bleeding, labor complaints ignored and deliver babies in their jail cells or prison cells…When you don't have any numbers to pay attention to them, then anything can happen"

(Lambert, 2019). Investigative reporters Coutts and Greenberg (2015) tell the story of Krystal Moore, an inmate in Illinois who was six months pregnant, had her abdominal pain ignored until she started bleeding while on the toilet. She had to walk herself to the ambulance before being taken to the hospital where one of her twins was delivered stillborn and the other lived for only 16 days. If she had been taken to the hospital earlier, there is a chance the babies could have lived (Coutts & Greenberg, 2015).

The psychological experience of carrying a child is important to incarcerated women in particular, as their unborn child has been a source of comfort, as shown in a documentary on Tutwiler Prison in Alabama directed by award-winning filmmaker Elaine Sheldon (2020). An inmate at Tutwiler was concerned about the difficulty of not having the baby she has had with her 24/7 anymore once she gives birth (Sheldon, 2020). At Minnesota Correctional Facility-Shakopee, mothers have 48 hours with their baby before being returned to prison, and at Tutwiler Prison, they have just 24 hours with their child (Sheldon, 2020; Weichselbaum, 2015). Being separated from their new infant, in addition to any children they may already have—as more women in prison are parents than men—is an emotional stressor on top of the physical punishment of incarceration (Glaze & Maruschak, 2008).

Many non-incarcerated pregnant women have the opportunity to consult doctors, take classes, and read books or other women's stories to educate themselves on pregnancy, labor, and delivery. Most female inmates do not have much access to the resources that would contribute to a more successful and non-traumatic birth emotionally and physically (Alirezaei & Roudsari, 2020). Ferszt and colleagues (2013) present how critical support from an employee within the prison, such as a correctional nurse, is in supporting a pregnant inmate's mental and physical

well-being. Lack of support during labor can turn inmates' pregnancies and births into emotionally traumatic events (Coutts & Greenberg, 2015; Santo, 2020; Weichselbaum, 2015).

An example of a resource outside of prisons that has recently been implemented in some facilities are the use of doulas. Doulas provide education regarding pregnancy, labor and breastfeeding and essential mental and emotional support to women during labor. Some prisons have instituted doula programs where doulas can meet with pregnant inmates (Shlafer et al., 2014). The Minnesota Prison Doula Project is an example of one of these programs. They provide professional emotional and physical support, education regarding pregnancy and childbirth, and both individual and group counseling.

Education provided by doulas and their continuous emotional support during labor increases spontaneous vaginal birth and results in a more positive view of the birth experience (Bohren et al., 2017; Schroeder & Bell, 2005). Doulas are trained on medical procedures and potential complications of birth, allowing them to prepare inmates for a mentally and physically safe birth. Having personal support, like a doula, during labor can lead to shorter labors and decreased chances of needing a C-section (Hodnett et al., 2011; Fortier & Godwin, 2015). For inmates going through a drug intervention/sobriety program and/or staying sober while in prison, this education and support is particularly important as they are unable to use epidurals for pain management during labor, as the medications used in epidurals are opioids (American College of Obstetricians and Gynecologists, 2017). Doulas have the necessary training to educate a mother on the birthing process and decrease stress levels during birth regardless of circumstances.

When an inmate is in labor, a correctional officer is present to maintain security, but they are not allowed to interact with the inmate. The job of a correctional officer thus requires a certain amount of emotional distance. The role of correctional officers is not one of guidance, but of

surveillance—that an inmate does what they are told when they are told (Goffman, 1961:7). However, Goffman also said for correctional officers, “There is always the danger that an inmate will appear human…” (1961:81). Officers in Pendleton and colleagues’ study (2020) reported an urge to help, empathizing with the inmate, feeling awkward, or wanting to provide support or comfort. Their role as a correctional officer prohibits this but having a doula present allows some comfort to take place without any conflict of professional boundaries. Pendleton and colleagues (2020) also found 64% of correctional officers reported a doula’s presence helped them do their job more effectively.

