

An Intentional Love: How Incarcerated Women Experience Maternal-Infant Bonding

by

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Abstract

The purpose of this study is to gain an understanding of how incarcerated women experience pregnancy, child birth, and separation from their children. Issues and challenges experienced by pregnant inmates highlight the need for research in this area, so the difficulties can be better understood. Research studies surrounding pregnancy within the incarcerated population are few and mostly geared towards understanding birth outcomes and nursing implications. Doan and Zimmerman (2008) describe maternal prenatal attachment as a developmental process, where mothers express their attachment in terms of cognitive and emotional connections, displaying attachment behaviors, and maintaining healthy self-care. This study aims to better understand how incarcerated women develop maternal bonds with their unborn babies all while preparing for delivery and possible separation. The proposed findings of this research study sought to uncover the meanings behind the experiences of incarceration while pregnant, with hopes of yielding implications for correctional systems, correctional healthcare providers, and correctional counseling providers. Results from this research study provide implications for correctional maternal care and literature surrounding this topic in the counseling profession.

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CHAPTER I. INTRODUCTION

Introduction and Background

Although there are far more men entering correctional systems at higher rates, there has been a steady increase in the prevalence of female inmates. During the years between 1980 and 2010, the rate of female incarceration increased by 646% (Guerino, Harrison, & Sabol, 2010). In 1993, Fogel stated that on any given day, there are more than 40,000 women being held in local jails, as well as state and federal prisons. In 2013, it was estimated that in county and city jails alone, the average daily population consisted of approximately 97,000 females (Minton, 2013). With females entering correctional facilities at such high rates, the needs these women often enter with are specific, differing from those of their male counterparts. One major difference between the male and female prison population is a woman's ability to conceive and give birth. According to Bloom (1995) on any given day, an estimated 8 to 10% of incarcerated women enter correctional facilities pregnant at intake. This translates to a consistent number of babies being born under correctional custody, and a continuum of inmate medical and psychosocial need-attending services in order to keep them healthy and safe, thus upholding the correctional mission of rehabilitation. The mission of the correctional justice system surrounds the idea that facility-based housing and programming will lead to the rehabilitation of individuals with criminological tendencies. The criminal thinking and behavior that often leads women to prison surrounds a complex problem with addiction and a lack of resources and coping skills.

The War on Drugs and Incarcerated Women

The rapid increase of female representation in correctional facilities dates back to the years between 1986 and 1995, when President Nixon's administration declared the "War on Drugs" (Lenox, 2011). For accountability purposes, officials increased funding for drug enforcement, which resulted in a dramatic increase in female incarceration (West, 2010).

Punitive approaches to drug use including minimum sentencing laws has led to a massive increase in the incarceration of mothers, thus creating chaotic times for multiple families who had to restructure. Drug laws implemented to reach men, particularly high trafficking operators, instead affected women in poverty with histories of trauma and mental illness who were often partners to these men (Arditti, 2012; Arditti & Few, 2008; Covington & Bloom, 2006; Moe & Ferraro, 2006). "Although most females generally hold a supplementary role in the drug business, sentencing does not reflect the supporting role that women play to their male lead counterparts" (Lenox, 2011, pg. 287). Answering phones, opening the door, or even delivering money to a partner, may seem minimal; however, these often lead to equal sentencing for women and the actual perpetrators of the crime. A woman's limited role in the drug trade means she also has limited information about others involved. Not being able to provide extensive information to prosecutors lessens the female's ability to potentially bargain her way out of a harsher sentence.

During Nixon's "War on Drugs", female drug offense incarceration increased by 888%, whereas male drug offense incarceration only increased by 522% (Lenox, 2011). Criminology research over the past decade provides supportive data, concluding that this administrative effort did not lead to a decrease in drug-related crime (Jefferson, Smith & Young, 2003). This figurative war has led to overcrowded correctional facilities, children experiencing the loss of a

mother and financial stability, and the diminishment of families, often headed by the female (Bloom et al., 2004, Morash, 2002; Richie, 2001).

During the year 1999, state and federal prisons housed about 53,600 mothers with minor children, which meant there were at least twice as many children across the United States with a mother in prison (Mumola, 2000). Oftentimes these mothers have engaged in criminal activity for means of economic stability and survival, showing apparent challenges that incarceration heightens. When sentenced, women often leave behind children and families who depend on them for day-to-day care. Moreover, the number of children with a mother in prison has more than doubled since 1991, showing an increase of 122% versus 76% in fathers, from 1991 to midyear (Glaze & Maruschak, 2010). Incarcerated women are more likely to have acted as the primary caretaker before their arrest, which can create instability and distress for children involved.

Bureau of Justice Statistics (BJS) reports show that in state prisons more than half of the mothers report living with at least one child before being arrested and provided primary financial support, comparing to 36% of males in prison with minor children (Glaze & Maruschak). After incarceration women and families are forced to renegotiate their lives, essentially identifying others who can care and provide for their children. Imagine the added stress of negotiating child placement while adapting to the correctional environment, without much assistance. Such distress combined with a lack of coping skills and resources can cause an exacerbation of mental health symptoms and issues. The underlying issue of treating substance abuse as a criminal activity instead of a mental health concern has led to an increase in women being incarcerated, and in many cases re-traumatized (Pallone & Hennessy, 2003).

Violent Victimization

Female offenders often enter correctional facilities with an array of challenges and issues that stem from various life experiences. The literature reflects several factors consistently linked to female criminal behavior, with the major factors being (a) substance abuse, (b) trauma, (c) low educational attainment, and (d) a low socioeconomic status. Scholars observing the prevalence of trauma in incarcerated women report that at least 78% to 85% of these women have experienced at least one traumatic event in their life (Kane & DiBartolo, 2002; Pomeroy, 1998). A key finding in the 1996 National Council on Crime and Delinquency (NCCD) study revealed that one of the most universally shared characteristics among women in prison is a history of victimization (Acoca & Austin, 1996). James (2004) found that in 2002, more than half of the women in jail had experienced physical or sexual abuse at one point in their lives from childhood to adulthood. For many of these women, their abuse histories date back to childhood, where they were sometimes victimized by a family member or acquaintance.

The Survey of Inmates in State and Federal Correctional Facilities (SISFCF) found that mothers in state prisons were four times more likely than male counterparts to report past physical or sexual abuse (Greenfield & Snell, 2000). A Bureau of Justice Statistics special report shows nearly six in ten women in state prisons have experienced physical or sexual abuse in the past; a third reporting an intimate partner as the perpetrator and a quarter naming a family member as the perpetrator (Greenfield & Snell, 2000). In these instances of violence, women have been harmed by individuals who they have trusted with their safety and best interest. From 2003 to 2012, domestic violence accounted for 20% and intimate partner violence accounted for 15% of all violent victimizations (Catalano, 2015). Domestic violence has been an issue for both

male and females; however, the Bureau of Justice Statistics shows a disproportionate rate of female victims at 76% versus a 24% rate of male victims (Catalano, 2015).

For women who have been repeatedly victimized throughout their lives, incarceration comes as a form of protection or escape from repetitive violence. In a mixed methods study, Bradley and Davino (2002) compared incarcerated women's perceptions of safety in prison in relation to violence experienced on the outside. Results of the study show that almost all of the participants had indeed been victimized before incarceration, where 86% reported childhood sexual abuse, 68% experienced unwanted sexual intercourse, 57% reported a history of physical abuse, 68% reported sexual abuse as an adult, and 86% experienced physical abuse as an adult (Bradley & Davino). When asked if study participants perceived prison to be safer than home or the environment they left, 39% agreed stating that prison allowed them the opportunity to self-reflect and attend to their personal development without the constant violence, drugs, and alcohol. Abuse at the level that incarcerated women report leave lasting negative effects on their lives, thus leading to deeper issues. Childhood abuse is damaging and often leads to depression, self-destructive behaviors, anxiety symptoms, isolation, low self-esteem, substance abuse, and sexual maladjustment (Browne & Finkelhor, 1986). Ongoing sexual and physical abuse significantly contributes to lifetime mental health challenges not only affecting Post Traumatic Stress Disorder (PTSD), major depressive disorder, which suggests the severity in prolonged exposure to interpersonal violence (Green et al., 2016).

Mental Health and Incarcerated Women

Mental illness is common to incarcerated women, especially those that have histories of abuse. Incarcerated women are much more likely to suffer from mental illness than the general population (Green et al., 2016). In an attempt to better understand female inmates, studies have

measured the prevalence of mental illness in the prison population. Teplin, Abram, and McClelland (1996) found 80% of their incarcerated female sample met the criteria for one or more lifetime psychiatric disorders. Common psychiatric disorders identified within the sample included, substance abuse and dependence, alcohol abuse or dependence, PTSD, and depression (Teplin, Abram, & McClelland, 1996). Goff, Rose, Rose, and Purves (2007) found a disproportionate number of incarcerated women have trauma and PTSD rates that are two to three times higher than women in the general population. Jordan, Schlengler, Fairbank, and Caddell (1996) reported that 30% of incarcerated females in their study reported a history of a traumatic event and experiencing six or more PTSD symptoms. Incarcerated women have found themselves on the receiving end of pervasive violence for most of their lives (Covington & Bloom, 2006). Harner, Budescu, Gillihan, Riley, and Foa's (2015) recent study indicates a 45% rate of self-reported PTSD, along with co-occurring disorders of depression, anxiety, and personality disorders. The National Council on Crime and Delinquency (1996) survey study showed a significant 45% of incarcerated women reported needing mental health treatment, with 12% reporting a past psychiatric facility hospitalization before age 18, and 36% reporting at least one suicide attempt in their lifetime.

The trauma experienced by incarcerated women has set them up for a future of challenges, where most do not have the resources or assistance needed. The prevalence of mental illness in female inmates paints the picture of a lifetime of pain, fear, and insecurity. With higher rates of female victimization in comparison to males, it only makes sense that the number of female inmates with mental illness outnumbers males as well. In comparison to a male rate of 55%, 73% of incarcerated women report having mental health problems (James & Glaze, 2006). A task group developed by the Department of Justice found high rates of

victimization among young girls and women in the criminal justice system, concluding that trauma exposure is a clear risk factor for offending for females (Zahn et al., 2010). With women having been exposed to various forms of trauma, corrections systems should be sure they are equipped to work with various disorders. Not only do female offenders have higher rates of mental illness, the nature and severity of their mental health problems exceed those of females in community-based treatment (Sacks, 2004). There is a higher prevalence of Borderline Personality Disorder (BPD) within the incarcerated population than in the community, and rate of BPD in female inmates is two to three times higher than male inmates (Sansone & Sansone, 2009; Zlotnick et al., 2008). Female offenders often find themselves victimized simply because of their current circumstances and lack of resources. When one suffers from mental health problems, the likelihood of further victimization increases, as this population has a rate of violent victimization that is 11 times that of the general population (Teplin, McClelland, & Abram, 2005).

The key factor to understanding the female offender and their history of trauma, is understanding the difference between trauma reactions for males and females. Salisbury and VanVoorhis (2009) assert that abuse and victimization affects females in unique and enhanced way, thus being different from males. Overall distress is higher for females versus males who experience childhood victimization, and an overall history of victimization causes more anxiety disorders in females than males (Cogle et al., 2010; Messina et al., 2007). A study completed with female offenders shows a significant positive relationship between different adverse childhood experiences with suicide attempts and drug use (Friestad et al., 2014). Adverse childhood experiences can include physical abuse, sexual abuse, emotional abuse, neglect, witnessing violence in the family or household, the incarceration of a parent, mental illness

experienced by a household member, substance misuse in the household, and parental separation or divorce (Friestad et al., 2014).

The Adverse Childhood Experiences Study (1995) made connections between long-term abuse and household dysfunction to medical and social problems in adulthood (Felliti et al., 1998). Many female inmates have had multiple adverse childhood experiences before incarceration as an adult, with many having close family members known in the criminal justice system. In a Bureau of Justice Statistics Special Report, mothers in state prisons were more likely than fathers to report having a family member who had been incarcerated before (Glaze & Maruschak, 2010). Mothers were more likely than fathers to have had a parent or guardian abuse alcohol and drugs, with a 43% to 33% rate, respectively. Mothers were two times more likely than fathers to report homelessness in the year before their arrest, and four times more likely than fathers to report past physical and sexual abuse. Despite the viable research on the connection between mental health and criminal offending, however, the association between mental health and victimization is a strong foundation which is not as evident in the literature.

Mental Health Treatment and Incarcerated Women

Mental health treatment in correctional facilities can vary from facility to facility. Overall, the criminal justice system often has been insufficient and ineffective in the field of mental health treatment (Sacks, 2004). In a national prison survey conducted by James and Glaze (2006), only 23–34% of inmates reported receiving treatment while in prison. Although mental health treatment is deemed a constitutional right for inmates, correction systems' budgets vary in terms of funding for treatment. Facilities may be limited in what mental health services they can offer inmates; however, the symptomology and distress inmates experience still exists and needs attention.

Nationally, only 58% of correctional facilities offer mental health counseling services, with almost half of the facilities having no counseling service available (Themeli, 2006). Themeli (2006) also found that mental health counseling services are more prevalent in male facilities versus female facilities. The need for mental health treatment is evident; however, most facilities only offer minimal services. In the year 2000, there were 191,000 mentally ill inmates in the custody of a state prison (Beck, 2001). By midyear 2005, state prisons had 705,600 mentally ill inmates in their custody (Glaze & Maruschak, 2010). Although there are high rates of incarcerated individuals receiving mental health treatment prior to incarceration, many inmates with no history of mental illness will seek treatment for new mental disorders, due to exposure to the prison environment (Massoglia & Pridemore 2015; Schnittker & John 2007).

There are high rates of mental health problems within the overall incarcerated population; however, female offenders often experience the co-occurrence of both mental health problems and substance abuse or dependence. In comparison to 54% of incarcerated males, 74% of incarcerated females had a mental health problem and met the criteria for substance dependence, with 68% experiencing past physical or sexual abuse, and 47% reporting parental abuse of alcohol or drugs (Glaze & Maruschak, 2010). Female offenders' pathways to prison are often a complex combination of multiple forms of abuse and repetitious negative life experiences, including substance abuse.

Substance Abuse

The prevalence of mental health problems for female offenders is related to the high rates of substance abuse (SA) or dependence. Female jail inmates report substance abuse or dependence at rates nine times higher than females in the general community (Jordan et al., 1996; Teplin et al., 1996). The Department of Justice reports that almost half of all female

inmates committed their crime while under the influence of drugs or alcohol (United States Department of Justice, 2000). There is a higher prevalence of substance abuse or dependence in female inmates who have mental health problems, than in those without mental health problems (James & Glaze, 2006). In a 2007 jail study, it was deemed rare to have a diagnosis of a substance abuse disorder without a past mental health diagnosis, as only 15% of the jail detainees applied (Farkas & Hrouda, 2007). Both males and females have higher rates of substance abuse or dependence prior to incarceration; however, “evidence suggests that male and female inmates differ in pre-incarceration substance abuse” (Phillips, Nixon, & Pfefferbaum, 2002, p. 513).

More male inmates were reported as problem drinkers than females, and females reported more illicit drug use than males (Nunes-Dinis & Weisner, 1997; Peters, et al., 1997). Having a history of victimization is seen as a risk factor for substance abuse or dependence in both men and women (Banducci et al., 2014; Min et al., 2007; Putnam, 2003); however, the high rates of female victimization may be linked the high substance abuse or dependence rates for women. Victimization increases the likelihood of substance abuse or dependence and substance abuse or dependence increases the risk of these women experiencing additional victimizations (Kilpatrick et al., 1997).

Existing research on the relationship between substance abuse and criminal offending indicates substance abuse as a major indicator of recidivism in both males and females (Andrews, 2012; Collins, 2010). Some research suggests that substance abuse is a leading indicator of recidivism for females more so than it is for males (Andrews, 2012; Scott et al., 2015).

Gender Responsive SA Treatment

Gender-specific substance abuse treatment focuses on women's specific issues and needs, in comparison to treatment programs designed for men which did not model a multi-dimensional perspective (Covington & Bloom, 2006). Covington and Bloom (2006) report that co-occurring mental health and substance abuse significantly increases the risk of re-offending, which shows the need for gender-specific treatment which separates trauma from criminal behavior.

Substance abuse treatment in correctional facilities has often been modeled after men, which does not specifically attend to the trauma female offenders have experienced. Although the high level of need for substance abuse treatment among female inmates is evident, the need is not reflected in the availability of services in female facilities (Acoca, 1998). The National Council on Crime and Delinquency study (1995) revealed that two-thirds of women who reported substance abuse problems, reported that the type drug treatment needed was not offered at the facility. Correctional systems designed to handle criminal behavior have been forced to assume the role of mental health provider, serving individuals who often need care that exceeds the facility.

Female offenders often deal with substance abuse that is linked to poverty, mental health problems, and histories of trauma and victimization. Once a female offender is released, it is often suggested that the individual seeks substance abuse treatment. Recidivism is common for women with substance abuse problems, as reoffending often follows relapse. Once released into the community, former offenders must depend on the treatment options available to them. However, there is often a shortage of treatment options due to the high needs of the community (Young, 2000). The lack of structure in the community versus structure found in correctional facilities present stressful situations these women may be unprepared to handle. While working

hard to reconnect with children and families, former inmates are also seeking employment, focusing on complying with terms of parole and probation, and resisting the urge to engage in drug use. Although the occurrence of relapse cannot be predicted, it is known that relapse results in being triggered by high risk situations or peers (Substance Abuse and Mental Health Services Administration, 1993). To be effective, substance abuse programs for women should attend to substance abuse, trauma, and mental health issues, “through comprehensive, integrated, and culturally relevant services, appropriate supervision and an established system of community supervision and reentry” (Bloom, Owen & Covington, 2005, pg. 78).

Poverty as a Factor

In 2001, over half (52%) of the 32.9 million people living in poverty were women. and 45% of families living below the poverty line are single women households (Proctor & Dalaker, 2007). Approximately 7 in 10 incarcerated women have a child under age 18, which translates to 1 in 359 children having a mother that is incarcerated (Greenfield & Snell, 2000). Although women are more likely than men to report homelessness in the year before arrest, they are also more likely to act as the sole caretaker of their children (Mumola, 2000). Prior to incarceration, females typically endure more financial hardship than males, as 40% of females compared to 60% of males report full time employment before incarceration (Greenfield & Snell, 2000).

Most women in the criminal justice system lack adequate education, as only 56% of females in state prisons completed high school (Mumula, 2000). The combination of lack of education, lack of work related skills, poor financial stability, and an impoverished living environment lead to women facing competing challenges on a daily basis (Covington & Bloom, 2006). The challenges faced by such women often outweigh the resources and coping skills available to them. When these complex challenges lead to incarceration, the criminal justice

system has the opportunity to intervene during the course of incarceration by offering gender-neutral or specific policies that are tailored specifically for the intended population.

Gender Neutral Policies

As mentioned earlier, jails and prisons often operate based on gender-neutral policies, which negatively affect the mental and physical health of female inmates (Hotelling, 2008). Research has confirmed that female offenders differ from their male counterparts in terms of personal histories and how they enter the criminal justice system (Belknap, 2001). Female offenders' involvement in crime is usually motivated by an economic need and substance abuse, making them less likely to commit a violent crime in comparison to men (Covington & Bloom, 2006). Female criminal charges include drug possession, fraud, drug trafficking, and theft, which can mainly be attributed to drug habits (James, 2004). Better understanding differences in the pathways and lifestyles for men and women has led to a recent shift in corrections, with the implementation of a more gender responsive approach. Singer and colleagues highlighted the point that "women commit crimes frequently as a reaction to negative circumstance, crisis, or extreme disadvantage" (Singer, Bussey, Song, & Lunghofer, 1995, p. 103). Critical considerations have been made by the Department of Justice and programming has been adopted to be utilized in female specific facilities. The development and implementation of gender-specific protocols and principles will provide female offenders with the treatment options, personal development opportunities, and the reentry services they need to succeed once released. Within the female prison population, a common subgroup includes pregnant women.

Pregnant Inmates

Aside from the general worries of child placement, financial resources, and adapting to the prison environment some female inmates have a different worry. At least 6% to 10% of the

women who enter correctional facilities are pregnant, either knowingly or unknowingly (Afanasieff, & Edwards-Masuda, 2010; American College of Obstetricians and Gynecologists (ACOG), 2011; Levi, Kunakemakorn, Zohrabi, Afanasieff, & Edwards-Masuda, 2010). From a national perspective, in 2014 the female inmate population exceeded 215,000 (Carson, 2014), which means an estimated 10,750 female inmates at minimum, were pregnant while serving their sentence. Most women are childbearing age when they enter the criminal justice system, which makes pregnant inmates increasingly common. The 1996 NCCD study of California, Florida, and Connecticut prisons indicated that 18% of the female participants had given birth at some point during a past jail or prison term (Acoca & Austin, 1996). In rural central California, Valley State Prison for Women houses the largest population of pregnant inmates in the state. From January of 1998 to December 2001, Valley State Prison for Women held an average of 100 pregnant inmates per month, while delivering an estimated 16 babies each month (Williams & Schulte-Day, 2006). A woman could be incarcerated during any phase of her pregnancy, highlighting the need for extensive birth services, social services, and resource planning in correctional facilities which is not always available.

Lack of Healthcare

Pregnancy while incarcerated is a high risk circumstance for both the mother and the unborn baby. This particular circumstance makes medical and psychological attention a necessity while under correctional care. Correctional facilities across the US have failed to provide adequate care for pregnant inmates, thus increasing the risk for birth complications and psychological distress. Research surrounding gynecological services in female correctional settings, consistently shows services are inadequate (Weatherhead, 2003). Healthcare needs of pregnant inmates often go unmet including 1) lack of adequate prenatal nutrition, 2) lack of

adequate methadone treatment for pregnant substance users, 3) lack of education regarding childbirth and parenting, and 4) inadequate preparation for separation after birth (Acoxa & Austin, 1996). Pregnant inmates entering correctional facilities are usually in poor health as a result of poverty, substance abuse or dependence, and previous physical and sexual abuse (Hotelling, 2008). The combination of previous physical or sexual abuse and a history of sexually transmitted diseases is common among incarcerated women, which constitutes a high risk pregnancy (National Commission on Correctional Health Care, 2014).

Past medical issues and histories of substance abuse tend to lead to female inmates having pregnancies considered to be high-risk. Although the risk is known, a 2008 Bureau of Justice Statistics report reflected that only 54% of pregnant inmates received prenatal care (Maruschak, 2008). A study conducted on the existence and implementation of gynecological services within correctional systems shows a majority of facilities do not perform gynecological exams at admission, nor on a routine annual basis (National Commission on Correctional Health Care, 2014). Historically, correctional facilities seldom operated based on community standards for pregnant inmates; however, some states that have implemented rules and regulations to ensure the care of these individuals. For example, upon admission to the New York City criminal justice system, females receive a variety of medical tests including a urine pregnancy test, a physical examination including pelvic examinations, a tuberculosis skin test, complete blood chemistry, and an STD test (Safyer & Richmond, 1995). In comparison to other states, New York has an extensive medical program that offers specialized services to this particularly vulnerable population. Montefiore Medical Center in New York City is a voluntary teaching hospital operating based on collaboration as an academic medical center working with the correctional department. The healthcare of all New York City inmates is overseen by various

agencies including the Board of Correction and medical professionals, which prompted the implementation of standards regarding medical and mental health treatment (Safyer & Richmond, 1995). Systems such as this create the opportunity for women to receive adequate healthcare, while the responsibility does not fall solely on the facility. Through the New York City Corrections system, expecting inmates receive routine care from a team of medical professionals, including a physician, an OBGYN nurse practitioner, and a prenatal nurse. This “wrap-around” service delivery ensures that inmates are observed by medical and correctional staff to promote both their health and safety.

