

Integrated Perinatal Care in Carceral Settings With Trauma-Informed Doulas:

A Literature Review

Vivian Marana-Manchess

Cummings Graduate Institute for Behavioral Health Studies

DBH 9021: Women's Health

Dr. Cara English

September 10, 2022

Integrated Perinatal Care in Carceral Settings With Trauma-Informed Doulas: A Literature Review

Women represent the quickest growing sector of the incarcerated population in the United States, with female prisoners increasing from 218,000 to 1.8 million-plus in 2019 (American College of Obstetricians and Gynecologists, & Committee on Health Care for Underserved Women, 2021). Most female prisoners are of reproductive age. Pregnant and incarcerated women are among the marginalized populations that suffer health inequities. There are healthcare guidelines for prisons. However, they are not consistently implemented (Kelsey et al., 2017). The situation is not exclusive to the United States, as Alirezaei et al. (2020) pointed out. The authors reviewed international guidelines and identified several gaps, including prenatal care, fetal health assessment, and the prison environment. Frogge (2019) explored supportive services for imprisoned pregnant women, including doula programs. Doulas provide the emotional support these prisoners lack, especially those without family contact. This literature review will explore how integrated perinatal health can improve maternal and infant health in pregnant and incarcerated women with the assistance of trauma-informed doulas.

Alirezaei et al. (2020) completed a narrative review of studies from May 2010 to January 2019 related to guidelines for care services for incarcerated women using the following databases: PubMed, Google Scholar, Cochrane Library, Science Direct, SID, and Magiran. Documents on nonpregnant women were excluded. The guidelines were broken down into the four categories of health care, safety and security, education and counseling, and miscellaneous issues. Doula classes fall under the education and counseling category. The authors noted the effect of a stressful environment on labor and the mother-baby relationship. The authors also reported that studies indicated positive reception to health promotion training among the

prisoners. Educational counseling is recommended to include the role of a doula. This review supports the importance of trauma-informed doula services in reducing health inequity in incarcerated women and improving maternal and infant health.

A systematic review by Alirezai et al. (2022) used the databases of the Cochran Library EMBASE, PsycINFO, PubMed, Web of Science, and Scopus, to study the needs and expectations of pregnant and incarcerated women. The authors identified prisoners' needs, including perinatal health care needs, counseling, education, and support. Documents show the specific psychosocial needs of prisoners. Some prisoners were subjected to aggression (physical, psychological, or verbal) while imprisoned or while giving birth. Most needed support due to a lack of relationships (family or social). Supportive services are provided by doulas, social workers, and government agencies. The study's results could inform the creation of policies and programs that cater to the population's needs. This study supports the use of trauma-informed doulas in achieving better maternal and infant health outcomes.

Using the Cochrane database, Bohren et al. (2017) concluded a review of randomized controlled trials on continuous support during labor. Quasi-randomized studies and those with cross-over designs were excluded. The authors found that steady support in delivery may result in better outcomes for both mother and infant. Continuous support from a person who is present solely to provide support, for example, a doula, is beneficial. Benefits include spontaneous vaginal birth, reduced pain medication use, reduced cesarean delivery, shorter labor, and a decrease in postpartum depression. Infants are less likely to have a low Apgar score. This review supports the necessity for trauma-informed doula care in reducing maternal and infant morbidity and mortality.

Mosley and Lanning (2020) completed a narrative review of peer-reviewed and gray literature on trauma-informed care. Doula training and guidelines on trauma-informed doula care in perinatal and maternity settings were included. The authors demonstrated that trauma-informed doulas could potentially reduce the effects on both parent and child, thereby interrupting the intergenerational cycle of trauma. Trauma-informed doula care using the tiered approach was discussed, and resources for doulas and others interested in reproductive health care were provided. This study supports the benefits of implementing trauma-informed doula care resulting in better health outcomes for mothers and infants.

A study by O'Rourke et al. (2022) discussed the effect of perinatal care on a woman's health and well-being and the role relational care with continuity play. The authors examined the theory that supports enhanced confidence in women by being with them, increasing their awareness of their strength and value, and applauding their maternal role. A mixed methods data collection included realist interviews, doulas in focus groups, and routinely collected participant data. The authors showed that a supportive doula increases a woman's confidence in the short-term, with more robust psychological well-being in the long run, or not at all. This study supports the positive impact of a trauma-informed doula on maternal well-being and, consequently, infant health.

Shlafer et al. (2021) utilized electronic health records (EHRs) devoid of identification to study maternal and neonatal birth outcomes in imprisoned women. A comparison between enhanced pregnancy support that included one-on-one doula services and prenatal education in a group setting and standard prenatal care with a historical control group was carried out using regression models. Results of the study indicate no difference in outcomes between imprisoned women with and without the support received. The authors attribute the effect to the small

sample size from only one prison and recommend further research. The authors hope that with the increase in states improving pregnancy services for prisoners, such as doula services, data integration will enable assessment of the impact on the health of mothers and babies. This study supports the doula's potential role in public health maternal and infant initiatives.

