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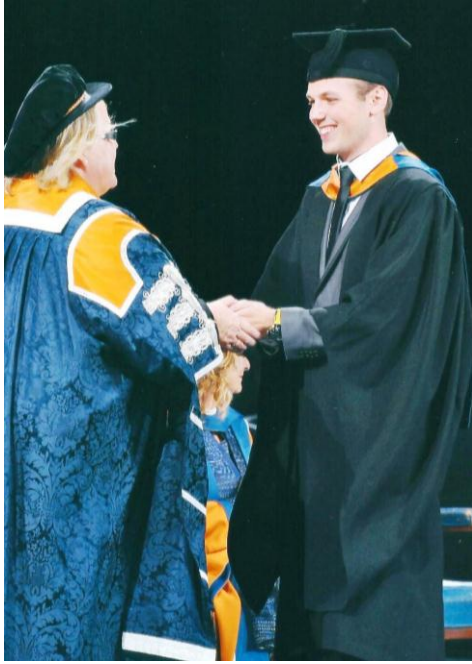
Pregnant and in Prison: Can the Quality of Services Provided Affect the Overall Perception of Being Pregnant in Prison?

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**PREGNANT AND IN PRISON: CAN
THE QUALITY OF SERVICES
PROVIDED AFFECT THE
OVERALL PERCEPTION OF
BEING PREGNANT IN PRISON?**

Peter Chatten¹

Abstract

The suicides of six women within a year at Styal Prison in 2006 (Prison Reform Trust: 2010) lead the Government to appoint Baroness Jean Corston to undertake a review of women with particular vulnerabilities in the criminal justice system. The result? The Corston Report, a document with recommendations for a new woman-centred approach in dealing with female offending. Whilst this was a progressive movement, one particular minority of prisoners received little mention – pregnant women. With no official statistics on the number of pregnant women in prison, they become a difficult group to provide services for even though they are arguably one of the most vulnerable. Literature shows that the overall perception of being pregnant in prison is negative while the perception of individual services is generally positive. This research aims to provide up to date information as to whether the quality of services provided can affect the overall perception of being pregnant in prison, looking at one specific (but for publication reasons anonymous) establishment. This forms a basis for further research, something which will only help this vulnerable group and their developing children further.

Keywords: Pregnancy, Prison, Perception of Services, Corston Report

Introduction

Over the past five years women offenders have been at the forefront of criminal justice policy changes. In the midst of the creation of a woman-centred approach (HM Prison Service: 2008) lies a marginal group of women within the gendered minority – pregnant prisoners. There are no readily available statistics on these

¹ Peter Chatten has now joined HM Prison service and so it is encouraging that his published research interest has been realised.

women. The aim of this research is to examine whether the quality of services provided for them can affect their overall perception of being pregnant in prison. The significance of this research is very simple. The researcher has a keen interest in the prison estate and the opportunity for the research arose whilst undertaking a placement within a prison. The issue of the treatment of women within the criminal justice system is very relevant and is currently a widely discussed topic by pressure groups, charities and the Prison Service in a bid to reduce the number of women being sent to prison. Corston (2007) identified a need to help minority groups of women and there has been little previous empirical research done on the minority group that is pregnant women in prison. This is not to say that there is not a sufficient basis on which to build this research; there is still the knowledge to effectively achieve the aims and build a stepping stone for further research.

By examining previous research in the literature review and determining which services are currently in place, an appropriate method was constructed. Obviously prison is an 'intense, risk-laden and emotionally fraught' experience (Liebling: 1999: 163) and a very unpredictable place to be (Ramluggun et al: 2010), not only for the prisoner but the researcher. This had to play a role in how the sample was approached. Additionally, various restrictions imposed by the National Offender Management Service (NOMS) (Ministry of Justice: 2012c; Ministry of Justice: 2010b; OHRN: 2010) meant that the options available for research were very limited. Prison is both a busy and resource-intensive environment, meaning any research puts a strain on the day-to-day running of the establishment.