California’s guidelines for the treatment of pregnant inmates while under correctional care include regularly scheduled OBGYN visits based on gestation period, required methadone maintenance treatment, nutritious diet options, childbirth education, social services and delivery protocols. Indiana provides a vague description, reporting to offer necessary prenatal and postnatal care that is consistent with acceptable medical standards (Indiana DOC, 2018). The State of Maryland’s standards includes regular obstetrical appointments, medications as necessary, and patient education. Maryland’s Department of Corrections has developed standards for prenatal care, postnatal care, postpartum care, abortion, hospital admission, disposition of child, and executive clemency (MD Correc Svs Code 9-601, 2013). Nevada’s specific health standards include prenatal, intrapartum, and postpartum care, birthing in an appropriate setting, family planning consultations, and gynecology consultations and procedures as needed (NRS Code 209.131, 209.381, 159.205). The National Commission on Correctional Health Care suggests that correctional institutions provide comprehensive services for women including repeating certain exams and procedures based on guidelines established by groups such

as the American Cancer Society, the U.S. Preventive Task Force, and the American College of Obstetricians and Gynecology (NCCHC, 2014).

Chemical Dependency

Stressful situations and environments can lead to complications for pregnant inmates who already face various challenges. Both incarceration and pregnancy have been addressed as a crisis or a time of increased vulnerability to crisis; however, pregnant inmates are expected to simply adjust to the punitive environment, while experiencing prenatal changes (Johnson, 1969). For addicted inmates, the phase of detoxification is usually highly uncomfortable and stressful.

For drug-abusing pregnant inmates, appropriate detoxification is imperative to the health of the mother and the baby. Parker (2006) found that many pregnant inmates are forced to undergo withdrawal without medical intervention, even though the fetus can experience withdrawal symptoms as well. The specialized medical staff and treatment protocol needed for expecting inmates to successfully detox is often unavailable (Parker, 2006).

Although there are limited medical and psychological services available to pregnant inmates, there seems to be a trend towards incarcerating pregnant substance users to protect the health of the baby from a mother who may continue to use. Research shows that drugs are readily accessible in correctional facilities, making it difficult and more likely for pregnant inmates to continue their drug use; although some research deems prison safer for pregnant women who are at risk on the streets (Grubb & Carmen, 2016). Cordero and colleagues found that expecting inmates serving short-term sentences in comparison to those serving longer sentences were more likely to report poor prenatal care, continued drug use, and poor nutrition (Cordero, Hines; Shibley, & Landon, 1991). In a different study comparing a group of incarcerated women to a group of non-incarcerated women, the incarcerated group had higher

percentages of illicit drug use and tobaccos; however, those participants still yielded positive outcomes in spite of the continued or increased drug use (Egley, Miller, Granados, & Ingram-Fogel, 1992).

Maternal-Infant Bonding

Bonding between a mother and infant almost seems inevitable, considering the extensive period of development both mother and baby experience as one. Throughout literature on the mother and newborn dyad, the terms bonding and attachment are used interchangeably (Bowlby, 1988; Klaus & Kennell, 1976, 1983). Maternal-infant bonding is based on the emotional investment a mother develops in her child, which results in a process of reoccurring significant and positive early experiences and interactions (Klaus, Kennell & Klaus, 1995). Bonding in comparison, describes a particular relationship between two people that develops through time, whereas attachment describes an intimate and affectional link, like that between a mother and infant (Klaus, 1983, p. 2). Laxton-Kane and Slade (2002) describes maternal prenatal attachment as a model of adult attachment, where a mother seeks to have knowledge of her baby's development, to be with the baby, to avoid separation or loss, to provide protection, and to identify and fulfill the needs of the fetus. During pregnancy infants develop an attachment to the mother as the infant has experienced pleasurable interactions with the mother, which results in a connection. For mothers, the maternal bond is based on the experience of developing a profound and secure connection between themselves and their baby, while sensing and responding to their baby's needs (Klaus, Kennell & Klaus, 1995). Bowlby (1988) defines maternal-infant bonding as an affectional bond, where mother and child experience pleasure when together and distress when separated, and they both desire to maintain close proximity. A mother's wish to adequately respond to her child and meet their needs is the result of a

reoccurring period of positive early experiences, specifically the circumstances surrounding the mother's overall pregnancy (Klaus & Kennell, 1983).

Klaus and Kennell (1983) characterizes the maternal bond as being biological, psychological, and emotional in nature. Just as the act of parenting is approached in various ways, no mother's experience of maternal bonding will perfectly mirror another mother's. Characteristics of the bonding process are not precise or uniform, further proving that bonding is a complex process where response patterns are mutually appreciated and reciprocating between two people (Klaus & Kennell, 1976). The connection between a mother and infant will occur spontaneously and naturally, unless the process is impeded upon, such as physical separation at birth, or an emotional disconnection. Klaus and Kennell (1983) urge health officials to understand that traumatic life events which prevent bonding during pregnancy, birth or postpartum period can lead to significant problems with both the mother and child. The process of motherhood from pregnancy to postpartum period establishes a meaningful relationship that drives a mother to make considerable commitments and necessary sacrifices on a daily basis (Klaus & Kennell, 1976).

Some theorists view maternal prenatal attachment as a developmental process, where mothers express their attachment in terms of cognitive and emotional connections, displaying attachment behaviors, and maintaining healthy self-care (Doan & Zimmerman, 2008). Doan and Zimmerman (2003) also suggest that a mother's level of prenatal attachment is dependent on situational factors, which help determine the mother's level of prenatal attachment. Before actually becoming pregnant a woman may start to prepare herself for pregnancy, such as taking prenatal vitamins or evaluating her health and stability status. If a pregnancy is unplanned or unknown, however, women may not have a period of preparation, which results in distress and a

possible disconnection between mother and baby (Klaus & Kennell, 1976). As a woman experiences pregnancy, she simultaneously undergoes two developmental stages, including the physical and emotional transitions, as well as the growth and development of the fetus (Klaus et al., 1995). As a mother experiences transformational change, a mother's awareness and connection to the unborn baby is dependent upon whether the pregnancy was planned, if the child's father is involved, the level of support the mother has, and whether the mother has experienced pregnancy before (Emmanuel, Creedy, St John & Brown, 2011). If situational factors present stressful experiences around the pregnancy, mothers may actively refrain from connecting with the unborn baby (Bowlby, 1988). The experience of labor and delivery also impacts how a mother bonds with her infant. Although the anticipation for the baby's arrival may be positive, the conditions surrounding the delivery can overshadow a mother's overall experience. Pleasant labor and delivery experiences lead to a stronger bond between mother and child. Impacting factors around labor and delivery include care practices, attitudes of health staff in hospital, assistance and support received during delivery, and any separation of mother and baby in first days of the postpartum period (Doan & Zimmerman, 2008). From state to state, correctional facilities differ in their policies surrounding the care of pregnant women and these regulations drive the overall experience for these women.

Correctional Maternity Policy/Procedure

As mentioned earlier, states across the United States have varying policies and procedures on how pregnant inmates are cared for. Per the American College of Obstetricians and Gynecologists, pregnant incarcerated females should receive adequate healthcare, per medical standards. Most pregnancies within the incarcerated population are unplanned and considered to be high risk, due to histories of domestic violence, untreated health concerns, and

drug and alcohol abuse (National Commission on Correctional Health Care, 1995). In 2011, the Committee on HealthCare for Underserved Women found that 38 states across the United States employ adequate policies in terms of prenatal care, 41 states do not provide nutritional counseling, and only two states offer HIV screening for pregnant women (American College of Obstetricians and Gynecologists, 2011). In an effort to examine implemented prenatal care practices in correctional facilities across the United States for pregnant inmates, researchers telephoned 384 female correctional facilities to gain a consensus (Kelsey, Medel, Mullins, Dallaire, Forestell, 2017). With responses from 53 facilities, the researchers were able to gain policy information for 17 west coast states, 18 east coast states, 26 northern states, and 27 southern states (Kelsey et al., 2017). Through the results they found that basic pregnancy test services are often ignored, with 38% providing this service at admission, while 45% of correctional facilities relied solely on self-reporting to confirm a pregnancy (Kelsey et al., 2017). Medical services provided to pregnant inmates vary according to the state and facility in which the inmate is assigned. Per the American College of Obstetrician and Gynecologists, expecting mothers should have regularly scheduled and readily available obstetric care and access to unplanned and emergency obstetric care on a 24-hour basis (American College of Obstetricians and Gynecologists, 2011). Most correctional facilities offer the minimum in terms of prenatal care, and are not required to employ any medical standards. Federal and state governments have refrained from requiring correctional facilities to align the care for pregnant inmates with medical standards, thus failing to ensure that these women receive adequate healthcare services for the safety of both the mother and baby (American College of Obstetricians and Gynecologists, 2011).

In an extensive search for state-imposed rules and regulations on the medical care accessible to pregnant inmates, the author found very few states actually had their implemented regulations posted, on either the Department of Corrections website or through federal government statistics reports. New Mexico Department of Corrections provided a general standard that ensures women pregnancy testing, routine high-risk prenatal care, chemical addition services, comprehensive counseling, appropriate nutrition, postpartum follow up, and nursery services if eligible. The State of Vermont has DOC-imposed regulations; however, they only cover the procedures for restraining and transferring pregnant inmates, intended to promote safety for both the mother and the unborn baby. Vermont's policy states that women are not to be routinely restrained if they are past the first trimester period and ensures the department will prevent physical and psychological trauma, respect the privacy of the individual, and represent the least restrictive means necessary for the safety of the inmate, baby, medical staff, and the public. Per Alaska's Department of Corrections, the code generally states that pregnant inmates will receive proper prenatal and postnatal care; however, those services are not explained in detail. Florida regulations indicate that pregnant inmates will be provided with prenatal care and medical treatment for the duration of their pregnancy, supplemental food and clothing, and appropriate work assignment modifications. Alabama's regulations state that all pregnant inmates are given medical exams, are screened for treatment if considered high risk, and obstetrical care is found to be consistent with community standards of care (Grubb & Carmen, 2016).

Idaho, in comparison to other states, has an extensive standard operating procedure for the counseling and care of pregnant inmates. Expecting inmates in Idaho receive comprehensive counseling services, elective abortion services, prenatal care, postpartum care, and contraception

information. The regulation for prenatal care explains that once pregnancy is confirmed, the care of the inmate and her unborn baby is handled through healthcare services and contractual community providers. Chosen community providers must practice based on written guidelines which describe the medical and supportive services the mother can expect to receive, which include prenatal care, prenatal education, transportation, referral to high-risk care centers, nutritional counseling, appropriate daily activity, safety precaution, and follow-up care for any chronic diseases. California's Department of Corrections (DOC) is known for an extensive history of pregnant offenders, as 188 inmates gave birth in the year 2011 alone (Kizziah, 2004). California's state policies employ communication standards for medical officials and hospital partners, also giving clear guidelines for the timing of medical care and follow up. After confirmation of pregnancy, inmates are scheduled for an obstetrics appointment within the first seven days, where inmates meet with a supervising obstetrician or a nurse practitioner and the term of pregnancy and plan of care is discussed. Per California DOC, inmates receive obstetrician care every four weeks during the first trimester, every three weeks up to 30 weeks gestation, every two weeks up to 36 weeks gestation, and weekly after 36 weeks of gestation. This does not mirror, but is similar in timing as the American College of Obstetricians and Gynecologists recommended care standards. Pregnant inmates under California jurisdiction receive HIV counseling and testing, termination counseling, pregnancy and childbirth classes, information pamphlets, prenatal vitamins, iron supplements, folic acid supplements, extra milk, fresh fruit, and vegetables daily.

In other states, accommodations are not readily accessible, which creates distress for the mother if she feels unhealthy and unprepared. Hawaii's regulations include protocols for addicted inmates, as they require opiate substitution therapy and therapeutic counseling during

the course of the pregnancy. Nevada goes a step further as the Department of Corrections regulations includes protocols on consent of guardianship and temporary custody. The screening process used to determine a caregiver for the infant is explained in detail, where the Division of Child and Family Services uses a system called Child Abuse and Neglect System to conduct an investigation on the prospective caregiver. If the potential caregiver is deemed unfit based on the evaluation, the Division of Child and Family Services will arrange placement as they see fit.

This protocol is interesting as a mother may request for her baby to be placed with known family members, and her baby could possibly end up with a family the mother does not know. This occurrence could have a negative impact on the mother both mentally and emotionally after returning to the facility, as this may cause distress and uneasiness.

To gain a comparison at two different types of correctional entities, federal prison regulations were also researched and compared. The federal bureau regulations are thorough, as they include standards on medical care; however, they also include standards on birth control (Child Placement and Abortion, Code 551.20).

Per regulation 555.21., federal inmates receive advice and consultation about birth control methods, and when medically necessary prescribed and provided birth control supplements. There is a great debate about whether correctional facilities should provide birth contraceptives to inmates. Through a study on the timing of conception and women returning to prison, Clark, Phipps, Tong, Rose, and Gold (2010) gathered that most of these pregnancies are unplanned which presents the field of corrections with an opportunity for change. Providing women with contraceptive services prior to release may decrease the amount of unplanned pregnancies, as high birth numbers cost correctional facilities an increased financial burden as most women get pregnant between incarcerations (Clarke, Phipps, Tong, Rose & Gold, 2010).

In a study on the reproductive healthcare and needs of incarcerated females, researchers found overwhelming reproductive healthcare needs in the incarcerated population, thus creating an argument that the provision of contraceptives could be cost saving to the facilities, as most inmate pregnancies are considered high risk and deemed necessary specialized care (Clarke, Hebert, Rosengard, Rose, DaSilva, & Stein, 2005).

Postpartum Care

As with the medical regulations, the postpartum care services offered in correctional facilities vary. Idaho's policy on postpartum care simply states that the delivering healthcare provider shall determine the timeframe for postpartum follow-up appointments. After returning to the facility after delivery, California inmates receive a thorough medical evaluation, medical lay-in accommodations until they are assessed again at six weeks. If women seen by the healthcare provider are deemed unready, they will be given more time to recover. Hawaii's regulations on postpartum care discuss the provision of medical services and also urges security personnel to utilize the least restrictive restraints after delivery as mother-infant bonding is encouraged. The regulations for Hawaii DOC also require all postpartum patients to be referred to mental health for assessment of postpartum depression and other mental health concerns. In Pennsylvania once inmates return to the facility post-delivery, they are enrolled in postpartum education and counseling programs, where the focal points surround issues of separation, postpartum expectations, and postpartum abnormalities. Supportive services should be readily accessible to inmates once they return, as the abrupt process may be a lot for the inmate to handle.

Some states describe postpartum care as just a medical evaluation and nothing further. In this case women are sent back to their dorms in general population, where they can seek

counseling services; however, counseling is not viewed as a necessary intervention immediately after the women return to the facilities. New Jersey's policy states that counseling will be provided to the inmate as she plans for the placement of her baby; however, the policy does not cover any postpartum counseling services. States such as New Jersey, Indiana, Kansas, and Louisiana, where the regulation only covers postpartum follow-ups with medical providers, are not attending to the emotional and mental health needs of these mothers.

Delivery, Doulas and Nurseries

During childbirth many inmates are not accompanied by anyone such as a supportive partner. Schroeder and Bell (2005) found that birth support can help mothers in prison have a positive birth experience as birth companions or doulas assist women with their fear and anxiety surrounding the birth process. Expecting inmates often need support during pregnancy, as for some women they are giving birth for the first time and are unsure what to expect. There are some states who allow the inmate to have a birth companion, whether that be a family member or a birth specialist such as a doula. More specific concerns for women in prison include the timing of birth and access to adequate delivery staff, whether family members will make it in time for the birth, and what their overall experience will be at the medical facility (Marshall, 2010).

California allows inmates to request support personnel for childbirth during the early stages of pregnancy; however, who exactly can assume this role is not explained. Hawaii does not allow birth companions or any other parties in the room during childbirth; however, their policy does state that no correctional staff should be present during childbirth, which attends to the mother's privacy. Inmates in New Hampshire can submit requests for two family members to be present during the delivery and it is suggested by the New Hampshire Department of Corrections that the accompanying correctional officer be female when possible (Grubb &

Carmen, 2016). Such a policy as New Hampshire's takes into account the intimacy in the moment of childbirth, thus attending to the mother's level of comfort. New Jersey's policy allows only the father of the child to be present during delivery and does not provide an alternative policy if the father is unable to attend the delivery or if the relationship between the mother and father is strained. Inmates in Pennsylvania's jurisdiction are allowed to have visitors in the room during delivery, as long as these are facility approved visitors. The autonomy women have with this policy allows the mother to be in the company of individuals who will be supportive and bring her comfort during the delivery process. Alabama's Department of Corrections has partnered with the Alabama Prison Birth Project, where the agency provides certified and trained birth companions to work with the women through the delivery and separation process. Birth companions and support during the childbirth process have been linked to better outcomes for the mother and infant, including decreased risk for caesarean births, reduced chance for babies needing a prolonged stay, and a decrease in the overall experience of labor (Marshall, 2010).

The coming experience of separation is daunting for most pregnant inmates across the country, as most return to the correctional facility within 24 hours of delivery, leaving their babies behind. There are some states who have thriving prison nursery programs where the infant stays with the mother after delivery. Nursery programs are treated like honors or privilege programs in prison, where your eligibility is determined by your charges and your sentence length. Although the concept of prison nurseries seems to be growing, such programs are still a rarity, with only nine states having prison nursery programs (Villanueva, From & Lerner, 2009). When effective and adequate resources are available for nursery initiatives, participating women show lower recidivism rates, and the children do not show adverse effects as a result of

participating (Thompson & Hard, 2000). Nursery programs focus on keeping the mother and infant together in order to prevent foster care placement, thus allowing the mother and infant to bond during a critical time. An alternative to prison nurseries is community-based initiatives, such as residential facilities. Community-based residential parenting programs allow pregnant women the opportunity to serve their sentenced in the community. The concept of maternal-infant bonding is urged in community programs, where participants can reside with all their children including those not born in custody, up until the children reach school age. Villanueva, From and Lerner (2009) suggest that pregnant women and custodial parents of small children should be place in community based, non-incarcerated settings as the children's needs still should be met. Prison nurseries and community-based parenting programs offer women an alternative to the impending separation that can be detrimental for both the mother and the baby. Effective programs promote family wellbeing, which is a concept that may be foreign to some inmates considering their own upbringing and childhood experience (Grubb & Carmen, 2016). When mothers are allowed the space and support needed when experiencing childbirth, they are more confident during the delivery process, the maternal infant bonding process, and during the reunification stage.

Purpose of the Study

The purpose of this study is to gain an understanding of how incarcerated women experience pregnancy, childbirth, and separation from their children. Issues and challenges experienced by pregnant inmates highlight the need for research in this area, so the difficulties can be better understood. This research study will seek to uncover the meanings behind the experiences of incarceration while pregnant, with hopes of yielding implications for correctional systems, correctional healthcare providers, and correctional counseling providers.

Definitions of Terms

For the purposes of this study, the following terms and the following definitions of what is meant by each term.

Doula – a woman who provides consistent support to another woman and her partner prenatally and postnatally and is present during the birth. (Thomas, Ammann, Brazier, Noyes & Maybank, 2017)

Incarcerated – the status of an individual who is considered to be confined in a prison or a jail, and may include halfway houses, boot camps, weekend programs, and other facilities in which individuals are locked up overnight. (Bureau of Justice Statistics)

Maternal-infant Bonding – the formation of a mutual emotional and psychological closeness between parents (or primary caregivers) and their newborn child. (Feldman, Weller, Leckman, Kuint & Eidelman, 1999)

Postpartum – The period just after delivery, as experienced by the mother; postnatal refers to the period after delivery for the baby. (Feldman, Weller, Leckman, Kuint & Eidelman, 1999)

Prenatal – Occurring or existing before birth. (Feldman, Weller, Leckman, Kuint & Eidelman, 1999)

Prison – longer-term facilities owned by a state or by the federal government. Prisons typically hold felons and persons with sentences of more than a year; however, the sentence length may vary by individual. (Bureau of Justice Statistics)

Summary and Rationale

In terms of pregnancy and prison, the literature review presented numerous non-research based articles and sources of information. These sources of information identified problems that

warrant further research, as well as valid information on various theoretical frameworks. Non-research articles are helpful in that they provide factual information to use; however, the voice of those affected is missing. Non-research articles such as “Meeting Incarcerated Women’s Needs for Pregnancy-Related and Postpartum Services: Challenges and Opportunities” emphasizes the need for alternatives to separation; however, these articles do this based on prevalence in comparison to current protocols and practices, not input from mothers affected (Kotlar et al., 2015). Research studies surrounding pregnancy within the incarcerated population are few and mostly geared towards understanding birth outcomes and nursing implications. Implications for nurses and healthcare providers are vital; however, much of the research surrounding pregnant women does not aim to truly understand the experiences of the women. Studies such as Farella’s (2001) study on the evaluation of new prison programming, highlights the importance in choosing interventions that work; however, these studies do not attend to the root of why such interventions are needed. Chambers (2006) conducted a dissertation study similar to the intended study where postpartum women were interviewed in the early postpartum stages to discuss their experiences; however, the purpose of that study was to highlight the effects of separation. In that study, Chambers (2006) utilized the postpartum voice and had participants speak retrospectively about their experience. In the current study the researcher aims to capture and better understand the essence of women currently pregnant and preparing for delivery, along with women in postpartum stages. Through the inclusion of both prenatal and postpartum experiences, it is hoped that depth will be added to the overall understanding of motherhood in prison.

CHAPTER II. METHODOLOGY

This phenomenological study explored the lived experiences of incarcerated women who are either preparing for delivery or have recently delivered under correctional custody. This research study aimed to explore the experience of becoming a mother while adjusting to the environmental and systemic factors of prison life. The utilized methodology of systematic interviewing allowed the women to describe their experience of bonding, impending separation, and implementing various coping techniques. The following research questions were the focus of the study:

- How do women who give birth while incarcerated describe the mother-infant bonding experience?
- How do pregnant incarcerated women prepare for the coming separation from their baby?
- What coping strategies do incarcerated postpartum women utilize after separation?
- How do incarcerated postpartum women describe their outlook on reconnecting with their baby?

Research Design

A qualitative research design was chosen as it will lead to a meaningful understanding of the experience of prison birth. Qualitative research aims to explore a phenomenon by revealing a deeper perspective of the problem from participants, firsthand. Qualitative inquiry allows for the use of a theoretical lens, where every perspective of the phenomenon can be observed (Miles &

Huberman, 1994). Qualitative methods are influenced by Piaget's constructivist theory. Constructivism is a theory which highlights that people create the meaning of their world through individual constructs (Hansen, 2004). Constructivists believe that knowledge is built by interactions between the individual and their social reality, while reality is created within the subject's mind, instead of externally (Schwandt, 2000). Qualitative methodology is powerful, as Ponterotto (2005) ascribes that only interactions between research subjects and the researcher will uncover hidden meanings of the phenomenon at hand. Maxwell (2005) suggests that qualitative research is better suited than quantitative when trying to meet certain research goals which include:

1. Understanding the significance of the phenomena for the study participants
2. Understanding the background and environment for the actors
3. Identifying unexpected phenomena
4. Understanding the method by which events transpire
5. Develop contributing explanations

A transcendental phenomenological research approach was chosen for this study as it allowed the researcher to focus on the primary subjective experiences of the participants. In comparison to other research methods, transcendental phenomenology provides a raw look into the experience of others, without interpreting to the point where the voice of the participants is lost.

