“2005 Vermont Code, “§ 801a. Pregnant Inmates”

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Abstract

This research focuses on the "2005 Vermont Code § 801a. Pregnant Inmates," that has been implemented in the state of Vermont. The policy covers shackling women and the need to restrain prison systems from doing so. However, it has no prenatal care incorporated into the policy. The main goal of the team is to advocate for additional support for these pregnant inmate mothers who do not receive prenatal care in the state of Vermont. Throughout this paper, the researchers targeted health issues and concerns over the treatment of the mother and their unborn baby. This will be addressed, and will provide information on the importance of prenatal care for expecting mothers. With prenatal care added onto the policy, there will be higher rates of healthy babies being born despite the situation of their mothers. Babies are "shackled" to the decisions that their mothers make before birth. There were 46 miscarriages (6%), 11 abortions (1%), 4 stillbirths (0.5%), and 3 newborn deaths. Within the live births, 6% were preterm and 30% were cesarean deliveries. Researchers concluded that these outcomes were correlated with the placing of pregnant women in solitary confinement and shackling women during labor (Sufrin et al., 2019). Advocating for these rights will make a difference for not only the pregnant mothers, who are inmates, but for babies of our future society.

Keywords: incarcerated women, pregnant inmates, prison policy, prenatal care

Topic of Focus

The policy focused on is the 2005 Vermont Code "§ 801a. Pregnant Inmates. " This policy declares "the state of Vermont to respect the unique health issues associated with a pregnant inmate. The department of corrections shall not routinely restrain pregnant inmates who are beyond their first trimester of pregnancy in the same manner as other inmates, recognizing that to do so might pose undue health risks for the mother and unborn child." The goal of "§ 801a. Pregnant Inmates" is to respect the special health needs associated with women who are pregnant and incarcerated ("2005 Vermont Code," n.d.). The issue that this policy is aiming to address is protecting the health and wellbeing of both the mother and unborn child from problems that may arise, such as low birth weights and miscarriages (Surfin, Beal, Clarke, Jones, & Mosher, 2019). Although this policy is focused on the wellbeing of incarcerated women and their unborn children, a requirement to ensure the opportunity of receiving prenatal care needs to be added. Advocating for the addition of prenatal care to this policy can also help add awareness to the special needs of incarcerated pregnant women.

The current policy states that women who are past their third trimester should not be restrained in the same manner as other inmates because such treatment poses risk of causing health issues for mothers and unborn children. Alongside, the policy should add prenatal health

care as a special need associated with pregnant women. The policy also states that transporting pregnant women should be done in such a way that there is minimal physical and emotional trauma. The inmate's privacy should be protected, and restraints should be used only as necessary to keep the inmate, unborn child, medical professionals, correctional personnel, and the public safe ("2005 Vermont Code," n.d.)

Lastly, the policy states that once the inmate is officially in active labor according to medical professionals, no mechanical restraints should be used unless the inmate is highly likely to flee or other extraordinary circumstances occur. While the inmate is recovering, the inmate should remain free of restraints unless circumstances noted above. However, if restraints are used the commissioner of corrections is required to document the reasons why mechanical restraints were needed, which should include either preventing an escape or ensuring the safety of the inmate, the unborn child, medical professionals, correctional personnel, or the public ("2005 Vermont Code," n.d.).

The populations being impacted by this policy are pregnant inmates, their unborn children, and their loved ones. The prison system and those who work in this setting are also impacted. In the long run, society may also be impacted by the offspring of these women having improved health and potential to thrive (U.S. Department of Health and Human Services, 2019). As they mature, the offspring of incarcerated women will have an impact on the communities where they live.

A few potential unintended consequences may result because of this policy or adding requirements to it. An issue that could occur is that the mothers could take advantage of the privileges to attempt an escape. If requirements were added to the policy, another consequence

would be that taxes may be used or prisons would be burdened with more expenses to fund supplying incarcerated expectant mothers their needs.

Supporters of this policy would include the Vermont Justice Coalition, the American Civil Liberties Union, ACLU Reproductive Freedom project, and Action Committee for Women in Prison. Other supporters could include those who were formerly incarcerated and know what conditions are like for these women. These are individuals and organizations that feel passionately about human rights.The Child Welfare League of America would likely support this policy ("Babies Behind Bars," n.d.). Families and loved ones of incarnated women would also likely support this as well as anyone who feels compassion for women and children. On the other hand, those who feel that people must earn basic human rights and that inmates are unworthy may oppose this bill. Some individuals and/or organizations that may feel this way are the Pro-life action league, tax payers, law enforcement who work with incarcerated women, and medical staff. Some view other issues as more worthy of allocating tax funds towards. Also, some may oppose this policy because they believe it may incentivise incarcerated women to become pregnant in order to obtain special treatment, which would put a child in a less than ideal situation. Lastly, for-profit prisons or private prisons would likely resist a policy that increased regulations and expenses.

Although this state policy advocates significantly for incarcerated and pregnant women, it does not go far enough in order to "Respect the unique health issues," that pregnant women face ("2005 Vermont Code," n.d.). Not only should pregnant women be protected from undue restraints, but they should also be provided with proper prenatal care. The lack of necessary

resources for pregnant women who are incarcerated in the United States will be addressed by advocating for additional requirements regarding prenatal care to this policy.