Bearing in mind these limitations, it was decided that a closed-ended questionnaire with ordered choices would be used (Denscombe: 2003; Gliner et al: 2009; Kuper et al: 2003) to gather the information required. Questionnaires 'pose a structured and standardized set of questions to a small population' (Kuper et al: 2002:710) which was ideal for both analysis and the target population of pregnant women – a number which stood at only 16 at the time of the research. This type of questionnaire allowed for a 'Likert-type' scale to be used (Gliner et al: 2009), a scale that can 'discover strength of feeling or attitude towards a given statement' (Bell: 2010:146). They are, as Bell (2010) discusses, a very useful tool as long as the questions are designed effectively to rule out double questions and unjustified claims. Like every method, there are advantages and disadvantages but given the scale of this research it seemed inappropriate to ponder for too long on the exact method to utilise. The content was selected from findings in the literature review, and edited and approved

by a NOMS supervisor to ensure both the prison and the researcher could gain valuable information from the investigation.

With the method in place it was then necessary to choose the sampling method. Unfortunately, conducting research on such a specific population meant that convenience sampling had to be used. Only 16 women within the establishment were pregnant at the time of the research, thus the target population was already limited. However, this is not inherently negative; studying subpopulations that have previously been omitted from research is increasingly important in furthering understanding and improving services that would not be possible without this initial research (Goldkind et al: 2010). Research of this nature also required consideration of ethics. Ethical issues are a key aspect of any investigation and have particular significance to empirical studies in prisons, as research on prisoners has gone wrong on repeated occasions over the last century (Pont: 2008). It was therefore important to have 'an ethical framework concerned with the welfare of prisoners' (Gostin et al: 2007:117) to ensure that the participants were protected from harm and that the research became legitimate in terms of the way the data was collected (Holm et al: 2004). Issues including informed consent, confidentiality and the right to withdraw from the research were all considered and ethical approval was granted by Plymouth University before any research was undertaken. The research found that there was no causal relationship between the quality of services provided and the overall perception of being pregnant in prison. Despite no evident relationship, this investigation lays stepping stones for future work in the area. With further investment of time and money it should be possible to draw more conclusive results, that will improve understanding of this 'minority within a minority' and improve the services available to them.

1 Literature Review

Whilst the history of prisons in general is important to the consideration of women in prison, for the purpose of this research it would suffice to assert that the incarceration of both men and women remained the same, from the creation of the penitentiary through to the introduction of a woman-centred approach in 2007. There are currently 14 female prisons in England and none in Wales (Ministry of Justice: 2012a); the female prison population at the time of writing is 4182 (Ministry of Justice: 2012b). This number has remained fairly consistent since the start of the twenty-first century but is actually more than double the figure seen in 1993 (Ash: 2002).

1.1 *The Corston Report and the Development of a Woman-Centred Approach*

After the death of six women at Styal Prison in a year (Prison Reform Trust: 2010), Baroness Jean Corston undertook 'a short and economic review' (2007:2) of women with particular vulnerabilities in the criminal justice system. The purpose of this was to discover why self-harm and suicide attempts were so high. The result of the report was a radical change in the approaches to dealing with women offenders in custody. Whilst it does not focus solely on pregnant women in prisons, they are highlighted as one of the 'vulnerable groups' of prisoners by Corston (2007:4). A key issue raised is that 'women have been marginalized within a system designed by men for men' (Corston: 2007:2). If this is the case, one can presume that no consideration for pregnant prisoners will have previously been taken into account and the services in place up until the publication of the report would have been totally inadequate, falling well short of the standards expected for this group of women.

Obviously, it is not a case of abolishing the punishment or imprisonment of pregnant women – there are clearly some offences which justifiably require a prison sentence. However, there will always be women who try to get pregnant before their case comes to trial, believing it will reduce their chances of being sent to prison. What Corston (2007:10) identified was the necessity to 'treat each woman as an individual with her own sets of needs and problems' and for the system to adapt to meet those needs. A year after the publication of the Corston Report came the response from the Home Office. The Government agreed that, as designed, the system was 'failing to meet the needs of vulnerable women offenders' and established the 'Diverting Women from Custody Project'. This was to ensure that 'vulnerable women who are not a danger to the public are dealt with appropriately in the community' (Ministry of Justice: 2008:6). The issue, however, is that the Corston Report did not focus specifically on conditions for pregnant women. This means that many of the Government's responses were much more focused on the female estate in general; therefore, it is necessary to look further afield for more information on the provision of services for pregnant women in prison. Before doing so, it is necessary to highlight that not all the responses in the publication focused on how to deter women from crime. One of the most relevant responses came in the form of a mandatory Ministry of Justice requirement regarding services provided for women in prison – Prison Service Order 4800.