The, "discover-oriented rather than verification-oriented" nature of the methodology, forces the researcher to take an unbiased look at the experiences of these women, rather than viewing the participants with a reductionist mind frame (Giorgi, 2009). By providing a space for dialogue, the women reflected and discussed their needs and concerns, in their words and on

their own terms. The research study was conducted by using a phenomenological method, as the study focused on the shared experiences of mothers who deliver babies under correctional custody.

Rationale for Method

Creswell (2013) states that phenomenology is the best research path if aiming to understand several individuals' shared experience, in order to understand the meaning behind an experience, the phenomenon. Although each participant has experienced the same phenomenon, the input was collective in nature; however, the data highlighted the unique reality of each individual. Rather than deriving explanations as to how and why the women experienced such a phenomenon, the methodology was more descriptive than interpretive. An interpretative attitude from the researcher could cause incongruence in the trust between the researcher and the participants. Considering that participants are incarcerated, the researcher utilized an approach that simply aimed to better understand the experience of the participants, rather than negate and evaluate their current circumstances and situations.

The contrasting approach to transcendental phenomenology is hermeneutic phenomenology. Van Manen (1990) describes hermeneutic phenomenology as a research method geared toward exploring and interpreting life experiences. Whereas transcendental phenomenology focuses on the raw descriptions of the participants, hermeneutic research focuses on making direct interpretations, which then turn into explanations. With a transcendental framework, the researcher strives to view the experience through the eyes of the participants, setting aside research bias and presumptions about the phenomenon and participants (Creswell, 2013). To attend to potential research bias, a transcendental researcher must initiate the process of bracketing or epoching.

Bracketing and Epoche

Epoche is a vital process in qualitative research, as it allows researchers to openly express the personal thoughts and feelings that come with researchers to the research process.

Moustakas (1994) suggests that researchers engage in a systematic effort to set aside any prejudgments associated with the phenomenon being studied. The first step of bracketing comes down to the researcher identifying any experience with they have with the phenomenon. Such experience or professional knowledge around the phenomenon can lead to the researcher approaching the study with preconceived notions that could alter both the purpose of the study and the input of participants (Juneau, 2014). To remain open and faithful to the phenomenon, researchers must be willing to admit and set aside particular perceptions, as such perceptions may show during the interview process.

The process of bracketing was highly necessary during this research process, as the researcher has had prolonged contact with the population. Being a mental health provider within the facility has afforded the researcher the opportunity for continuous professional interactions with the women, which means prior knowledge was present coming into the study. Knowledge gained throughout the researcher's experience were bracketed, which included knowledge around the systemic operations of the correctional facility and the effects of such systems on the population. Since being recognized in the facility as a counselor, it was vital that participants fully understood the research process, as the role of the researcher is not linear with that of a counselor. Bracketing is not a process of completely forgetting prior experiences, however researchers should not allow prior knowledge to impede the data collection process (Creswell, 2013).

Participants

The research participants included both pregnant and postpartum mothers who are serving various criminal sentences. Participants had sentences that varied in length and were housed under various custody levels, including minimum, minimum-in, and medium custody levels. Minimum custody participants hold the lowest custody designation an inmate can receive, which generally means these participants conform to the rules of the facility and corrections department. Medium custody designation is for those who have demonstrated less severe behavioral problems, and is considered to be suitable for participation in formalized institutional treatment programs, work assignments, or other activities within the confines of the facility. Closed custody inmates hold the most restrictive custody level an inmate can be assigned and are housed in a single cell unit of the facility. Movement outside of the designated closed custody area requires restraints and a facility lock down. Closed custody inmates were not included in this study, as access to those inmates was not readily accessible. Working with the correctional population allowed diversity within the sample. The diversity is present based on various educational levels, ethnicities, marital statuses, and prenatal and postpartum status.

Prior experiences with pregnancy were covered, as each participant's gravidity and parity statuses were considered. Gravidity refers to the number of times a woman has been pregnant, whereas parity refers to how many pregnancies were carried to viable term and ended in birth (Clarke et al., 2010).

A criterion-based purposive sample also referred to, as judgmental or selective sampling was used for this research study. Merriam (2009) suggests criterion sampling for qualitative research, as this "provides researchers the opportunity to gain the most insight, as they are using a sample that can provide accounts based on actual experience with the phenomenon" (p. 77). In

purposive sampling, researchers sample based on characteristics of the population and the purpose of the study. The following criterion was utilized for participant selection or inclusion criteria.

- Inmates who are currently pregnant or
- Up to one year postpartum and delivered under Alabama Department of Corrections custody

Sampling based on the chosen criteria yielded participants who described the experience of preparing for delivery, the birth process, and coping after the separation. Pregnant inmates had confirmed pregnancies based on medical records with the healthcare staff and were within various gestational stages. Participants who were in the postpartum stages were up to eight months postpartum and had delivered under correctional custody and returned immediately to the facility after delivery. Participant recruitment was done by posting fliers in approved areas of the facility and through face to face introductions with inmates who were currently involved in parenting classes offered at the facility level.

Study Setting

The research was conducted in a female correctional facility located in the Southeastern part of the United States. The facility was an over 900 inmate capacity facility built in 1900s. Data was collected at the facility as this is seen as the natural setting for participants. The correctional facility falls under a corrections department that houses at least 2,370 female inmates, with at least 1,419 under prison jurisdiction, and at least 951 under county correction jurisdiction. In the past ten years, 309 women have entered the facility pregnant at intake, while over the past five years, at least 100 women have given birth while under the correctional custody of the chosen research facility.

Pregnant inmates in the facility are often housed among non-expecting inmates in the same dormitory. The dormitory utilized for pregnant inmates had a capacity of 60 inmates and was one of the only dormitories equipped with air conditioning. The research interviews were not conducted in the dormitories to account for rapport, comfort, and confidentiality. Research interviews were conducted within the facility often used for meetings and group classes.

Ethical Considerations

Once the research population was selected, the researcher knew immediately that there would be ethical considerations of which the researcher needed to be mindful. The main consideration surrounded the population being vulnerable, as they were incarcerated. The women were considered to be a vulnerable population as the constraints of incarceration could lead to their inability to exercise free choice. Throughout the researcher's experience working with the incarcerated women, many expressed feeling as though they have no voice in their daily life. As the researcher provided accurate information on the purpose and goal of the study, it was imperative that the women were able to ask questions and seek clarification before making an informed decision. For many of the women within the population, prison was described by a constant lack of choice, which could have led to the women feeling obligated once presented with the study.

Another ethical consideration the researcher had to be mindful of was the potential effects of the research on the participants. Although the research study posed a minimal risk, the researcher understood that motherhood was a sensitive topic and may provoke various emotions for the women. When exploring sensitive and vulnerable topics, research should be conducted using guiding principles that attend to the well-being of the researcher (Creswell, 2013). The World Health Organization (2003) suggests that guiding principles used when interviewing

women with human trafficking experience, should be implemented in all research including vulnerable women, no matter the circumstances. The World Health Organization guiding principles are:

- Do no harm.
- Know your subject and assess the risks
- Prepare referral information
- Adequately select and prepare interpreters and co-workers
- Ensure anonymity and confidentiality
- Get informed consent
- Listen and respect each women's assessment of her situation and risks to her safety
- Do not re-traumatize a woman
- Be prepared for emergency intervention if needed
- Put collected information to good use

To attend to the guiding principles, the risks were made clear and safeguards were implemented in the research process. As the research surrounds a sensitive topic, participants were given the opportunity to debrief or even seek further assistance during and after the research process.

Referral information was prepared and provided to all participants that clearly identified procedures for seeking counseling, should participants have needed the service. Anonymity and confidentiality are vital aspects in ethical research. Berg (2009) defines confidentiality as “the active attempt to remove from the research records any elements that might indicate the subjects’ identities, and anonymity as the process of participants remaining nameless.” In most qualitative research, participants are known by the researcher even if only by sight and name, making

anonymity almost nonexistent, requiring researchers to provide a high degree of confidentiality (Berg, 2009). To ensure confidentiality was held to a high degree, participants' names were translated into pseudonyms to ensure no indication of their identity was exposed. Participants were given a list of flowers with symbolic meaning information and asked to choose one; the chosen flower became their name in the study. During the data analysis and reporting phase confidentiality was also considered as participant accounts may have included specific details including locations and people. As the researcher reports findings, careful considerations were made in how participants are described and discussed (Hagan, 1993; Hessler, 1992). The researcher underwent the Institutional Review Board (IRB) process which required informed consent documentation that highlighted and discussed confidentiality, as well as the purpose and objective for the study to be sure participants were fully informed before becoming involved.

The nature of the correctional system is punitive, which directly and indirectly imposes judgment on the women. Although the women in the population are often deemed criminals due to their current status within society, the researcher aimed to build rapport and trust by actively respecting their accounts and experiences as they saw them. The apparent power difference among the researcher and participants was discussed, as the researcher imposed a nonhierarchical and nonjudgmental research approach. The researcher built rapport and trust with participants by assuring the women that the role of a researcher did not surround judging, evaluating, and negating their circumstances and experiences. Although not all participant accounts surrounded the same phenomenon, some participants recalled the experience as traumatic, whereas another participant may not describe her experience as intense. By using a neutral approach and allowing the women space to freely described their experiences, participants didn't feel bombarded and judged which could have led to re-traumatization.

Following the interviews, participants were allowed to debrief as discussing motherhood and children while being currently separated from their children could cause distress. Emergency interventions were in place including crisis intervention services, which were provided by mental health staff within the facility. To prepare for various reactions and responses and to mitigate power, class, and cultural differences between the researcher and participants, multi-layer reflexivity is a mandatory process to ensure ethical research is being conducted and is described below (Rix, Barclay, & Wilson 2004).

Reflexive Journal

Multi-layer reflexivity involves reflexivity at three levels, including self in relation to past experiences and bias, system reflexivity in terms of organizational policies and procedures, and interpersonal reflexivity based on participant interactions (Rix et al., 2004). Using a reflexive framework allowed the researcher to remain aware, but set aside any presumptions, prejudices, and thoughts that the researcher may have had around the participants' circumstances, as well as the organizational structure and operation of the chosen correctional system. Due to the researcher's experience working within the correctional facility and interacting with the population, the researcher maintained a reflexive journal throughout the research process. The reflexive journal was used to engage in bracketing before, during, and after the data collection phase. A reflexive journal was kept utilizing the Wall, Glenn, Mitchinson, and Poole (2004) framework which suggests the following steps for effective bracketing:

1. Pre-reflective preparation. This step encourages the researcher to prepare mentally in advance for certain situations. As the method of data collection for this investigation was the interview, it was important that time was set aside

beforehand to bring to mind specific issues and beliefs that would require bracketing.

2. Reflection. Reflections involve describing the situation in detail, identifying any factors that had influence on the situation, and providing evidence of critical analysis on the extent to which bracketing was achieved.
3. Learning. The reflective framework should identify what new learning has taken place as a result of each situation and its reflection. Learning could include interpersonal aspects of conducting interviews and either positive or negative bracketing experiences.
4. Action from learning. This step clearly identifies how the new learning could be utilized within other situations, such as during subsequent interviews. It might be possible to transfer learning into the methodological decision-making process of the study.

Procedures and Data Collection

The method of data collection for this research study was semi-structured interviews. Researchers prescribe to the semi-structured as the “go-to” technique for gathering data, as semi-structured interviews provide a conversational way for participants to share their narratives (Juneau, 2014; Moustakas, 1994). Semi-structured interviews are described as a “method of a variation of questions and prompts which draw participants into the study as they describe the essence of their experience” (Galletta, 2004, p. 45). Approval to conduct this study was obtained from the Auburn University Institutional Review Board (IRB), a copy of which is included as Appendix D at the conclusion of this paper. A research proposal was drafted according to the guidelines and procedures of the review board and approved. Participants were recruited by

responding to hard copy posts around the facility, which highlighted the inclusion criteria, purpose of such a study, and information around informed consent including the ability to withdraw from this study and detailed confidentiality safeguards.

Interviews

Aligned with the constructivist theory, the interviews focused on descriptions of individualized constructs around the phenomenon (Erlandson, Edward, Skipper & Allen, 1993). The interviews needed to be interactive in order to yield as much dialogue as possible between the researcher and participants. Questions asked during the interviews focused on the experience of pregnancy and maternal-infant bonding through the participants' eyes and perspective.

Descriptions of specific experiences were sought rather than general opinions or stances on the circumstances around being pregnant and in prison. Using the descriptions of the participants, the researcher was able to uncover specific concrete meanings, instead of general opinions (Brinkmann & Kvale, 2015). The interview structure was developed using a sequential framework, highlighting the essential questions related to the research study (Morris, 2006). The interview protocol used focused on the experience of pregnancy, bonding, delivery, and separation under the constraints of the correctional environment. The following interview protocol was utilized:

Prenatal Interview Questions

1. How are you doing today?
2. When did you find out you were pregnant, before or after arrival to the facility?
 - a. Describe the experience of finding out before your arrival to the facility?
 - b. Describe the experience of finding out after arriving at the facility?

3. How would you describe your relationship with your baby?
4. Describe how you bond with your baby day to day?
 - a. Probe: Participants were asked to describe their experience of pregnancy in a county versus a state correctional facility as a means to compare bonding efforts.
5. How has being in prison affected how you feel about bonding with your baby?
 - a. Probe: Participants were asked about what they currently wished was different.
6. Describe how you have been preparing for delivery?
 - a. Probe: Participants were asked about their experience with medical services as they prepared for delivery
 - b. Probe: Participants were asked to describe their experience with the doula program.
 - c. Probe: Participants were asked their plans to breastfeed or bottle feed their babies.
7. Describe how you have been preparing for the coming separation?
 - a. Probe: Participants were asked to describe their process of choosing a placement for their baby.
 - b. Probe: Participants were asked about their experience with social services as they prepared for separation.
8. How do you expect the process of delivering your baby to go?
9. After returning to the facility how do you expect to cope with the separation?
10. Tell me about the future you see for you and your baby?

Postpartum Interview Questions

1. How are you doing today?
2. When did you find out you were pregnant, before or after arrival to the facility?
 - a. Describe the experience of finding out before your arrival to the facility?
 - b. Describe the experience of finding out after arriving at the facility?
3. How would you describe your relationship with your baby?
4. Describe how you bond with your baby day to day?
 - a. Probe: Participants were asked to describe their experience of pregnancy in a county versus a state correctional facility as a means to compare bonding efforts.
5. How has being in prison affected how you feel about bonding with your baby?
 - a. Probe: Participants were asked about what they currently wished was different.
6. Describe how you prepared for delivery?
 - a. Probe: Participants were asked about their experience with medical services as they prepared for delivery.
 - b. Probe: Participants were asked their decision to breastfeed or bottle feed their babies.
7. Describe how you prepared for the coming separation?
 - a. Probe: Participants were asked to describe their process of choosing a placement for their baby.
 - b. Probe: Participants were asked about their experience with social services as they prepared for separation.
8. How would you describe the process of delivering your baby?

- a. Probe: Participants were asked to describe the immediate contact they had with their baby post-delivery, prior to separation.
 - b. Probe: Participants were asked to describe their experience with the doula program.
9. After returning to the facility how did you cope with the separation?
10. Tell me about the future you see for you and your baby?

As some of the participants were pregnant at the time of data collection, interview questions were modified to seek present descriptions of their experience of bonding and preparing for separation, while future-oriented perspectives on delivery and returning to the facility were sought. Interview questions were also modified for postpartum participants, whereas retrospective accounts were provided for the experience of bonding, preparation, delivery, and present descriptions were sought for experiences of return after delivery and coping with separation.

Data Analysis

Historically, researchers conducting descriptive phenomenology have often prescribed to the analysis procedures of Colaizzi, Giorgi, and Van Kaam as cited in Moustakas (1994). Giorgi's (1975) method of data analysis includes reading data for sense of whole, determining meaning units, transforming participant expressions into psychologically sensitive expressions, and using free imaginative variation to remove or change aspects to distinguish essential features of the phenomenon from incidental features. Van Kaam's (1994) method of data analysis is similar in that it focuses on horizontalization and the removal of expressions which can't be clustered into certain categories. Horizontalization refers to part of the phenomenological reduction process, whereby the researcher gives equal value to all of the participants' statements,

while also removing all repetitive statements as well as those that do not relate to the research questions used in the study. Colaizzi's (1978) data analysis procedure differs as Colaizzi stresses the importance of not ignoring data that does not cluster with similar expressions, as this data still provides context for the experience of the participants. Colaizzi's (1978) method of data analysis was used in this research study and is provided below.

1. Read all transcripts several times to familiarize the researcher with the data.
2. Extract from transcripts significant statements and phrases and apply codes.
3. Formulate and state meanings for each significant statement.
4. Identify themes among the meanings and cluster them together, verifying this data through review of the original transcripts, and avoid ignoring data that does not cluster into an identified category.
5. Assimilate these themes into a description of the phenomenon.
6. Construct a thorough and comprehensive description of the phenomenon (i.e., the essence of the experience).
7. Return to the participants to validate findings ensuring the researcher has accurately and appropriately captured the essence of the experience.

In comparison to the analysis methods of Giorgi and Van Kaam, Colaizzi's (1978) analysis method is the only method which requires researchers to take the findings and descriptions back to participants for a sense of validation (Colaizzi, 1978; Polit & Beck, 2012). This analysis method was chosen as it pushed for the inclusion of participants in the data analysis phase and allowed them to have a continuous voice in the process, which was empowering.

Including participants in the analysis aligned with the intended goal in using transcendental phenomenology, which was seeking answers as to how women experience

coming into motherhood while in correctional custody, not evaluating and negating how and why they are in their current circumstances.

Incarcerated mothers who are pregnant while completing their sentences need services and programming that does not simply focus on birth outcomes and defects. With such a strong focus on the healthcare and medical status of the babies born into incarceration, little attention has been found to be given to the mothers who deliver and return to the facility to face the aftermath of separation. Clarke et al. (2010) quantitative study found that the timing of conception is imperative for women who recidivate. More than half of the pregnancies accounted for in prison populations, occur among women with prior incarceration histories. If correctional facilities are aware of the timing and consistent rates of occurrence, procedures and protocols should be implemented to ensure the safety and health of both the mother and baby. With a dual focus on both the prenatal and the postpartum experiences of incarcerated women, the purpose of this study was to understand the meaning behind the overall experience, and to understand how to better serve the population. Incorporating protocols and procedures that attend to the needs of both prenatal and postpartum incarcerated women, could lead to positive birth outcomes, and, additionally, could foster a healthy transition for the women.

Maternal role development occurs during the initial stages of pregnancy, with maternal infant bonding occurring during all stages of pregnancy, which is often attended to in various ways depending on the mother. Bowlby (1989) describes maternal infant bonding as a process which occurs based upon the mother's current circumstances and is possibly linked to the overall health of the baby and the psychological health of the mother. Maternal distress and lack of social support has been found to lead to negative birth outcomes and negative maternal role development (Emmanuel, Creedy, St John & Brown, 2011). This study aimed to better

understand the needs of pregnant and postpartum women under the constraints of the correctional setting, as it pertained to their perceived level of maternal bonding, maternal distress, and preparation for motherhood and possible separation.

Elaboration of Data Analysis/Coding Procedures Performed in This Study

The researcher moved through data analysis in sequential order as described by Colaizzi (1978). At the conclusion of each participant's audio recorded interview, the audio files were uploaded to a private computer where the interview data was transcribed to make it more manageable. Upon completion of the transcriptions the researcher began to engage in familiarization, by way of reading and rereading the transcripts to familiarize oneself with the raw data. Adhering to the guidelines of Colaizzi's (1978) analysis method, the researcher then reread the materials with a goal of identifying significant statements and formulating meanings.

Even though participants' transcribed accounts were each treated as unique data sets, instances of data throughout the study that relayed information about the phenomena under study were labeled with an initial code, before being clustered by similarities and differences. During the first phase of analysis, Codebook 1 (Appendix D) was developed as the researcher read through the data and began to apply unitized codes to transcripts every time a different description arose that was related to the phenomena. Unitized codes such as, *VI-Description of immediate contact post delivery; prior to separation* and *V-Description of what participant currently wishes was different* started out as broad factors that could be related to the phenomena; however, when grouped based on instances of similarities and difference in the data, they formulated meanings which speak to the first-hand experience participants have with the phenomena. In the second phase of analysis unitized codes were collapsed into groups where participants often used similar descriptions, which led to emergent meanings or categories, with

each emerging category containing significant statements made by participants. These emergent categories can be found in Codebook 2 (Appendix E). Significant statements such as:

- I feel like the closer I get to him the harder it is for me. I'm mad that he's going to be snatched away. (Cosmo)

and

- I can't do the things that I planned on doing with him; I planned on being there, him knowing me; Just the little things you that you planned to do with your child as a family. (Bluebell)

spoke to the participants' current position on the difficulty in experiencing motherhood while incarcerated and were both grouped under the code, *II- Description of how incarceration affects the relationship between the mother and baby*, and the under emergent category *1.1 Attachment and Closeness; Prior to Delivery*. Colaizzi (1978) describes the next step in data analysis as the process of clustering themes, where identified meanings are clustered into themes that are common across all accounts. Codebook 3 (Appendix F) displays the process of going through each participant's account and clustering data. Data was clustered with other like responses based on whether they fit and described certain emergent themes. For example, one participant's response:

- I've seen him (baby) five times since I had him (baby). (Bluebell)

was originally coded under *XV-Expectations/Experiences of Separation* in Codebook 1 (Appendix D) as it described how much contact the participant had with their baby since separation. This coded response was then grouped with other responses and coded under the emergent category of *1.1 Attachment and Closeness; Prior to Delivery* in Codebook 2 (Appendix E), but ultimately clustered into the emergent theme *1.2.2 Thematic Concept: I Didn't Have Enough Time* in Codebook 3 (Appendix F) which highlighted participant's reflections on delivery and separation since returning to the facility. Thematic concepts from Codebook 3

(Appendix F) were used in the development of Codebook 4 (Appendix G), and concepts in Codebook 4 (appendix G) were collapsed to arrive at a point in the data where the researcher developed a final codebook and uncovered overarching categories of *Sense of Oneness*, *Ties After Separation*, *Incarceration Changes Pregnancy*, and *A Better Life*, respectively addressing the four research questions used to guide this study.

Credibility and Trustworthiness of the Data

Creswell (2014) states that researchers must strengthen the credibility and trustworthiness of studies in order to enhance the audience's confidence in the conclusions of the study. Methods utilized to attend to this included saturation, member checking, audit trail, and an external auditor.

Saturation

Data saturation has occurred when data collections stops due to a lack of fresh data, where the data does not reveal new ideas or properties (2014). During the process towards data saturation, participants were recruited in a continuous fashion until there were no newfound themes. Participants were continuously recruited until data saturation was reached and a rich textual meaning of the participants' experience was documented. Data saturation was reached when the researcher included the eighth participant.

