

The Psychosocial Impact of Maternal-Infant Separation at Birth for Incarcerated Mothers

Abstract

The population of women in incarceration in the United States has increased over 800% in the last thirty years, yet the prison system has neglected to develop policies to address women's unique health concerns (WPA, 2009; Braithwaith, 2010). One example is the routine separation of incarcerated mothers from their newborn infants hours after childbirth. While the long-term detrimental effects on infant attachment and birth outcomes are well established, less research addresses the psychosocial impacts of maternal-infant separation on incarcerated women (Wismont, 2000; Chambers, 2009). All incarcerated women are at risk for inadequate prenatal care and complications in childbirth due to the typically non-nurturing environment they endure in the prison system throughout their pregnancy (Ferszt & Erikson-Owens, 2008). However, incarcerated pregnant women also must anticipate the eventual forced separation from their infant after birth and cope with returning to prison without their newborn (WPA, 2009). This results in significant emotional stress for these new mothers in addition to substantially affecting their capability as caregivers after release when they are finally reunited with their infants.

While the existing research views alternatives to maternal-infant separation as the gold standard, many incarcerated women who are able to co-reside with their newborns still exhibit difficulties coping with motherhood both during and following their release (WPA, 2009; Goshin & Byrne, 2009). It is imperative to address the needs of these new mothers while they are incarcerated as well as throughout their transition to life beyond the prison system. A greater emphasis must be placed on empowering these women with the tools and education to be knowledgeable and competent caregivers, as well as secure and employable individuals. These

factors must be considered in order to provide incarcerated mothers with the best possible chance to reintegrate into civil society.

This research paper reviews the existing literature concerning the complex maternal responses of incarcerated women to separation from their newborns, as well as the effects of alternative policies such as the promotion of prison nurseries and community-based co-residencies for incarcerated mothers and their infants. Further research should be pursued in assessing the outcomes for mother-infant dyads following co-residence as well as their reentry into society after release from the prison system (Byrne et al, 2010). Future policy should focus on improving support for maternal-infant bonding within the correctional system, as well as and fostering a more nurturing and humane experience for incarcerated women throughout their pregnancy and the birth process.

Introduction

Over the past thirty years, the number of women incarcerated in the United States increased almost 800% (WPA, 2009). However, the gender-specific needs of incarcerated women have been largely ignored due to the traditionally male inmate-focused model of incarceration (Braithwaite, 2010; Goshin & Byrne, 2009). The majority of women who enter the correctional system are of childbearing age, with five to ten percent of women pregnant upon admission (Arriola et al, 2006). These women's health concerns are unique in the prison system and currently not adequately addressed. All are at risk for inadequate prenatal care and potentially negative birth outcomes from being housed in a stressful and generally non-nurturing environment for the duration of their pregnancy (Ferszt & Erikson-Owens, 2008). In addition, most pregnant women also must endure the anticipation of being forcibly separated from their infant soon after birth, and must cope with returning to prison without their newborn after the separation (WPA, 2009). This research addresses the psychosocial impact for incarcerated mothers of being separated from their newborn infants, as well as the implications of policies seeking to improve outcomes for women in the correctional system and their families.

While the United States has made significant contributions to international standards for human rights protection, it is harshly criticized for neglecting to uphold internationally recognized standards to protect incarcerated women from policies amounting to gender-based violence (DeMott, 2000). These policies range from the shackling of women during labor and birth, to restricting interaction of mothers with their newborns (DeMott, 2000). As of 1987, out of 70 nations surveyed, only Suriname, Liberia, the Bahamas, and the United States routinely separate infants from their incarcerated mothers, and the policy is still firmly in place in the United States twenty-five years later (Goshin & Byrne, 2009). There is currently no national

policy that addresses what should happen to children born to incarcerated mothers (WPA, 2009). As a result, practices vary widely from facility to facility, but more often than not operate on the basis of convenience as opposed to what is best for the mother and her newborn. An emerging trend of prison nurseries and community-based alternatives suggest another option for pregnant incarcerated women. While only a few states have explored these options, the results have overall been favorable in terms of the emotional health and readjustment to society for incarcerated women functioning as mothers, employees and community members (Byrne, Goshin & Joestl, 2010).