Doulas’ presence during labor also aids correctional officers in their management of the inmate while at the hospital. In prisons without doula programs, inmates give birth with no one there except a correctional officer whose job is to make sure they do not escape and to not engage with the inmate (Weichselbaum, 2015). Labor and delivery are emotionally and physically taxing on an inmate, but there are also concerns for correctional officers. Their job is to maintain security, protocol, and order and if they are not adequately informed on prison programs like the doula program, it becomes a managerial concern. If an officer is unaware of the limits of what a doula can or cannot do while with an inmate in the delivery room, this may increase stress for the officer, doula and inmate (Pendleton et al., 2020). In a study on correctional officers’ knowledge of prison programs which support pregnant inmates and related training, Pendleton and colleagues (2020), found that while a majority of correctional officers had training on transportation to and safety measures while at the hospital, only half had received training on programs in the prison available to pregnant women and less than half were given information on the doula program. The correctional officer must follow specific procedures to

maintain security while the inmate is at the hospital, so adequate training on the roles and responsibilities of the correctional officer and doula is critical.

When officers have appropriate training regarding prison doula programs, officers are better equipped to successfully perform their job, manage safety and security concerns, and have less confusion regarding their role and the role of the doula (Pendleton et al., 2020). Having a clear role for the officer as a representative of the prison, and providing training on doula programs benefits the mother's labor and delivery and allows the correctional officers to focus on their professional duties rather than the potential personal conflict of watching a woman go through labor by herself (Pendleton et al., 2020). These types of policies and programs can reduce unnecessary "pains of imprisonment" for pregnant incarcerated women.

Postpartum and Motherhood

Pregnancy and labor/delivery have unique challenges for incarcerated pregnant women. The immediate postpartum period and their transition into motherhood pose additional concerns. One of the physical postpartum challenges for inmates is access to breast pumps to avoid infections and provide nutrition for their baby. Additionally, whether this is their first child or if they have children already, the separation from their infant and/or children is a unique stressor for these women. To mitigate some of the negative effects of separating a mother and newborn, some prisons have instituted prison nurseries.

A postpartum element of the mother-child relationship is a mother's ability to breastfeed or pump. According to the Center for Disease Control, breast milk is important for a baby's development and physical health—breastfed infants have reduced risks of asthma, obesity, Type 1 diabetes, and SIDS. Breastfeeding can also help lower the risk of the mother getting high blood pressure, Type 2 diabetes, ovarian and breast cancer. Prisons do not typically allow inmates

access to breast pumps. Failing to express breast milk can lead to clogged ducts, pain, swelling, and even infection, known as mastitis (Mayo Clinic Staff, 2020). Mastitis causes breast swelling, lumps, pain, redness, fever, and can require surgery to drain any abscesses that form. Medical experts recommend avoiding mastitis by breastfeeding or pumping regularly and fully drain the milk from each breast while feeding or pumping. The women often resort to trying to express the milk while in the shower to avoid clogged ducts, pain, and infection (Weichselbaum, 2015). Aside from potential physical complications, prohibiting access to pumping removes an important emotional resource for these inmates as well. Christy, an inmate at Tutwiler, said, "[Pumping] keeps you connected with your child. Keeps you focused on where you need to be to change ourselves so we can get home to our children" (Sheldon, 2020). The benefit of a lactation room extends beyond the physical. Not allowing for the milk to be pumped, stored, and provided to the child is also wasting a resource that would benefit the infants physically, and the mothers physically *and* emotionally.

Another prison resource that benefits mothers physically and emotionally are prison nurseries. Estimates of the number of states with prison nurseries vary, ranging from eight (Chuck, 2018) to twelve (Washington Department of Corrections, 2017). Most programs last from 30 days to 36 months, but the Community Prisoner Mother Program in Pomona, CA allows the mother to live with her child for up to six years (Caniglia, 2019). Prison nurseries are programs that attempt to promote healthy physical and emotional bond-building between mother and child by allowing them to stay together for a set amount of time. During this time in a prison nursery, the women learn the practical side of caring for a newborn and learning how to budget, but also treasure the emotional benefits of getting to raise their child. In line with research done by Edin and Kefalas (2005) on young motherhood in disadvantaged communities, a strong emotional bond can

reorient a woman's priorities away from destructive or criminal behavior and towards the betterment of themselves and their child. Allowing the mothers and infants to stay together in these prison nurseries supports the creation of this bond and the potential benefits it can bring on the mother's and children's life.