1.2 *The Implementation of Prison Service Order (PSO) 4800*

Prison Service Order (PSO) 4800, initially issued in April 2008, was implemented 'to provide regimes and conditions for women prisoners that meet their needs' as highlighted by the Corston Report. The Order begins by recognising that many female prisons already have the standards as described in the rest of the Order. For those that don not 'it is recognised that it will not be possible to implement all standards immediately because of resource pressures' (HM Prison Service: 2008:1). This highlights the idea that the budgeting of resources and money can affect all aspects of the services provided to women and pregnant women in prison – in particular an impact on the quality of the services provided. Whilst there is no separate Prison Service Order for pregnant women, they are mentioned in PSO 4800 as a party with vulnerabilities and subsequent differing needs. The document identifies PSO 4801 and Standard 35 on the Management of Mother and Baby Units as the main components of the services that already exist for pregnant women; but these mainly focus on the post-natal situation for women who give birth whilst serving a prison sentence.

PSO 4800 requires that 'the needs of pregnant women... are assessed and addressed' on an individual basis (HM Prison Service: 2008:51). This includes the regulations that 'pregnant women should not be transported in cellular vehicles' (2008:8) and that 'pregnant women are not handcuffed after arrival' in hospital or during labour (2008:51). Other than these explicit guidelines, the rest of the Order generally describes a need for staff to be given training and specialist knowledge on how to deal with issues such as dietary requirements, correct restraint procedures and how pregnancy could affect the women emotionally and therefore in their daily routine. With no clear guidelines, there is no doubt that there is inconsistency in service provision for pregnant women across the whole prison estate – something which would be unacceptable in the normal community. So where are the services outlined? Whilst all of the resources so far have been informative, they have also all been Government publications and guidelines on how services should be provided. In order to examine the issue in more depth, other publications need to be considered for a wider perspective, before focusing on an individual establishment.

1.3 *Publications, Research and Reports on Pregnancy in Prison*

North (2005:1) correctly identifies that pregnant women in prison are 'a group about who relatively little is known'. Although no official figures are released, it is estimated

that 'two babies a week are born to women in prison' (Birth Companions: 2010); yet this is only based on research undertaken by third parties, who are often very biased in the approach to their research and often negative toward the Prison Service. A lack of statistical information on pregnant prisoners 'makes it hard to plan services, or to assess whether services and funding are adequate' for this population (North: 2005:18). With no national regulation of services, the importance of this topic is underlined and an important question raised – what do women think of the services that are in place?

Looking more broadly at how health services are provided may shed more light on the situation for pregnant women in prison. According to the Department of Health (2007):

The needs of women in prison and other custodial settings also need to be addressed and their maternity care delivered in accordance with the standards in both the National Service Framework and the NHS Healthcare Standards.

The transfer of responsibility for providing healthcare services for all prisoners to the NHS, in particular for pregnant offenders, has had implications for the service that can be provided. Since 2006, Primary Care Trusts have provided health care services for prisoners (NHS Careers: 2012) and it is a constantly evolving service. North (2005:14) discusses how 'pregnant prisoners receive no share in the money allocated for prisoner health care'. Perinatal care is provided by Acute Trusts and all funding for prisoner health care, as stated above, is directed in to Primary Care Trusts. As such, it is a lot harder for prisons to fund specialist services for pregnant offenders – which ultimately affects the quality and sustainability of perinatal services (NHS: 2012a).

Dawn Edge (2006) of the University of Manchester published a review of perinatal healthcare in prison in the same year that the NHS took over responsibility for that care. Edge states that the needs of pregnant women are not 'to the fore when reconfiguring... services to meet government targets', meaning that the government has higher priorities. Whilst many may argue that they are an important group to provide for, pregnant women ultimately 'represent a minority within this gendered prison minority' (Edge: 2006:5), which plays a major factor in why 'women's experience of pregnancy... in prison is generally negative'. So what are women's experiences of pregnancy in prison? As previously stated, Her Majesty's Prison Service (HMPS) does not publish statistics or information on pregnant women in their

care, so it is necessary to look to other research to gain information on the subject area.

