AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD)
(A-25)

Introduced by: Rohini Kambhampati, Priscilla McElhinney, Katherine Hofmann, Jordan Karten, Amy Pham

Subject: Timely Prenatal Appointments in Incarcerated Populations

Referred to: Reference Committee (Assigned by HOD)

Whereas, access to timely prenatal appointments is vital to maternal health and proper fetal development, and the current prenatal appointment guidelines established by the American College of Obstetricians and Gynecologists (ACOG) are:

- Weeks 4 to 28 — One prenatal visit every four weeks
- Weeks 28 to 36 — One prenatal visit every two weeks
- Weeks 36 to 40 — One prenatal visit every week[1]; and

Whereas, appointments consist of prenatal education, substance use treatment, bloodwork, blood pressure checkups, HIV screening, and assessing prenatal vitamin use are all extremely important for a healthy pregnancy[2]; and

Whereas, access to timely prenatal appointments is a vital component of prenatal care; and

Whereas, higher-risk patients, such as those with preexisting hypertension, diabetes, or a history of early pregnancy loss, may require additional supplemental prenatal visits to ensure the health of the mother and baby[3]; and

Whereas, infants of mothers who do not get proper prenatal care are three times more likely to be low birth weight and five times more likely to die[4]; and

Whereas, it is estimated that approximately 58,000 pregnant women are admitted to jails and prisons annually in the United States, with thousands giving birth or experiencing other outcomes while still incarcerated[5]; and

Whereas, incarcerated individuals have a significant amount of unmet needs compared to non-incarcerated individuals who are pregnant, such as treatment for substance use disorders and assessment for mental health needs which can result in improper fetal development[6]; and

Whereas, there are additional barriers when incarcerated, such as lack of transportation to prenatal appointments and being in an uncontrollable environment which can affect sleep schedules, both vital to prenatal health and ensuring timely arrival to prenatal appointments[7]; and

Whereas, incarcerated pregnant women are more likely to have risk factors associated with poor perinatal outcomes compared to women in the general population, including miscarriage, preterm infants, and infants who are small for their gestational ages[8,9]; and

Whereas, current ACOG guidelines outline necessary components of prenatal care which must be in line with care for non-incarcerated populations, including guidelines for vaccinations, STI testing, and pelvic examinations[10]; and

Whereas, the 1976 U.S. Supreme Court Case *Estelle v. Gamble* established that incarcerated individuals have a constitutional right to receive medical care; however, standards and oversight were not established, contributing to variability in access and quality of reproductive healthcare, including prenatal care across prisons, jails, and detention centers[10]; and

Whereas, the incarceration setting, characterized by rapid turnover of incarcerated individuals and unpredictable timing of jail and detention releases, hinders continuity of care and healthcare delivery for incarcerated individuals[10]; and

Whereas, this is a human rights issue given the lack of care in this vulnerable population compared to non-incarcerated individuals; and

Whereas, a 2016-17 study that surveyed 22 state prisons and six jails found that a third of the prisons and half of the jails did not have accredited healthcare services[11]; and

Whereas, only twelve states have standards that mention prenatal health care, and only twenty-one states have standards for healthcare for pregnant individuals[12,13]; and

Whereas, a study that categorized correctional facilities from 15 US states as usual prenatal care (PRISON), exceptional prenatal care (PRISON+), and exceptional prenatal care with infant co-residence post birth (PRISON++) revealed that prisons in PRISON+ and PRISON++ categories resulted in the best birth outcomes[14]; and

Whereas, the Federal Bureau of Justice Statistics reports that in 2016, although 91% of pregnant women in state prisons and 86% in federal prisons received an obstetric exam, only 50% of pregnant women in state prisons and 46% in federal prisons reported receiving some form of prenatal care[5,15]; and

Whereas, a study conducted by the National Women's Law Center analyzed prenatal care, shackling policies, and family-based treatment alternatives in prisons, revealing that only 30 states received passing grades, while 21 states were graded D or F[13], revealing deficits in care; and

Whereas, the American Civil Liberty Union (ACLU) reports that 23 out of 50 state prison policies do not provide screening or treatment for high-risk pregnancies and only 26 out of 50 state prisons have established protocols for labor and delivery[8]; and

Whereas, the ACLU reports that among 42 jurisdictions with pregnancy-specific laws or correctional policies, only 12 have standards that mention prenatal healthcare[12]; and

Whereas, of those 42 jurisdictions, 12 specifically include medical examinations as part of prenatal care, 19 mention prenatal nutrition counseling, and 16 provide screening or specialized care for high-risk pregnancies[12]; and

Whereas, current AMA policy H-430.986 advocates for staff training and programs to address obstetrics care for incarcerated individuals, and H-420.978 supports the development of legislation to provide all women access to prenatal care; however there is no existing AMA

policy that specifically addresses the unique needs of incarcerated pregnant individuals by supporting the implementation of standardized protocols to ensure timely prenatal appointments in accordance with ACOG guidelines across prisons and jails for this vulnerable population; therefore be it

RESOLVED, that our American Medical Association supports the implementation of appropriate protocols that detail the provision of timely and appropriate prenatal appointments for incarcerated individuals, in alignment with established guidelines, across all correctional facilities.