In general, the programs have requirements and restrictions, such as the mother not having been convicted of a violent offense, thorough behavioral and mental health screening, required attendance to group therapy and good behavior (Caniglia, 2019). Most of the programs require the mother to be released before their child ages out of the program. For example, if a prison parenting program goes up to 30 months, if a mother will not be released by the time the child is 30 months, she and her infant cannot enter the program.

The Bureau of Prisons offers the Mothers and Infants Together (hereafter MINT) and Residential Parenting Program (hereafter RPP), although the RPP is limited to Washington state. MINT allows women who have just given birth to live in a "Residential Reentry Center" and live with their baby for three months before returning to their original prison. According to the BOP, there are five MINT facilities—in Arizona, Florida, Illinois, Texas, and West Virginia. The RPP provides women with up to 30 months of time with their baby after giving birth (Washington Department of Corrections, 2017). For many female inmates, the isolation of prison is assuaged by having their baby with them. After being told she and her child could stay together in the RPP, one inmate said, "Seeing him smile is basically what gives me the motivation to keep doing what I'm doing…I felt like there was hope" (Santos, 2017). For some mothers, their children are a daily inspiration to stay sober and turn their life around. RPP also has an "Early Head Start" program which provides infant and toddler care if the mothers are required to work, attend childhood development classes, or receive training (Puget Sound Educational Service District,

2020). These programs are invaluable to the women emotionally and physically, in the immediate prison environment and for their future outside prison wall. However, there are so few of them the impact is currently limited.

Prison nurseries provide both institutional support through the structure of the program, individual and communal support through the mothers being able to interact with and support one another. In the parenting programs, the inmates live together in a separate area of the prison, and they are able to form a community made up of other incarcerated new mothers. Pregnancy and motherhood require support from professionals and peers, and this network of women promotes individual and group level success (Ferszt et al., 2013; Friederich, 2020; Santos, 2017). The behavioral requirements of maintaining good behavior and following the rules without incident provide a formal social control where the benefits of following the rules and staying in the program create opportunities to exercise self-control and create long-term time horizons. Group sessions allow the women to have "an outlet" where questions can be asked and support provided by professional psychiatrists and other mothers in the prison (Friederich, 2020). The community of other mothers in the prison nursery programs provide an informal social incentive for positive behavior. In-prison programs can provide inmates the practical resources necessary to have a healthy pregnancy through education provided by doula programs, and prison nurseries can prepare them for life with their child once released, but the informal support and control coming from other mothers in the program is also crucial.

Children and Parenting

We can learn from women's experiences in these programs about the impact of these programs on their lives while they are in them. Candida Suarez and Skye Logue were both inmates in Washington's Residential Parenting Program who were interviewed for The News

Tribune (Santos, 2017). In the interview, providing a better life for their children was the main incentive for women's wanting to get clean and not return to prison (Santos, 2017). The two women talked about how Logue's mother had been incarcerated, and Suarez had been in the same prison at the same time her mother. These events coupled with the opportunity to raise their sons and live in the parenting program inspired them to be better for their sons (Santos, 2017). In their interviews with young mothers, Edin and Kefalas (2005) found common themes surrounding the women's perspectives on motherhood. Despite being "ill-timed" pregnancies by middle-class standards, the children provided the women with a strong sense of purpose, social intimacy, and motivation to go back to school, get a job, and provide for their child.

Byrne and colleagues (2010) measured levels of attachment between mothers and their children, including children who had been raised in prison nurseries. Results showed there was no significant difference between the levels of attachment between infants raised in a prison setting and those raised in a traditional community (Byrne et al., 2010). Early childhood development is crucial in the first few years, and advocates argue despite being raised in a prison environment, mother-child bonds are still able to form. If the child will be placed back with their mother after her release, then both the infant and mother benefit from having those initial years together.

While the benefits of prison nurseries to the mothers is quite clear, the impact on the children is debated. Proponents argue infants do not comprehend the prison environment (razor wire, guards) as inherently negative so it will not affect their overall development, considering the benefits of the infant being with their mother (Chuck, 2018; Santos, 2017). It is also important to note the limited time and scope allowed for prison nurseries. The longest prison nursery programs last approximately 36 months, and proponents' argument is that the limited time the

infant spends in prison with their mother is more beneficial than costly to their overall development. Critics of prison nurseries are concerned about the potential harm in a child's formative years taking place in a prison, feelings of shame, and how the memories of their formative years having been in prison will affect the child as they grow up (Riley, 2019). According to critics, the stressful environment of a prison is particularly harmful to young children.