The policy should specify that pregnant women be given the opportunity to receive regular appointments to tend to both physical and mental health, recognizing that both can have significant impacts on the wellbeing of the child (Corman, Dave, & Reichman et al., 2018). More specifically, pregnant women should visit a doctor once a month in the first 28 weeks of pregnancy, twice a month until 36 weeks is reached, and then weekly until the baby is born. Any recommendations the doctor specifies should be provided including vitamins, special nutrient rich diets, and environmental precautions (U.S. Department of Health and Human Services, 2019).

For the sake of women and their unborn offsprings' health, it is imperative that proper care is made available to women who are pregnant and incarcerated. No woman should be denied what might make a life-altering difference for the health and wellbeing of her and her child. From 1980 to 2010, it was estimated that the rise of incarcerated women in the United States had grown by 646% (Kelsey, Medel, Mullins, Dallaire, & Forestell, 2017). With a growing population of women, prisons must adjust to accommodate their varying needs, especially when it comes to areas as life altering as pregnancy. One state in particular that needs to adjust regulations in order to meet needs is Vermont. In comparing 22 different state prison systems, researchers discovered that vermont had the highest percent of miscarriages in prison at 25% (Sufrin et al., 2019).

According to the U.S. Department of Health and Human Services, when mothers fail to receive prenatal care, their babies are three times more prone to low birth weight and five times

more likely to lose their lives (2019). In light of this, it is alarming to realize that incarcerated women are likely to receive little to no prenatal care and are more likely to smoke, drink alcohol, and do drugs (Froggé, 2019). The Rebecca Project, a supporter of advocating for pregnant women in prison, reported that many correctional facilities in the United States do not require mandatory medical examinations as a part of prenatal care and do not provide education, counseling, HIV screenings, or special diets for pregnant women (Kelsey et al., 2017). Not only is it important for the mother's sake to have these services, but it is also crucial for the wellbeing of the child (Sufrin et al., 2019).

When looking at pregnant mothers who are incarcerated, there is a significant gap in the research. Even though the prison system is required to have health services, prisons are not mandated to provide data reports on the usage of them (Sufrin et al., 2019). More empirical evidence regarding pregnancies in prison is needed in order to obtain more support for these women. A service gap would be that there is a lack of health services provided for these pregnant women. By advocating for pregnant women, including those who are incarcerated, society will be benefitted by adding to it a healthier future generations.

Theoretical Framework

The theoretical framework that the research team has chosen is the Huttman's Policy Analysis Model. This model will be helpful in uncovering the needs of this population along with any policy impact on the families. It will allow our stakeholders an opportunity to become acquainted with the policy and the need for change within it. Identifying gaps within policies by looking at potential outcomes, scientific basis, resources, as well as costs and benefits will also be found with the theoretical framework. Lastly, the Huttman's Policy Analysis Model is the best model

for our policy as it will give a clearer picture of what needs to be addressed, therefore guiding us in the right direction.

FamiliesUSA. (2018, June 20). Family Separation Is Harmful to Children's Health. Retrieved from https://familiesusa.org/product/family-separation-harmful-children%E2%80%99s-health

the Advocacy Coalition Theory (ACT) is the most fitting lens to view this problem and related policies. The ACT acknowledges that often the process for modifying policy is gradual and occurs over long spans of time. As the personal beliefs of those influencing different policies change, the policies themselves are naturally affected. Often new information leads to the modification of beliefs. Therefore, it is important to raise awareness around relevant and credible information that could lead to positive change.

Literature and Resource Review

The Issue

The policy issue is the mistreatment of women who are incarcerated and pregnant. The "2005 Vermont Code § 801a. Pregnant Inmates" focuses on when shackling and restraints should not be permitted on pregnant women. The Northern states are among the highest percentage of prisons in the United States that still use shackling as a method of restraint while women are in active labor. Because shackling is still frequently utilized in these prison systems, pregnant incarcerated women are treated inhumanely (Kelsey, Medel, Mullins, Dallaire, & Forestell, 2017). Vermont has implemented this policy to protect the health and wellbeing of women and their newborn infants. The safety of the community is also protected by a section in the law that allows for shackling in order to protect the security and safety of all those involved. When

restraints are used, the circumstances and reasoning must be documented ("Vermont Laws," n.d.). The state of Vermont took the initiative to protect their pregnant women from restraints that could threaten the health of them and their children.

A gap in this policy is the lack of medical care incarcerated pregnant women receive while they are in prison. Often women offenders come into jail with mental illnesses, substance abuse, and trauma. One participant of a qualitative study stated that she had filled out a slip requesting to have medical personnel talk to her psychologist and psychiatric doctor; however, the incarcerated woman did not receive her medication (Rodda & Beichner, 2017). The incarceration system is obligated to provide medical care to their inmates; however, the services provided and the amount who actually receive these services is low and varies from location (Ahrens, 2015).

The failure to acknowledge pregnancy can result in not receiving any prenatal care, nutritional education, or support, and labor may be consistent without any change (Ahrens, 2015). When these at-risk mothers request services to see a gynecologist or a physician, they can be denied and not receive the proper care. If incarcerated pregnant women were granted critical prenatal care, they would have a better chance of having a successful pregnancy (Ahrens, 2015).

Context Factors

In the early 1800s, the conditions for women in prison were harsh and difficult. Recognizing the inhumane treatment in Newgate Prison, Elizabeth Fry began working to bring reform. She continued to visit and work to reform over 100 prisons, which resulted in her becoming known as the one who first started significantly advocating for women in British prisons (Matheuszik, 2013). The prisons in the United States also gave women extremely difficult conditions and treatment. A turning point occurred when a pregnant woman named Rachel Welch was beaten to death by a prison guard in 1825 in the

Auburn Prison. The brutal act catalyzed changes for women in prisons, including the formation of the Women's Prison Association of New York (Smith, 2015).