Impact of Separation on Incarcerated Mothers

The separation of women from their infants in prison has severe psychosocial repercussions for incarcerated mothers as well as poor prognoses for secure attachment and development of their infants (Fortenberry, Warren & Clark, 2006). Predominantly, literature concerning childbirth of incarcerated women has focused on birth outcomes in terms of complication incidence and low birth weight (Knight & Plugge, 2005). These studies tend to focus more on the incarceration setting as the principal factor affecting poor birth comes, and not the inevitable infant-maternal separation, although some researchers acknowledge the anticipation of this separation may increase stress and anxiety contributing to less healthy pregnancies and newborns (Fortenberry et al, 2006).

A substantial body of research exists on the impact on maternal-infant separation on infants, using the theory of infant attachment (Kubiak, Kasiborski & Schmittl, 2010). There has been less dedication to understanding the experience of incarcerated women throughout pregnancy and after childbirth, both in terms of apprehension and reactions to infant separation. In addition, limited research addresses women's experiences coping as new mothers when they

are able to co-reside with their infants in either an incarcerated or restricted community environment. While the existing research views alternatives to maternal-infant separation as the gold standard, many incarcerated women who are able to co-reside with their infants still experience difficulties coping with this new role (WPA, 2009; Goshin & Byrne, 2009). They must be provided with resources to foster the emotional transition to parenthood, as well education and resources to support their capacity as mothers (WPA, 2009). This literature review presents this unique issue pregnant incarcerated women face, emphasizing their psychosocial health in response to the array of current practice and emerging policy trends.

Literature Review

Research over the last twenty years indicates that incarcerated women experience very complex emotions in response to motherhood and are often fearful and depressed when confronted with the thought of separation from their infants after birth (Fortenberry et al, 2006). In retrospect, many consider the loss of their newborn to be the most traumatic aspect of incarceration (Byrne, Goshin & Blanchard-Lewis, 2010). In a pioneering study using a phenomenological approach, Wismont (2000) interviewed twelve incarcerated women on their lived experiences with pregnancy and separation from their newborn infants. Utilizing reflective journaling and interpersonal interviews, she found the major themes they expressed were apprehension, grief, subjugation and relatedness.

Their grief due to separation from their infants is directly aligned with the theory of relatedness, referring to a tendency of these women to view the fetus as a constant companion within the prison, and many felt depressed and alone when this companion was snatched away after birth (Wismont, 2000). In terms of subjugation, the women in Wismont's study felt extreme powerlessness, viewing the forced separation as "the ultimate example of lack of control over

their present situation” (p. 297). This study called for further attention to the lived pregnancy and birth experience of incarcerated women, urging more work be done to keep incarcerated women with their children and help them navigate the diametrically opposed role of “inmate” and “mother.”

A similar study conducted by Chambers (2009) utilizing the same phenomenological approach corroborated Wismont’s findings, emphasizing conflicting feelings of detachment and connectedness in terms of the women’s perception toward the fetus. Chambers sought to understand maternal bonding and attachment within the context of forced separation as experienced by the mother. Chambers’ conclusions on postpartum experiences of incarcerated women are much more positive than other studies, including enlisting active coping strategies such as focusing on baby pictures and imagining future reunions. Her study sought to engage women from a point of empowerment, asking proactively how they feel, what they perceive and what they do to cope, without victimizing them as incarcerated and thus disempowered. Chambers writes as an activist for these women aggressively seeking policy change that would cease this practice, supported by the conclusions of her study.