There are also legal and ethical considerations to keeping infants with their incarcerated mothers, particularly in regards to the rights of the children. One of the debates surrounding prison nurseries are if they are an invaluable resource for new mothers and their infants or a constitutional violation? James Dwyer, a lawyer and professor of law, is a critic of prison nursery programs. He is concerned with the legality of infants being housed in prison nurseries, claiming they are a violation of the child's rights. According to Dwyer (2014), infants retain the same rights as adults, and "[i]ndeed, there would likely be widespread public outrage if any state began putting mentally disabled or senile adults in prisons with incarcerated relatives in the hope that this would reduce recidivism and provide some benefits to those incompetent adults" and placing infants in these programs with their mothers should illicit the same reaction. Dwyer (2014) also asks how much harm is inflicted on an infant growing up in a prison environment as opposed to being adopted as an infant. Part of the limitations in his comparison is the assumption that an infant will be adopted immediately after birth. The potential benefits of the mother-child relationship must be weighed against the legal and ethical considerations of housing an infant in a prison.

Another debate concerning the efficacy of prison nurseries is whether they reduce recidivism rates for the mothers. While proponents of prison nurseries argue that parenting programs

decrease recidivism for the mothers after release, the data remains unclear. By only allowing women into the parenting program if they fulfill requirements of being non-violent and well-behaved, the state is arguably selecting the inmates least likely to recidivate anyway, so the parenting program's effects are indeterminate at best (Riley, 2019). Future research will have to investigate these competing claims—namely if prison nurseries have an effect on recidivism rates for the mothers who went engaged in parenting programs versus female inmates who committed similar crimes but did not have a child while in prison.

Recommendations and Reentry

Prison nursery programs can give women an opportunity to prove to themselves they can be successful upon reentry. The programs act as a bridge between prison and what life will look like after release—easing them into life with a baby by providing access to their child, resources to care for them, and learning how to budget while still in a controlled environment. Parenting programs can enhance a woman's self-worth by entrusting her with her child and preparing her for life after release. Being trusted with access to their own sons inspires the women to not return to prison.

The criminal justice system's goals have changed over time as broader issues in criminal justice and crime have changed. Prison as retribution and being "tough on crime" led to the beginning of mass incarceration and punitive criminal justice policy (Alexander, 2010; Bush-Baskette, 2000). The First Step Act of 2018 marked a shift towards re-embracing a rehabilitative approach with some elements of restorative justice. Given this shift it is an opportune time to assess and reform how prison policies deal with pregnancies and motherhood—an especially vulnerable population in prisons. Based on the current data and published studies and reports, the renewed rehabilitative goals of the CJS and prisons, especially as applies to their standards of

care for pregnant inmates, is in need of evaluation. In line with Goffman's insights, the current state of physical and mental health care provided to inmates can threaten an inmate's well-being. For pregnant inmates, there are consequences for herself and her children. Advocates of better mental and physical health care for women who are pregnant on mothers connect these reforms to broader goals of restoration. A shift away from strictly punitive measures with a focus on physical and mental health care is a more restorative approach.

A sociological and historical approach to criminal justice policy analyzes the effects of both individual and institution-level reforms. Neither Goffman (1961:124) or Dickens (1842) found fault with prison authorities or officers, but with the physical and psychological implications of total institutions as detrimental to the self. Being an inmate within a "total institution" further harms an individual and does not provide the necessary tools for them to be successful upon reentry to society. Individual-level reforms will only go so far without a systemic evaluation of the function of prisons and implications of the physical and psychological harm that can be caused in that environment. Effective change within the correctional system requires more than replacing individual authority figures and staff. Criminologist and professor Doris Layton MacKenzie's ideas on evidence-based corrections is inspired by the work of LW Sherman on evidence-based policing (MacKenzie, 2000). Evidence-based corrections uses data and research to inform decision makers and best practices. System-wide reforms in line with evidence-based research will prove most effective.