More recently, the National Commision on Correctional Health Care voiced that the standards for OB/GYN cares should be raised, specifically calling for pregnant women to receive prenatal care in prison. Recognizing that many women in prison already face discrimmination, the provision of care or the lack thereof should not threaten theses women' rights (Ghidei, Ramos, Brousseau, & Clarke, 2018). Although 21 states already limit the use of restraints on pregnant women, most do not have any requirements regarding prenatal care. The Rebecca Project for Human Rights and the National Women's Law Center actively advocate for implementing policies that ensure pregnant inmates the right to prenatal care (Kotler et al., 2015).

Although prison conditions have come a long way for women in the U.S., they are not ideal, especially for women who are pregnant. Before a policy was created in order to restrict the shackling of pregnant women, the state of Vermont had to realize that there was a problem in their incarceration system and something had to be done in order to combat this issue. The policy states that they will respect the pregnant women in their facilities and the unique medical issues that are associated with them (28 V.S.A. § 801a).

Vermont is one of the few northern states to have a policy in regards to ending the use of shackles or restraints while a pregnant inmate is in labor. The commissioner of the department of correction will ensure that reasonable and appropriate measures will take place when transporting a pregnant inmate (28 V.S.A. § 801a). The policy requires the transport of pregnant inmates to be done in a manner that will cause the least physical or psychological trauma (28 V.S.A. § 801a). The opinion on the policy is to advocate for better representation and care for these pregnant inmates. The policy is to be upheld by the state of Vermont.

Policy Impact

This policy impacts incarcerated pregnant women by restricting the use of shackling while the woman is pregnant and thereby protecting the wellbeing of pregnant women and their babies. Amongst 53 jail facilities across the United States, 17.4% required women to be handcuffed or shackled during the delivery process. Women were mandated to be handcuffed by one arm on the bed rail or table before delivery, during delivery, and postpartum. The use of daily restraints puts the mother and baby at risk by increasing the chance of falling. Also, 56.7% of the 53 facilities used restraints on women hours after having a baby. There were also facilities that did not provide prenatal care so the pregnant woman had to be transported outside of the jail parameters in order to receive care. Restraints can have harmful effects during the delivery process because it interferes with the ability to detect and treat common pregnancy complications (Kelsey et al., 2017).

Not only can shackling impact the mother, but the baby can suffer consequences as well. One study found that out of 1,396 pregnant women admitted to prisons, there were 46 miscarriages (6%), 11 abortions (1%), 4 stillbirths (0.5%), and 3 newborn deaths. Of live births, 6% were preterm and 30% were cesarean deliveries. Researchers concluded that these outcomes were correlated with the placing of pregnant women in solitary confinement and shackling women during labor (Sufrin et al., 2019). Another study concurred with these results by concluding that shackling affected babies by creating a high-risk situation for the mothers, which resulted in a higher risks of preterm labor, low birth weights, and stillbirths (Sufrin, Kolbi, & Roth, 2015).

The officers in charge of caring for the pregnant inmates are also impacted by this policy because they are required to transport the inmates and maintain control to ensure they are abiding by prison regulations during the delivery process (Kelsey et al., 2017). It also affected policy makers because they have to decide if this is a policy they can support or not. There is a similar policy called the FIRST STEP Act in which many policy makers state that they can support the banning of shackling for pregnant women, but the policy as a whole has some discrepancies ("The Pros and Cons," 2019). This is a factor that can sometimes affect the creation of policies and the effect it has on society. Prisons and jails are also affected by this policy because over the years the number of incarcerated women has increased, which means that funds would have to be allocated towards providing pregnancy services (Goshin, Arditti, Dallaire, Shlafer, & Hollihan, 2017).

While this policy does not guarantee that pregnant inmates will have all their needs met, it is beneficial in the sense that it protects them from unnecessary restraints, especially during active labor and postpartum recovery. If restraints are used in these situations, the commissioner of corrections needs to provide proof that the use of restraints was essential and unavoidable (28 V.S.A. § 801a). No records of various implementations of this policy could be found. If incarcerated pregnant women were granted critical prenatal care, they would have a better chance of having a successful pregnancy (Ahrens, 2015). Therefore, in the future, an improvement of this policy would include access to all aspects of prenatal care for incarcerated women.

Future Direction

Recognizing the intrinsic value in every life, one can clearly see that Vermont needs to require more to be done on behalf of pregnant inmates in order to protect the health and wellbeing of these women and their unborn children. Nearly every factor that impacts an expectant mother's mental or physical health will significantly impact the child growing inside of her (Scorza & Monk, 2019). Researchers discovered that women who had adequate prenatal care, meaning they had regular prenatal checkups at specified points during their pregnancy, were less at risk for having babies with very low birth weights (Xaverius, Alman, Holtz, & Yarber, 2016). In another study, women involved in a Special Supplemental Nutrition Program for Women, Infants, and Children, during pregnancy had infants with healthier weight gain (Edmunds et al., 2014). Adequate prenatal care, including nutrition, can greatly benefit the health of children. Women in prison do not necessarily have the autonomy to schedule prenatal visits with their physicians or obtain nutrient rich diets (Ahrens, 2015). Thus it is imperative that policies in Vermont advocate on their behalf in order to guarantee that they receive proper prenatal care for their physical health.

