

# Detained, pregnant and at risk: a call for national pregnancy care standards in juvenile detention centers

## KEY MESSAGES

- In many juvenile detention centers, antenatal services for pregnant detainees are absent or inadequate
- This lack of services may put pregnant detained adolescents and their newborn at higher risk of poor medical and psychological outcomes
- Implementing evidence-based, national healthcare standards for pregnant detainees in juvenile detention centers could improve maternal and child health outcomes

Every day, pregnant girls enter, occupy, and exit the US juvenile justice system—yet there has been little attention paid to their health needs. Almost 15,000 adolescent girls are housed in US correctional facilities on any given day,<sup>1</sup> and one recent study estimated that at least 2.1% of these girls are pregnant.<sup>2</sup> Many juvenile detention centers are failing to provide adequate antenatal services, which puts the health of mothers and their newborn at risk. This Policy Brief advocates for evidence-based, national health standards for pregnant detained adolescents.

## HIGH RISK PREGNANCIES AMONG DETAINED ADOLESCENTS

Detained adolescents are more likely than the general population to experience unplanned, high-risk pregnancies, related to factors such as domestic violence, substance misuse, mental illness, HIV and other sexually transmitted infections, inadequate social support, and poor nutrition.<sup>3</sup> These risks are compounded by a lack of healthcare standards and services in juvenile detention centers. Pregnant detainees require—but do not always receive—access to comprehensive, culturally sensitive, and developmentally appropriate pregnancy care.<sup>4</sup>

A 1995 survey of 261 juvenile detention and long-term correctional facilities found that 31% did not provide antenatal services and 70% did not provide parenting classes.<sup>5</sup> Six in 10 facilities reported an obstetric complication in at least one of their detainees.<sup>5</sup> A 2007 survey of 346 facilities found that while 75% offered antenatal or obstetric services, these were primarily accessible only outside of the detention facility.<sup>6</sup> Detained, pregnant juveniles have reported shackling, frequent hunger, lack of access to prenatal vitamins and prenatal or parenting classes, improperly fitted uniforms, and miscarriages.<sup>4</sup>

While there are many gaps in our knowledge of the health status of pregnant detained adolescents, the existing evidence indicates that pregnant detainees have unique health risks that need to be addressed, especially during detention periods.<sup>3</sup> Breuner and Farrow argue that pregnant detainees “may be at higher risk for poor outcomes, both medically and socially;”<sup>5</sup> although the evidence on such outcomes is conflicting, pointing to a need for further research.<sup>7</sup>

## IMPROVING THE EVIDENCE BASE

The lack of research related to the health needs of female detainees shows an already marginalized population being subject to further marginalization. While pregnant adolescent detainees certainly require substantial protection from “research-related harms,” at the same time this population remains “dangerously invisible from a research perspective.”<sup>4</sup> A renewed effort to access and better understand this vulnerable group is the cornerstone of evidence-based policy formulation.

## THE ROLE OF A NATIONAL HEALTHCARE STANDARD

One way to improve healthcare services for pregnant juvenile detainees would be to develop and implement a national healthcare standard, modeled after standards set by the National Commission on Correctional Healthcare (NCCH) and The American Public Health Association (APHA). The NCCH is an accreditation program and publishes *Standards for Health Services in Juvenile Detention and Confinement Facilities*. The APHA, an association of public health professionals, produces *Standards for Health Services in Correctional Institutions*. Both included the health needs of pregnant detainees in their most recent reports and stressed the importance of comprehensive prenatal, obstetric, and postnatal care services.<sup>8</sup> An evidence-based, national standard of care for pregnant, juvenile detainees would build upon these—and other—efforts.

A report commissioned by the Annie E. Casey Foundation, a charity that focuses on disadvantaged children, argues that “few states have regulations addressing healthcare or parenting education for pregnant girls in custody.”<sup>9</sup> The current lack of nationalized standards is harmful not only for pregnant detainees, but also for the justice system and local economies—economies that are potentially burdened by the long-term costs of pregnant and parenting detainees. Evidence-supported standards will not only improve the lives of pregnant detainees and their offspring, but will also bring a uniform level of care to the juvenile justice system.

These standards could also play a role in supporting continuity of care. Comprehensive programming that connects pregnancy services within detention to services outside of detention will ensure that pregnant and parenting detainees are afforded opportunities for continued health and well-being.

*This policy brief was written by **Diane Royal**, a Masters in Global Health Sciences student at the University of California, San Francisco. It underwent expert peer review ahead of publication. The brief was one of five winning entries in a competition held during the summer 2012 UCSF masters course, Global Health Policy: Transforming Evidence into Action.*

*For further details about the competition, see [e2pi.org/education](http://e2pi.org/education)*

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