Augood et al (2009) undertook research by trialling antenatal sessions at Styal Prison. They found that 'women had little control over being able to attend' (2009:4) as they were scheduled to be elsewhere (education/court) or simply did not know that the class existed. This reiterates the idea that prisoners are a hard group to provide services for and that the prison schedule is potentially one of the main reasons pregnant women see the services provided as negative; they have to fit in around a strict timetable. The class leaders noticed a lack of continuity in who attended the classes but those who did attend said they 'would have liked more opportunities to spend time together' (2009:4). As highlighted by DirectGov (2011), expectant mothers 'have to stay in normal prison accommodation' until the birth of their child. There is no specific pregnancy wing in women's prisons and prisoners are often separated according to their other needs – Healthcare Unit for detox, Lifer's Unit for long term prisoner's, and so forth. This makes it even harder to ensure all women are informed of and can attend ante-natal classes and is another area where services provided for pregnant women could be made more efficient.

Price (2005) carried out research on the services available with 12 pregnant women across the prison estate. The majority of services provided in prison were recognised as being present, such as access to advice, midwifery services and access to antenatal classes. If these services are recognised pre-Corston report, the focus shifts to the quality of these services and the opinion of pregnant women prisoners about such services. The services exist but what are they really like? Most experiences derive from stories in the media. McShane and Wiseman (2010) describe the prison experience for pregnant 'Kate', who had already had a child outside of prison. She said 'the pregnancy could not have been more different' to her first, that she worked for most of her pregnancy in prison and that 'the food wasn't healthy'. Whilst most women in the normal community work through their pregnancy, they do get a choice of diet. However, it is hard to regulate a different diet for a select few women when there are potentially over 500 women to cater for. 'Kate' is one of the very few who have experienced a pregnancy both in and outside of prison –there is a chance that the pregnancy experience would be perceived as much more negative due to a strict routine. In the normal community there is generally a less strict regime for pregnant women. The capacity to choose what you do and when you do it could make the whole prison experience less negative but would arguably undermine the punishment and rehabilitation aspects of incarceration. Whilst it is

useful to study the services provided by other establishments, the context of this research is based on a specific establishment. Whilst it may not be the establishment in which the investigation was undertaken, the majority of research on pregnant prisoners has been undertaken in HMP Holloway and it is this that provides the latest information on the services currently available to pregnant prisoners.

1.4 HMP Holloway and Pregnancy Services

HMP Holloway sparked controversy back in 1995 when 'a story about a woman... being chained in labour hit the news headlines' (Marshall: 2010:225). Times have changed, as have Prison Service standards on shackling pregnant prisoners during labour, and a lot has changed within Holloway itself. Birth Companions (2009) was established in 1996 and 'exists to improve the experience of pregnancy, birth and motherhood for women in prison'. Since its creation, the organisation has helped over 500 women and currently has 11 active companions who ensure that no woman in HMP Holloway approach labour 'without feeling that she has someone she can turn to' (Birth Companions: 2009). North (2005:13) identifies that 'pregnant inmates are able to visit a "drop-in" clinic on one of the landings three days a week' and that this service is very well used. This was initiated by the midwives in the prison and is still in place today. The success of this service is aided by the quarterly meeting of a 'multi-disciplinary team' which meets to 'discuss the successes, failures and initiatives in ante-natal care' within the prison (North: 2005:19). Whilst this provides good evidence that sufficient services are in place and being used, little has been done to research the opinions of the women for whom the services are being provided.

Like many other prisons, Holloway provides ante-natal classes for its pregnant inmates. Officers are trained to discuss the basics of pregnancy, labour and birth with a midwife from the local hospital attending the session every few weeks to go in to more depth and answer any questions or concerns the women may have. Partners are allowed to attend the sessions which is another good provision and ensures the services available to the women in the prison replicate those in the outside community. Another way in which Holloway caters for pregnant women is to 'make some effort to accommodate all pregnant prisoners together on one wing (North: 2005:13). Obviously, this is not always possible due to practical issues such as space, the prisoner's own choice, and security issues surrounding the safety of the other pregnant prisoners. This gives the inmates extra support as they are with other

prisoners in the same situation; however, there is no evidence to establish whether pregnant women prisoners appreciate or feel they benefit of this.

The Holloway midwives have also been shown to go further in the assistance they provide. North (2005) identifies that the midwives 'offer an improved level of post-natal care' as well as advice on issues such as breast-feeding, all of which would be offered to women who give birth in the mainstream community. Whilst not directly related to the pregnancy services provided, it is another set of skills that is well delivered and helps underpin Holloway's advanced service provision. It is evident that HMP Holloway provides a lot of services for the pregnant women that come in to its care. It is established that the services exist in prisons and that most of the available literature suggests they are successful. However, with little empirical research concerning the opinions of the women themselves this 'success' cannot be reasonably ratified, leaving a large gap in the research available in this area; the study described in this article aimed to fill this lacuna.