Adequate prenatal care for women in prison, should also cover mental health needs. When expectant mothers undergo stress, depression, or trauma, the formation of the placenta is altered in such a way that it may not adequately protect the fetus from chemicals that will affect development (Brunst et al., 2017). Those mothers in prison who face challenges with mental health actually put their children at a physiological disadvantage. Not only does psychological distress during pregnancy put children at risk for physical health, but it also increases these children to encounter mental health problems in the future. Another study showed that the children of mothers who experienced psychological distress while pregnant were more likely to

experience anxiety during childhood (McLean, Cobham, & Simcock, 2018). While assessing 2,891 women's mental health during pregnancy and their children's emotional and behavioral problems 10-11 years later, researchers found a positive correlation. When mother experienced more anxiety and depression during pregnancy, their children had more emotional and behavioral problems later in life (Leis, Heron, Stuart, & Mendelson, 2014). Clearly, those who are pregnant and their offspring would benefit by including mental health interventions during pregnancy. In an environment as difficult as prison, women especially need to be given the opportunity to have their mental health treated in counseling, as a part of their prenatal care. If not for the mother, this needs to be done for the innocent child growing inside of her.

Branding and Mapping Support

The brand name for this coalition is Shackled Babies. The brand, Shackled Babies, was chosen in order to give a visual representation of what depriving mothers of proper prenatal care and mistreating them through unnecessary shackling can do to their unborn infants. Babies are, in a sense, "shackled" to the decisions that their mothers make before birth. The branding is tailored to encapsulate that putting these babies at a disadvantage in this way is as absurd and egregious as shackling babies.

Some many have a difficult time deciding whether to join this advocacy plan or not. Therefore, the following arguments are statements designed to help motivate potential supporters to make a decision to join this advocacy. It is important to remember that all people are valuable, including pregnant incarcerated women and their babies and that every individual is worthy of humane treatment. Likewise, a healthy delivery will lead to a healthier life for mother and child, and healthier babies are more likely to grow up to become contributing members of society.

There are also medical conditions that may arise due to shackling during pregnancy which are injurious, putting lives at risk. It is also important to note that babies who undergo physical or emotional trauma are likely to have physical or mental disadvantages, which could result in the government having to provide Social Security Income for this child, along with other government assistance. A price cannot be placed on human life and the funds used to provide proper prenatal care will give babies the necessary nutrients for optimal development. Lastly, the lack of such care could be to the detriment of health and wellbeing.

Law enforcement, taxpayers, and private prisons may be opposed because this bill does not appear to be in their best interest. Law enforcement personnel may feel that the policy detracts from the safety procedures that aid them in doing their job, while requiring them to do more. Taxpayers may resist the extra expenditures for a population that some may not view as "worthy" of help. Private and for profit prisons would likely also be opposed because the policy would potentially increase their overhead expenses. Medical Staff serving this population and the Pro-Life Action League may waver depending on how information is presented. While medical staff would most likely recognize the health benefits to pregnant inmates, they may resist the greater risk that they will be put at due to the limited use of restraints. The Pro-Life Action League consists of people who generally have more Republican views, while those with more Democratic ideologies typically advocate for disenfranchised groups. The Pro-Life Action League may be hesitant to support this policy because they may fear that this could lead to incarcerated women obtaining rights to abortions, as in other states. In light of this, members of the Pro-Life Action League may not be naturally inclined to advocate for this type of policy; however, they could be swayed by appealing to the wellbeing of the unborn child.

Plans to Form a Coalition

Looking at potential support and resistance is important to the advocacy process of forming a Coalition. One coalition that would potentially support advocating for women in Vermont who are pregnant and incarcerated is the Vermont Justice Coalition. This coalition is passionate about seeking criminal justice reform in Vermont and is especially aimed at promoting restoration instead of punishment (Justice Coalition, n.d.). In light of this coalition's concern for those in the prison system, this issue would fall within their vision and mission.

Some logical partners would include the following: American Civil Liberties Union, ACLU Reproductive Freedom Project, Action Committee for Women in Prison, Aid to Inmate Mothers, California Coalition for Women Prisoners ("Resources," n.d.). In looking at these organizations, they are logical partners because they help stand up for human rights that are related to the needs of pregnant inmates. Also these partners could help reach other groups with which they have already built rapport.

One odd bedfellow could be a group against abortion, such as the Pro-Life Action League (Pro-Life Action League, n.d.). Support from a group like this could be gained by appealing to the unborn children inside the incarcerated women's wombs. In seeking to make the coalition more broad-based, this would be helpful because people who tend to be against abortion usually have more Republican ideologies, while those in favor of supporting disenfranchised groups typically have more Democratic views.

Each member of the group will have a different role, based on their strengths and interests. Xinia will be the point person for speaking with policy makers and their aids because of her ability to build rapport. Adriana will be responsible for speaking with the media and

designing a website because of her passion and communication skills. Jocelyn will organize public events and network with other organizations to endorse the campaign because she is organized and great at managing people. Darcee will research the topic and create education materials because she is thorough and writes well.

