**Resolution to Increase Access to Comprehensive Reproductive Health Care Services for Incarcerated Women**

WHEREAS prisons and jails are sites of reproductive injustice[[1]](#footnote-1), violence[[2]](#footnote-2), and torture[[3]](#footnote-3), and

WHEREAS reproductive health care offered in correctional settings is often lacking, inadequate, and/or inappropriate[[4]](#footnote-4), and

WHEREAS the number of women in prison or jails has tripled in the past decade[[5]](#footnote-5), there are now over 1 million women incarcerated, under parole, or on probation, and women are the fastest growing incarcerated population[[6]](#footnote-6), and

WHEREAS the majority of incarcerated women are of reproductive age[[7]](#footnote-7), and

WHEREAS black women are incarcerated at nearly 3 times the rate of white women and Hispanic women are incarcerated at 1.6 times the rate of white women[[8]](#footnote-8); groups that already have worse health and access to health care as compared to their white counterparts, and

WHEREAS approximately 5-6% of women entering correctional facilities are pregnant when they do so[[9]](#footnote-9)[[10]](#endnote-1), and

WHEREAS incarcerated women usually have had less and worse access to medical care in the community; incarceration can be an opportunity to provide comprehensive reproductive health to those who desire it[[11]](#footnote-10), and

WHEREAS contraception and other reproductive health care services are not being routinely provided, but it is possible to do so[[12]](#footnote-11), and some women are open to receiving it during incarceration[[13]](#footnote-12), and

WHEREAS access to a proper prenatal diet, fresh air, exercise, sanitary conditions, and appropriate work assignments all impact a woman’s ability to care for herself and her pregnancy[[14]](#footnote-13), and

WHEREAS incarcerated women are often given little, none, or inappropriate prenatal care and nutrition[[15]](#footnote-14), and

WHEREAS many women who are pregnant during the time of incarceration are shackled during transport, labor, and delivery, and only 18 states have specific laws against the practice of shackling[[16]](#footnote-15), and

WHEREAS the American Committee of Obstetricians and Gynecologists has stated that medical care for incarcerated women and adolescents should be no different from care for women and adolescent females who are not incarcerated, though increased attention should be given to comorbidities[[17]](#endnote-2) and increased risk of mental illness[[18]](#footnote-16), and

WHEREAS standards of care have been created by the National Commission on Correctional Health Care (NCCHC)[[19]](#footnote-17) and the American Public Health Association (APHA)[[20]](#footnote-18) but there is no mandatory accreditation[[21]](#footnote-19), and no means to enforce use of these standards, and thus no regulation of care, and

WHEREAS the National Commission on Correctional Health Care recommends that all women entering facilities should be offered a screening for gynecological issues or infections, an pelvic examination and pap smear, substance withdrawal management, contraception, and if pregnant, counseling on her full options to carry to term, elect adoption, or elect abortion, and

RESOLVED that the New York State Academy of Family Physicians advocate that the standards and recommendations created by the National Commission on Correctional Health Care on health care for women in jails, prisons, and juvenile detention and confinement facilities be honored in New York State and be it further,

RESOLVED that the NYSAFP’s delegates to the AAFP Congress of Delegates present a resolution to the AAFP to support comprehensive and appropriate reproductive health care to incarcerated women.