The historic focus on crime as an exclusively male activity has negatively impacted the physical and mental health of female inmates. In the 1840s, Dickens (1842) and Dix (1843) called for many of the same reforms of today, over 100 years later—increased mental health care, better prison management and staffing, humane treatment once incarcerated, and a focus on

rehabilitation versus strictly punishment. For pregnant inmates in particular, evidence-based reforms are necessary for their own well-being and for their child's.

The lack of care provided to pregnant inmates in particular is detrimental to the women's physical and mental health, as well as their children's. Despite the lower numbers of female inmates, the rate of increase for female inmates has continued to be higher than the rate for men (Sentencing Project, 2020). Not only are women being imprisoned for different crimes, but the physical, psychological, and social costs are different as well. Female prisons are ill-equipped to handle the unique physical needs of their inmates, particularly those related to reproductive health and pregnancy and thus require further resources and assistance. Psychologically, the high percentage of mothers among this population requires specific reform to increase familial support, and helping each mother maintain relationships with her child/children. The increase in incarcerated pregnant women has consequences for the women and their children, who now face the repercussions of growing up with their mother incarcerated (Bush-Baskette, 2000; Pogrebin & Dodge, 2001).

The first comprehensive study of incarcerated pregnant women was done by an OB-GYN/anthropologist, not the department of corrections or BJS. It is clear there is a need for more and better data on the number of inmates who are currently pregnant and what care they are or are not receiving must be gathered for research purposes. This will allow evidence-based changes in the resources available to and protocols for treating pregnant inmates. The discrepancy in the number of parenting programs in the literature and lack of programs designed to support mothers in prison raises questions around legitimacy and the efficacy of a centralized bureaucracy. Practical intervention at the state and federal levels regarding standards for physical safety and psychological well-being of these women and their infants is necessary. Inmates are

not provided adequate mental health care (Alirezaei & Roudsari, 2020), most states do not have anti-shackling laws for women in labor (Ferszt et al., 2018), and almost half of incarcerated pregnant women received no pregnancy care (Maruschak, 2004).

Based on an analysis of studies on incarcerated pregnant women and mothers in US prisons, I offer three specific reforms focused on prioritizing mental and physical health care for these inmates. My recommendations are state-level prohibitions on the use of shackles on inmates in labor, providing access to professional medical care during pregnancy, and classes offered in prisons surrounding nutrition during pregnancy and the labor/delivery process.

Female inmates are punished beyond the incapacitation of incarceration through inadequate prenatal health care, being separated from their newborns, and the distinct, gendered experiences of Sykes' (1958) "pains of imprisonment". The lack of prenatal, labor/delivery, and parenting programs can be seen as additional punishment. Mental health concerns, including those sustained during pregnancy, labor/delivery and giving up their baby, will have long-term effects on incarcerated women post release. Oversight on the treatment of these women is critical when pregnant inmates are receiving limited, if any, physical prenatal care, psychological support, being shackled during labor, and left to miscarry in their cells (Coutts & Greenberg, 2015). Prisons are the institutions charged with housing and caring for these women, but their policies on the use of shackles on pregnant inmates have been denounced by outside groups like the American Civil Liberties Union and American Medical Association. This raises ethical concerns about the policies prisons have on shackling inmates in labor. Increased access to mental health resources are necessary for the short and long-term well-being of female inmates from the earliest stages of pregnancy and continuing after giving birth.

Care—both physical and mental—during pregnancy and early motherhood influence female's incarceration experience as well as impact their reentry back into society. The transition for inmates after release was studied and documented by criminal justice and sociology Professor Bruce Western in a series of interviews with women in their first year post-release from prison (Western, 2018). Western reported higher levels of mental illness and substance abuse for recently released female inmates than their male counterparts. The women also focused more on restoring relationships with their children and family. The social costs of prison cannot be ignored for the female inmate population, especially a mother's relationship with her child.

Successful re-integration into society for ex-prisoners must be a priority if successful rehabilitation is to be achieved. According to Western (2018), successful re-integration for women is intimately tied to social relationships—especially with their family and children. Western also reported female inmates reported rates of depression and anxiety at double the rate of men. Prisons are failing to invest in these women's successful reentry by failing to support their mental health and their role as mother**.** Having strong ties to their children is a constructive incentive for many women as they get out (Santos, 2017). Reinforcing and supporting the bond between mother and child could provide support for the mother as she gets out of prison and for the child as they grow up. Prenatal care, childhood education and nutrition classes, and breast pumps, must be implemented in partnership with mental health care. Confidence in themselves as mothers and women comes from institutional investment in prenatal and childhood education, support during pregnancy and delivery, and opportunities for community emotional/mental health support. Additional data acquisition, doula programs, and prison nurseries all offer potential benefits to pregnant inmates while in prison and potentially after release.