Media Campaign

Three campaign goals have been identified. The first goal is that the group will contact community agencies and programs that are designed to help pregnant women, such as WIC and HUGS/PAFT, to inquire about what can be done to help advocate for incarcerated pregnant women to receive prenatal care. The second goal is that the campaign will seek to advocate for the integration of prenatal care in the prison system. This will be achieved by helping inform others on how it is an issue and what can be done to improve the care of incarcerated pregnant women. Lastly, the third goal is to inform the general population of the lack of prenatal care and maltreatment of incarcerated women two months before change is implemented into the community and the incarcerated system.

The plan is to use the major social media outlets, such as Facebook, Twitter, Instagram, and a Podcast. A video will be posted on Instagram and Facebook highlighting the issue. In order to share the policy with maximum efficiency, content will be recycled on different platforms.

Media Content

Facebook live: Show part of the podcast and flyer/link of the podcast.

Instagram: Minute long video from recording of the podcast. This minute video will include specific stats (mentioned below) or the story at the beginning or ending of the podcast.

Twitter: Quote (ex: Shackling is defined as "using any physical restraint or mechanical device to control the movement of a prisoner's body or limbs, including handcuffs, leg shackles, and belly chains")

"According to the U.S. Department of Health and Human Services, when mothers fail to receive prenatal care, their babies are three times more prone to low birth weight and five times more likely to lose their lives (2019)."

Podcast: Outline

Introduction of speakers:

Xinia, Jocelyn, Darcee, Adriana

Introduction of topic

Story of pregnant inmates to capture public attention. Shackling pregnant inmates is still a practice in many states ("Shackling Pregnant Inmates," 2019).

- Do you know how inmates are treated in prison systems?
- Description of prisoner treatment
- Description of shackling and what that looks like in prison systems.
- Definition of shackling: Shackling is defined as "using any physical restraint or mechanical device to control the movement of a prisoner's body or limbs, including handcuffs, leg shackles, and belly chains".
- Could you imagine being pregnant while in prison?

Why it is an issue.

- Description of Vermont policy.

- Prenatal care can help prevent complications and inform women about important steps they can take to protect their infant and ensure a healthy pregnancy.
- Low birth weight can cause many health and learning problems for young children, including language delays, attention disorders, and even severe neurological problems.

Education of issue

- Transition into the issue of the policy and how there is a need for prenatal care.
- What does prenatal care look like in the "outside world?"
- What does prenatal care look like inside the prison system.
- Prenatal care is not required to be made available to incarcerated women in Vermont.
- According to the U.S. Department of Health and Human Services, when mothers fail to receive prenatal care, their babies are three times more prone to low birth weight and five times more likely to lose their lives (2019).
- Discussion of the state of Vermont needing further resources available for pregnant incarcerated women.

Statics of issue

- There is a need for prenatal care requirements beyond the state of Vermont.
- 1,396 already-pregnant women were admitted to the 22 state and all federal prisons.

Vermont specific information

- The gaps and limitations of the law.
- In comparing 22 different state prison systems, researchers discovered that Vermont had the highest percent of miscarriages at 25% (Sufrin et al., 2019).

Importance of issue

- Insert positive story, relating to what can be done to make a difference. Pregnant behind bars: prison opens a special wing for mothers-to-be and postpartum inmates (Lourgos, 2019).
- This shows the possibility of what could happen on behalf of pregnant women in prisons and their unborn children. Positive change needs to come to Vermont.

Take Action!

Close out podcast

Implementation

The campaign will be implemented in the following order. On November 10th social media outlets such as Facebook, Twitter, and Instagram, will be created to assist the campaign. On instagram, the team will post videos, stories, and polls showing the preparation process for filming. On November 11th, flyers will be posted on all social media outlets to make audience aware of upcoming Facebook live video and podcast post. On November 12th, podcast outline will be created for the team to further discuss and refine before filming. On November 13th, filming will commence for podcast and Facebook live. On November 14th, podcast will be posted for listeners to acquire; posts sharing the podcast will also be shared on Facebook and Instagram. On November 15th, the team will post a twitter quote and create a poll on Instagram asking followers if they agree or disagree with shackling pregnant inmates. On November 16th, the team will post a twitter quote and create a poll on Instagram, asking followers if they have any questions about this topic. Lastly, on November 17th the articles that were shared on podcast, facebook, twitter, and instagram will be posted.

A5 Advocacy Plan

The goal for the advocacy plan is to spread awareness of the need for adding requirements to the prisons in Vermont to ensure that prenatal care will be made available to women who are incarcerated and pregnant. More specifically, pregnant women should visit a doctor once a month in the first 28 weeks of pregnancy, twice a month until 36 weeks is reached, and then weekly until the baby is born. Any recommendations the doctor specifies should be provided including vitamins, special nutrient rich diets, and environmental precautions (U.S. Department of Health and Human Services, 2019).

The focus of this advocacy campaign is the criminal justice system in Vermont.

The target population for the advocacy plan is the general public, which includes local government officials, taxpayers, and medical staff.

Research provides a rationale for choices regarding time and resources invested in advocating for women who are incarcerated and pregnant. Pregnant, incarcerated women represent a unique population in the criminal justice system, and their service-related needs have been largely overlooked. Researchers examined 241 pregnant, incarcerated women's service requests. Overall findings supported a need to pay attention to younger women and first-time moms, as they are at the most risk to not receive health care services (Kelsey, Thompson, & Dallaire, 2018). Understanding the need and who is impacted is a fundamental part of advocacy.