The findings of other researchers tend to be more grim, concluding incarcerated new mothers are often more depressed due altered maternal roles, and need to not only come to terms with losing their infants but also with losing their identity as mothers (Fortenberry et al, 2006). Due to the complex reactions women experience, postpartum depression is thought to be under-diagnosed yet overly prevalent in prisons (Fortenberry et al, 2006). This intense response is perhaps most powerfully conveyed through the personal reflection of Kebby Warner, a woman incarcerated in Michigan who recounts her suffering and that of other women after separation from their infants at birth (Warner, 2010). Warner recounts the experiences of another woman

who overdosed on other prisoners' psychiatric medications to dull the pain, before being placed on suicide watch. She recalls her own birth experience, refusing to eat for three days afterwards so that she would be able to stay in the hospital with her newborn, allegedly for health reasons. Upon return to prison without her newborn, she expressed her anger and desperation through defiance against the system, starting fights with other women and stacking up misconduct tickets, further displacing her from a future life with her infant.

Eventually, Warner's infant was placed in the foster care system, beyond the legal reach of Warner after her release from prison (Warner, 2010). She recalls feeling threatened and disempowered throughout the court hearings where she relinquished her parental rights, and told that if she appealed to regain her rights, she may lose contact with her child forever. Warner's recollection illustrates the emotional turmoil of losing a child and still desperately trying to maintain a semblance of a motherhood role. In addition, the limitations as to what legal information for incarcerated new mothers is completely at the discretion of the correctional facility, and in many cases, efforts to terminate parental rights are sped up in the case of incarcerated mothers (Warner, 2010; Vainik, 2008).

While most women's prisons provide medical services pertaining to prenatal care and birth, rarely do prisons have psychological services and counseling for women mourning the physical separation of their infant after birth (Ferszt & Erickson-Owens, 2008). Women's prisons where educational and support programs truly aim to address the varied psychosocial needs of the residents exhibit very favorable outcomes. In a study by Ferszt and Erickson-Owens (2008), a support group for pregnant women and women in the early postpartum period met biweekly. Instead of structured prenatal and parenting education, the conversation remained fluid, addressing the issues most pertinent to the women present. These ranged from fears about

separation from their infants after birth to adequacy of prenatal vitamins to the impact of substance abuse on fetal development. Perhaps the most significant outcome of this study is the degree to which the pregnant women and new mothers supported each other, providing a space to discuss the conflicting emotions and identities up until and after the birth.

This program culminated in the development of a booklet that the women edited, providing all the necessary information to teach about pregnancy, birth and the postpartum period within this correctional facility in the northeast (Ferszt & Erickson-Owes, 2008). It particularly emphasized ways to bond with one's baby even while physically isolated from them in prison. This supportive community seems to be what Kebby Warner truly lacked in her incarceration experience, and if states are slow to implement prison nurseries and community-alternative options, perhaps a comprehensive yet flexible support group can be more easily implemented in more facilities.

Alternatives to Forced Separation

In 2009, the Women's Prison Association (WPA) released a report emphasizing the success of states implementing pilot projects of prison nurseries or housing incarcerated mother-baby dyads in community-based, non-incarcerative settings. Prison nursery programs have been initiated in nine states, with six states participating in the development of residential parenting programs that would house women and their children in controlled, restricted living arrangements kept under surveillance (WPA, 2009). Women who participate in either program typically serve short sentences for low-level, non-violent offenses and plan to be their children's primary caregiver after release (WPA, 2009). Research has demonstrated that these programs benefit mothers and their children through lowering recidivism rates, fostering maternal-infant

bonding and functioning to facilitate the transition from “inmate” to mother and community member when these women are no longer incarcerated (WPA, 2009, Carlson, 2000).

Although these alternatives greatly foster the relationship between incarcerated women and their infants, it is also important to assess the psychological and emotional experience of women participating in these programs. In some states, the infant is only permitted to stay with the incarcerated women for thirty days after birth, so the apprehension of inevitable separation never ceases (Byrne et al, 2010). In addition, both the mother and infant begin bonding in these first few weeks, making the eventual separation even more painful and perhaps more detrimental in the long term to both parties (Byrne et al, 2010). This delayed separation does not foster better bonding and parenting, and may instead instigate even more role confusion for the mother, in addition to inconsistent attachment patterns for the infant (Byrne et al, 2010).