Fiscal Note: Assigned by HOD

Date Received: XX/XX/2025

REFERENCES

1. Cleveland Clinic. Pregnant? Here's how often you'll likely see your doctor. Cleveland Clinic. June 27, 2024. Accessed August 20, 2024. https://health.clevelandclinic.org/prenatal-appointment-schedule.
2. *What Is Prenatal Care and Why Is It Important?* Eunice Kennedy Shriver National Institute of Child Health and Human Development. 31 Jan. 2017. Accessed August 19, 2024. www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care.
3. Harris, Mickey. "New Recommendations for Number of Required Prenatal Visits." *The ObG Project*. 10 Aug. 2023. Accessed August 19, 2024. www.obgproject.com/2022/08/07/new-recommendations-for-number-of-required-prenatal-visits/.
4. State Approaches to Ensuring Healthy Pregnancies Through Prenatal Care. April 15, 2021. Accessed August 21, 2024. https://www.ncsl.org/health/state-approaches-to-ensuring-healthy-pregnancies-through-prenatal-care.
5. Initiative, Prison Policy. Unsupportive Environments and Limited Policies: Pregnancy, Postpartum, and Birth During Incarceration. Prison Policy Initiative. August 19, 2021. Accessed August 23, 2024. https://www.prisonpolicy.org/blog/2021/08/19/pregnancy_studies/.
6. Fogel CI. Pregnant inmates: risk factors and pregnancy outcomes. J Obstet Gynecol Neonatal Nurs. 1993;22(1):33-39. doi:10.1111/j.1552-6909.1993.tb01780.x
7. Friedman SH, Kaempf A, Kauffman S. The Realities of Pregnancy and Mothering While Incarcerated. J Am Acad Psychiatry Law. 2020;48(3):365-375. doi:10.29158/JAAPL.003924-20
8. Forced to give birth alone: How prisons and jails neglect pregnant people who are incarcerated. Columbia University Mailman School of Public Health. February 28, 2022. Accessed August 23, 2024. https://www.publichealth.columbia.edu/news/forced-give-birth-alone-how-prisons-jails-neglect-pregnant-people-who-are-incarcerated.
9. Shlafer RJ, Stang J, Dallaire D, Forestell CA, Hellerstedt W. Best Practices for Nutrition Care of Pregnant Women in Prison. J Correct Health Care. 2017;23(3):297-304. doi:10.1177/1078345817716567
10. Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant individuals. ACOG. July 2021. Accessed August 22, 2024. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/07/reproductive-health-care-for-incarcerated-pregnant-postpartum-and-nonpregnant-individuals.
11. Kramer C, Thomas K, Patil A, Hayes CM, Sufrin CB. Shackling and pregnancy care policies in US prisons and jails. Matern Child Health J. 2023;27(1):186-196. doi:10.1007/s10995-022-03526-y
12. State Standards for Pregnancy-related Health Care and Abortion for Women in Prison. American Civil Liberties Union. Accessed August 20, 2024. https://www.aclu.org/state-standards-pregnancy-related-health-care-and-abortion-women-prison-0#hd4.
13. Mothers behind bars: Accessed August 20, 2024. https://nwlc.org/wp-content/uploads/2015/08/mothersbehindbars2010.pdf.
14. Bard E, Knight M, Plugge E. Perinatal health care services for imprisoned pregnant women and associated outcomes: a systematic review. BMC Pregnancy Childbirth. 2016;16(1):285. Published 2016 Sep 29. doi:10.1186/s12884-016-1080-z
15. Maruschak L, Bronson J. Medical problems reported by prisoners. June 2021. Accessed August 26, 2024. https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/mprpspi16st.pdf.

RELEVANT AMA POLICY

Health Care While Incarcerated H-430.986

Our AMA:…(8) advocates for necessary programs and staff training to address the distinctive health care needs of women and adolescent females who are incarcerated, including gynecological care and obstetrics care for individuals who are pregnant or postpartum.

[CMS Rep. 02, I-16; Appended: Res. 417, A-19; Appended: Res. 420, A-19; Modified: Res. 216, I-19; Modified: Res. 503, A-21; Reaffirmed: Res. 229, A-21; Modified: Res. 127, A-22; Appended: Res. 244, A-23; Appended: Res. 429, A-23]

Access to Prenatal Care H-420.978
1. Our AMA supports development of legislation or other appropriate means to provide for access to prenatal care for all women, with alternative methods of funding, including private payment, third party coverage, and/or governmental funding, depending on the individual's economic circumstances.
2. In developing such legislation, our AMA urges that the effect of medical liability in restricting access to prenatal and natal care be taken into account.
[Res. 33, I-88; Reaffirmed: Sunset Report, I-98; Reaffirmation A-05; Reaffirmation A-07; Reaffirmed: Res. 227, A-11; Reaffirmed: BOT Rep. 7, A-21]

Support for Health Care Services to Incarcerated Persons D-430.997
6. Our AMA will support an incarcerated person’s right to:
   a. accessible, comprehensive, evidence-based contraception education.
   b. access **to** reversible contraceptive methods.
   c. autonomy over the decision-making process without coercion.

[Res. 440, A-04; Amended: BOT Action in response to referred for decision Res. 602, A-00; Reaffirmation I-09; Reaffirmation A-11; Reaffirmed: CSAPH Rep. 08, A-16; Reaffirmed: CMS Rep, 02, I-16; Appended: Res. 421, A-19; Appended: Res. 426, A-19; Reaffirmed: CSAPH Rep. 06, A-23; Reaffirmed: CSAPH Rep. 07, A-24 Reaffirmed: BOT Rep. 05, I-24]