Research also showed the need for increased awareness and education in advocating for this population. The United Nations Office on Drugs and Crime created a brief that emphasized the need for advocating on behalf of women who are incarcerated and pregnant to receive proper nutrition. To advocate, it was suggested that awareness be spread and that education on the topic made available in prisons (United Nations Office, n.d.). Brenda Smith, director of the PhD

program for the School of Social Work at the University of Alabama, also pointed out the need for spreading awareness and education when advocating for issues related to reproductive rights (Smith, 2017).

Community agencies can be helpful in advocating for populations by increasing awareness. In the article, *Supporting Pregnant Incarcerated Women: Through Childbirth Educational Perspectives*, George Froggé described agencies that helped bring awareness to pregnant, incarcerated women and their needs. Agencies, such as Doula which helps act as a support system for expecting mothers that lack contact with families or friends, proved helpful. When hearing the stories of these women, the agency shared them to spread awareness of their situation and needs. Another agency that focuses on bringing community awareness and promotes prevention programs for this population is Women and Infants at Risk Program (WIAR). Involving local agencies to advocate for programs or for a certain population can be beneficial (Froggé, 2019). The added support of other agencies can help to bring awareness to the communities involved with these agencies. With their help, an advocacy plan can be strongly implemented.

In planning to advocate for issues related to reproductive health, Smith explained John Kingdon's strategy. When advocating for issues, advocacy campaigns are more likely to be heard and addressed when the problem, policy, and political are aligned (Smith, 2017).

Researcher Kate Walsh used the strategy of informing and advocating. First the reader is informed of inadequate care for incarcerated women in the state of New York. Walsh then proceeded to identify additions that should be made to the current policies in order to ensure women receive proper care. This should include distinguishing between men and women in

policies for initial assessments and ongoing care, taking medical histories that ask questions specific to women's health, providing access to female health care providers that can assist with prenatal care, providing an adequate number of sanitary products free of charge, and developing a concrete and written policy addressing contraception that accounts for the multitude of reasons that women may want access to contraception.

Not only does Walsh recommend these additions, but in order to appeal to the target population, recommendations for funds were also provided. Walsh stated that existing Federal and State programs could be used to provide funding for reproductive health care such as access to gynecological care. The Affordable Care Act (ACA), Medicaid, and Title X, provide opportunities to fund women's access to gynecological care and contraception both prior to and after release from incarceration. This would allow for continuity of care and a greater chance that women will utilize these services (Walsh, 2016).

While strategizing to work with target populations is important, seeking to work well as an advocacy group is also essential. In looking to the past, researchers identified key principles that should be applied when seeking to advocate. Findings highlighted the need for advocacy groups to be able to handle the differing perspectives and discord within in order to maximize efficiency in reaching out (Senteio & Matteucci, 2017).

In order to effectively advocate for women who are pregnant and incarcerated, strategic planning needs to take place. Based on the research, providing education and spreading awareness are especially needed when addressing this issue.

The target population will be included by designing educational materials to appeal to their interests and concerns. The fact sheets, policy briefs, and flyers will be distributed to the

respective individuals. The target population will also be involved by asking that they share the information with others within their sphere of influence. Lastly, people will be asked to sign a petition and contact the city elected officials in order to show support for the cause.

5.6: Negative

- The population may feel that funds could be better utilized elsewhere.
- The population may view incarcerated, pregnant mothers as deserving of poor treatment and unworthy of help (Smith, 2017).
- Involving the population may take longer than anticipated in helping bring the advocacy plan into action.

Positive

- More people will be able to be a part of an advocacy plan that will benefit invaluable human lives.
- The population will have the opportunity to gain understanding and knowledge on the issue.

The population could benefit the advocacy plan through spreading awareness, signing the petition, and contacting government officials.

The anticipated opposition includes for-profit prisons, law enforcement working with incarcerated women, taxpayers, medical staff, and the pro-life action league. When working with for-profit prisons, the opposition will be addressed by informing them that a grant could be written to receive government assistance instead of out-of-pocket funding. Also, the number of pregnant inmates in Vermont is low and would not significantly increase costs (Sufrin et al., 2019). Law enforcement working with incarcerated women will be educated on the necessity of

providing adequate prenatal care and remaining unshackled during pregnancy. Taxpayers will be addressed by providing education on the necessity of the program. Also they will be informed that adding this requirement would not necessarily increase taxes if already existing government funds are allocated to help support the cause. When working with medical staff, the importance of medical care will be emphasized, while appealing to the Hippocratic Oath. Lastly, the Pro-life action league will be addressed by appealing to the wellbeing of the child and how the infants' lives will be affected by the lack of prenatal care.

Consumers will be involved by providing education on the importance of proper care during pregnancy. They will also be given the opportunity to participate in biopsychosocial interviews that are tailored to incarcerated, pregnant women in order to better understand their specific prenatal care needs. Surveys will also be distributed, when possible, to family members for them to assess their loved one's needs. Family members will also be given the opportunity to sign a petition as well. Collecting this data will add credibility and accuracy to the advocacy plan.

The group will approach the governor of Vermont, Phil Scott, by calling to make an appointment with him or one of his assistants. At the appointment, the policy brief (see Appendix B) will be presented.

A letter about the issue and desired policy changes will also be sent to Phil Scott at the following address: Executive Office of Governor Phil Scott, 109 State Street, Pavilion, Montpelier, VT 05609.

A letter will also be sent to the commissioner for the Department of Children and Families, Kenneth Schatz at the following address: 280 State Drive, Center Building, Waterbury, VT 05672.