Pregnancy and post-partum care in prisons is slowly changing. For example, Tutwiler was ranked one of the worst prisons in America just a few years ago, but they have since started a doula program, hired new female correctional officers in an attempt to protect their women from sexual abuse, and opened a lactation room for breastfeeding moms (Ridgeway & Casella, 2013; Shelburne, 2018; Sheldon, 2020). This is a shift towards a greater rehabilitative and therapeutic approach. Since being named one of the worst prisons in America, and investigated by the Department of Justice, Tutwiler has allowed inmates access to doulas through the Alabama Prison Birth Project (APBP) and alongside them created the first known lactation room that gives inmates access to breast pumps, and subsequently ships the milk to their infants (Shelburne, 2018). Providing for their infants, in the form of milk, gives the women purpose and fosters the bond between mother and infant even across geographical distance. Providing additional support to pregnant women and mothers, prisons are providing support to women that will affect their chances of success upon reentry. The Adullam House in Alabama takes care of inmates' newborns until the mother is released and can take custody herself. Their motto is, "It is better to build children than to repair grown-ups" and they support the incarcerated women through caring for their infants (https://adullamhouse.org/).

In addition to the reforms on physical and mental health care for incarcerated pregnant women and mothers, I also offer a broader recommendation for further research based on rigorous and consistent data collection. Based on the current state of research on pregnancy and motherhood among incarcerated women, I recommend further data acquisition on the prevalence of pregnancy among state and federal inmates and the outcomes of the pregnancies. The prison system in charge of taking care of these women does not have complete numbers on the amount of incarcerated pregnant women within their system and is demonstrative of American

correctional facilities' lack of concern for the welfare of those incarcerated and their soon to be born children.

One major area for future research to investigate is the effects having an incarcerated mother has on a child, and how in-prison services may be able to mitigate the effects through promoting healthy relationships between mother and child—specifically through prison nurseries. Long term data collection is necessary to determine if the parenting programs have a discernible effect on the criminality of children who remained with their mothers in prison parenting programs versus children whose mother was incarcerated but was not in a parenting program. States like Washington, New York and California have begun an investment in the lives of these women and children through their parenting programs. The influence of parental criminality and the generational transmission of crime has been a focus of criminologists and future research must explore the ways prison nurseries may influence these factors.

A Christian Perspective

There are both legal and ethical issues around programs for incarcerated pregnant women and mothers. An explicitly Christian lens only further highlights the need for concern for incarcerated women who are vulnerable and in need of additional care and support. The Bible provides many examples of Jesus serving those in need and commanding His followers to do the same. Jesus never avoided those that society had cast out or looked down on—the "unclean" or ill (*New International Version Bible* [hereafter *NIV],* 2011, Mark 1:40-42), tax collectors and "sinners' (*NIV*, 2011, Mark 2:14-17), and women (*NIV*, 2011, John 4:7-27). From His example, it is one of the jobs of the church to serve and advocate for the voiceless. "The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.'" (*NIV*, 2011, Matthew 25:40). Jesus proclaims a blessing over those who give generously of their

time, and gifts (Luke 6:38). Jesus led by example, serving everyone humbly, and commanded his disciples to do the same (*NIV,* 2011, Mark 10:42-45; Romans 12:13). At the heart of the Gospels, is Jesus' declaration, "'Love the Lord your God with all your heart and with all your soul and with all your mind.' This is the first and greatest commandment. And the second is like it: 'Love your neighbor as yourself.' All the Law and the Prophets hang on these two commandments'" (*NIV*, 2011, Matthew 22:37-40). A life of service is an act of worship, thanking God for what He has given and giving to others in the same way, while being advocates for humility, justice, and grace (*NIV*, 2011, Micah 6:8). A Christian perspective on criminal justice reform calls for greater care and concern through supportive programs throughout pregnancy, birth and early motherhood. These goals can be achieved through the explicit implementation of evidence-based corrections.

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