

Title: **Born** Inside: Birth Experiences During Incarceration & the Need for Doula Care

Format: 20 Minute Presentation – Research Example

Abstract:

Background:

An estimated 3–4% of women incarcerated in the United States are pregnant at the time of arrest (1). Incarcerated birthing people receive care in systems designed for punishment rather than health, and prior research documents dehumanizing treatment, inadequate medical care, and limited supportive resources (2). In 2021, New York City enacted legislation requiring access to doula care for incarcerated birthing people (3). Given evidence that doula support improves perinatal outcomes (4), this quality improvement (QI) project sought to understand the experiences of incarcerated birthing people to inform the development of doula services.

Methods:

Birth Support Working Group conducted a qualitative QI project in 2023–2024, involving group discussions and individual interviews with ten people who experienced pregnancy and birth during incarceration in New York. Interviews were recorded, transcribed, de-identified, and analyzed using grounded theory (5). Participants reviewed findings for accuracy and relevance.

Results:

Barriers and Lacks - Participants described structural barriers to perinatal care, including inadequate physical conditions, limited information, restricted support-person access, inconsistent medical care, and obstruction by corrections staff. Radical Resilience - Peer support and self-advocacy were key to surmounting the challenges of pregnancy during incarceration. Pregnancy groups and programs, as well as advocacy from caring corrections staff and medical providers, provided further support. Emotional Experience - Conditions contributed to fear, loneliness, stress, and depressive symptoms. Trauma - Participants described carceral, birth, generational, and complex trauma reactions. Recommendations - The unique ability of a doula to navigate and advocate within both carceral and medical systems was emphasized. Participants also highlighted the importance of trauma-informed care.

Acknowledgements: Tamar Kraft-Stolar and Jaya Vasandani (Women and Justice Project)