A letter will be sent to the commissioner for the Department of Corrections, Lisa Menard, at the following address: 103 South Main Street, Waterbury, VT 05671.

If given the opportunity, the main points that will be highlighted are the necessity of prenatal care to the health of pregnant women and their offspring. No mandatory standards across the United States exist for incarcerated women's rights. Prenatal care is important for the health of the unborn child. For the sake of the mother and innocent child, mothers should be granted proper care. The U.S. Department of Health and Human Services suggested that pregnant women visit a doctor once a month in the first 28 weeks of pregnancy, twice a month until 36 weeks is reached, and then weekly until the baby is born (2019). Vermont prisons are currently not required to provide prenatal care to women. In order for there to be a change in Vermont's policy for pregnant inmates, this needs to be addressed.

The plan to monitor the progress on this issue is to sign up on govtrack.us in order to follow the policy and to follow organizations, which support changes to this policy. Emails will also be exchanged between team members to exchange updates. When and if revisions are approved, a mass email will be sent out notifying the team, staff, organizations, friends, and family of this change.

Conclusion

In conclusion the Shackled Babies advocacy plan aims to advocate for incarcerated pregnant women and their basic human rights. This Although the current policy includes specific information for shackling, it is essential that proper prenatal care is also included as part of the policy requirement. The goal is for the policy to specifically state that pregnant women should visit a doctor and follow specific doctor recommendations. This will contribute to maintaining a healthy pregnancy and delivery, which will have an overall positive effect within society.

Advocacy Plan Video Presentation

References

Ahrens, D. (2015). Incarcerated childbirth and broader "birth control": Autonomy, regulation, and the state. *Missouri Law Review*, *80*(1), 1–51. Retrieved from http://search.ebscohost.com.ezproxy.southern.edu/login.aspx?direct=true&db=a9h&AN=102648690&site=ehost-live&scope=site

Babies Behind Bars. (n.d.). Retrieved from https://www.cwla.org/babies-behind-bars/

Brunst, K. J., Sanchez Guerra, M., Gennings, C., Hacker, M., Jara, C., Bosquet Enlow, M., . . . Wright, R. J. (2017). Maternal lifetime stress and prenatal psychological functioning and decreased placental mitochondrial DNA copy number in the PRISM Study. *American Journal of Epidemiology,* 186(11), 1227–1236.

Corman, H., Dave, D., & Reichman, N. E. (2018). Evolution of the infant health production function. *Southern Economic Journal,* 85(1), 6–47. https://doi-org.ezproxy.southern.edu/10.1002/soej.12279

Edmunds, L. S., Sekhobo, J. P., Dennison, B. A., Chiasson, M. A., Stratton, H. H., & Davison, K. K. (2014). Association of prenatal participation in a public health nutrition program with healthy infant weight gain. *American Journal of Public Health,* 104(S1), S35–S42. Retrieved from http://search.ebscohost.com.ezproxy.southern.edu/login.aspx?direct=true&db=s3h&AN=93642423&site=ehost-live&scope=site

Froggé, G. M. (2019). Supporting pregnant incarcerated women: Through childbirth educational perspectives. *International Journal of Childbirth Education*, *34*(2), 51–53. Retrieved from http://search.ebscohost.com.ezproxy.southern.edu/login.aspx?direct=true&db=ccm&AN=135888092&site=ehost-live&scope=site

Ghidei, L., Ramos, S. Z., Brousseau, E. C., & Clarke, J. G. (2018). Prison: Pipeline to women's preventative health. *Rhode Island Medical Journal*, *101*(8), 23–26. Retrieved from http://search.ebscohost.com.ezproxy.southern.edu/login.aspx?direct=true&db=a9h&AN=132074684&site=ehost-live&scope=site

Goshin, L. S., Arditti, J. A., Dallaire, D. H., Shlafer, R. J., & Hollihan, A. (2017). An international human rights perspective on maternal criminal justice involvement in the United States. *Psychology, Public Policy, and Law*, *23*(1), 53–67. https://doi-org.ezproxy.southern.edu/10.1037/law0000101

Justice Coalition - Vermonters for Criminal Justice Reform. (n.d.). Retrieved from https://www.vcjr.org/about/coalition

Kelsey, C. M., Medel, N., Mullins, C., Dallaire, D., & Forestell, C. (2017). An examination of care practices of pregnant women incarcerated in jail facilities in the United States.

Maternal And Child Health Journal, *21*(6), 1260–1266. https://doi-org.ezproxy.southern.edu/10.1007/s10995-016-2224-5

Kelsey, C. M., Thompson, M. J., & Dallaire, D. H. (2018). Community-based service requests and utilization among pregnant women incarcerated in jail. *Psychological Services*. https://doi-org.ezproxy.southern.edu/10.1037/ser0000314

Kotlar, B., Kornrich, R., Deneen, M., Kenner, C., Theis, L., von Esenwein, S., & Webb, G. A. (2015). Meeting incarcerated women's needs for pregnancy-related and postpartum services: Challenges and opportunities. *Perspectives on Sexual & Reproductive Health*, *47*(4), 221–225. https://doi-org.ezproxy.southern.edu/10.1363/47e3315

Leis, J. A., Heron, J., Stuart, E. A., & Mendelson, T. (2014). Associations between maternal mental health and child emotional and behavioral problems: Does prenatal mental health matter? *Journal of Abnormal Child Psychology*, 42(1), 161–171. https://doi-org.ezproxy.southern.edu/10.1007/s10802-013-9766-4

Lourgos, A. L., (2019). Pregnant behind bars: Prison opens a special wing for mothers-to-be and postpartum inmates. Retrieved from https://www.saukvalley.com/2019/09/08/pregnant-behind-bars-prison-opens-a-special-wing-for-mothers-to-be-and-postpartum-inmates/auczpn3/?fbclid=IwAR01d2x-pXq3gSjt5PG2SwhKXW82VbmBOVoM8ajWOGgh4H7WgjRoV7hQFFk.