Member Checking

To confirm the credibility of the information provided in the participant accounts, participants were provided with their transcriptions and given the opportunity to review them and provide feedback. Of the eight participants, no one requested a second interview, however two participants provided minor feedback. One participant wanted to change her pseudonym to a different flower than what she originally chose, while the other simply stated that she wanted to

be sure their voice was loud, hoping her participation would prompt change. Participants were encouraged to provide feedback throughout the interview process as well as the debrief process. Utilizing the method of member checking resulted in the occurrence of triangulation. Validity is added to the study by the inclusion of triangulation which examines several sources of the data to determine if the developed themes are justified (Creswell, 2014).

Audit Trail

Maintaining a reflective audit trail provided transparency as the researcher made decisions throughout the research process. Shenton (2004) highlights the use of audit trails as a means of triangulation, where the researcher observes and journals their observations. To attend to Wall, Glenn, Mitchinson, and Poole (2004) reflexivity framework, the researcher's journal included documentation on experiences throughout the study as well as biases and opinions, and newly learned information.

External Audit

To also strengthen the credibility of the study, a peer reviewer was asked to objectively review the research study. A doctoral student in the Counselor Education and Supervision program at Auburn University was chosen to perform the duties of the external auditor. To ensure objectivity, the researcher chose an auditor who had no prior knowledge of the study.

The external auditor was asked to confirm the relationship between the research questions and the data collected, as well as the data analysis phase and chosen thematic descriptions. This external auditing process provided the researcher with an outside perspective, which enhanced the quality and richness of the study. In the next section the researcher will discuss the results yielded from using the research methods described above.

CHAPTER III. RESULTS

The findings of this research study and the analysis and interpretation of the data are presented in this chapter. The goal of this study was to explore the lived experiences of incarcerated women who are experiencing the process of motherhood under the constraints of a correctional system, while equipping the mothers with space and opportunity to have their voices heard. The research questions guided the phenomenological qualitative exploration of incarcerated women and how they experience the process of becoming a mother while living and operating within a correctional setting. Descriptive phenomenological method was used to analyze the data of the eight participants in this study. Each participant completed two individual interviews, one semi structured interview (see Appendix A), and a debrief. Semi-structured interviews ranged in length as some participants provided longer descriptions than others, while all the debriefs were consistent ranging from 40 to 60 minutes. The debrief with individual participants occurred at the conclusion of the data analysis process to account for any new information added or modifications made during the thematic coding process. The overall time commitment for each participant ranged from 60–120 minutes.

Demographics

The participants of this research study consisted of eight incarcerated women who were pregnant or up to eight months postpartum. Five of the participants were pregnant, while the other three participants had already delivered their babies. The participants varied in age, ethnicity, parity, marital status, chosen baby placement, and remainder of sentence (See Table 1).

Table 1

Participant Demographics, Parity, Baby Placement, and Remainder of Prison Sentence

Pseudonym	Age	Marital Status	Ethnicity	Parity ¹	Prenatal/ Postpartum Status	Baby Placement ²	Remainder of Prison Sentence ³
Day Lily	32	Married	Caucasian	Multipara	Prenatal	Unknown	1 year, 3 months
Cosmo	21	Single	Caucasian	Primipara	Prenatal	Family	6 months
Camellia	27	Single	African American	Multipara	Postpartum	Family	2 years, 4 months
Azalea	28	Single	Caucasian	Multipara	Prenatal	Family	1 year, 1 month
Tulip	26	Single	Caucasian	Multipara	Postpartum	Agency	6 months
Rose	22	Single	Caucasian	Multipara	Prenatal	Self	Released after interview
Daisy	30	Single	Caucasian	Multipara	Prenatal	Family	7 months
Bluebell	26	Married	Caucasian	Primipara	Postpartum	Family	29 years, 6 months

¹ Classifying a woman by the number of live-born children she has delivered; Primipara represents one and multipara represents multiple.

² Chosen placement for baby; *Unknown* represents mothers who have not yet made that decision, *Family* represents a chosen member of kin, *Agency* represents a reunification/residential facility, *Self* represents mothers who maintained custody and care.

³ Represents participants minimum release date; Not actual representative of good time, parole consideration, etc.

Participants ranged in age from 19 to 32 years, with a mean age of 27. One participant was African American (13%), and seven were Caucasian (87%). Of the eight participants, two participants were married (25%) and the remaining six identified as single (75%). The same break down applied for parity status as six participants disclosed multipara status (75%) and two

disclosed multipara status (25%). Participants' choices ranged in regards to choosing a placement for their baby until they were released from custody. Five participants chose a family member to care for the baby (63%), one participant had yet to make her decision at the time of data collection (13%), one participant chose to place her baby in the care of a reunification agency (13%), where her baby is housed and cared for until she is released and can resume custody, and one participant was released after the interview process and had not delivered yet (13%). Participants' time left to serve on their sentences ranged from six months to over 24 years.

Data on the remainder of the prison sentence was pulled from the Department of Corrections; however, remainder of prison sentence is considered to be a participant's minimum release date and does not account for any transferring of time and parole considerations and timing.

Discussion of Themes

The participants of this research study shared their lived experiences of motherhood and incarceration. The findings organized by emergent categories posed in this study are summarized in Table 2 and are discussed in detail throughout this chapter. Eighteen emergent themes were revealed during the inductive analysis of narrative data captured during interviews.

Table 2

Thematic Chart

Major Categories	Thematic Concepts	Quotes
Sense of Oneness	<ul style="list-style-type: none"> - Its More Detached Than It Should be - My Baby is the Only Thing That Matters 	<ul style="list-style-type: none"> - “It’s kind of rough.” - “My meaning of bonding right now is carrying him around.” - “I don’t really know how to describe my relationship with my baby.” - “I don’t talk to or sing to my baby.” - “I feel like the closer I get to him, the harder it is for me.” - “I wrote him (baby) letters; I still have them in my box.” - “When I would see him at visits, I would tap on his feet, and he would kick me; We made a game of it.” - “He’s (baby) the only thing that matters.” - “I sing to him (baby) all the time.”
Ties after Separation	<ul style="list-style-type: none"> - Breastfeeding is My Only Contribution - How Do You Prepare for Something Like This - Visits Are Complicated - I Haven’t Had a Chance to Be a Mother 	<ul style="list-style-type: none"> - “It made me feel closer to him.” - “He will cry a lot with my grandpa and his aunt, but he doesn’t do that with me.” - There’s nothing to do but sit there and prepare for the devastating loss you are about to experience. - “I could see her now, but I’m not mentally prepared for that.” - “Being separated can make you feel like a failure, especially if you are a hands-on mom.” - “When I get out he’s (baby) not gonna take a bond to me.” - “My baby is 3 and a half hours away right now.”

(table continues)

Table 2 (continued)

Major Categories	Thematic Concepts	Quotes
Incarceration Changes Pregnancy	<ul style="list-style-type: none"> - I Didn't Have Enough Time - It's Best to Keep Busy - On the Outside - It's Different for Everybody 	<ul style="list-style-type: none"> - "I haven't seen my baby since I had her." - "I try to stay busy; Clean up, go to classes, just shower, eat, chill out for a second in the dorm, just do that every day." - "That's (policy) ridiculous; When the doctor clears, we should be cleared to go." - "Every day she (officer) made an attempt to come straight to my bed and check on me when I got back, and Mr. (staff member) would check on my baby." - "On the outside I had more information about what's going on." - "I have no idea what to expect; I'm just winging it."
A Better Life	<ul style="list-style-type: none"> - I Have to Have a Better Life - I Just Want to Connect as One 	<ul style="list-style-type: none"> -I'm going to go to a half-way house where I can have my baby with me. -When I get out I'm not going to live on the street, because if I end up on the street, I'm gonna be right back here.

Further inductive analysis of the eighteen themes facilitated the abstraction of four higher-order organizing constructs which unified related meanings found among the themes.

The following research questions were the focus of the study:

- How do women who give birth while incarcerated describe the mother-infant bonding experience?
- How do pregnant incarcerated women prepare for the coming separation from their baby?
- What coping strategies do incarcerated postpartum women utilize after separation?
- How do incarcerated postpartum women describe their outlook on reconnecting with their baby?

At the conclusion of data analysis, the researcher was able to identify four categories for the research study. The four major categories, key components, and participant quotes which spoke to the overall themes captured in the study are as follows:

Category 1: Sense of Oneness

The first theme that emerged focused on concepts that revealed the meaning and nature of bonding and closeness between the mother and baby prior to birth and what efforts were used to maintain a bond. Most of the women described the bond they had or have prior to birth with their baby as warm and loving, with some participants even describing that bond as an intentional process. With impending separation to think towards, some women opted out of bonding, insisting this approach would make coping with separation easier.

Thematic Concept 1.1.1 It's More Detached Than It Should Be

The feeling of detachment was evident for some participants as they chose not to engage in the process of bonding. Participants who spoke of detachment and a lack of closeness disclosed that their babies were important to them; however, they could not risk experiencing severe emotional disturbance. The perceived distress that seemed to occur post-delivery and separation was looming for some mothers, which led to their decision to simply not connect and bond. When one postpartum mother was asked to describe the relationship she had with her baby prior to birth, she responded with:

My relationship was distant. I really don't like to think about it because I can't be there physically. And that makes my time go by slow. Just by thinking about it or, you know. Makes the time harder than what it is. Like they say, you can let your time do hell, in that situation, your time will do you. (Camellia)

Another prenatal participant answered the same question in a similar fashion, disclosing that detachment for her is good:

It's more detached than it should be. We don't get to fix rooms and stuff like that. It's, I mean, a nursery, and it's ... You don't get to go through all the little things that you would on the street. And then you don't know what's going to happen after your baby's born, when you're going to see him, if you're going to see him and things like that. I can't speak for the other girls, but for me the detachment's good, because maybe that's going to keep me from having a breakdown later. (Day Lily)

When asked what she had done to bond with the baby prior to delivery she revealed that she opted out of that process.

Nothing for real. This pregnancy was different. I was very distant. I didn't do nothing that I used to do with my other pregnancies. Talk to them, play with my stomach, watch my stomach move, love listening to music, I even read to (previous child's name). But with this one, I was very distant. I didn't do none of that. Like, I just went on my daily routine. (Camellia)

In this emerging theme the mother described what methods she employed in prior pregnancies that fostered the bond between a mother and baby. The mother described actively engaging with her growing baby, even utilizing bonding techniques that would create a direct interaction between her and the baby. Although the participant didn't utilize these methods during this pregnancy, she thoroughly understood the maternal infant bonding process and spoke of developing a slight connection since separation and returning to the facility. When a prenatal participant was asked to describe how she currently bonded with her baby on a day-to-day basis she replied with history on how she bonded in a prior pregnancy experience, and when the question was asked again in an effort to capture current methods used, she replied:

I'm carrying it around. I guess it's like more of a I don't want to have it yet because I want to go home before I do. I don't really know how to describe my current relationship; I don't talk to my baby or sing to my baby. You're in here with 60-something women and they're just loud all day, so there's really no peace and quiet time to do stuff like that. (Daisy)

Although Daisy spoke of detachment and a lack of bonding, her declining to bond also spoke to the nature of incarceration and how the overall setting impeded her ability to do so. Daisy's account spoke to how intentional some of the participants had to be in order to ensure a connection was made with their babies.

Thematic Concept 1.1.3 My Baby is the Only Thing that Matters

Oneness and connection was also an emerging theme as some participants described developing a close bond to their babies prior to delivery and separation. Participants who bonded with their babies prior to delivery described an emotional process of loving their babies and bonding despite incarceration and the impending separation. Some mothers in the study group loved being pregnant and connecting with their baby, even though incarceration presented the mothers with limitations. When asked to describe how her and the baby bonded day-to-day before delivery, one postpartum participant said she did all she could.

I did Everything. I talked to him, I sang to him, I wrote him letters. I've still got the letters. I took pictures in the country. My mom has them. (Tulip)

Tulip spoke of a very warm and genuine bond with her baby prior to delivery in spite of the limitations of her incarcerated setting. This intentionality was highlighted by many participants who were adamant about developing a bond prior to delivery and separation that they could foster throughout the remainder of their sentences, onto the day they were released.

One postpartum participant added a unique layer to the data as her original daily bonding rituals were performed out in the free world, then modified due to limitations as she was the only participant who had spent most of her pregnancy not incarcerated, being arrested at eight and a half months pregnant.

I was out my whole pregnancy until I was eight-and-a-half-months pregnant. I stayed in the county a month and was brought here the same day they sentenced me. On the outside I would talk to him, sing to him, play music for him. Every morning the alarm clock would go off at 3:30 in the morning, and it's like he'd start moving around kicking because he knew Daddy was going to work. Now every morning I do the same thing, I wake up, pump milk for him (baby), then I go back and lay down while I wait for count so I can call home to my baby. I got a good relationship. I talk on the phone maybe like eight to 10 times a day. I see him every two weeks. He talks to me. When I was pregnant I used to sing to him at night and I would talk to him. His dad would be on the phone, I'd have the phone up to my belly let him talk to him. But that's really all I could do being here rather than there. (Bluebell)

Another prenatal participant who shared a similar bond of attachment joyfully described her current relationship with her baby, disclosing how other women in the dorm are included in the bonding process, speaking to the culture of prison and the forming of close relationships with other women.

He moves a lot, so I talk to him and people in the dorm sing to him all the time. When he kicks, I'll place my hand there and move him and stuff. (Rose)

Although there was variation in how the participants bonded and described their relationships with their babies prior to delivery, all of the participants described a deep maternal love for their

babies with intentions to reconnect and remain connected once released at the end of their sentences.

Category 2: Ties After Separation

The second theme that emerged in the data focused on thematic concepts that revealed how participants came to choose placements for their babies, coped with separation, maintained a bond post separation, and how participants planned to stay connected to their baby until they were released. Participant accounts varied in the positions taken on breastfeeding versus bottle feeding, visitations post separation, and making placement plans for their babies. Participant accounts were similar across the study in regard to employed coping strategies, and fears of the difficult times ahead in trying to develop a bond with their baby after they are released.

Thematic Concept 3: Breastfeeding is My Only Contribution

The decision to breastfeed or bottle feed their baby was a decision that participants made based on various reasoning. Breastfeeding versus bottle feeding was an emerging thematic concept as this decision spoke to the mother's plan and efforts to remain connected with the baby. After learning of one participant's choice to breastfeed and realizing she was the only participant actively breastfeeding, the researcher asked Bluebell how she came to make that decision.

It makes me feel good because it's the only thing I can do for him. (Bluebell)

Bluebell saw breastfeeding as her only contribution to her baby due to the constraints and limitations of being incarcerated. As mentioned above in Category 1, Bluebell pumps regularly for her baby boy and has turned it into a daily ritual displaying her commitment to the process of nourishing and staying connected to her baby. With Bluebell being the only participant actively breastfeeding, she was the only participant who described her daily experience of breastfeeding,

while other participant accounts were similar as they had mostly made plans to breastfeed.

Bluebell described her experience of breastfeeding as relaxing and spiritual.

Just being away knowing I'm not being watched. There's no cameras in there. I can just sit there, and I can pray to myself, and it's peaceful. Because you can't even sit on your bed and pray or read the Bible without hearing somebody's business. It's just ... People tell me that they understand when they see you crying. You all don't understand what I'm going through. (Bluebell)

Another postpartum participant had prior experience with breastfeeding as that was her original choice; however, she was not actively breastfeeding. As the participant described her experience with medical services to deal with post-delivery medical issues, she revealed this:

I told them, 'This Benadryl that you guys gave me no choice in taking is drying up my breast milk.' They replied, 'You need to just drink more water.' Yeah, that was my absolute favorite one, like, 'You guys are giving me this knowing that it's an antihistamine and that's going to dry me up, but you're making me take it, even though I don't want to take it.' And I mean, you can get a disciplinary for not taking it. So, technically, that bonding moment was taken because of medical. (Tulip)

Daisy, Rose, and Cosmo had all made the decision to bottle feed their baby after delivery, whereas Day Lily had not decided because she had not solidified plans about her baby's placement. There was a differentiating position on breastfeeding taken by one participant as her decision was used as a means of emotional protection.

I thought about breastfeeding because they say you can keep; it makes you feel like you're connected to your baby. But I was just so distant I just didn't. That's another

thing that'll make your time for me go slow, I felt like, I tried not to even think about it so that ... it would have made my postpartum really kick in. (Camellia)

Camellia added a unique dynamic as her decision was based on her foreseen ability to cope post separation versus building a connection.

Thematic Concept 4: How Do You Prepare for Something Like This

The expectations and experience of separation for the research participants was cohesive as all the mothers described separation as being a really difficult process. Feelings of emptiness and void all characterized the process of preparing for separation for all the participants. Two mothers described a difficult battle saying:

I feel like the closer I get to him the harder it is for me. (Cosmo)

I don't think there's anything to do in here except for prepare yourself for the devastating loss you're fixing to go through. I mean, yeah, it's hard. And it's hard not to think of anything but that. (Day Lily)

We don't have that talk, well we don't have nobody to talk to to prepare you for this separation. (Camellia)

It's just something that you just can't prepare for. Not me. It may be to other people, but, no, not me. (Bluebell)

For participants, the battle starts before delivering as lack of activity leads to a lot of idle time, which seems to be characterized by constant thoughts about impending separation.

Camellia's response highlighted a major need for this population. When asked how she planned to cope after separation, another prenatal participant had no expectations in regard to experiencing separation, but gave insight on how she sees others coping.

It just seems like it don't bother them, but maybe they've had other kids that they've been separated from before, and I haven't. Because most of us had four and five kids and stuff like that. (Daisy)

Although the setting and circumstances lend participants an abundance of time to think about the impending separation, two participants had no plans for coping and even resorted to blocking thoughts related to the coming separation.

I have no idea. I don't cope good now because I'm so used to working and moving, you just got to be in the dorm. They lock the doors, like you're stuck in there and all you can do is watch TV or lie down and it's like, who doesn't nobody want to be stuck? I feel like being pregnant doesn't mean you can't file some papers or wipe some tables. To me that's not going to hurt you. (Azalea)

I haven't even really thought about it because I know I'll get worked up about it and I don't like to get my emotions involved too early. So, I mean if I have my baby here, I have him here, he's going to go home to my mom and I'll be there soon. (Rose).

Thematic Concept 5: Visits are Complicated

Visitation is a major component of the prison culture and some participants described their positions on visitations post-separation as a means to discuss and describe how they remain in contact or plan to remain in continuous contact with their baby. Participant accounts varied as some participants embrace visits after separation and are looking forward to them, others are uninterested in this type of contact. When the researcher asked participants what contact they planned to have or currently had with their baby, some participants discussed their plans, but also disclosed information on how beneficial or harmful they feel the contact would be for them.

Neither Rose nor Daisy spoke of their positions on visitations post separation as both participants were focused and hopeful about being able to go home and deliver their babies, whereas Day Lily did not provide her position as she had not made plans regarding the placement and caretaking of her baby. One participant was excited and looking forward to visitations shortly after separation, whereas another participant looked forward to separations but not until the baby was a certain age.

My mom gonna bring him to see me, and when I get to call home and stuff. I'm looking forward to visitation if I could ever get my visitation list approved. (Cosmo)

I want him come to visitation but maybe not when he so little. Maybe when he gets older; I think three months. I feel like visits would make me feel good. (Azalea)

Tulip described visits post separation as good but not long enough, leaving the mother longing for more time to connect with the baby.

Unless you count when I had him, but after I left the hospital, it was only three visits. I had to miss one. The visits are good, but I wish they were longer. I mean, they're only three hours, but I mean, I can also understand why they're only three hours. I mean, we are in prison. We've got to do things their way. (Tulip)

Both Bluebell and Camellia provided unique layers to this emerging theme as both categorized visits as complicated, with one participant being completely uninterested in having visits since being separated, and one describing visits as tough but mandatory for her. Her reasoning behind engaging in visits was based on the opportunity being present whereas it was not for others, and the uncertainty of her case and the timing of her sentence.

I cry a lot, but they're good at first when I first see him and stuff. But when the time starts winding down... The end of the visits when I'm leaving is not good. It's bad. I

seen him for the first time one month after I had him. There was more crying than anything at that time. I was overwhelmed. I was very overwhelmed because that's my baby. It's still unbelievable that that's mine. I can't leave with him. I don't know when I'm going home, so that's why I do visits. I think it'd be harder not seeing him even though it's hard seeing him. And I'm able and blessed enough to have visits and some people don't. (Bluebell)

I ain't trying to make my time harder than what it is. And that would be like a devastating... It's already hard in here, so that would be like extremely hard. That would be something. I'd die mentally, physically, emotionally and with my postpartum not even... Or my mind. My mind's not really like, I'm not no where near ready for that. (Camellia)

Camellia discussed refraining from visits post separation as she saw the process and experience being deeply painful for her. This particular participant described a process of pain and suffering created by the constraints of incarceration and separation. Overall, the women all held the belief that incarceration and the resulting separation was temporary; however, the current circumstances still created anxieties and fears in these women who all had hopes of reunification and resuming their maternal roles. All the mothers disclosed strong desires to remain connected to their babies, despite the restrictive policies that characterize the prison system.

Thematic Concept 6: I Haven't Had a Chance to Be a Mother

This thematic concept describes how postpartum participants experienced postpartum adjustment and the process for all participants with making plans for the placement of their babies. All the postpartum participants spoke of natural maternal desires to hold, feed, and

change their babies; however, many felt they hadn't had the chance to freely act on these desires, while others waited for delivery and feared undergoing the same experience. Both the current experiences and expectations of the participants motivated them all to develop plans to reconnect and reestablish an attachment that would be unstrained. One participant described the separation as a precursor to the declining of her self-image as a mother.

It can make you feel like a failure to your kids, especially if you are a good mom or if you been in your kids life or you really are a hands on person with your children, it really could make you feel like a failure. It brings hatred out and it brings, it could bring the good or it could bring the bad, or it could be a pro or it could be a con. It could be both. I just feel like if we had a louder voice, things could go better. (Camellia)

Camellia spoke of losing confidence in herself as a mother as a result of the separation, but spoke of needing an outlet for the process to go smoother. Another participant expressed unhappiness with her circumstances and experience with separation as she reflected on her chosen placement for the baby and what effect the lack of attachment would have on the baby.

It's kind of rough. Because he's getting used to the people at the (agency) and not with me. I'm like saying it for everybody that has kids, especially little kids because, yeah, of course they're not going to remember us being in here if we get out in time, but it still affects them not being able to spend time with us. (Tulip)

Bluebell gave a similar account as she reflected on plans she had made for her baby and the inability to carry out significant processes during her time of delivery.

Just being there. Him knowing me. You know, just the little things that you planned to do with your child as a family. Because me and my baby's father, we're still together.

Being here, it made a bunch of stuff happen that shouldn't have happened if I would have

been home, like him being able to sign the birth certificate. I don't even feel like I've had the chance to be a mother being here; It's the truth, it's upsetting. (Bluebell)

Two prenatal participants gave differing perspectives, as one participant feared the separation and lack of time together would result in the inability to form a bond post release, while the other seemed to have made peace with the coming separation due to prior experience with separation.

