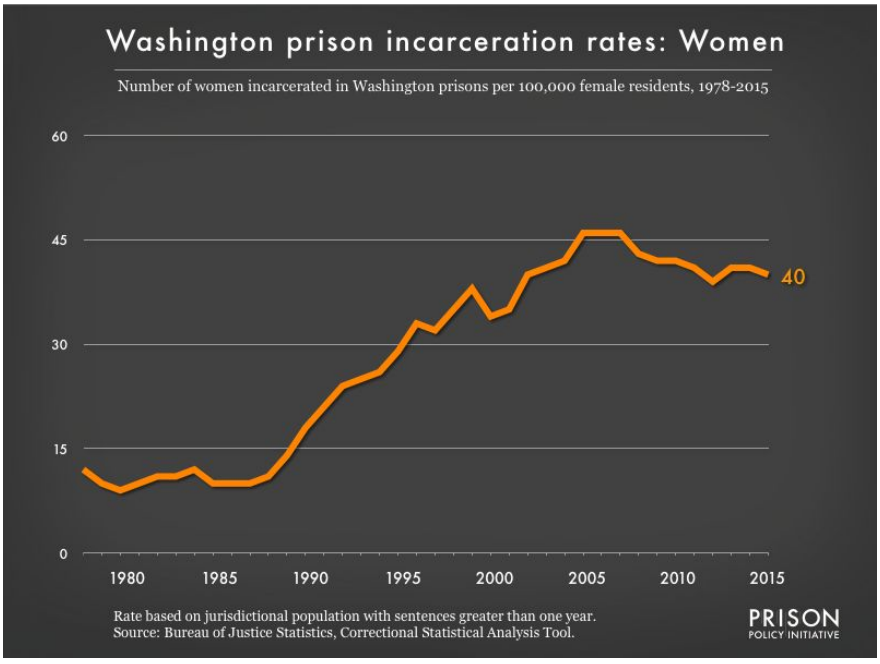
Collaborative Project Proposal

Patanjali de la Rocha
Birth Beyond Bars: The Prison Doula Movement in Unceded Coast Salish Territories

Working in collaboration with Health Alliance International, we are interested in developing baseline qualitative assessment to determine gaps in perinatal healthcare for incarcerated pregnant people at Washington Correction Center for Women (WCCW) in Gig Harbor, a minimum security facility that has one of five parenting units in the country. We will use a Community-Based Participatory Research (CBPR) approach which includes co-investigating with our target population. Ultimately, this assessment will inform a community-based doula training manual for use with prison populations as well as an open-source toolkit model of care for this population.

1. Background on Health Issue



Graph 1: Wendy Sawyer, January 2018

Women comprise the fastest growing prison population in the United States. Though no comprehensive or updated data on the percentage of women incarcerated are pregnant, "we know that most incarcerated women in the U.S. are of childbearing age, have had limited access to contraception pre-incarceration and are already mothers; some of them will enter jail or prison pregnant" (Suffrin 2018).

In Washington State, we do know that "[o]f the 1,310 total female inmates in Washington State prisons, 733 reported having at least one minor child. Washington State's Children Administration estimates that half of the incarcerated people in Washington state are parents.

The number of kids who have had a parent in jail or prison at some point in their childhood is estimated to be approximately 109,000, or 7% of Washington's children." (Stewart, B. & Hoyer, M. 2013). Parental incarceration is now recognized as an 'adverse childhood experience', distinguishable from other adverse childhood experiences by the unique combination of trauma, shame, and stigma (Arditti 2015). Because children of incarcerated parents are often unacknowledged in public health and legal advocacy work, they face a range of lifetime risk factors including but not limited to psychological strain, antisocial behavior, economic hardship and increased likelihood of criminal activity (Gordon 2018).