Matheuszik, D. (2013). The angel paradox: Elizabeth Fry and the role of gender and religion in the nineteenth-century Britain. Retrieved from https://etd.library.vanderbilt.edu/available/etd-03262013-123349/unrestricted/Matheuszik.pdf

McLean, M. A., Cobham, V. E., & Simcock, G. (2018). Prenatal maternal distress: A risk factor for child anxiety? *Clinical Child & Family Psychology Review*, 21(2), 203–223. https://doi-org.ezproxy.southern.edu/10.1007/s10567-017-0251-4

Pro-Life Action League. (n.d.). Retrieved from https://prolifeaction.org/

Resources: Women's Organizations and Resources. (n.d.). Retrieved from https://www.prisonactivist.org/resources/womens-organizations-and-resources

Rodda, J., & Beichner, D. (2017). Identifying programming needs of women detainees in a jail environment. *Journal of Offender Rehabilitation,* 56(6), 373–393. https://doi-org.ezproxy.southern.edu/10.1080/10509674.2017.1339161

Scorza, P., & Monk, C. (2019). Anticipating the stork: Stress and trauma during pregnancy and the importance of prenatal parenting. *Zero to Three,* 39(5), 5–13. Retrieved from http://search.ebscohost.com.ezproxy.southern.edu/login.aspx?direct=true&db=eue&AN=137701135&site=ehost-live&scope=site

Senteio, C., & Matteucci, K. (2017). Addressing racial discrimination in the 1930s: Using a historical case study to inform contemporary social justice efforts. *Journal of African American Studies*, *21*(4), 621–642. https://doi-org.ezproxy.southern.edu/10.1007/s12111-017-9387-z

"Shackling Pregnant Inmates is Still a Practice in Many States." (2019, March 13). Retrieved from https://www.cbsnews.com/news/shackling-pregnant-inmates-is-still-a-practice-in-many-states/?fbclid=IwAR06RR0yYlgFtyH93aDl-_uwC78b2zSeJP8lG2qlxFmM0imZY7WfJxjd4U.

Smith, B. (2015). A harrowing reminder in prison sex abuse suit. Retrieved from https://www.cnn.com/2015/05/23/opinions/smith-rikers-lawsuit-sex-abuse/index.html

Smith, B. (2017). Reproductive justice: A policy window for social work advocacy. *Social Work*, *62*(3), 221–226. https://doi-org.ezproxy.southern.edu/10.1093/sw/swx015

Sufrin, C., Beal, L., Clarke, J., Jones, R., & Mosher, W. D. (2019). Pregnancy outcomes in U.S. prisons, 2016–2017. *American Journal of Public Health*, *109*(5), 799–805. Retrieved from http://search.ebscohost.com.ezproxy.southern.edu/login.aspx?direct=true&db=s3h&AN=135849119&site=ehost-live&scope=site

Sufrin, C., Kolbi, M. A., & Roth, R. (2015). Reproductive justice, health disparities and incarcerated women in the United States. *Perspectives on Sexual & Reproductive Health*, *47*(4), 213–219. https://doi-org.ezproxy.southern.edu/10.1363/47e3115

The Pros and Cons of Legislation to Reform the Criminal Justice System. (2019). *Congressional Digest*, *98*(1), 14. Retrieved from http://search.ebscohost.com.ezproxy.southern.edu/login.aspx?direct=true&db=ulh&AN=133713722&site=ehost-live&scope=site

United Nations Office on Drugs and Crime. (n.d.) Briefs and strategies for NGOs working with female prisoners. Retrieved from/4https://www.unodc.org/documents/pakistan/briefs%202/Briefs_and_strategies_for_NGOs_working_with_Female_Prisoners_B_opt.pdf

U.S. Department of Health and Human Services. (2019, April 1). Prenatal care. Retrieved from https://www.womenshealth.gov/a-z-topics/prenatal-care

Vermont Laws. (n.d.) Retrieved from https://legislature.vermont.gov/statutes/section/28/011/00801a

Vermont. (n.d.). Statewide officials. Retrieved from https://www.vermont.gov/government/statewide-officials

Walsh, K. (2016). Inadequate access: Reforming reproductive health care policies for women incarcerated in new york state correctional facilities. *Columbia Journal of Law & Social Problems*, *50*(1), 45–95. Retrieved from http://search.ebscohost.com.ezproxy.southern.edu/login.aspx?direct=true&db=sih&AN=119524270&site=ehost-live&scope=site

Xaverius, P., Alman, C., Holtz, L., & Yarber, L. (2016). Risk factors associated with very low birth weight in a large urban area, stratified by adequacy of prenatal care. *Maternal and Child Health Journal,* 20(3), 623–629. https://doi-org.ezproxy.southern.edu/10.1007/s10995-015-1861-4

2005 Vermont Code - § :: 801a. - Pregnant inmates. (n.d.). Retrieved from https://law.justia.com/codes/vermont/2005/title28/section00801a.html

Appendices