2 Findings and Analysis

2.1 Positive Responses

The most important point to raise before considering the results is that seven out of the eight women who participated in the study described their overall perception of being pregnant in prison as negative. The last respondent was unsure. This is important, suggesting a clear answer to the second research question. As highlighted in the literature review, examples of women pregnant in prison have previously described the experience negatively (Edge: 2006) and it is often portrayed in the media in this way (McShane and Wiseman: 2010). This supports the reliability of the results; similar findings in the past correlate with the findings in this investigation and reinforce the idea that being pregnant in prison is a negative experience. In order to ascertain whether the quality of services provided affect the perception of being pregnant in prison, it is important to identify an overall perception with which to compare the individual answers provided. It is worrying that the general consensus is negative. If this attitude is shared by all pregnant prisoners then one can conclude that there is an extremely unhappy and vulnerable minority within the prison system, with the consequent implication that reform is required.

One of the most positive responses to an individual service related to the Midwives. Participants were asked what they thought about the midwifery service and three quarters of the women responded that they were good or very good. This comes as

little surprise due to the positivity displayed towards the midwifery services apparent in the other literature (Price: 2005). This again is significant, demonstrating that the majority of the women feel positive about this aspect of the service provision; yet the overall perception is still negative. Admittedly these results cannot be generalised to the entire pregnant prison population in England and Wales as the midwifery services in each area are independent. Midwives are an important part of pregnancy and provide a lot of support and advice for the women (Price: 2005). If the midwives are well perceived there is a higher chance that the overall perception of pregnancy in prison would be better than that identified by most of the women.

These results were no different regardless of gestation period, nor whether they had previously had a child outside of prison. This again increases the generalizability of the results; there are no specific patterns between attitude to midwives and these two variables, so the results can therefore be applied to every pregnant prisoner within the establishment. Midwives, however, account for only part of the service provision and it is important to consider the others before the research question can justifiably be concluded. Linked closely to the midwives are the ante-natal classes provided. Five out of the eight participants described the service as 'good' or better, with the remaining three opting for 'so-so'. This means that there is no complete negativity towards the ante-natal classes. The literature relating to other establishments had suggested that the provision of this service was often difficult to execute and inconsistent (Augood et al: 2009) but this conclusion was undermined – which, in itself, is an important demonstration that the prison is not failing in its service provision. No further analysis was needed of the correlation between numbers of weeks pregnant and whether or not this was the first child as all the results were positive and further patterns would not be found. With 100 per cent of the women showing positivity towards this service, the results can again be generalised to the entire pregnant population with little harm to the validity of the results. This consistency in opinion again implies that the overall view of pregnancy in prison should be positive but again is not the case.

A similar conclusion emerged for the results on the opinions towards the advice and support provided for pregnant women at the prison. There is no trend towards negative opinion, again as all of the participants considered the provision to be 'so-so' or above in quality. Admittedly, 'so-so' is not ideal but it suggests that the service is neither bad nor worthy of deeming the whole experience of pregnancy in prison as negative. Again, this reflects the conclusions of the existing literature, which also found that the advice and support available for pregnant women within various

prisons was of a good standard (Price: 2005). One reason for this positive attitude could be because access to advice and support, as well as the previous two aspects of service provision for pregnant women in prison, are very closely linked. People in the mainstream community have access to both ante-natal classes and midwives but can also utilise books, the internet and even close relatives or friends for advice and support throughout their pregnancies. Pregnant prisoners have very limited choices and may only have access to the classes or midwife appointments to obtain the advice and support they need. This means that since the overall perception of one service is positive, the other two are automatically positive because, to the prisoners, they are effectively the same service. Again there is no trend to be found in the number of weeks pregnant and attitude towards advice and support in prison, suggesting that there is another variable that affects the perceptions of the services and being pregnant in prison. The responses are very similar so can be easily generalised to the pregnant population of the establishment, adding validity to the conclusions drawn.

