



Assessing and Understanding Obstetric Healthcare in Prison: A Path to Improve Care for a Marginalized Population

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Introduction

The amount of incarcerated women has surged by 700% from 1980-2017

6-10% of those women are pregnant while incarcerated

These pregnancies are considered high risk due to inadequate medical care prior to incarceration, substance use, and/or history of abuse

Proficient obstetrical care is a reasonable extension of baseline knowledge for those providing healthcare on the inside.

Background

Women's Huron Valley Correctional facility is the only women's prison in Michigan, housing 2,150 women

They have between 4-16 pregnant patients at one time

In the case of emergent obstetrical needs or labor, patients are transferred out of the prison to St. Joseph Mercy Health System in Ann Arbor for further care

Disclosures

No disclosures

Objectives

1. Understand existing obstetric healthcare model at the prison
2. Characterize obstetric training provided to prison nurses
3. Identify available reference materials specific to obstetrics and gynecology
4. Assess nurses' current ability to identify signs of labor and red flags for obstetric emergencies
5. Evaluate nurses' comfortability and confidence in assessing and treating obstetric complaints

Approach

Held an interdisciplinary meeting at the prison with the Health Unit Manager and Nursing Manager to gather information on the current state

A Likert Scale survey (1 = not at all comfortable to 5 = very comfortable) was given to this pilot population of prison staff to assess comfortability with treating pregnant prisoners

Summary

Initial interviews and surveys suggest a knowledge gap in obstetric care among prison nurses; root cause may be attributed to lack of training and access to materials.

Current care model includes:

- One Obstetrician/Gynecologist who staffs the prison clinic Monday-Thursday from 8am-5pm. At all other times, the clinic is staffed by nurses
- No obstetric training is provided to prison nurses
- No obstetric reference resources are available. Nurses use search engines as reference

Nursing staff and nursing management rated comfortability of treating pregnant patients as 2/5 and 4/5, respectively

Obstacles

Often, corrections officers rather than nurses are the initial point of contact for prisoners

Large base of stakeholders including:

- Warden
- Assistant Warden
- In-house Ob/Gyn
- Health Unit Manager
- Nursing Manager
- Nurses

Relationship between care teams at the prison and St. Joseph Mercy Hospital

Recent change in contact persons at the prison requiring renewed relationship building and buy-in

Next Steps

Survey distribution to all nurses for a more representative assessment of comfortability

Hold a focus group meeting with 3-5 nurses at the prison to brainstorm realistic interventions

Implementation of an appropriate intervention, possibly including:

- Standard protocols for common obstetric complaints
- Formal obstetric training for nurses