1. Carolyn Sufrin, Alexa Kolbi-Molinas, and Rachel Roth, “Reproductive Justice, Health Disparities And Incarcerated Women in the United States,” *Perspectives on Sexual and Reproductive Health* 47, no. 4 (December 2015): 213–19, doi:10.1363/47e3115. [↑](#footnote-ref-1)
2. “Caught in the Net: The Impact of Drug Policies on Women and Families,” *American Civil Liberties Union*, accessed March 1, 2016, https://www.aclu.org/caught-net-impact-drug-policies-women-and-families. [↑](#footnote-ref-2)
3. “The Shackling of Pregnant Women & Girls in U.S. Prisons, Jails & Youth Detention Centers,” *American Civil Liberties Union*, accessed March 1, 2016, https://www.aclu.org/files/assets/anti-shackling\_briefing\_paper\_stand\_alone.pdf [↑](#footnote-ref-3)
4. Angela Y. Davis and Cassandra Shaylor, “Race, Gender, and the Prison Industrial Complex: California and Beyond,” *Meridians* 2, no. 1 (2001): 1–25. [↑](#footnote-ref-4)
5. Lauren E. Glaze, Danielle Kaeble, “Correctional Population in the United States, 2013,” *Bureau of Justice Statistics Bulletin* (December 2014). Accessed March 1,2016, http://www.bjs.gov/content/pub/pdf/cpus13.pdf [↑](#footnote-ref-5)
6. “Caught in the Net.” [↑](#footnote-ref-6)
7. “Committee Opinion No. 535: Reproductive Health Care for Incarcerated Women and Adolescent Females,” *Obstetrics & Gynecology*, August 2012, 425–29, doi:10.1097/AOG.0b013e318268052d. [↑](#footnote-ref-7)
8. “Incarcerated Women Fact Sheet, ” *The Sentencing Project* (September 2012). Accessed March 1, 2016, http://www.sentencingproject.org/doc/publications/cc\_Incarcerated\_Women\_Factsheet\_Sep24sp.pdf [↑](#footnote-ref-8)
9. Ginette G. Ferszt and Jennifer G. Clarke, “Health Care of Pregnant Women in U.S. State Prisons,” *Journal of Health Care for the Poor and Underserved* 23, no. 2 (2012): 557–69, doi:10.1353/hpu.2012.0048. [↑](#footnote-ref-9)
10. The number of women entering prison or jail while pregnant is actually higher because not all women are tested for pregnancy and/or not aware that they are pregnant [↑](#endnote-ref-1)
11. Dana Schonberg et al., “What Women Want: A Qualitative Study of Contraception in Jail,” *American Journal of Public Health* 105, no. 11 (September 17, 2015): 2269–74, doi:10.2105/AJPH.2015.302765. [↑](#footnote-ref-10)
12. Carolyn B. Sufrin, Mitchell D. Creinin, and Judy C. Chang, “Contraception Services for Incarcerated Women: A National Survey of Correctional Health Providers,” *Contraception* 80, no. 6 (December 2009): 561–65, doi:10.1016/j.contraception.2009.05.126. [↑](#footnote-ref-11)
13. Dana Schonberg et al., “What Women Want: A Qualitative Study of Contraception in Jail,” *American Journal of Public Health* 105, no. 11 (September 17, 2015): 2269–74, doi:10.2105/AJPH.2015.302765. [↑](#footnote-ref-12)
14. Ferszt and Clarke, “Health Care of Pregnant Women in U.S. State Prisons.” [↑](#footnote-ref-13)
15. Davis and Shaylor, “Race, Gender, and the Prison Industrial Complex.” [↑](#footnote-ref-14)
16. “The Shackling of Pregnant Women & Girls in U.S. Prisons, Jails & Youth Detention Centers,” *American Civil Liberties Union*, accessed March 1, 2016, https://www.aclu.org/files/assets/anti-shackling\_briefing\_paper\_stand\_alone.pdf [↑](#footnote-ref-15)
17. lack of prenatal care, poor nutrition, domestic violence, drug and alcohol use, higher STI rates, HIV, Hepatitis C, human papillomavirus, homelessness, and physical and/or sexual abuse [↑](#endnote-ref-2)
18. “Committee Opinion No. 535: Reproductive Health Care for Incarcerated Women and Adolescent Females,” *Obstetrics & Gynecology*, August 2012, 425–29, doi:10.1097/AOG.0b013e318268052d. [↑](#footnote-ref-16)
19. “Women’s Health Care in Correctional Settings | National Commission on Correctional Health Care,” accessed March 1, 2016, http://www.ncchc.org/women%E2%80%99s-health-care. [↑](#footnote-ref-17)
20. “Correctional Health Care Standards and Accreditation,” accessed March 1, 2016, http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/02/12/07/correctional-health-care-standards-and-accreditation. [↑](#footnote-ref-18)
21. Ferszt and Clarke, “Health Care of Pregnant Women in U.S. State Prisons.” [↑](#footnote-ref-19)