The final aspect of pregnancy in prison that gained a positive response was the idea that pregnancy provides an incentive for the woman to stay out of prison in the future. All eight of the participants agreed that they had a new incentive to lead a crime-free life and accordingly is easily generalizable. This is perhaps one of the hardest results to analyse effectively as there were multiple potential interpretations. No literature was available on this matter prior to the research, making it very difficult to substantiate any claims made. Ideally, it could be said that the perception of pregnancy in prison should be positive because all of the participants identified that it provides a reason to stay out of prison in the future. It does not, however, change the fact that the women are in prison in the first place or that there are other aspects of service provision which are more likely to affect their perception of being pregnant in prison. Admittedly, this was one of the weaker questions used in the research but it can still be said to prove a point – being pregnant in prison does provide an incentive to stay out of prison. It cannot, however, justifiably be linked to the overall perception of being pregnant in prison without understandable criticism, ultimately affecting the validity of the overall results.

2.2 *Mixed Responses*

Questions relating to the prisoners' attitudes towards prison officer awareness of pregnancy in prison elicited the biggest differences in responses. Comparing this with the literature found in the initial review, Prison Service Order (PSO) 4800 states that

staff need to be given training on how to deal with pregnant women in their care (HM Prison Service: 2008). This is reiterated by McShane and Wiseman (2010) who found that 'officers are trained to discuss the basics of pregnancy, labour and birth', which would show an undoubtedly strong awareness of what the pregnant women are going through. It is not justifiable to say that the results found in this research support the idea that officers are trained appropriately but the results are attitudinal, something that was not present in the previous research.

Repeating the research and getting similar results would undoubtedly ensure that the results were reliable but this was not feasible; but what is the significance of the differences in opinion? Each woman will obviously have a different relationship with the officers on their wing. The investigation has to allow for the basis that there will not always be good relationships between the prisoners and staff due to the nature of the environment – officers are the people who deliver the bad news and implement all of the restrictions on the women so some of the women will obviously resent them. Personal differences are also another factor. Some women are much more open and feel able to approach officers about their problems which can be complemented by the officers making extra effort to interact with these women. If a pregnant prisoner does not like an officer then they will obviously respond negatively to this question and are much less likely to have positive interaction throughout their pregnancy.

There were no correlations present between period of gestation and attitude towards officer awareness. This suggests that if there had been a general consensus in response then the results could more easily have been generalised to the pregnant population in the prison. Again, these results cannot be generalised to the wider prison population (Kenning et al: 2010) but this is of little importance as the research is focused solely on one prison. In terms of answering the research question this aspect does have some significance. The overall perception of pregnancy in prison is negative whereas the results here suggest that there is a discrepancy in the attitudes towards this particular aspect of service provision. If there were a direct link then all of the attitudes towards this service would also be negative – which again suggests that there are other factors involved in generating an overall negative perception of being pregnant in prison rather than just the services provided.

2.3 Negative Responses

Unfortunately, not all of the responses received about the services were positive. Seven out of the eight participants described the diet within the prison as 'poor' with the eighth calling it 'inadequate'. This is perhaps one of the more alarming responses

as healthy eating during pregnancy is important for both the baby's development and the well-being of the mother (NHS: 2012b). Admittedly, it was found in the literature review that one woman's view of the dietary provision within prison was negative (McShane and Wiseman: 2010) but this was not specific to the chosen establishment. Research conducted by Price (2005) suggested that the diet within the prison was sufficient and followed the guidelines as stated in PSO 4800 (HM Prison Service: 2008). Pregnant women within prison are entitled to extra milk and extra fruit (HM Prison Service: 2008) but this is obviously not sufficient in the eyes of the pregnant women themselves.

The significance of this negative attitude towards diet for pregnant women within prison should not be underestimated. The fact the results do not reflect all the findings of the literature review does not mean that they are not reliable. The previous study by Price was conducted seven years ago and a lot has changed over this period, particularly with regards to how prisons deal with female offenders. The negative perception of diet obviously has affects the overall negative perception of pregnancy in prison. Prisoners depend solely on the prison for all of their main meals and sometimes the symptoms of pregnancy mean they miss meals – the result being they must go without the extra supplement required for themselves and the healthy development of their baby. There is also little flexibility in the timing of meals. Morning sickness is a major factor in relation to women missing meals but the majority of the women in the sample were past the normal three month gestation period in which morning sickness most commonly occurs (NHS: 2010). Obviously, a few may still have been suffering from it but the majority would have passed this stage and therefore have other reasons for their poor opinion of the diet.