Empirically linked with women's entrance into the criminal justice system are trauma and abuse, increased experience of mental illness (Covington, 2007), addiction (O'Neil et al., 2013), strained relationships, poverty and homelessness (Bloom et al., 2002), and compromises caregiver abilities(Covington, 2007). Community-based interventions have been useful and effective for women with mental and physical health problems during pregnancy and after childbirth. Within the context of the carceral system, it can serve as a form of upstream intervention to mitigate the intergenerational impacts of incarceration (Bard et al., 2016).

From 2017-2018, a coalition was formed to support the passage of legislation that would require carceral institutions to make provisions for doula and midwifery care for pregnant inmates. Bolstered by this legislation, we are now in the process of working with the various levels of community and institution to determine impactful and sustainable ways to implement programming to provide that care.

2. Statement of Purpose

Evidence shows that continuous care during pregnancy and labor is one of the most important and basic needs for birthing people, incarcerated or not (Gruber, Caputo, Dobson 2013). Through determining the gaps in perinatal health care at the facility, we aim to bring a site-specific model of perinatal health to establish a continuity of care, prenatally disrupting the intergenerational trauma of parental incarceration .

From this perspective, the choice to operate with a community-based program design is integral in centering knowledge systems of those who are not only marginalized, but criminalized. Having already worked to pass HB2016 regarding doula and midwifery access to jails and prisons in Washington State, we hope that the information obtained in our assessments can be used to further inform policies for incarcerated pregnant people.

Short-term Objectives

- *Conduct literature reviews of information around perinatal health care, doula care, and community-based programming for incarcerated populations*
- *Conduct interviews with currently incarcerated mothers and pregnant people (n=20)*
- *Implement an online survey for prison officials (n=10)*
- *Hold a community roundtable for non-incarcerated community members (n=50)*

Intermediate Objectives

- *Review and develop training materials with based on qualitative data from the interviews, surveys, and roundtable.*
- *Review and finalize training material with our target population.*

Long-term Objectives

- *Recruit and train doulas to provide health education and perinatal support for incarcerated pregnant people.*
- *Develop an open-source toolkit for other reproductive justice advocates and health professionals to train and provide support for incarcerated mothers.*

3. Project Plan

Methods

The goal of our assessment will be to create a holistic understanding of the scope of perinatal health care for incarcerated birthing people grounded in the following guiding questions:

1. *What perinatal health services for incarcerated pregnant people exist already?*
    a. *What is the perceived quality and accessibility of these services?*
        i. *What is the level of knowledge and understanding of services (clinical services, educational activities, emotional and behavioral well-being services) that the facility provides?*
        ii. *What is the actual and perceived availability of these services?*
2. *What are the needs and gaps of these perinatal health services?*
3. *What are the community-proposed solutions that could address the needs and gaps in perinatal health services for incarcerated pregnant people and parents?*

Interview Guides

Because this is a community that is informed by intersecting institutional bodies, our interview guides will be determined by the different tiers of community:

1. *Prison officials – interviewed by online survey (n=10). This population includes officials currently working either directly with currently incarcerated pregnant people/mothers or affects the policies that would address perinatal care.*
2. *Currently incarcerated pregnant people/mothers - qualitative interviews (n=20). This population includes people who are currently pregnant and are accessing perinatal services within the prison or mothers who have had a baby within the facility in the last 5 years.*
3. *Non-incarcerated community members (n=50)*

- *Non-incarcerated relatives or individuals impacted by incarceration (eg. parole, dependency)*
- *Advocates - organizations and individuals working in prison reform*
- *Health workers - medical professionals, OB/midwives, nurses, lactation consultants, doulas*

Data Collection

The assessment will employ CBPR techniques and involve three data collection activities. All activities will be coordinated by Patanjali de la Rocha with assistance from the incarcerated population or community members as appropriate.