I'm worried he's not gonna take a bond to me when I get out. (Cosmo)

So that helps me out a lot knowing that he's going to go home to my mom and my daughter instead of having to go to like a foster care or the (local agency). It helps, even though you are separated from them I'm ok with that, because I've been separated from my daughter for over a year. I've seen her for the first month she was born and then after that I didn't get to see her again, except one time when she was 10 months old. So I'm ok with being separated from them because I know that when I go home they are gonna be there and they will be mine again. I don't have to worry about, oh I gotta get my baby out of foster care, and this that or another, I'm going straight to my mom's house and that's where they're gonna be. (Rose)

Before leaving the hospital post-delivery, incarcerated mothers sign paperwork that allows hospital personnel to relinquish the care of the newborn to the designated party. That designated party is decided upon far before delivery and is designed to ultimately be the mother's decision. Participants worked with the social services department of the facility in making plans and setting up placements. Several participants speak of negative experiences with the process of making placement plans, often characterized by anxiety, anger, and confusion.

Two participants disclosed personal disdain for the process as they described a process of tug and war with a social service worker.

Me and my baby's father are still together. All the paperwork I filled out, I had my baby's dad on all the paperwork as father of the child still. She wouldn't put him on my home plan. She wouldn't even give him a chance to be on our home plan because she said he is an alleged father. That's what she called him. But you let his dad be put on there, but they're alleged grandparents and alleged aunt and uncle. So how do they get to be on there, but he can't be? A couple days later, my attorney called her. So a couple days later she comes at me with a power of attorney paper for him and then one for his dad because my lawyer called. (Bluebell)

The other participant spoke of the same confusing and draining process of trying to make home plans that were not being well received by a social service worker, which has left her with no placement as of yet.

I've talked to (social service worker). (Social service worker) hasn't got back to me. I've put in an application to the (local agency) as a backup plan. (Social service worker), she doesn't want anybody to have their baby go home. She doesn't want them to go home. She doesn't want family to come get them. She wants them to all go to the (local agency). I don't know. She pushes it. She pushes it hard. She'll tell you straight up, 'Oh, well, your family's not going to ... You don't have enough time to get the home plan done,' or, 'They're not going to pass the background check,' even though they've never had any type of problems with the law before, or, 'Because of your charges that's not even an option for you. Your baby's either going to go to DHR or it's going to go to the (local agency).'

(Day Lily)

Most participants chose to have their babies placed with family members, while others made varying decisions to relinquish temporary custody to a local agency, continue care and custody, or hadn't quite made that decision. One postpartum participant spoke of the decision process as tough but fitting.

It was kind of rough. Because I talked to (social service worker) about it, and she basically told me what the criteria was on that and we kind of knew that that was going to be the move all along. (Tulip)

My god mom will get my baby. (Azalea)

I plan on my mom taking care of my baby. (Cosmo) My mom has my baby and my other kids. (Camellia)

Rose added a unique layer to the emerging theme of caretaker decisions as she highlighted a personal struggle in choosing who would care for her baby. Although other participants simply stated what family member they had chosen, Rose provided insight on strained relationships with family members and what role this plays in the placement process.

And it may take 6 weeks after I have it, or if I'm still here when I have it, but eventually I'm gonna go home and he's gonna go to my mom's. At first, I didn't want that to happen because she took my daughter away from me, because my daughter was a month old and I was smoking weed and she took my daughter away from me. So I kind of had a lot of resentment towards my mom, but me and the father of this child, well (child's name) daddy died back when I was pregnant with her so she doesn't have a dad, so my mom was the only person that could get her, but this one he's been to prison and he broke up with me. So I told my mom, I was like 'You know I hate to have to put this on you, but when I do get out, I need a place to stay.' I was like, 'and you obviously know I'm

pregnant,' and she told me we are gonna put everything behind us, and if you have him there, I'll come get him. And I was like ok, so me and my mom were working our differences out because I haven't lived with my mom since I was 16. (Rose).

After the initial interview was completed, Rose was released from the custody of the correctional institution, maintaining the custody and care of baby post-delivery.

Category 3: Incarceration Changes Pregnancy

This emerging theme describes the collection of thematic concepts that reveal how incarceration changes the dynamics of pregnancy, and how participants described their experiences of pregnancy while incarcerated versus in the free world. Participants expressed how the prison setting affected how they experienced pregnancy as a means to better understand the overall meaning of being pregnant and in prison. Expressions of pain and longing desire characterize the reflections of postpartum participants who discussed the immediate contact they had with their babies post-delivery, prior to separation. Coping and managing the effects of separation varied for participants; however, the overarching theme of coping was keeping the participants' mind focused. Although all the participants experienced a similar phenomenon, participants were also sure to reiterate that the experience is quite different for everyone, which creates difficulties when preparing for birth and separation.

Thematic Concept 7: I Didn't Have Enough Time

The correctional system for which the researcher chose to study has a policy in place that allows incarcerated women to stay in the hospital with their babies for twenty-four hours before initiating separation. When asked to reflect on the immediate contact mothers had after delivery, all three postpartum participants described feelings of wholeness and happiness, that was followed by immediate feelings of emptiness.

He was beautiful. He is the best thing that's ever happened to me. It was the hardest thing I ever had to do. I don't feel like he deserved to be here. If that makes sense. I didn't even get the full 24 hours, because he had to go to the NICU. I only got like six hours. They took him right when I had him and brought him... I had him at 4:59 in the morning, and then they gave him back to me at like 10:50 that morning. Then I had him for a few hours, and then they came back and took him at like 7:00 that night and put him in the NICU. He stayed in the NICU for a week. (Bluebell)

Another participant described the process of first seeing her baby as significant, but couldn't help but think of what was to follow, giving insight into a similar experience of not being able to spend the full twenty-four hours with her newborn.

I mean, I felt good, but I knew what was going to happen. So, I mean, it was like a bad/good. It was kind of bittersweet. I had 24 hours to stay there, after I gave birth. Well, the first four hours, he had to go into the well baby, and I got to keep him until I left after that. I was kind of pissed off, because you only get so much time with them, and then, I mean, you only get 24 hours with them, and four or five of my hours were taken up because he had to have something medical done, and I don't think that's right, but if you have a C-section, you get to stay there for 48 hours. (Tulip)

Camellia was the only participant who was able to spend the fully allotted time with her newborn and she described a loving, protective dynamic prior to separation. When asked about her immediate contact post-delivery, she replied with:

Skin to skin. I had her until they came and got her. I got the full 24 hours. I felt good.

You know, to talk to her and look at her. To see what she finally looked like. I didn't put

her down. Even when they had to come give her her shots and stuff like that, I was with her. (Camellia)

Thematic Concept 8: It's Best to Keep Busy

Although there was variation in the experiences of immediate contact post separation, all the participants spoke of coping whether they were waiting for delivery and impending separation, or whether they were already experiencing separation. Coping for all participants involved one goal, to stay busy, with some expressing disdain in correctional policy that restricts the activity and movement of expecting mothers.

To cope just stay busy, that's your best bet. I tell anybody or any momma or any person who's coming here pregnant or want to have their baby incarcerated, it's nice and I feel like nobody understand unless you been in that situation. It's not easy at all. Yeah we got a class telling us how to deliver a baby and the breathing exercises and all that, but all that goes out the door from when you physically in labor for two when reality set in, you have to leave your baby and, because how it go is you have to, your baby, once you leave the prison, your baby is there at the hospital by his or her self, like, no family, no you, nobody. You have to leave your baby in the care of the nurses or the doctors or in the hospital. (Camellia)

I got classes all day. I try to keep myself busy and keep my mind focused. (Tulip)

They make us wait in a room for six months. I don't like it. They constantly move everybody else out around us. They say its best for bonding and stuff. But by the time, you can be gone for 24 hours and come back and half the dorm has been moved out. And there are new people in there and you don't know nobody. (Cosmo)

Two participants, Rose and Bluebell, discussed developing a routine or ritual if you will that lends itself to coping with separation; however, Rose described her routine from morning to night, whereas Bluebell described a routine of contact, including a constant ritual of receiving pictures weekly, calling home daily, and having visits biweekly.

Well, we get up for dorm inspection, and then we go to lunch, we go eat cereal between 8:30 and 9, and then I come back and I go to bed. (starts laughing) Other than that, just laying in bed, reading a book, I watch TV sometimes or I'll call my mom on the phone and I only have certain days where I call home to my mom and my daughter. (Rose) I call home first. And I like having (inmate) to talk to because she lives in my room and visitation. That's the only things I look forward to is calling home, visitation, and getting pictures. That's it. Other than that, I might get my mind off of it for a minute, but it always comes back. (Bluebell)

Thematic Concept 9: On the Outside

Comparisons of outside interactions were captured in this research study as participants descriptions of outside appointments shined a light on their experience of receiving services in preparation for delivery. Expecting females are allowed to leave the correctional facility and go out into the community to attend appointments for ultrasounds and imaging services and the emergency room for delivery and in some cases emergency care. Participants described outside appointments as being a more relaxed and positive experience in comparison to receiving services in the facility. When asked how she prepared for delivery one participant mentioned her outside ultrasound appointment and her experience with the medical staff.

Oh, she was so nice to me compared to prison. (Azalea)

They were so nice, they were so nice. That lady looked at me when she seen, cause his head down but he was breached. And she was like ‘Ok this is what’s going on and this, that, and another. He’s gonna have to flip and gets head up so that he’s down head down the whole time. He’ll end up stretching out, he’s breached right now, but you are early enough to where he can get unbreached.’ He did a complete flip in the ultrasound, and she was like ‘I’ve never seen this before.’ (Rose)

Daisy spoke about her ultrasound appointment; however, she signified that incarcerated mothers are not allowed to take and keep the ultrasound picture, which holds symbolic meaning for the overall experience of pregnancy. Bluebell, Day Lily, Cosmo, Tulip all briefly described their experience with outside appointments as positive, where they are often treated with dignity and respect which seemed to be opposite of facility-based experiences.

I had more ultrasounds done, you got to keep your pictures. I have got no ultrasound pictures to keep or nothing like that. (Daisy)

Thematic Concept 10: It’s Different for Everybody

A consistent lack of continuity was expressed by all participants, with many citing this as the reason for such a difficult experience. Although all participants were under the same correctional system, adhering to and operating based on the same policies and procedures, many experiences drastically differed, including preparation for delivery, experience of going into labor, and preparation for separation. Participants often highlighted the lack of consistency, while comparing their experience to others. In regard to preparation for delivery, Azalea spoke about her experience with transporting personnel at her outside ultrasound appointment.

So they want to send me with security services because they feel like I don’t need an officer to go with me because my custody is so low. They feel like I should go on my

own. But I went with them to ultrasound and it was horrible. They are just horrible. She just kept calling me inmate and we were sitting in this lobby and she was like, why did you make this choice? You don't want to go and be questioned by someone then you got a group of people looking at you and then they're just talking to you like you're crazy. They're young and loud and just ... I don't know, they're just not my cup of tea. I feel like if we go to the hospital, you want to feel safe but comfortable at the same time. And I just feel like if they could just get rid of them. They're hard on a lot of people like there's another pregnant girl. She just went out with them. I thought she was going to have a panic attack when she got back, because she was like, 'They just talk to me like I'm bad.' I had the exact same one she had. I had to tell her "I know how you're feeling because that's how they did me. ' So I wrote Captain and I said, 'Please send me away just ... I don't care if you send me with one female.' I refuse to go with them people. I rather have my baby in the hallway than go with them people. (Azalea)

Camellia and Tulip both described their experience with going into labor, however their experiences were drastically differed as one was a smooth experience and the other was chaotic and painful. Camellia disclosed that her process of going into labor, receiving immediate medical attention and being transported for delivery, whereas Tulip experienced a battle with medical services and did not get the same level of attention and care.

Yeah. Oh I had a good transport. I went into labor in the dorm, they wheeled me over there to medical, they checked my cervix; I was dilated like three centimeters. Our doctor here called our OB/GYN, he said send her on in. I was gone within 10 minutes. My transport from here to the hospital was good, and the officers, they stayed with me. I had a good team with me. And my officers they came during my separation, that was

really, really helpful. Everybody not going to get that officer I had, everybody's not going to get that experience I had. Everybody, every experience I've heard is so different. I'm talking about from the medical to the doctor from the ride to the coming back to the facility. (Camellia)

Here, I mean, I went into labor with my son four times, and they kept telling me that I was not in labor, to lay down and get some rest, and then one time, specifically, which I had to keep going to the hospital four other times, but one time specifically, they hospitalized me for four days to stop my labor, and yet they kept telling me there was nothing wrong with me. (Tulip)

Cosmo also spoke of medical issues and experience with preterm labor, where she described the experience in a similar fashion, highlighting the non-attentive demeanor of medical service providers and going through challenges that the other girls have not.

It's been rough. I've had complications. I have been keep going into pre-term labor and five times since I been here, I've had to go to hospital. It's scary. You can tell like they don't want to deal with it. Some of them have a nonchalant attitude but some of them really care. I ask a lot of questions. Some of the girls really don't help. Everybody's different. There ain't a single one of them in there that's going through things that I am. I don't think they really understand it. (Cosmo)

Day Lily's differing experience was surrounded by her inability to receive what she felt like was adequate mental health services. This participant disclosed mental illnesses and health concerns that she had upon entry to the correctional system and expressed disdain with facility for their inability to provide her with a safe medication regimen and adequate mental health treatment.

Never in my life has a doctor ever taken me off of all my medications. I realized that Dilantin, you cannot take that pregnant. You absolutely cannot. There's way too many birth defects, way too much damage that can be caused if I take Dilantin in pregnancy. There are other seizure medications, and same thing goes for psychiatric medications. And then I even came with medicine over here. Before I came to prison I was in the hospital. I admitted myself in there when I found out I was pregnant for that exact reason, to be put on safe medications for both me and the baby during the pregnancy. When I got out of the hospital, two days later I'm in jail. And ideally you want to take zero medication while you're pregnant, and I understand that's where they're coming from. But sometimes the risk of not taking the medication outweighs the benefits of being on zero medication, and that's the category I fall in, and that's what every doctor has ever told me. They don't do things right here. Like yesterday I had an appointment with (mental health provider) and she's been out; she's supposed to see me every two weeks. (Day Lily)

Bluebell's account of her differing experience surrounded the officers who had transported her for delivery and shown her a kind spirit during a tough time.

The only people who asked me questions is the people who came with me... Like the guards that came with me to the hospital, the ones that actually care, they would ask and check on me. Ms. (officer) I love her to death. Every day she made an attempt to come straight to my bed and check on me when I got back, and Mr. (officer) would check on my baby, too. (Bluebell)

Category 4: A Better Life

This category describes the maternal plans and strategies developed to foster reunification once the mothers have been released. This theme emerged as revelations are made on how participants want different circumstances for themselves and their babies and how they plan to bring those revelations to life. During the research study the mothers were self-focusing, each recognizing their current situations and discussing a future of better decisions, unity, and peace. Experiencing pregnancy while incarcerated allowed the mothers time to reflect on how to improve the lives of themselves and their children, and successfully reconnect with their children and loved ones. Self-reflection in this area was present for all but one participant, who added a unique dynamic. Day Lily was the one participant who had not made concrete plans on the placement of her baby and this impending decision made a future focus impossible. When asked to describe the future outlook for her and her baby the participant had no answer, as there were too many uncertainties in place.

Thematic Concept 11: I Have to Have a Better Life

All remaining participants described their future outlooks, with most participants speaking on personal changes they wanted to make to ensure a positive future for the mother-baby duo. The personal changes participants spoke of were mainly relatable to personal relationships and choices previously made that ended in incarceration.

As soon as I leave, our future will be fine because I'll be done with my probation, that's the only reason I'm here. It's my first time ever being in trouble. It was one pill that was my boyfriend's, but he's been killed since I've been here. (Daisy)

Daisy spoke of a severed relationship due to the death of her boyfriend, who was also the co-defendant in the case that landed her in prison. Other participants like Daisy spoke of severing relationships with both people and unhealthy habits on their path to a positive future.

I won't be here 'cause I don't plan on going home and smoking weed, because that's the only drug that I've ever done. I don't plan on going back to that, I don't plan on going back to the people I was around before I got here, the people who got me in trouble in 2015 when I got my charge. I don't plan on doing anything that's going to jeopardize me having to come back here, because I'll be on state probation for 2 years until I finish my 3-year sentence when I go home. I don't plan on ever coming back. (Rose)

The same seven participants all expressed desires to get their lives back on track and become independent again. The acquiring of means of income, housing and transportation for their babies was apparent in the grand scheme of wanting to have a better life.

When I get out, I plan to get a job. I plan to get the custody back of my daughter, because my mom has full custody. When I get custody of her I'm gonna do a DNA test on her daddy cause he did pass away, so I'll get a social security check off of him and its worth for two years so that's a lot of money....and I'll end up buying a house or renting a house, paying the bills up for a couple months or however long, if I buy a house then I'll pay the rent up for like a year or however, I'll pay the light bill, I'll get a car so I know it won't break down on me and I'm gonna get a job. And I'm gonna put the child of this one, I'm gonna put his daddy on child support because you don't want nothing to do with me or your child so you are going to pay for it. You helped make this baby and you are going to help take care of it. So I'm gonna get it all worked out, and I'm gonna work

still, and my babies will be in daycare. (Previous child) goes to the daycare, where my sister-in-law works at the daycare so that's not a problem to get this one in daycare too. And then I'll have a car, I'll have a house, I'll have my bills paid up for a while, and I'll have my little family. (Rose)

Well, if I ever go home, we'll have a good future. Because he'd have his mom and his dad. We have a house paid for. Our cars are paid for. We're financially stable.

(Bluebell)

While other participants seemed to have a plan set in place to sort out her affairs, Azalea hadn't created a plan as her fears about coping on the outside were her priority. Azalea feared she would have issues coping with the major transition from incarceration to free world and what this meant for her staying sober.

Well, I'm hoping that when I get out, because it is in (month) so he'll be almost nine months when I go home. But I'm just hoping that I get out and I'm able to cope with living. Because I'll be locked up five years. That being like staying home for a long time even though I was working and going home, it's still different because you go back to prison and you still deal with guards and inmates. I dealt with more drug problems inside than I did going home because I could avoid people but in prison, it's hard to avoid people. (Azalea)

Unlike the other mothers, Tulip expressed plans to enroll in a halfway house or transition facility where she can have her baby with her, versus going home to initiate the process of re-establishing herself. Cosmo and Camellia's future outlooks did not include mentions of reestablishing oneself, they were focused on reunification; however, Camellia was the only participant who spoke about documenting her experience when she was released.

I really want to write a book just from my own experience from the beginning to the end. Because like, people really need to hear, people really need to understand this ain't that. People don't know how serious it is. I personally didn't know how serious it is until I was going through the same situation. It's not easy. Separation from your child is not easy. It could build a lot of hatred in your heart. Not even towards other people but to yourself too. (Camellia)

Thematic Concept 12: I Just Want to Connect as One

This theme describes participant's plans to reconnect with their babies and either continue or establish a bond that would be lasting. All the participants in the research study perceived the separation to be temporary and planned to reunite after the completion of their sentences. Custody and parental rights was a theme as every single mother made a point to mention custody during their interviews. Although some participants had relinquished custody of their babies, the ending goal was to resume custodial rights. The mothers expressed emotional sentiments to reconnect and develop an attachment to their babies that was rooted in love and affection.

When I get out, I just look forward to connecting as one. Then a lot of bonding time that I missed I want to make up. (Camellia)

He'll be at the gate with my mom waiting on me. I just wanna be there, one thing I look forward to doing is changing a diaper. (Cosmo)

I just look forward to being with my son, just reconnecting. (Tulip).

Azalea discussed her desires for reunification; however, she also spoke to the process she would undergo and the patience she was committed to having in establishing a bond with her baby and remaining clean and on the right path.

Well, I'm going to stay with my god-moms. But he's really only going to know her. He'll know me, but he won't know me as much as he knows her. So, I feel like when I get back to the house, I'll have to build that with him. Like trust and I know it's not gonna happen overnight where I can just go and get even, you know, so I feel like I'll probably stay there for a while and make sure I'm clean and doing right, before I just try and take off again. (Azalea)

Bluebell was committed to the bond between her and her baby, as contact post-separation was a major theme for her experience. Bluebell spoke of a desire to continue bonding with her baby; however she provided deep insight into how she wanted her baby to remember her, with regard to the uncertainty of her time and case.

I just want him to remember me, but I don't want him to remember this. I don't want him to be old enough to where he can start asking me questions. I don't want him to know nothing about this, period. But, I mean, I know one day eventually he will. I just want to be home before he gets big. I don't know when I'm going home. (Bluebell)

Most of the mothers were optimistic about their futures despite their difficult experience of pregnancy and incarceration. These accounts and perspectives reflected what prenatal and postpartum incarcerated women hoped to achieve after the completion of their sentences.

Summary

The purpose of this study was to describe the nature and meaning of pregnancy and childbirth with a group of incarcerated prenatal and postpartum women. The researcher aimed to uncover the meaning within the experience of separation and reveal what strategies the women utilized to maintain closeness and attachment. This chapter describes the findings in the forms of emergent themes and categories and each attend to the research questions used to guide the

study. The accounts of the participants through their own voice and reason explains their experience of attachment, separation, and goals of being reunified with their babies after they are released from the correctional system. Discovering the impact and effect incarceration has upon pregnancy and maternal-infant bonding through individuals who actually experienced it, enhances the body of knowledge on correctional healthcare, correctional policy, and correctional counseling. From the research findings, specific services, protocols, and procedures could be modified and implemented to improve the care of this specialized population. Further discussion of findings as they relate to current literature, implications, and the potential for future research will be discussed in Chapter 4.

CHAPTER IV. DISCUSSION

The purpose of this research study was to develop an understanding of how incarcerated women experienced pregnancy, childbirth, and separation from their children post-delivery. Needs and concerns expressed by participating mothers are relatable to the research covered in the literature review.

The four essential categories derived from this study were the following: Sense of Oneness, (b) Ties after Separation, (c) Incarceration Changes Pregnancy, and (d) A Better Life. Though there was an abundance of research on maternal infant bonding, research was scarce on content related to maternal infant bonding in incarcerated females and how they experience separation. This study sought to give expecting and postpartum incarcerated mothers the opportunity to inform the research through their provided narrative data.

Phenomenological inquiry was used to uncover the essence of the lived experiences of the research participants through emergent themes in the data (Creswell, 2012). This chapter will provide a discussion of research findings, limitations of the study, the implications of the research, and recommendation for future research related to this topic.

Sense of Oneness

This theme emerged as participants described their meaning of bonding and closeness to the baby prior to delivery. Most of the participants expressed bonds that were warm and loving, although participants also alluded to bonding being a sometimes difficult and intentional process. Prior to delivery most participants actively engaged in bonding activities including talking,

singing, and interacting physically with their growing babies. Just as Klaus and Kennell (1983) stated, the experience of maternal-infant bonding for the participants was not sequential, uniform, nor did it perfectly mirror the experience for other participants. Maternal-infant bonding for some meant developing a relationship with the baby through recurring conversations and letting their baby listen to music, while others saw the bonding process as uneasy and too risky. Participants who opted out of bonding with their babies prior to delivery disclosed fears of emotional issues had they engaged in bonding. One participant expressed a deep fear of experiencing postpartum depression as a result of the constraints of the separation, so as a means of protection the participant refrained from engaging in maternal-infant bonding, including talking, singing, physical interactions, and opted out of the option to breastfeed her baby.

Bowlby's (1988) claim of situational factors presenting stressful experiences around the pregnancy was evident in the data as some participants refrained from connecting with their unborn babies. Participants who declined to get attached to their babies spoke of a void and emptiness felt before delivery, whereas participants who engaged in the bonding process didn't experience this void until they were separated from their babies after delivery.