Byrne et al. (2012) determined that “seamless parenting” through prison nurseries and community alternatives is not easy to achieve, and this may be in part due to the heavy emphasis on the wellbeing of the infant, and less consideration paid to the incarcerated women’s adjustment to motherhood. Some women who declined to participate in the program or quit shortly after enrollment were thought to exhibit self-doubt and ambivalence about mothering, and this may have been alleviated with more formal parental guidance, counseling and psychosocial support.

While most studies indicate improved psychosocial outcomes for incarcerated women, some studies have concluded that alternatives to separation at birth do not necessarily improve outcomes in terms of infant outcomes. Kubiak et al. (2010) concluded no difference between an intervention group of incarcerated women that lived with children for the first four months after birth in a community alternative setting, and the control group that remained detached from their

children in prison in terms of long-term child welfare outcomes illustrated through termination of maternal rights and adoption. The intervention group (alternative to maternal-infant separation) was actually more likely to interact with Child Protective Service (CPS) and foster care than the comparative group (incarcerated women separated from infants). However, Kubiak et al. suspect this discrepancy is due to surveillance bias, in that these women interacting with their children in the community are more visible to parole officers and mandated reporters. This is an interesting inference, but does not acknowledge that the community atmosphere elicits other stressors such as balancing work and motherhood, and a less structured more independent environment. These families clearly need support and community resources to fully reintegrate back to society, and their struggles may be more due to a lack of follow up postpartum and parenting support than to increased visibility to CPS.

Recommendations for Practice

In the formulation of future policy concerning infants born to women in incarceration, the WPA's recommendations should be upheld, encouraging community-based, non-incarcerative environments for pregnant women and custodial mothers in the correctional system (WPA, 2009). When this is not possible, states should establish prison nurseries where mothers and their infants can co-reside. However, more long-term and in depth support for these women must be established and maintained once these programs are in effect for optimal results.

The WPA determines the success of these interventions chiefly by improved infant attachment, decreased recidivism rates and fewer foster care placements (WPA, 2009). In addition to these parameters, certain studies have demonstrated that these policies enhance maternal-infant bonding, maternal psychosocial sense of wellbeing and the women's' identities and capabilities as mothers (Byrne et al, 2010; Carlson, 2000; WPA, 2009). For the purpose of

this literature review, successful initiatives yield improved self-reported psychosocial outcomes for the women involved in these programs.

Long-term support includes programs that operate with respect to established community child development and health standards. Some incarcerated women in a longitudinal prison nursery study of a large women's correctional facility in New York requested withdrawal from the program due to their perception of the substandard child health service within the prison, and this served as a major stressor to the women throughout the program (Byrne et al, 2012). Improving child health within the system would alleviate this concern.

It is also critical that mothers may access vocational and educational programs while participating in the mother-child programs, and that this not disqualify them for work release. As these women will be working both as mothers and employees after their release from prison, it is important to capacitate them in managing both roles to avoid stressful adjustment in the future (WPA, 2009).

In addition, states should be discouraged from promoting policies that precipitate recurring separation, such as the pilot program in South Dakota which only allows infants to remain with their mothers for thirty days in the prison before placing the infant in custody of another family member or of foster care (Byrne et al, 2010). Policies such as these may actually do more harm than good, and new mothers may be hesitant to bond with their infants if they know they will be forced to part with them so soon. In addition to being a critical thirty days for early infant attachment, mothers may be emotionally distraught as they anticipate the inevitable separation (Byrne et al, 2010).

Now that there exists documented evidence that alternatives to dividing incarcerated mother-infant dyads soon after birth are better for women, their infants and society, these

policies must be enacted so that more women and their families may benefit (Byrne et al, 2012). This initiative must be moved out of its pilot stages and into mainstream practices in United States jails and prisons at the local, state and federal level (Byrne et al, 2012). This is an important step in addressing the needs of women in the prison system and their families, and will ideally change normative care for women who give birth while incarcerated to a model in which the maternal-infant relationship is prioritized. Until then, all women's' prisons should facilitate counseling groups where pregnant and postpartum women can come together to discuss their emotions and concerns, as well as the actual process of pregnancy, childbirth and maternal bonding (Ferszt & Erickson-Owen, 2008). These meetings should be facilitated and directed by the women themselves to best assure their psychosocial needs are addressed and to encourage a support system among incarcerated women with similar experiences.