Individual interviews and focus group discussions (n=20)

Individual interviews among currently incarcerated pregnant people/mothers will be conducted to investigate all three research questions. Using a semi-structured questionnaire, individual interviews will assess the knowledge and perceptions of health service quality and accessibility as well as to elicit proposed community-based solutions for improvements to care. Individuals will be approached either through existing meetings, such as perinatal health education classes as well as a scheduled training that will begin in 2019.

Focus group discussions may also be organized among this population to assess the same information through a different format. We feel that 20 participants should produce information to saturation. Both individual interviews and focus group discussions will last up to 60 minutes. After informed consent, these interviews will be recorded using a digital voice recorder, however, all interviews will be de-identified in the data analysis phase to protect the confidentiality of the participants.

Survey

Online questionnaire for prison officials (n=10)

This online questionnaire will be offered to prison officials either working directly with incarcerated pregnant people/mothers or will be those that create or influence policy affecting perinatal health services. A questionnaire involving checkboxes, likert scales, and short answer responses will be emailed to up to 10 consenting prison officials. The goal will be to elicit the officials' perception of quality and availability of services, as well as to elicit proposed solutions for improvement to the services. Responses will be anonymous to ensure the protection of the participants' identities. By offering a questionnaire for the staff at the facility, we can determine gaps in their knowledge base and spaces where tension, conflict, and health challenges may arise based on a lack of information around perinatal health needs. By working collaboratively with the prison, we are building a trusting relationship, in an inherently tenuous dynamic. The decision to offer the survey as an online questionnaire is based on recommendation and allowance from the Superintendent of Programming at WCCW.

Questionnaire for Incarcerated Pregnant People

Access and availability is varied and inconsistent when working with incarcerated populations. Navigating the bureaucratic and restrictive nature of facility policies, the temperment of the staff on duty, and the availability of individuals can create an unpredictable environment. Given this, having a flexible range of options for interviewing our target population is ideal in order successfully center their voices and experiences. The questionnaires will be similar to the interview in scope and intent.

Community roundtable

Through community roundtable forums for non-incarcerated community members, we will be able to engage a level of readiness, capacity, and skill building for creating systems of support outside of the carceral system. By engaging and mobilizing community on a grassroots level, we can begin to create networking systems of support rooted in transformative justice to avoid state involvement in the lives of vulnerable populations.

Ethics

Given the vulnerability of the population, and the intrinsic power dynamics, being thoughtful to center agency and choice at each step of the process will be integral to the vitality of the program. All information will be de-identified and any identifying information will be kept in a separate and secure location to protect confidentiality. We will develop an appropriate informed consent protocol and explain to participants before any interview the scope and nature of the project. And at any point in the process, the individual can choose to opt out and not have their experience counted in the assessment.

Data Analysis

- *No transcription, but notes will be taken from the digital voice recordings*
- *Prison official responses will be de-identified and aggregated*
- *Common themes will be analyzed*
- *Proposed solutions will be presented to the community for validation and improvement*

Key Personnel

1. Patanjali de la Rocha
2. Julia Robinson
3. MaryAnne Mercer

Primary Activity	Dates	Hours	Notes
Conduct Literature Review	Nov	10	
Design Questions and Research Processes	Nov-Dec	4	
3-Day Training at WCCW	Nov	18	
Review and Revise Tools Based on Community Feedback	Dec	4	
Conduct Community Roundtable	Jan	2	
Conduct Primary Population Interviews	Jan-Feb	6	3 two-hour visits to the WCCW
Prison Official Questionnaires	Dec-Feb	n/a	Questionnaire will be made available to the staff over this period of time
Interpret and Analyze Data	Feb	10	
Develop and review training materials	Feb-Mar	20	
Finalize training materials	Mar-April	15	
Recruit and promote training	Mar-April	10	
Implement training	April	18	
Prepare toolkit model	April-May	10	
Travel to sites	Dec-April	40	
Supervisory Meetings (advisor)	Monthly	7	1-hour meetings each month
Core Organizer Meetings	Monthly	14	2-hour meetings each month
Total Hours		**188**	

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