Prisons have limited budgets but there are still options at every meal. These, however, are limited much like the budgets (James: 2011). If a prisoner does not like any of the options then they simply have to go without the food. The prison already has a lot of women to cater for, so catering for a select few becomes very difficult to execute (Bentham: 2010). However, this is not simply an issue of leaving the women without food – they are carrying babies who are dependent on the nutrition for their development and wellbeing. The provision of diet cannot be generalised to all prisons (Kenning et al: 2010) as it is dependent on the individual running of each establishment. The conclusion that can be drawn from this is the need to pursue further investigation into why pregnant women prisoners perceive their dietary provision as poor within the individual prison. There are a variety of potential reasons

for this perception – for example, lack of awareness and personal preference (including that for ‘fast food’) may also play a role, but without further research such a hypothesis cannot be validated. No significant findings or discussions could be found in the questions regarding pregnancy in a different establishment, period of gestation and whether or not the baby was the woman’s first child; as such, these results were accordingly ignored.

2.4 Summary

This study made apparent the need to investigate the different aspects of being pregnant in prison in more depth. This research has provided invaluable information for both the Prison Service – in aiding its quality of service provision – and in assessing whether improving the services could improve this group of women’s attitudes towards being pregnant in prison. However, additional work is also needed to consider aspects such as distance from home, whether or not they are a single parent, familial support, and even length of sentence or crime committed as these may contribute to the negative perception. This study provides a valuable foundation upon which further, in-depth research can be built.

Conclusion

The aim of this research study was to establish whether or not the quality of services provided to pregnant women in prison can affect the overall perception of being pregnant in prison. Using the literature review, a good understanding of the services provided was attained helping to develop effective methodology. Instrumental in this was the use of a closed-ended ordered questionnaire, an option chosen for its ability to bypass NOMS and NHS approval, as well as saving time and resources. From the results, an overall opinion of how the sample regarded pregnancy in prison was determined, with the identified research questions being answered through comparison of the data with the actual services provided. The topics covered included access to midwives, ante-natal classes, advice and support, diet, officer awareness, and incentives to not reoffend. Additional questions in the research (for example, ‘have you experienced pregnancy in another establishment?’) were not included in analysis as they were not experienced by the sample population.

The study showed that the overall perception of pregnancy in prison is negative. This was perhaps unsurprising but something that was not initially explicit in previous research. The majority of the services are well received by the pregnant women; access to midwives, ante-natal classes and advice and support all attracted positive

appraisal with only officer awareness receiving very mixed reviews. This confirmed the findings of existing literature, reflecting on the good progress made by the chosen establishment since the publication of the Corston Report in 2007 and underscoring the reliability of the results of this research study. This, however, is not the same for attitude towards diet. Unlike previous findings the attitude towards diet is negative, reflecting the overall perception of pregnancy in prison. However, this does not render the research unreliable – the existing literature is now over five years old and therefore possibly dated. This study highlights the need for further research to ensure that the women are receiving the dietary requirement specified in PSO 4800 – both for themselves and their developing babies, and to eliminate factors such as lack of awareness or preference for a poor diet.

In addressing the research question, the most significant finding is that the majority of the services are well received but a negative perception of pregnancy in prison remains. The implication is that the two are not directly related, with the quality of services unlikely to affect the overall perception. This, however, does not mean that the services do not necessarily play a significant role; it simply means that there are other factors involved and these need to be investigated further given the size and limitations of this study. Recommendations for further research would include interviews (that have both NOMS and NHS approval) that attempt to establish whether there are underlying issues present alongside qualitative research into issues such as pregnancy and the crime committed, sentence length, distance of prison from home, familial support, and even the presence of a mental illness. All of the above could potentially affect the perception women have of being pregnant in prison.

North (2005) highlighted that there are no statistics on pregnant women in prison, making it increasingly difficult to plan services for them. Whilst this investigation has gone some way to providing a better insight, it is evident that further research is imperative if society is to continue the work of Corston. Further research would provide a better understanding of how this ‘minority within a minority’ truly experiences and perceives incarceration and the services provided. Admittedly, further research may be costly and unpopular in the current economic climate, especially against the backdrop of restricted liberty and the negativity that it attracts among prisoners. However, it is an issue that cannot be ignored if there is to be investment in the future of this vulnerable group and their unborn children.

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