Ties after Separation

This emerging theme was revealed as participants discussed how they decided who would care for their baby, what coping strategies the mothers employed to deal with separation, and what efforts they employed to maintain attachment until they are released. Choosing a caretaker was a key element in the participants' experience of separation, as this designation was sacred to the mothers. With most of the participants choosing family members as the primary caretakers of their babies, the researcher found this to be a highly intentional process. Mothers described the process of choosing where to send their babies as a process of mending relationships and

placing their babies where they knew they would have access for contact. Even the participants who opted out of bonding, one prenatal and one postpartum, placed their babies in the care of family members and planned or actively kept contact with the caretaker about their baby.

Separation was the overall theme of the study as this occurrence seemed to be on the forefront of all the participants' minds. Postpartum participants who struggled to cope with separation maintained contact with their babies; however, the experience of contact was different for participants. One participant hadn't missed a visit since she gave birth to her baby, whereas one hadn't seen her baby since she delivered and opted to keep it that way until she felt she was ready. Not all participants participated in visits and not all participants opted to receive pictures of their babies; however, there was consistency across the postpartum participants in their experience with calling home and talking to their babies and loved ones about their babies.

Participants expressed that they prepared the best they could within limitations of their circumstances. The decision to breastfeed or bottle feed was described as the process of deciding to remain attached to the baby and provide nourishment or go an alternate route. Participants who decided not to breastfeed disclosed their decision was made based on how distant they were prior to delivery.

An overall lack of preparation emerged where participants often described the experience as an experience one cannot prepare for. Knight and Plugge (2005) stated that more studies needed to establish the psychological aspects of imprisonment and prison policy that limits the length of time babies stay with their incarcerated mother. Not having the chance to engage in maternal activities such as decorating a nursery, changing diapers, and feedings was painful for participants as the mothers described these activities as being symbolic of coming into motherhood. Participants chose to keep contact with their babies and manage separation on their

own terms, while describing what methods work best and expressed why alternate methods would not be beneficial for them.

Incarceration Changes Pregnancy

This theme emerged as participants described how the restrictive nature of incarceration modified the dynamics of their experience of pregnancy. Most participants described a common desire to spend more time with their babies, as the policies of the correctional system limited the immediate contact mothers had with their babies, post-delivery. The separation experienced by participants surrounded the twenty-four-hour immediate contact policy, where participants bonded on time constraints, some feeling as though they were robbed of precious hours due to medical procedures and operations. A noticed commonality across the study group was this disdain where all mothers either felt they hadn't been given enough time, or weren't going to be given enough time when their time for delivery and separation came. As mentioned in Chapter 1, Klaus and Kennell (1976) stated that connection between mother and baby would occur naturally, unless the process is impeded on by physical separation at birth or an emotional connection, which also emerged in the study data. Some participants described a void and emptiness that replaced the feelings of warmth and fulfillment they experienced prior to delivery and separation, and attributed this transition in emotions to being separated so soon from their babies. A commonality across the study group was the urge to stay busy and focused throughout the facility in order to refrain from dwelling in the emotional toll of separation. The correctional policy aimed to restrict movement for pregnant and postpartum women for six months emerged as a theme which bothered the mothers who felt as though they could be afforded so many options opportunities if the policy was not being implemented. This policy emerged as a theme because most participants identified as being multipara and described their experience of

pregnancy based on outside experiences of pregnancy in the free world. Comparisons of pregnancies experienced incarcerated versus in the free world surrounded participants being pregnant and not receiving adequate attention as they sought medical and social services and a difference in resources and options available to them. Although most participants described their experience with medical and social services as a frustrating experience, one participant hadn't undergone the same experience, as she described medical and social service staff as helpful and cordial. This major difference highlighted a theme of confusion where expecting mothers had no guidance as to what to expect in terms of delivery and separation. Participants often characterized the experience of pregnancy in prison as a process of winging it due to a lack of consistency in the facility.

A Better Life

The last theme emerged as participants held the belief that their experienced separation would be temporary. Thematic concepts emerged that revealed what plans participants had to reconnect to their babies and what changes they wanted to make in themselves in hopes of a positive future. Re-establishing one's life seemed to be the theme when looking towards their future post-release. Most participants spoke of having lost a lot when they entered the justice system, some mentioning the need to get secure adequate housing and transportation, something participants spoke of having before incarceration. Resuming independence was critical to most participants as they shared how important being able to provide for themselves would be in their quest to reconnect with their babies. Securing employment and becoming financially responsible was the goal of participants, whereas some participants planned to focus on newfound motherhood and journey with sobriety. Strong desires to reconnect were apparent in the data as participants had plans to reconnect with their babies and live a happy life. Participants expressed

concerns that they wanted their babies to remember them but not in their current circumstances as they planned to make different life decisions in the future, mainly refraining from recidivating. Some of the mothers expressed plans to make choices including changing their scenery, company, and use habits after the completion of their sentences. Other participants discussed plans of easing back into society and resuming their role in motherhood with patience and understanding that establishing a bond with their baby post release will take time.

Limitations of Study

In this qualitative study, the primary researcher served as the primary instrument for data collection (Creswell, 2014; Hays & Sigh, 2012). As Moustakas (1994) stated, it is imperative that the researcher writes about their experiences along with the contexts that have influenced their experiences. To remain self-aware at times of the research study, an audit trail was documented during each step of the research process. An external auditor was included in the data analysis phase of the research to confirm and provide feedback on the emerging themes found in the data. Lastly the researcher engaged in member checking where narrative data was provided to participants allowing them to ensure their narratives were representative of their voice and perspective related to the phenomenon, with one participant being released and unable to participate in that phase.

The selection of participants for this research study was limited to one facility as the researcher was only given access to state facilities not county facilities, whereas there is only one state facility which houses expecting inmates. The research sample only applied to one population at one singular site. The research study was only conducted in one state using only one state correctional facility. Due to these limitations the sampling of participants was restrictive and not representative of the population. Another limitation to the study was the lack

of diversity in racial representation as seven of the research participants were Caucasian and one was African American.

A final limitation for this study was the recruitment announcement made in the dorms in hopes of reaching participants. The dorm areas were so busy, loud, and crowded that many people in the dorm struggled to hear the researcher make the recruitment announcement. This limitation possibly affected the number of participants the researcher retained for the study.

Implications for Prison Policies

There is great need for an overseeing standard of care that would apply to incarcerated women and their healthcare needs, with special attention given to incarcerated women who are expecting. In addition to adequate general and gynecological care, the policy should focus on successful interventions that can be employed to ensure a successful reunification between mothers and their babies. Visitation and contact policies that are inconvenient or lend no time for bonding and attachment contribute to the difficult and emotional experience of separation for postpartum mothers. Consequently, correctional policies should be implemented that allow mothers to spend more time with their babies post-delivery and the correctional system should give thought to a maternal nursery program where mothers could possibly be housed with their babies, considering certain guidelines are met.

A more standardized approach should be taken as the system attends to the postpartum needs of incarcerated women. With a recurring unique population entering the correctional system, there is a need for specialized programming which attends to the direct challenges and needs of prenatal and postpartum incarcerated women. Previous studies show that successful programs that foster the nurturing bond between a mother and her baby ultimately benefit both the mother and the baby (Schroeder & Bell, 2005; Staley, 2002). A treatment team approach

should be used when providing prenatal care to incarcerated women, where obstetricians and medical staff are always on site or available through telehealth communication similar to those used by the facility's mental health department.

The doulas provide great support during the labor and delivery experience; however, delivering mothers should be allowed family visitation so that they have the opportunity to share the birth story and experience with someone familiar, a loved one. Post-delivery mothers should be housed longer at the hospital as a means to allow viable time for the mother and baby to spend time with one another and allow the mother to engage in those initial bonding moments.

Extending the twenty-four-hour time limit would allow mothers to hold and nurture their babies longer than a day, which could ultimately motivate mothers to establish a bond, breastfeed, and learn how to properly care for their newborn as they prepare for separation but impending reunification.

Modifications should be made to the current parenting program to include content and activities of actual physical interaction between the mother and child while the mother completes her sentence. Thompson and Harm (2000) suggests implementing standardized programming with a fifteen-week longevity period that's designed to enhance mother and child interactions.

Modifications should also be made to the six month hold policy, where the process of clearing out of the medical dorm should be individualized. Per Alabama Department of Corrections policy, women are placed on a no-movement hold for six months. During this hold, the women are not allowed to be housed anywhere other than the medical dorm and they are not able to leave the facility even if their custody and or timing warrants them this opportunity. If the process is individualized, medical and social service providers would meet with the women and evaluate their readiness for transition on an individual basis. The same care team mentioned

earlier should be tasked with meeting regularly to discuss the postpartum mother's care and her progression towards clearance, with the final decision coming from the obstetrician.

Implications for Counselor Education

As themes emerged in the data surrounding the mental health needs of both prenatal and postpartum incarcerated women, specialized attention must be given to the preparation of correctional counselors. Incarcerated individuals have specialized needs in terms of mental health and wellness. Skilled clinicians should have a high level of multicultural and social justice competence before engaging in correctional counseling. The domains that reflect the different layers that lead to multicultural and social justice competence are counselor self-awareness, client worldview, counseling relationship, and knowledge surrounding effective counseling and advocacy interventions (Ratts, Singh, Nassar, Butler, & McCullough, 2016). In order to provide effective counseling to incarcerated individuals, mental health providers must be equipped with the proper training and be knowledgeable around ethical guidelines. At no time should a counselor impose their values on a client, however in the correctional setting this behavior is risky as incarcerated clients are often vulnerable. The ethical guidelines that drive the counseling profession speak of refraining from imposing values on clients, making multicultural and diversity considerations, and receiving adequate training in specialty areas of practice (American Counseling Association, 2014).

Recommendations for Future Research

More research on the experiences of pregnant and postpartum incarcerated women is needed. Since this study had a limitation of facility access, with only one site being used, there would be benefit to extending this study to the inclusion of expecting mothers in county correctional facilities. This expanded study would also offer the researcher the opportunity to

grasp a more diverse sample of research participants in regards to racial representation. Another benefit to an extended study would be the opportunity to modify recruitment procedures in hopes to reach more possible research participants.

One final recommendation for future research is the completion of a mixed methods study on the same population of prenatal and postpartum women. Researchers could utilize quantitative instruments that are grounded in theories on maternal-infant bonding and the psychological effects of early separation post-delivery. Qualitative methods could be employed by conducting document analysis where the women journal their experience day to day. Quantitative data on the severity of impact and qualitative data on the experience through the words of the participants could be used to better describe the overall experience.

Conclusion

This study provided the lived experiences of eight prenatal and postpartum women who were incarcerated in a state correctional facility. The stories and perspectives expressed throughout this study provide insight on the shared lived experience of pregnancy, bonding, separation, and incarceration simultaneously. The themes highlight the difficulties, desires, and needs of the participants in their journey toward reconnection and reunification with their babies. The findings of this study reveal there is work to be done in the policy and operational procedures area of the studied correctional system. The limitations of this study as well as the lack of research available covering maternal-infant bonding and separation for incarcerated women indicates that further research is needed to address the specialized challenges of the chosen population.

This phenomenological study on the lived experiences of eight prenatal and postpartum incarcerated women has added to the literature and provided modifications and suggestions for

programming and protocols. The overall outcome of the study suggests that incarcerated mothers who are currently pregnant or within postpartum stages have unique needs that are directly related to the experience of incarceration and pregnancy, incarceration post-delivery and separation, and goal planning for successful reunification with families.

CHAPTER V. MANUSCRIPT FOR PUBLICATION

An Intentional Love: How Incarcerated Mothers Experience Maternal-Infant Bonding

Abstract

Issues and challenges experienced by pregnant inmates highlight the need for research in this area, so the difficulties can be better understood. Research studies surrounding pregnancy within the incarcerated population are few and mostly geared towards understanding birth outcomes and nursing implications. The purpose of this study is to gain an understanding of how incarcerated women experience pregnancy, child birth, and separation from their children. The proposed findings of this research study sought to uncover the meanings behind the experiences of incarceration while pregnant, with hopes of yielding implications for correctional systems, correctional healthcare providers, and correctional counseling providers.

Keywords: Doula, Incarcerated, Maternal-Infant Bonding, Postpartum, Prenatal, Prison

Introduction

Although there are far more men entering correctional systems at higher rates, there has been a steady increase in the prevalence of female inmates. During the years between 1980 and 2010, the rate of female incarceration increased by 646%, (Guerino, Harrison, & Sabol, 2010). In 1993, Fogel stated that on any given day, there are more than 40,000 women being held in local jails, as well as state and federal prisons. In 2013, it was estimated that in county and city

jails alone, the average daily population consisted of approximately 97,000 females (Minton, 2013). With females entering correctional facilities at such high rates, the needs these women often enter with are specific, differing from those of their male counterparts. One major difference between the male and female prison population is a woman's ability to conceive and give birth. According to Bloom and Owen (1995), on any given day, an estimated 8 to 10% of incarcerated women enter correctional facilities pregnant at intake. This translates to a consistent number of babies being born under correctional custody, and a continuum of inmate medical and psychosocial need-attending services in order to keep them healthy and safe, thus upholding the correctional mission of rehabilitation. The mission of the correctional justice system surrounds the idea that facility-based housing and programming will lead to the rehabilitation of individuals with criminological tendencies. The criminal thinking and behavior that often leads women to prison surrounds a complex problem with addiction and a lack of resources and coping skills.

Literature Review

The War on Drugs and Incarcerated Women

The rapid increase of female representation in correctional facilities dates back to the years between 1986 and 1995, when President Nixon's administration declared the "War on Drugs" (Lenox, 2011). For accountability purposes, officials increased funding for drug enforcement, which resulted in a dramatic increase in female incarceration (Sabol & West, 2010).

Punitive approaches to drug use including minimum sentencing laws has led to a massive increase in the incarceration of mothers, thus creating chaotic times for multiple families who had to restructure. Drug laws implemented to reach men, particularly high trafficking operators, instead affected women in poverty with histories of trauma and mental illness who were often

partners to these men (Arditti, 2012; Arditti & Few, 2008; Covington & Bloom, 2006; Ferraro & Moe, 2006). “Although most females generally hold a supplementary role in the drug business, sentencing does not reflect the supporting role that women play to their male lead counterparts” (Lenox, 2011, pg. 287). Answering phones, opening the door, or even delivering money to a partner, may seem minimal; however, these often lead to equal sentencing for women and the actual perpetrators of the crime. A woman’s limited role in the drug trade means she also has limited information about others involved. Not being able to provide extensive information to prosecutors lessens the female’s ability to potentially bargain her way out of a harsher sentence.

During the year 1999, state and federal prisons housed about 53,600 mothers with minor children, which meant there were at least twice as many children across the United States with a mother in prison (Mumola, 2000). Oftentimes these mothers have engaged in criminal activity for means of economic stability and survival, showing apparent challenges that incarceration heightens. When sentenced, women often leave behind children and families who depend on them for day-to-day care. Moreover, the number of children with a mother in prison has more than doubled since 1991, showing an increase of 122% versus 76% in fathers, from 1991 to midyear (Maruschak & Glaze, 2010). Incarcerated women are more likely to have acted as the primary caretaker before their arrest, which can create instability and distress for children involved.

Violent Victimization

Female offenders often enter correctional facilities with an array of challenges and issues that stem from various life experiences. The literature reflects several factors consistently linked to female criminal behavior, with the major factors being (a) substance abuse, (b) trauma, (c) low educational attainment, and (d) a low socioeconomic status. Scholars observing the prevalence

of trauma in incarcerated women report that at least 78% to 85% of these women have experienced at least one traumatic event in their life (Kane & DiBartolo, 2002; Pomeroy, 1998). A key finding in the 1996 National Council on Crime and Delinquency (NCCD) study revealed that one of the most universally shared characteristics among women in prison is a history of victimization (Acoca & Austin, 1996). James (2004) found that in 2002, more than half of the women in jail had experienced physical or sexual abuse at one point in their lives from childhood to adulthood. Ongoing sexual and physical abuse significantly contributes to lifetime mental health challenges not only affecting Post Traumatic Stress Disorder (PTSD), major depressive disorder, which suggests the severity in prolonged exposure to interpersonal violence (Green et al., 2016).

Mental Health and Incarcerated Women

Mental illness is common to incarcerated women, especially those that have histories of abuse. Incarcerated women are much more likely to suffer from mental illness than the general population (Green et al., 2016). In an attempt to better understand female inmates, studies have measured the prevalence of mental illness in the prison population. Teplin, Abram, and McClelland (1996) found 80% of their incarcerated female sample met the criteria for one or more lifetime psychiatric disorders. Common psychiatric disorders identified within the sample included, substance abuse and dependence, alcohol abuse or dependence, PTSD, and depression (Teplin, Abram, & McClelland, 1996). Goff, Rose, Rose, and Purves (2007) found a disproportionate number of incarcerated women have trauma and PTSD rates that are two to three times higher than women in the general population. Jordan, Schlengler, Fairbank, and Caddell (1996) reported that 30% of incarcerated females in their study reported a history of a traumatic event and experiencing six or more PTSD symptoms.

The National Council on Crime and Delinquency (1978) survey study showed a significant 45% of incarcerated women reported needing mental health treatment, with 12% reporting a past psychiatric facility hospitalization before age 18, and 36% reporting at least one suicide attempt in their lifetime. The trauma experienced by incarcerated women has set them up for a future of challenges, where most do not have the resources or assistance needed. The prevalence of mental illness in female inmates paints the picture of a lifetime of pain, fear, and insecurity. With higher rates of female victimization in comparison to males, it only makes sense that the number of female inmates with mental illness outnumbers males as well. In comparison to a male rate of 55%, 73% of incarcerated women report having mental health problems (James & Glaze, 2006). A task group developed by the Department of Justice found high rates of victimization among young girls and women in the criminal justice system, concluding that trauma exposure is a clear risk factor for offending for females (Zahn et al., 2010). Despite the viable research on the connection between mental health and criminal offending, the association between mental health and victimization is a strong foundation which is not as evident in the literature.

Mental Health Treatment and Incarcerated Women

Mental health treatment in correctional facilities can vary from facility to facility. Overall, the criminal justice system often has been insufficient and ineffective in the field of mental health treatment (Sacks, 2004). In a national prison survey conducted by James and Glaze (2006), only 23–34% of inmates reported receiving treatment while in prison. Although mental health treatment is deemed a constitutional right for inmates, correction systems' budgets vary in terms of funding for treatment. Facilities may be limited in what mental health services they can offer inmates; however, the symptomology and distress inmates experience still exists

and needs attention. Nationally, only 58% of correctional facilities offer mental health counseling services, with almost half of the facilities having no counseling service available (Themeli, 2006).

Themeli (2006) also found that mental health counseling services are more prevalent in male facilities versus female facilities. The need for mental health treatment is evident; however, most facilities only offer minimal services. In the year 2000, there were 191,000 mentally ill inmates in the custody of a state prison (Beck, 2001). By midyear 2005, state prisons had 705,600 mentally ill inmates in their custody (Maruschak & Glaze, 2010). Although there are high rates of incarcerated individuals receiving mental health treatment prior to incarceration, many inmates with no history of mental illness will seek treatment for new mental disorders, due to exposure to the prison environment (Massoglia & Pridemore 2015; Schnittker & John 2007).

There are high rates of mental health problems within the overall incarcerated population; however, female offenders often experience the co-occurrence of both mental health problems and substance abuse or dependence. In comparison to 54% of incarcerated males, 74% of incarcerated females had a mental health problem and met the criteria for substance dependence, with 68% experiencing past physical or sexual abuse, and 47% reporting parental abuse of alcohol or drugs (Maruschak & Glaze, 2010). Female offenders' pathways to prison are often a complex combination of multiple forms of abuse and repetitious negative life experiences, including substance abuse.

Gender Responsive Treatment and Gender-Neutral Policies

Gender-specific substance abuse treatment focuses on women's specific issues and needs, in comparison to treatment programs designed for men which did not model a multi-dimensional

perspective (Covington & Bloom, 2006). Covington and Bloom (2006) report that co-occurring mental health and substance abuse significantly increases the risk of re-offending, which shows the need for gender-specific treatment which separates trauma from criminal behavior.

Substance abuse treatment in correctional facilities has often been modeled after men, which does not specifically attend to the trauma female offenders have experienced. Although the high level of need for substance abuse treatment among female inmates is evident, the need is not reflected in the availability of services in female facilities (Acoca, 1998). The National Council on Crime and Delinquency study (1978) revealed that two-thirds of women who reported substance abuse problems, reported that the type drug treatment needed was not offered at the facility.

Research has confirmed that female offenders differ from their male counterparts in terms of personal histories and how they enter the criminal justice system (Belknap, 2001). Female offenders' involvement in crime is usually motivated by an economic need and substance abuse, making them less likely to commit a violent crime in comparison to men (Covington & Bloom, 2006). Female criminal charges include drug possession, fraud, drug trafficking, and theft, which can mainly be attributed to drug habits (James, 2004). Better understanding differences in the pathways and lifestyles for men and women has led to a recent shift in corrections, with the implementation of a more gender responsive approach. Singer and colleagues highlighted the point that "women commit crimes frequently as a reaction to negative circumstance, crisis, or extreme disadvantage" (Singer, Bussey, Song, & Lunghofer, 1995, p. 103). Critical considerations have been made by the Department of Justice and programming has been adopted to be utilized in female specific facilities. The development and implementation of gender-specific protocols and principles will provide female offenders with the treatment options,

personal development opportunities, and the reentry services they need to succeed once released. Within the female prison population, a common subgroup includes pregnant women.

Pregnant Inmates

Aside from the general worries of child placement, financial resources, and adapting to the prison environment some female inmates have a different worry. At least 6% to 10% of the women who enter correctional facilities are pregnant, either knowingly or unknowingly (American College of Obstetricians and Gynecologists (ACOG), 2011; Levi, Kunakemakorn, Zohrabi, Afanasieff, & Edwards-Masuda, 2010). From a national perspective, in 2014 the female inmate population exceeded 215,000 (Carson, 2014), which means an estimated 10,750 female inmates at minimum, were pregnant while serving their sentence. Most women are childbearing age when they enter the criminal justice system, which makes pregnant inmates increasingly common. The 1978 NCCD study of California, Florida, and Connecticut prisons indicated that 18% of the female participants had given birth at some point during a past jail or prison term (Acoca & Austin, 1996). In rural central California, Valley State Prison for Women houses the largest population of pregnant inmates in the state. From January of 1998 to December 2001, Valley State Prison for Women held an average of 100 pregnant inmates per month, while delivering an estimated 16 babies each month (Williams & Schulte-Day, 2006). A woman could be incarcerated during any phase of her pregnancy, highlighting the need for extensive birth services, social services, and resource planning in correctional facilities which is not always available.

Maternal-Infant Bonding

Bonding between a mother and infant almost seems inevitable, considering the extensive period of development both mother and baby experience as one. Throughout literature on the

mother and newborn dyad, the terms bonding and attachment are used interchangeably (Bowlby, 1989; Klaus & Kennell, 1976, 1983). Maternal-infant bonding is based on the emotional investment a mother develops in her child, which results in a process of reoccurring significant and positive early experiences and interactions (Klaus, Kennell & Klaus, 1995). Bonding in comparison, describes a particular relationship between two people that develops through time, whereas attachment describes an intimate and affectional link, like that between a mother and infant (Klaus, 1983, p. 2). Laxton-Kane and Slade (2002) describes maternal prenatal attachment as a model of adult attachment, where a mother seeks to have knowledge of her baby's development, to be with the baby, to avoid separation or loss, to provide protection, and to identify and fulfill the needs of the fetus.