Conclusion

It is important to address the needs of these new mothers, to support them within and beyond the prison system, and to provide them with the best chance to reintegrate into society. They must be empowered as capable and knowledgeable caregivers, as well as confident and secure individuals upon release to best ensure the stabilization of their families and their own psychosocial wellbeing. Continued research is necessary to assess outcomes of these initiatives both for the duration of co-residence in prison as well as for integral re-entry years (Byrne et al, 2010). In the future, policy should better facilitate maternal-infant bonding and new initiatives should support incarcerated women in the complex experience of pregnancy and birth within the correctional system.

References

- Arriola, K., Braithwaith, R & Newkirk, C. (2006). An overview of incarcerated women's health. In R. Braithwaite, K. Arriola & C. Newirk (Ed.), *Health issues among incarcerated women* (pp. 3-17) New Brunswick, NJ: Rutgers University Press.
- Braithwaith, R. (2006). Understanding how race, class and gender impact the health of incarcerated women. In R. Braithwaite, K. Arriola & C. Newirk (Ed.), *Health issues among incarcerated women* (pp. 165-180) New Brunswick, NJ: Rutgers University Press.
- Byrne, M. W., Goshin, L., & Blanchard-Lewis, B. (2012). Maternal separations during the reentry years for 100 infants raised in a prison nursery. *Family Court Review*, 50(1), 77-90.
- Byrne, M. W., Goshin, L. S., & Joestl, S. S. (2010). Intergenerational transmission of attachment for infants raised in a prison nursery. *Attachment & Human Development*, 12(4), 375-393.
- Carlson, J. R. (2001). Prison nursery 2000: A five-year review of the prison nursery at the Nebraska Correctional Center for Women. *Journal of Offender Rehabilitation*, 33(3), 75-97.
- Chambers, A. N. (2009). Impact of forced separation policy on incarcerated postpartum mothers. *Policy, Politics, & Nursing Practice*, 10(3), 204-211.
- DeMott, R. K. (2000). Pregnant and imprisoned in the United States. *Birth*, 27(4), 266-271.
- Ferszt, G. G., & Erickson-Owens, D. A. (2008). Development of an educational/support group for pregnant women in prison. *Journal of Forensic Nursing*, 4(2), 55-60.
- Fortenberry, R., Warren, C. & Clark, J. (2006). Carrying in the criminal justice system: prenatal care of incarcerated women. In R. Braithwaite, K. Arriola & C. Newirk (Ed.), *Health issues among incarcerated women* (pp. 165-180) New Brunswick, NJ: Rutgers University Press.
- Goshin, L. S., & Byrne, M. W. (2009). Converging streams of opportunity for prison nursery programs in the United States. *Journal of Offender Rehabilitation*, 48(4), 271-295.
- Knight M. & Plugge E. (2005). The outcomes of pregnancy among imprisoned women: A systematic review. *BJOG: An International Journal of Obstetrics and Gynecology*. 112, 1467-1474.
- Kubiak, S. P., Kasiborski, N., & Schmittel, E. (2010). Assessing long-term outcomes of an intervention designed for pregnant incarcerated women. *Research on Social Work Practice*, 20(5), 528-535.

- Vainik, J. (2008). The reproductive and parental rights of incarcerated mothers. *Family Court Review*, 46(4), 670-694.
- Warner, K. (2010). Pregnancy, motherhood and loss in prison: a personal story. In R. Solinger, P. Johnson, M. Raimon, T. Reynolds, & R. Tapia (Ed.) *Interrupted life: experiences of incarcerated women in the United States*, (pp. 89-93). Berkeley, CA: University of California Press.
- Wismont, L. (2000). The lived pregnancy experience of women in prison. *Journal of Midwifery and Women's Health*, 45(5), 292-300.
- Women's Prison Association (WPA) (2009). Mothers, infants and imprisonment: A national look at prison nurseries and community-based alternatives. Accessed April 9, 2012 from <http://www.wpaonline.org/>.