This literature review attempted to answer the PICO question: “in pregnant women who are incarcerated, how does integrated perinatal care using trauma-informed doulas compared to compartmentalized or no care affect maternal and infant health.” Results of the studies by Alirezaei et al. (2020), Alirezaei et al. (2022), Bohren et al. (2017), Mosley and Lanning (2020), and O'Rourke et al. (2022) are evidence of the benefits of trauma-informed doula services in pregnant and incarcerated women. Despite limitations, the study by Schlafer et al. (2021) demonstrates the impact of trauma-informed doula services on public health initiatives that will potentially result in better health outcomes for both mother and infant.

Integrated care means taking care of the whole person (Zonneveld, 2018). It means integrating primary health care and mental health care. Mental health care is usually not addressed appropriately by the medical provider in a primary health care setting for various reasons, including time restrictions. An integrated primary care setting will have a behavioral health consultant to address the patient's mental health needs that would otherwise not be addressed adequately. The behavioral health consultant, such as the Doctor of Behavioral Health, has the time and the training to integrate health care services for the patient by coordinating services and collaborating with other members of the patient's health care team to treat the patient holistically (Gavalda-Espelta, 2020). Currently, this is not the case in the prison system. Pregnant and incarcerated women are a vulnerable population repeatedly exposed to trauma. Pregnancy is fraught with significant trauma, both physical and emotional. Doulas, when

available, present the only perinatal support the pregnant prisoner has. The participation of a behavioral health consultant who is also a trauma-informed doula will address integrated perinatal health care services for prisoners.

References

- Alirezaei, S., & Roudsari, R. L. (2020). Promoting health care for pregnant women in prison: A review of international guidelines. *Iranian Journal of Nursing and Midwifery Research*, 25(2), 91–101. https://doi.org/10.4103/ijnmr.IJNMR_169_19
- Alirezaei, S., & Latifnejad Roudsari, R. (2022). The needs of incarcerated pregnant women: A systematic review of literature. *International Journal of Community Based Nursing and Midwifery*, 10(1), 2–17. <https://doi.org/10.30476/IJCBNM.2021.89508.1613>
- American College of Obstetricians and Gynecologists & Committee on Health Care for Underserved Women. (2021). Reproductive health care for incarcerated pregnant, postpartum, and nonpregnant individuals: ACOG committee opinion, Number 830. *Obstetrics and Gynecology*, 138(1), e24-e34. <https://doi.org/10.1097/AOG.0000000000004429>
- Bohren, M. A., Hofmeyr, G. J., Sakala, C., Fukuzawa, R. K., & Cuthbert, A. (2017). Continuous support for women during childbirth. *The Cochrane Database of Systematic Reviews*, 7(7), CD003766. <https://doi.org/10.1002/14651858.CD003766.pub6>
- Froggé, G. M. (2019). Supporting pregnant incarcerated women: Through childbirth educational perspectives. *International Journal of Childbirth Education*, 34(2), 51–53. <https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=135888092&site=eds-live>
- Gavaldà-Espelta, E., Del Mar Lleixà-Fortuño, M., Baucells-Lluis, J., Ferré-Ferraté, M., Mora-López, G., Tomàs-Navarro, B., Curto-Romeu, C., Lucas-Noll, J., Aguilar Martin, C., Gonçalves, A. Q., & Ferré-Grau, C. (2020). Effectiveness of the integrated care model

- Salut+Social in patients with chronic conditions: A mixed methods study protocol. *Medicine*, 99(19), e19994. <https://doi.org/10.1097/MD.00000000000019994>
- Kelsey, C. M., Medel, N., Mullins, C., Dallaire, D., & Forestell, C. (2017). An examination of care practices of pregnant women incarcerated in jail facilities in the United States. *Maternal and Child Health Journal*, 21(6), 1260–1266. <https://doi.org/10.1007/s10995-016-2224-5>
- Mosley, E. A., & Lanning, R. K. (2020). Evidence and guidelines for trauma-informed doula care. *Midwifery*, 83, 102643. <https://doi.org/10.1016/j.midw.2020.102643>
- O'Rourke, K., Yelland, J., Newton, M., & Shafiei, T. (2022). How and when doula support increases confidence in women experiencing socioeconomic adversity: Findings from a realist evaluation of an Australian volunteer doula program. *PloS One*, 17(6), e0270755. <https://doi.org/10.1371/journal.pone.0270755>
- Shlafer, R., Saunders, J. B., Boraas, C. M., Kozhimannil, K. B., Mazumder, N., & Freese, R. (2021). Maternal and neonatal outcomes among incarcerated women who gave birth in custody. *Birth*, 48(1), 122–131. <https://doi.org/10.1111/birt.12524>
- Zonneveld, N., Driessen, N., Stüssgen, R., & Minkman, M. (2018). Values of integrated care: A systematic review. *International Journal of Integrated Care*, 18(4), 9. <https://doi.org/10.5334/ijic.4172>