As a woman experiences pregnancy, she simultaneously undergoes two developmental stages, including the physical and emotional transitions, as well as the growth and development of the fetus (Klaus et al., 1995). As a mother experiences transformational change, a mother's awareness and connection to the unborn baby is dependent upon whether the pregnancy was planned, if the child's father is involved, the level of support the mother has, and whether the mother has experienced pregnancy before (Emmanuel, Creedy, St John & Brown, 2011). If situational factors present stressful experiences around the pregnancy, mothers may actively refrain from connecting with the unborn baby (Bowlby, 1989). The experience of labor and delivery also impacts how a mother bonds with her infant. Although the anticipation for the baby's arrival maybe positive, the conditions surrounding the delivery can overshadow a mother's overall experience.

Pleasant labor and delivery experiences lead to a stronger bond between mother and child. Impacting factors around labor and delivery include care practices, attitudes of health staff

in hospital, assistance and support received during delivery, and any separation of mother and baby in first days of the postpartum period (Doan & Zimmerman, 2008). From state to state, correctional facilities differ in their policies surrounding the care of pregnant women and these regulations drive the overall experience for these women.

Postpartum Care

As with the medical regulations, the postpartum care services offered in correctional facilities vary. Idaho's policy on postpartum care simply states that the delivering healthcare provider shall determine the timeframe for postpartum follow-up appointments. After returning to the facility after delivery, California inmates receive a thorough medical evaluation, medical lay-in accommodations until they are assessed again at six weeks. If women seen by the healthcare provider are deemed unready, they will be given more time to recover. Hawaii's regulations on postpartum care discuss the provision of medical services and also urges security personnel to utilize the least restrictive restraints after delivery as mother-infant bonding is encouraged. The regulations for Hawaii DOC also require all postpartum patients to be referred to mental health for assessment of postpartum depression and other mental health concerns. In Pennsylvania once inmates return to the facility post-delivery, they are enrolled in postpartum education and counseling programs, where the focal points surround issues of separation, postpartum expectations, and postpartum abnormalities. Supportive services should be readily accessible to inmates once they return, as the abrupt process may be a lot for the inmate to handle.

Some states describe postpartum care as just a medical evaluation and nothing further. In this case women are sent back to their dorms in general population, where they can seek counseling services; however, counseling is not viewed as a necessary intervention

immediately after the women return to the facilities. New Jersey's policy states that counseling will be provided to the inmate as she plans for the placement of her baby; however, the policy does not cover any postpartum counseling services. States such as New Jersey, Indiana, Kansas, and Louisiana where the regulation only covers postpartum follow ups with medical providers, are not attending to the emotional and mental health needs of these mothers.

Purpose of the Study

The purpose of this study is to gain an understanding of how incarcerated women experience pregnancy, childbirth, and separation from their children. Issues and challenges experienced by pregnant inmates highlight the need for research in this area, so the difficulties can be better understood. This research study will seek to uncover the meanings behind the experiences of incarceration while pregnant, with hopes of yielding implications for correctional systems, correctional healthcare providers, and correctional counseling providers.

Methodology

This phenomenological study explored the lived experiences of incarcerated women who are either preparing for delivery or have recently delivered under correctional custody. This research study aimed to explore the experience of becoming a mother while adjusting to the environmental and systemic factors of prison life. The utilized methodology of systematic interviewing allowed the women to describe their experience of bonding, impending separation, and implementing various coping techniques. A qualitative research design was chosen as it will lead to a meaningful understanding of the experience of prison birth. Qualitative research aims to explore a phenomenon by revealing a deeper perspective of the problem from participants,

firsthand. Qualitative inquiry allows for the use of a theoretical lens, where every perspective of the phenomenon can be observed (Miles & Huberman, 1994).

Research Questions

1. How do women who give birth while incarcerated describe the mother-infant bonding experience?
2. How do pregnant incarcerated women prepare for the coming separation from their baby?
3. What coping strategies do incarcerated postpartum women utilize after separation?
4. How do incarcerated postpartum women describe their outlook on reconnecting with their baby?

Participants

The research participants included both pregnant and postpartum mothers who are serving various criminal sentences. Participants had sentences that varied in length and were housed under various custody levels, including minimum, minimum-in, and medium custody levels. Minimum custody participants hold the lowest custody designation an inmate can receive, which generally means these participants conform to the rules of the facility and corrections department. Medium custody designation is for those who have demonstrated less severe behavioral problems, and is considered to be suitable for participation in formalized institutional treatment programs, work assignments, or other activities within the confines of the facility. Closed custody inmates hold the most restrictive custody level an inmate can be assigned and are housed in a single cell unit of the facility. Movement outside of the designated closed custody area requires restraints and a facility lock down. Closed custody inmates were not included in this study, as access to those inmates was not readily accessible. Working with

the correctional population allowed diversity within the sample. The diversity is present based on various educational levels, ethnicities, marital statuses, and prenatal and postpartum status.

Prior experiences with pregnancy were covered, as each participant's gravidity and parity statuses were considered. Gravidity refers to the number of times a woman has been pregnant, whereas parity refers to how many pregnancies were carried to viable term and ended in birth (Clarke et al., 2010). A criterion-based purposive sample also referred to, as judgmental or selective sampling was used for this research study. Merriam (2009) suggests criterion sampling for qualitative research, as this "provides researchers the opportunity to gain the most insight, as they are using a sample that can provide accounts based on actual experience with the phenomenon" (p. 77). In purposive sampling, researchers sample based on characteristics of the population and the purpose of the study. The following criterion was utilized for participant selection or inclusion criteria:

- Inmates who are currently pregnant or
- Up to one year postpartum and delivered under Alabama Department of Corrections custody

Sampling based on the chosen criteria yielded participants who described the experience of preparing for delivery, the birth process, and coping after the separation. Pregnant inmates had confirmed pregnancies based on medical records with the healthcare staff and were within various gestational stages. Participants who were in the postpartum stages were up to eight months postpartum and had delivered under correctional custody and returned immediately to the facility after delivery.

Participant recruitment was done by posting fliers in approved areas of the facility and through face to face introductions with inmates who were currently involved in parenting classes offered at the facility level.

Data Collection and Procedures

The method of data collection for this research study was semi-structured interviews. Researchers prescribe to the semi-structured as the “go-to” technique for gathering data, as semi-structured interviews provide a conversational way for participants to share their narratives (Juneau, 2014; Moustakas, 1994). Semi-structured interviews are described as a “method of a variation of questions and prompts which draw participants into the study as they describe the essence of their experience” (Galletta, 2004, p. 45). Approval to conduct this study was obtained from the Auburn University Institutional Review Board (IRB), a copy of which is included as Appendix D at the conclusion of this paper. A research proposal was drafted according to the guidelines and procedures of the review board and approved. Participants were recruited by responding to hard copy posts around the facility, which highlighted the inclusion criteria, purpose of such a study, and information around informed consent including the ability to withdraw from this study and detailed confidentiality safeguards.

Interviews

Aligned with the constructivist theory, the interviews focused on descriptions of individualized constructs around the phenomenon (Erlandson, Harris, Skipper & Allen, 1993). The interviews needed to be interactive in order to yield as much dialogue as possible between the researcher and participants. Questions asked during the interviews focused on the experience of pregnancy and maternal-infant bonding through the participants’ eyes and perspective.

Descriptions of specific experiences were sought rather than general opinions or stances on the circumstances around being pregnant and in prison. Using the descriptions of the participants, the researcher was able to uncover specific concrete meanings, instead of general opinions (Brinkmann & Kvale, 2015). The interview structure was developed using a sequential framework, highlighting the essential questions related to the research study. The interview protocol used focused on the experience of pregnancy, bonding, delivery, and separation under the constraints of the correctional environment. As some of the participants were pregnant at the time of data collection, interview questions were modified to seek present descriptions of their experience of bonding and preparing for separation, while future-oriented perspectives on delivery and returning to the facility were sought. Interview questions were also modified for postpartum participants, whereas retrospective accounts were provided for the experience of bonding, preparation, delivery, and present descriptions were sought for experiences of return after delivery and coping with separation.

Data Analysis

The researcher moved through data analysis in sequential order as described by Colaizzi (1978). At the conclusion of each participant's audio recorded interview, the audio files were uploaded to a private computer where the interview data was transcribed to make it more manageable. Upon completion of the transcriptions the researcher began to engage in familiarization, by way of reading and rereading the transcripts to familiarize oneself with the raw data. Adhering to the guidelines of Colaizzi's (1978) analysis method, the researcher then reread the materials with a goal of identifying significant statements and formulating meanings. Even though participants' transcribed accounts were each treated as unique data sets, instances of data throughout the study that relayed information about the phenomena under study were

labeled with an initial code, before being clustered by similarities and differences. During the first phase of analysis, Codebook 1 (Appendix D) was developed as the researcher read through the data and began to apply unitized codes to transcripts every time a different description arose that was related to the phenomena. In the second phase of analysis unitized codes were collapsed into groups where participants often used similar descriptions, which led to emergent meanings or categories, with each emerging category containing significant statements made by participants. Data was then clustered with other like responses based on whether they fit and described certain emergent themes.

Credibility and Trustworthiness of the Data

Creswell (2013) states that researchers must strengthen the credibility and trustworthiness of studies in order to enhance the audience's confidence in the conclusions of the study. Methods utilized to attend to this included saturation, member checking, audit trail, and an external auditor. During the process towards data saturation, participants were recruited in a continuous fashion until there were no newfound themes. Participants were continuously recruited until data saturation was reached and a rich textual meaning of the participants' experience was documented. Data saturation was reached when the researcher included the eighth participant. To confirm the credibility of the information provided in the participant accounts, participants were provided with their transcriptions and given the opportunity to review them and provide feedback. To also strengthen the credibility of the study, a peer reviewer was asked to objectively review the research study. This external auditing process provided the researcher with an outside perspective, which enhanced the quality and richness of the study.

Results

The goal of this study was to explore the lived experiences of incarcerated women who are experiencing the process of motherhood under the constraints of a correctional system, while equipping the mothers with space and opportunity to have their voices heard. The research questions guided the phenomenological qualitative exploration of incarcerated women and how they experience the process of becoming a mother while living and operating within a correctional setting.

Descriptive phenomenological method was used to analyze the data of the eight participants in this study. Each participant completed two individual interviews, one semi structured interview (see Appendix A), and a debrief. Semi-structured interviews ranged in length as some participants provided longer descriptions than others, while all the debriefs were consistent ranging from 40 to 60 minutes. The debrief with individual participants occurred at the conclusion of the data analysis process to account for any new information added or modifications made during the thematic coding process. The overall time commitment for each participant ranged from 60–120 minutes.

Demographic Information

The participants of this research study consisted of eight incarcerated women who were pregnant or up to eight months postpartum. Five of the participants were pregnant, while the other three participants had already delivered their babies. The participants varied in age, ethnicity, parity, marital status, chosen baby placement, and remainder of sentence (See Table 1).

Table 1

Participant Demographics, Parity, Baby Placement, and Remainder of Prison Sentence

Pseudonym	Age	Marital Status	Ethnicity	Parity ¹	Prenatal/ Postpartum Status	Baby Placement ²	Remainder of Prison Sentence ³
Day Lily	32	Married	Caucasian	Multipara	Prenatal	Unknown	1 year, 3 months
Cosmo	21	Single	Caucasian	Primipara	Prenatal	Family	6 months
Camellia	27	Single	African American	Multipara	Postpartum	Family	2 years, 4 months
Azalea	28	Single	Caucasian	Multipara	Prenatal	Family	1 year, 1 month
Tulip	26	Single	Caucasian	Multipara	Postpartum	Agency	6 months
Rose	22	Single	Caucasian	Multipara	Prenatal	Self	Released after interview
Daisy	30	Single	Caucasian	Multipara	Prenatal	Family	7 months
Bluebell	26	Married	Caucasian	Primipara	Postpartum	Family	29 years, 6 months

¹ Classifying a woman by the number of live-born children she has delivered; Primipara represents one and multipara represents multiple.

² Chosen placement for baby; *Unknown* represents mothers who have not yet made that decision, *Family* represents a chosen member of kin, *Agency* represents a reunification/residential facility, *Self* represents mothers who maintained custody and care.

³ Represents participants minimum release date; Not actual representative of good time, parole consideration, etc.

Participants ranged in age from 19 to 32 years, with a mean age of 27. One participant was African American (13%), and seven were Caucasian (87%). Of the eight participants, two participants were married (25%) and the remaining six identified as single (75%). The same break down applied for parity status as six participants disclosed multipara status (75%) and two disclosed primipara status (25%). Participants' choices ranged in regards to choosing a placement for their baby until they were released from custody. Five participants chose a family

member to care for the baby (63%), one participant had yet to make her decision at the time of data collection (13%), one participant chose to place her baby in the care of a reunification agency (13%), where her baby is housed and cared for until she is released and can resume custody, and one participant was released after the interview process and had not delivered yet (13%). Participants' time left to serve on their sentences ranged from six months to over 24 years.

Data on the remainder of the prison sentence was pulled from the Department of Corrections; however, remainder of prison sentence is considered to be a participant's minimum release date and does not account for any transferring of time and parole considerations and timing.

Themes

Thematic Concept 1: It's More Detached Than It Should Be

The feeling of detachment was evident for some participants as they chose not to engage in the process of bonding. Participants who spoke of detachment and a lack of closeness disclosed that their babies were important to them, however they could not risk experiencing severe emotional disturbance. The perceived distress that seemed to occur post-delivery and separation was looming for some mothers, which led to their decision to simply not connect and bond. When one postpartum mother was asked to describe the relationship she had with her baby prior to birth, she responded with:

My relationship was distant. I really don't like to think about it because I can't be there physically. And that makes my time go by slow. Just by thinking about it or, you know. Makes the time harder than what it is. Like they say, you can let your time do hell, in that situation, your time will do you. (Camellia)

Another prenatal participant answered the same question in a similar fashion, disclosing that detachment for her is good:

It's more detached than it should be. We don't get to fix rooms and stuff like that. It's, I mean, a nursery, and it's ... You don't get to go through all the little things that you would on the street. And then you don't know what's going to happen after your baby's born, when you're going to see him, if you're going to see him and things like that. I can't speak for the other girls, but for me the detachment's good, because maybe that's going to keep me from having a breakdown later. (Day Lily)

When asked what she had done to bond with the baby prior to delivery she revealed that she opted out of that process.

Nothing for real. This pregnancy was different. I was very distant. I didn't do nothing that I used to do with my other pregnancies. Talk to them, play with my stomach, watch my stomach move, love listening to music, I even read to (previous child's name). But with this one, I was very distant. I didn't do none of that. Like, I just went on my daily routine. (Camellia)

Thematic Concept 2: My Baby is the Only Thing that Matters

Oneness and connection was also an emerging theme as some participants described developing a close bond to their babies prior to delivery and separation. Participants who bonded with their babies prior to delivery described an emotional process of loving their babies and bonding despite incarceration and the impending separation. Some mothers in the study group loved being pregnant and connecting with their baby, even though incarceration presented the mothers with limitations. When asked to describe how her and the baby bonded day-to-day before delivery, one postpartum participant said she did all she could.

I did Everything. I talked to him, I sang to him, I wrote him letters. I've still got the letters. I took pictures in the county. My mom has them. (Tulip)

Tulip spoke of a very warm and genuine bond with her baby prior to delivery in spite of the limitations of her incarcerated setting. This intentionality was highlighted by many participants who were adamant about developing a bond prior to delivery and separation that they could foster throughout the remainder of their sentences, onto the day they were released. One postpartum participant added a unique layer to the data as her original daily bonding rituals were performed out in the free world, then modified due to limitations as she was the only participant who had spent most of her pregnancy not incarcerated, being arrested at eight and a half months pregnant.

I was out my whole pregnancy until I was eight-and-a-half-months pregnant. I stayed in the county a month and was brought here the same day they sentenced me. On the outside I would talk to him, sing to him, play music for him. Every morning the alarm clock would go off at 3:30 in the morning, and it's like he'd start moving around kicking because he knew Daddy was going to work. Now every morning I do the same thing, I wake up, pump milk for him (baby), then I go back and lay down while I wait for count so I can call home to my baby. I got a good relationship. I talk on the phone maybe like eight to 10 times a day. I see him every two weeks. He talks to me. When I was pregnant, I used to sing to him at night and I would talk to him. His dad would be on the phone, I'd have the phone up to my belly let him talk to him. But that's really all I could do being here rather than there. (Bluebell)

Another prenatal participant who shared a similar bond of attachment joyfully described her current relationship with her baby, disclosing how other women in the dorm are included in

the bonding process, speaking to the culture of prison and the forming of close relationships with other women.

He moves a lot, so I talk to him and people in the dorm sing to him all the time. When he kicks, I'll place my hand there and move him and stuff. (Rose)

Although there was variation in how the participants bonded and described their relationships with their babies prior to delivery, all of the participants described a deep maternal love for their babies with intentions to reconnect and remain connected once released at the end of their sentences.

Thematic Concept 3: Breastfeeding is My Only Contribution

The decision to breastfeed or bottle feed their baby was a decision that participants made based on various reasoning. Breastfeeding versus bottle feeding was an emerging thematic concept as this decision spoke to the mother's plan and efforts to remain connected with the baby. After learning of one participant's choice to breastfeed and realizing she was the only participant actively breastfeeding, the researcher asked Bluebell how she came to make that decision.

It makes me feel good because it's the only thing I can do for him. (Bluebell)

Bluebell saw breastfeeding as her only contribution to her baby due to the constraints and limitations of being incarcerated. As mentioned above in Category 1, Bluebell pumps regularly for her baby boy and has turned it into a daily ritual displaying her commitment to the process of nourishing and staying connected to her baby. With Bluebell being the only participant actively breastfeeding, she was the only participant who described her daily experience of breastfeeding, while other participant accounts were similar as they had mostly made plans to breastfeed. Bluebell described her experience of breastfeeding as relaxing and spiritual.

Thematic Concept 4: How Do You Prepare for Something Like This

The expectations and experience of separation for the research participants was cohesive as all the mothers described separation as being a really difficult process. Feelings of emptiness and void all characterized the process of preparing for separation for all the participants. Two mothers described a difficult battle saying:

I feel like the closer I get to him the harder it is for me. (Cosmo)

I don't think there's anything to do in here except for prepare yourself for the devastating loss you're fixing to go through. I mean, yeah, it's hard. And it's hard not to think of anything but that. (Day Lily)

We don't have that talk, well we don't have nobody to talk to to prepare you for this separation. (Camellia)

It's just something that you just can't prepare for. Not me. It may be to other people, but, no, not me. (Bluebell)

For participants, the battle starts before delivering as lack of activity leads to a lot of idle time, which seems to be characterized by constant thoughts about impending separation.

Camellia's response highlighted a major need for this population. When asked how she planned to cope after separation, another prenatal participant had no expectations in regard to experiencing separation, but gave insight on how she sees others coping.

It just seems like it don't bother them, but maybe they've had other kids that they've been separated from before, and I haven't. Because most of us had four and five kids and stuff like that. (Daisy)

Although the setting and circumstances lend participants an abundance of time to think about the impending separation, two participants had no plans for coping and even resorted to blocking thoughts related to the coming separation.

I have no idea. I don't cope good now because I'm so used to working and moving, you just got to be in the dorm. They lock the doors, like you're stuck in there and all you can do is watch TV or lie down and it's like, who doesn't nobody want to be stuck? I feel like being pregnant doesn't mean you can't file some papers or wipe some tables. To me that's not going to hurt you. (Azalea)

Thematic Concept 5: Visits are Complicated

Visitation is a major component of the prison culture and some participants described their positions on visitations post-separation as a means to discuss and describe how they remain in contact or plan to remain in continuous contact with their baby. Participant accounts varied as some participants embrace visits after separation and are looking forward to them, others are uninterested in this type of contact. When the researcher asked participants what contact they planned to have or currently had with their baby, some participants discussed their plans, but also disclosed information on how beneficial or harmful they feel the contact would be for them.

Neither Rose nor Daisy spoke of their positions on visitations post separation as both participants were focused and hopeful about being able to go home and deliver their babies, whereas Day Lily did not provide her position as she had not made plans regarding the placement and caretaking of her baby. One participant was excited and looking forward to visitations shortly after separation, whereas another participant looked forward to separations but not until the baby was a certain age.

My mom gonna bring him to see me, and when I get to call home and stuff. I'm looking forward to visitation if I could ever get my visitation list approved. (Cosmo)

I want him come to visitation but maybe not when he so little. Maybe when he gets older; I think three months. I feel like visits would make me feel good. (Azalea)

Tulip described visits post separation as good but not long enough, leaving the mother longing for more time to connect with the baby.

Unless you count when I had him, but after I left the hospital, it was only three visits. I had to miss one. The visits are good, but I wish they were longer. I mean, they're only three hours, but I mean, I can also understand why they're only three hours. I mean, we are in prison. We've got to do things their way. (Tulip)

Both Bluebell and Camellia provided unique layers to this emerging theme as both categorized visits as complicated, with one participant being completely uninterested in having visits since being separated, and one describing visits as tough but mandatory for her. Her reasoning behind engaging in visits was based on the opportunity being present whereas it was not for others, and the uncertainty of her case and the timing of her sentence.

I cry a lot, but they're good at first when I first see him and stuff. But when the time starts winding down... The end of the visits when I'm leaving is not good. It's bad. I seen him for the first time one month after I had him. There was more crying than anything at that time. I was overwhelmed. I was very overwhelmed because that's my baby. It's still unbelievable that that's mine. I can't leave with him. I don't know when I'm going home, so that's why I do visits. I think it'd be harder not seeing him even though it's hard seeing him. And I'm able and blessed enough to have visits and some people don't. (Bluebell)

Thematic Concept 6: I Haven't Had a Chance to Be a Mother

This thematic concept describes how postpartum participants experienced postpartum adjustment and the process for all participants with making plans for the placement of their babies. All the postpartum participants spoke of natural maternal desires to hold, feed, and change their babies; however, many felt they hadn't had the chance to freely act on these desires, while others waited for delivery and feared undergoing the same experience. Both the current experiences and expectations of the participants motivated them all to develop plans to reconnect and reestablish an attachment that would be unstrained. One participant described the separation as a precursor to the declining of her self-image as a mother.

It can make you feel like a failure to your kids, especially if you are a good mom or if you been in your kids life or you really are a hands on person with your children, it really could make you feel like a failure. It brings hatred out and it brings, it could bring the good or it could bring the bad, or it could be a pro or it could be a con. It could be both. I just feel like if we had a louder voice, things could go better.

(Camellia)

Camellia spoke of losing confidence in herself as a mother as result of the separation, but spoke of needing an outlet for the process to go smoother. Another participant expressed unhappiness with her circumstances and experience with separation as she reflected on her chosen placement for the baby and what effect the lack of attachment would have on the baby.

Thematic Concept 7: I Didn't Have Enough Time

The correctional system for which the researcher chose to study has a policy in place that allows incarcerated women to stay in the hospital with their babies for twenty-four hours before initiating separation. When asked to reflect on the immediate contact mothers had

after delivery, all three postpartum participants described feelings of wholeness and happiness, that was followed by immediate feelings of emptiness.

He was beautiful. He is the best thing that's ever happened to me. It was the hardest thing I ever had to do. I don't feel like he deserved to be here. If that makes sense. I didn't even get the full 24 hours, because he had to go to the NICU. I only got like six hours. They took him right when I had him and brought him... I had him at 4:59 in the morning, and then they gave him back to me at like 10:50 that morning. Then I had him for a few hours, and then they came back and took him at like 7:00 that night and put him in the NICU. He stayed in the NICU for a week. (Bluebell)

Another participant described the process of first seeing her baby as significant, but couldn't help but think of what was to follow, giving insight into a similar experience of not being able to spend the full twenty-four hours with her newborn.

I mean, I felt good, but I knew what was going to happen. So, I mean, it was like a bad/good. It was kind of bittersweet. I had 24 hours to stay there, after I gave birth. Well, the first four hours, he had to go into the well baby, and I got to keep him until I left after that. I was kind of pissed off, because you only get so much time with them, and then, I mean, you only get 24 hours with them, and four or five of my hours were taken up because he had to have something medical done, and I don't think that's right, but if you have a C-section, you get to stay there for 48 hours. (Tulip)

Thematic Concept 8: It's Best to Keep Busy

Although there was variation in the experiences of immediate contact post separation, all the participants spoke of coping whether they were waiting for delivery and impending separation, or whether they were already experiencing separation. Coping for all participants

involved one goal, to stay busy, with some expressing disdain in correctional policy that restricts the activity and movement of expecting mothers.

To cope just stay busy, that's your best bet. I tell anybody or any momma or any person who's coming here pregnant or want to have their baby incarcerated, it's nice and I feel like nobody understand unless you been in that situation. It's not easy at all. Yeah we got a class telling us how to deliver a baby and the breathing exercises and all that, but all that goes out the door from when you physically in labor for two when reality set in, you have to leave your baby and, because how it go is you have to, your baby, once you leave the prison, your baby is there at the hospital by his or her self, like, no family, no you, nobody. You have to leave your baby in the care of the nurses or the doctors or in the hospital. (Camellia)

I got classes all day. I try to keep myself busy and keep my mind focused. (Tulip)

Thematic Concept 9: On the Outside

Comparisons of outside interactions were captured in this research study as participants descriptions of outside appointments shined a light on their experience of receiving services in preparation for delivery. Expecting females are allowed to leave the correctional facility and go out into the community to attend appointments for ultrasounds and imaging services and the emergency room for delivery and in some cases emergency care. Participants described outside appointments as being a more relaxed and positive experience in comparison to receiving services in the facility.

When asked how she prepared for delivery one participant mentioned her outside ultrasound appointment and her experience with the medical staff.

Oh, she was so nice to me compared to prison. (Azalea)

They were so nice, they were so nice. That lady looked at me when she seen, cause he was head down but he was breached. And she was like ‘Ok this is what’s going on and this, that, and another. He’s gonna have to flip and gets head up so that he’s down head down the whole time. He’ll end up stretching out, he’s breached right now, but you are early enough to where he can get unbreached.’ He did a complete flip in the ultrasound, and she was like ‘I’ve never seen this before.’ (Rose)

Daisy spoke about her ultrasound appointment; however, she signified that incarcerated mothers are not allowed to take and keep the ultrasound picture, which holds symbolic meaning for the overall experience of pregnancy. Bluebell, Day Lily, Cosmo, Tulip all briefly described their experience with outside appointments as positive, where they are often treated with dignity and respect which seemed to be opposite of facility-based experiences.

Thematic Concept 10: It’s Different for Everybody

A consistent lack of continuity was expressed by all participants, with many citing this as the reason for such a difficult experience. Although all participants were under the same correctional system, adhering to and operating based on the same policies and procedures, many experiences drastically differed, including preparation for delivery, experience of going into labor, and preparation for separation. Participants often highlighted the lack of consistency, while comparing their experience to others. Camellia and Tulip both described their experience with going into labor, however their experiences were drastically differed as one was a smooth experience and the other was chaotic and painful. Camellia disclosed that her process of going into labor, receiving immediate medical attention and being transported for delivery, whereas Tulip experienced a battle with medical services and did not get the same level of attention and care.

Thematic Concept 11: I Have to Have a Better Life

All remaining participants described their future outlooks, with most participants speaking on personal changes they wanted to make to ensure a positive future for the mother-baby duo. The personal changes participants spoke of were mainly relatable to personal relationships and choices previously made that ended in incarceration.

As soon as I leave, our future will be fine because I'll be done with my probation, that's the only reason I'm here. It's my first time ever being in trouble. It was one pill that was my boyfriend's, but he's been killed since I've been here. (Daisy)

Daisy spoke of a severed relationship due to the death of her boyfriend, who was also the co-defendant in the case that landed her in prison. Other participants like Daisy spoke of severing relationships with both people and unhealthy habits on their path to a positive future.

I won't be here 'cause I don't plan on going home and smoking weed, because that's the only drug that I've ever done. I don't plan on going back to that, I don't plan on going back to the people I was around before I got here, the people who got me in trouble in 2015 when I got my charge. I don't plan on doing anything that's going to jeopardize me having to come back here, because I'll be on state probation for 2 years until I finish my 3- year sentence when I go home. I don't plan on ever coming back. (Rose)

The same seven participants all expressed desires to get their lives back on track and become independent again. The acquiring of means of income, housing and transportation for their babies was apparent in the grand scheme of wanting to have a better life.

Thematic Concept 12: I Just Want to Connect as One

This theme describes participant's plans to reconnect with their babies and either continue or establish a bond that would be lasting. All the participants in the research study perceived the separation to be temporary and planned to reunite after the completion of their sentences. Custody and parental rights was a theme as every single mother made a point to mention custody during their interviews. Although some participants had relinquished custody of their babies, the ending goal was to resume custodial rights. The mothers expressed emotional sentiments to reconnect and develop an attachment to their babies that was rooted in love and affection.

When I get out I just look forward to connecting as one. Then a lot of bonding time that I missed I want to make up. (Camellia)

He'll be at the gate with my mom waiting on me. I just wanna be there, one thing I look forward to doing is changing a diaper. (Cosmo)

I just look forward to being with my son, just reconnecting. (Tulip).

Azalea discussed her desires for reunification; however, she also spoke to the process she would undergo and the patience she was committed to having in establishing a bond with her baby and remaining clean and on the right path.

Well, I'm going to stay with my god-moms. But he's really only going to know her. He'll know me, but he won't know me as much as he knows her. So, I feel like when I get back to the house, I'll have to build that with him. Like trust and I know it's not gonna happen overnight where I can just go and get even, you know, so I feel like I'll probably stay there for a while and make sure I'm clean and doing right, before I just try and take off again. (Azalea)

Results Summary

The purpose of this study was to describe the nature and meaning of pregnancy and childbirth with a group of incarcerated prenatal and postpartum women. The researcher aimed to uncover the meaning within the experience of separation and reveal what strategies the women utilized to maintain closeness and attachment. This chapter describes the findings in the forms of emergent themes and categories and each attend to the research questions used to guide the study. The accounts of the participants through their own voice and reason explains their experience of attachment, separation, and goals of being reunified with their babies after they are released from the correctional system. Discovering the impact and effect incarceration has upon pregnancy and maternal-infant bonding through individuals who actually experienced it, enhances the body of knowledge on correctional healthcare, correctional policy, and correctional counseling. From the research findings, specific services, protocols, and procedures could be modified and implemented to improve the care of this specialized population.

Discussion

The purpose of this research study was to develop an understanding of how incarcerated women experienced pregnancy, childbirth, and separation from their children post-delivery. Needs and concerns expressed by participating mothers are relatable to the research covered in the literature review. The four essential categories derived from this study were the following: (a) Sense of Oneness, (b) Ties after Separation, (c) Incarceration Changes Pregnancy, and (d) A Better Life.

Sense of Oneness

This theme emerged as participants described their meaning of bonding and closeness to the baby prior to delivery. Most of the participants expressed bonds that were warm and loving,

although participants also alluded to bonding being a sometimes difficult and intentional process. Prior to delivery most participants actively engaged in bonding activities including talking, singing, and interacting physically with their growing babies. Just as Klaus and Kennell (1983) stated, the experience of maternal-infant bonding for the participants was not sequential, uniform, nor did it perfectly mirror the experience for other participants. Maternal-infant bonding for some meant developing a relationship with the baby through recurring conversations and letting their baby listen to music, while others saw the bonding process as uneasy and too risky. Participants who opted out of bonding with their babies prior to delivery disclosed fears of emotional issues had they engaged in bonding. One participant expressed a deep fear of experiencing postpartum depression as a result of the constraints of the separation, so as a means of protection the participant refrained from engaging in maternal-infant bonding, including talking, singing, physical interactions, and opted out of the option to breastfeed her baby.

Ties after Separation

This emerging theme was revealed as participants discussed how they decided who would care for their baby, what coping strategies the mothers employed to deal with separation, and what efforts they employed to maintain attachment until they are released. Separation was the overall theme of the study as this occurrence seemed to be on the forefront of all the participants' minds. Postpartum participants who struggled to cope with separation maintained contact with their babies; however, the experience of contact was different for participants. One participant hadn't missed a visit since she gave birth to her baby, whereas one hadn't seen her baby since she delivered and opted to keep it that way until she felt she was ready. Not all participants participated in visits and not all participants opted to receive pictures of their babies; however, there was consistency across the postpartum participants in their experience with

calling home and talking to their babies and loved ones about their babies. Participants expressed that they prepared the best they could within limitations of their circumstances. The decision to breastfeed or bottle feed was described as the process of deciding to remain attached to the baby and provide nourishment or go an alternate route. Participants who decided not to breastfeed disclosed their decision was made based on how distant they were prior to delivery.

Incarceration Changes Pregnancy

This theme emerged as participants described how the restrictive nature of incarceration modified the dynamics of their experience of pregnancy. Most participants described a common desire to spend more time with their babies, as the policies of the correctional system limited the immediate contact mothers had with their babies, post-delivery. The separation experienced by participants surrounded the twenty-four-hour immediate contact policy, where participants bonded on time constraints, some feeling as though they were robbed of precious hours due to medical procedures and operations. A noticed commonality across the study group was this disdain where all mothers either felt they hadn't been given enough time, or weren't going to be given enough time when their time for delivery and separation came. As mentioned in Chapter 1, Klaus and Kennell (1976) stated that connection between mother and baby would occur naturally, unless the process is impeded on by physical separation at birth or an emotional connection, which also emerged in the study data. Some participants described a void and emptiness that replaced the feelings of warmth and fulfillment they experienced prior to delivery and separation, and attributed this transition in emotions to being separated so soon from their babies. A commonality across the study group was the urge to stay busy and focused throughout the facility in order to refrain from dwelling in the emotional toll of separation.

A Better Life

The last theme emerged as participants held the belief that their experienced separation would be temporary. Thematic concepts emerged that revealed what plans participants had to reconnect to their babies and what changes they wanted to make in themselves in hopes of a positive future. Re-establishing one's life seemed to be the theme when looking towards their future post-release. Most participants spoke of having lost a lot when they entered the justice system, some mentioning the need to get secure adequate housing and transportation, something participants spoke of having before incarceration. Resuming independence was critical to most participants as they shared how important being able to provide for themselves would be in their quest to reconnect with their babies. Securing employment and becoming financially responsible was the goal of participants, whereas some participants planned to focus on newfound motherhood and journey with sobriety.

Limitations of Study

In this qualitative study, the primary researcher served as the primary instrument for data collection (Creswell, 2014; Hays & Sigh, 2012). As Moustakas (1994) stated, it is imperative that the researcher writes about their experiences along with the contexts that have influenced their experiences. To remain self-aware at times of the research study, an audit trail was documented during each step of the research process. An external auditor was included in the data analysis phase of the research to confirm and provide feedback on the emerging themes found in the data. Lastly the researcher engaged in member checking where narrative data was provided to participants allowing them to ensure their narratives were representative of their voice and perspective related to the phenomenon, with one participant being released and unable to participate in that phase.

The selection of participants for this research study was limited to one facility as the researcher was only given access to state facilities not county facilities, whereas there is only one state facility which houses expecting inmates. The research sample only applied to one population at one singular site. The research study was only conducted in one state using only one state correctional facility. Due to these limitations the sampling of participants was restrictive and not representative of the population. Another limitation to the study was the lack of diversity in racial representation as seven of the research participants were Caucasian and one was African American.

Implications for Prison Policies

There is great need for an overseeing standard of care that would apply to incarcerated women and their healthcare needs, with special attention given to incarcerated women who are expecting. In addition to adequate general and gynecological care, the policy should focus on successful interventions that can be employed to ensure a successful reunification between mothers and their babies. Visitation and contact policies that are inconvenient or lend no time for bonding and attachment contribute to the difficult and emotional experience of separation for postpartum mothers. Consequently, correctional policies should be implemented that allow mothers to spend more time with their babies post-delivery and the correctional system should give thought to a maternal nursery program where mothers could possibly be housed with their babies, considering certain guidelines are met.

A more standardized approach should be taken as the system attends to the postpartum needs of incarcerated women. With a recurring unique population entering the correctional system, there is a need for specialized programming which attends to the direct challenges and needs of prenatal and postpartum incarcerated women. Previous studies

show that successful programs that foster the nurturing bond between a mother and her baby ultimately benefit both the mother and the baby (Schroeder & Bell, 2005; Staley, 2002). A treatment team approach should be used when providing prenatal care to incarcerated women, where obstetricians and medical staff are always on site or available through telehealth communication similar to those used by the facility's mental health department.

The doulas provide great support during the labor and delivery experience; however, delivering mothers should be allowed family visitation so that they have the opportunity to share the birth story and experience with someone familiar, a loved one. Post-delivery mothers should be housed longer at the hospital as a means to allow viable time for the mother and baby to spend time with one another and allow the mother to engage in those initial bonding moments. Extending the twenty-four-hour time limit would allow mothers to hold and nurture their babies longer than a day, which could ultimately motivate mothers to establish a bond, breastfeed, and learn how to properly care for their newborn as they prepare for separation but impending reunification.

Modifications should be made to the current parenting program to include content and activities of actual physical interaction between the mother and child while the mother completes her sentence. Thompson and Harm (2000) suggests implementing standardized programming with a fifteen-week longevity period that's designed to enhance mother and child interactions.

Modifications should also be made to the six month hold policy, where the process of clearing out of the medical dorm should be individualized. Per Alabama Department of Corrections policy, women are placed on a no-movement hold for six months. During this hold, the women are not allowed to be housed anywhere other than the medical dorm and they are not able to leave the facility even if their custody and or timing warrants them this

opportunity. If the process is individualized, medical and social service providers would meet with the women and evaluate their readiness for transition on an individual basis. The same care team mentioned earlier should be tasked with meeting regularly to discuss the postpartum mother's care and her progression towards clearance, with the final decision coming from the obstetrician.

Implications for Counselor Education

As themes emerged in the data surrounding the mental health needs of both prenatal and postpartum incarcerated women, specialized attention must be given to the preparation of correctional counselors. Incarcerated individuals have specialized needs in terms of mental health and wellness. Skilled clinicians should have a high level of multicultural and social justice competence before engaging in correctional counseling. The domains that reflect the different layers that lead to multicultural and social justice competence are counselor self-awareness, client worldview, counseling relationship, and knowledge surrounding effective counseling and advocacy interventions (Ratts, Singh, Nassar, Butler, & McCullough, 2016). In order to provide effective counseling to incarcerated individuals, mental health providers must be equipped with the proper training and be knowledgeable around ethical guidelines. At no time should a counselor impose their values on a client, however in the correctional setting this behavior is risky as incarcerated clients are often vulnerable. The ethical guidelines that drive the counseling profession speak of refraining from imposing values on clients, making multicultural and diversity considerations, and receiving adequate training in specialty areas of practice (American Counseling Association, 2014).

Recommendations for Future Research

More research on the experiences of pregnant and postpartum incarcerated women is needed. Since this study had a limitation of facility access, with only one site being used, there

would be benefit to extending this study to the inclusion of expecting mothers in county correctional facilities. This expanded study would also offer the researcher the opportunity to grasp a more diverse sample of research participants in regards to racial representation. Another benefit to an extended study would be the opportunity to modify recruitment procedures in hopes to reach more possible research participants. One final recommendation for future research is the completion of a mixed methods study on the same population of prenatal and postpartum women. Researchers could utilize quantitative instruments that are grounded in theories on maternal-infant bonding and the psychological effects of early separation post-delivery. Qualitative methods could be employed by conducting document analysis where the women journal their experience day to day. Quantitative data on the severity of impact and qualitative data on the experience through the words of the participants could be used to better describe the overall experience.

Conclusion

This study provided the lived experiences of eight prenatal and postpartum women who were incarcerated in a state correctional facility. The stories and perspectives expressed throughout this study provide insight on the shared lived experience of pregnancy, bonding, separation, and incarceration simultaneously. The themes highlight the difficulties, desires, and needs of the participants in their journey toward reconnection and reunification with their babies. The findings of this study reveal there is work to be done in the policy and operational procedures area of the studied correctional system. The limitations of this study as well as the lack of research available covering maternal-infant bonding and separation for incarcerated women indicates that further research is needed to address the specialized challenges of the chosen population. This phenomenological study on the lived experiences of eight prenatal and

postpartum incarcerated women has added to the literature and provided modifications and suggestions for programming and protocols. The overall outcome of the study suggests that incarcerated mothers who are currently pregnant or within postpartum stages have unique needs that are directly related to the experience of incarceration and pregnancy, incarceration post-delivery and separation, and goal planning for successful reunification with families.

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APPENDIX A

Interview Guide

Prenatal Interview Questions

1. How are you doing today?
2. When did you find out you were pregnant, before or after arrival to the facility?
 - a. Describe the experience of finding out before your arrival to the facility?
 - b. Describe the experience of finding out after arriving at the facility?
3. How would you describe your relationship with your baby?
4. Describe how you bond with your baby day to day?
5. How has being in prison affected how you feel about bonding with your baby?
6. Describe how you have been preparing for delivery?
7. Describe how you have been preparing for the coming separation?
8. How do you expect the process of delivering your baby to go?
9. After returning to the facility how do you expect to cope with the separation?
10. Tell me about the future you see for you and your baby?

Postpartum Interview Questions

1. How are you doing today?
2. When did you find out you were pregnant, before or after arrival to the facility?
 - a. Describe the experience of finding out before your arrival to the facility?
 - b. Describe the experience of finding out after arriving at the facility?
3. How would you describe your relationship with your baby?
4. Describe how you bond with your baby day to day?
5. How has being in prison affected how you feel about bonding with your baby?
6. Describe how you prepared for delivery?
7. Describe how you prepared for the coming separation?
8. How would you describe the process of delivering your baby?
9. After returning to the facility how did you cope with the separation?
10. Tell me about the future you see for you and your baby?

APPENDIX B

Informed Consent Document



(NOTE: DO NOT SIGN THIS DOCUMENT UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)

**INFORMED CONSENT
for a Research Study entitled**

“An Intentional Love: How incarcerated women experience maternal-infant bonding”

You have been asked to participate in a research study to understand how women in prison experience pregnancy, child birth, and separation from their children. The study is being done by Leslie Wofford, under the direction of Dr. Chippewa Thomas in the Auburn University. You were selected as a possible person to join because you are self-identifying as being currently pregnant or up to 8 months postpartum, having delivered while in prison.

What will happen if you participate? If you participate in this research study, you will be, without being forced, self-identifying as currently being pregnant or up to 8 months postpartum having delivered while under ADOC custody, asked to complete an individual interview and asked to complete an individual debrief session. Your total time frame will be an estimated 2 hours.

Are there any risks or discomforts? If you choose to be part of this study, there may be emotional or psychological discomfort. Participants who experience these issues will be referred to counseling at the facility. Coercion is also possible. The researcher will avoid coercion by not be serving as a counselor for participants who choose to be a part of this study. Joining this study is not required and you may stop at any time during the study. You will not directly benefit from this study. Also, the researcher is required to share confidential information if you report plans to harm yourself or anyone else or if you share information about abuse that involves a minor, elderly individual, or persons with disabilities. Under no circumstance would participants' interview recordings nor transcriptions be heard or handled by any individual other than Leslie Wofford, the principal investigator.

Are there any benefits to yourself or others? There will be no direct benefit from joining the study, but the start of new protocols will benefit everyone, if the Department of Corrections uses the study to adjust needs and protocols.

Will you receive compensation for joining? There will be no compensation provided for joining the study.

Are there any costs? If you join, you will not pay any costs.

If you change your mind about participating, you can withdraw at any time during the study. Your joining the study is not required. If you withdraw, your data can be withdrawn as long as it is identifiable. Participants who would like to withdraw their participation can decide not to complete the interview at the time of data collection or during the debrief process where participants can also request that data provided during the course of the research study be removed. Whether you join or decide not to join, you will not harm your future relations with Auburn University or Leslie Wofford, the main researcher.

Your privacy will be protected. Any information you give during the study will remain confidential. Data and information collected will be kept on the campus of Auburn University under lock and key. Information gathered through your participation may be used to complete an educational activity, printed in a professional journal, presented at professional meetings.

Participant Initial _____



APPENDIX C

ALDOC Approval to Conduct Research Communication



KAY IVEY
GOVERNOR
DEIDRA WRIGHT
WARDEN III

State of Alabama Alabama Department of Corrections

Julia Tutwiler Prison for Women
8966 U.S. Highway 231
Wetumpka, Alabama 36092



JEFFERSON S. DUNN
COMMISSIONER
LAGRETA MCCLAIN
WARDEN I

October 23, 2018

Auburn University Institutional Review Board
c/o Office of Research Compliance
115 Ramsay Hall
Auburn, AL 36849

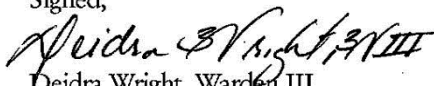
Please note that Ms. Leslie Wofford, AU Graduate Student, has the permission of the Alabama Department of Corrections to conduct research at Julia Tutwiler Prison for Women for her study, "An Intentional Love: How incarcerated mothers experience maternal-infant bonding."

Ms. Wofford will recruit inmates by approaching them as they transition into the medical dorm and by way of approved postings and flyers in approved locations. Inmates will be introduced to and given information about the study, which will include the purpose and objective of the research study as well as information about the informed consent process. Consenting participants will complete and return the informed consent documents to the researcher; which will be retained in a sealed envelope. The researcher's plan is to interview individual consenting participants about their experience of pregnancy during incarceration. Interview data will be digitally recorded, transcribed, and categorized into themes in order to better describe the experience of pregnancy and incarceration. Our research department has provided Leslie Wofford with de-identified demographic data about the overall prison population and the social work department will provide de-identified information about potential subjects to include in the research study. Ms. Wofford's on-site research activities will be by June 28, 2019.

Ms. Wofford has agreed not to enter any unauthorized areas of our buildings or restrooms or interfere with the normal daily flow of activities. Inmates will be allowed time from their duties to complete the interviews and debriefs. Ms. Wofford has also agreed to provide to my office a copy of the Auburn University IRB-approved, stamped consent document before she begins participant recruitment on campus. Ms. Wofford will also provide a copy of a post-study report that will include the same aggregated data that is to be published in the final dissertation.

If there are any questions, please contact my office.

Signed,


Deidra Wright, Warden III
Tutwiler Prison for Women

Telephone (334) 567-4369

Fax (334) 514-6576