



# The Process of Becoming a Mother in French Prison Nurseries: A Qualitative Study

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## Abstract

**Background** Many variables can influence the process of motherhood, including environmental precarity and personal adversity. One about which little is known is the impact of incarceration on women during or after pregnancy. In France, pregnant women or those with children up to 18 months old can be incarcerated with their child in specific units called nurseries. We sought to explore incarcerated women's experience of motherhood in prison environments and its potential consequences on the construction of their identity as mothers.

**Method** We conducted semi-structured interviews to collect the experience of the process of motherhood among 25 mothers and 5 pregnant women in 13 different prison nurseries in France and used interpretative phenomenological analysis to explore the data.

**Results** Four different themes emerged: prison conflates their status as inmates and as mothers; it limits their freedom as mothers; it disrupts their family structure; and motherhood may help distinguish them from other inmates.

**Conclusion** Incarceration of pregnant women or young mothers in prison nurseries might disrupt the process involved in becoming mothers, causing their identities as prisoners to englobe their identities as mothers and resulting in inappropriate parenting support by prison staff. A professional specialized in peripartum issues should help each woman disentangle her identity as inmate and mother and enable her placement at the facility best adapted to her individual needs as a mother. In any case, if prison must continue to be possible, it must always be a last alternative for women with young children.

## Significance

*What is already known on the subject?* Becoming a mother involves a process extending from pregnancy to early motherhood that leads to adopting the identity/role of mother. It can be affected by excessive vulnerability during this period, caused by environmental precarity and personal adversity.

*What this study adds?* Prison hinders this process by assigning to these women the unique identity of prisoner. This makes them feel depersonalized in most aspects of motherhood, negatively stigmatizes their caring abilities, and results in inappropriate support of mothering by the prison. Individual evaluation of their needs by a professional specialized in peripartum issues could redirect them to appropriate support.

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## Introduction

In France, women constitute 3.5% of total prison inmates (*France|World Prison Brief*, 2020). Generally in Europe, women are most often convicted of minor criminal acts, such as low-level drug offenses, with short prison sentences (Düinkel et al., 2019). These women, who are often depicted as having very chaotic life histories, may frequently be estranged from their families (MacDonald, 2013). The deprivation of liberty and the absence of a secure social and family setting combine to make prison a precarious environment (*Status Report on Prison Health in the WHO European Region*, 2019).

Worldwide, around 80% of the women prisoners in the world have children outside of prison, most younger than 10 years old (Düinkel et al., 2019). In France, incarceration in special units called nurseries has been possible since the nineteenth century for pregnant women or those with children up to 18 months old (under special circumstances, 24 months) (Code de Procédure Pénale|Legifrance, 1959). The European Convention on Human Rights, which provides that “every human being has the right to start and enjoy a family life” (European Convention on Human Rights, 1950), underpins these policies.

Nurseries exist in every type of French prison establishment, in detention centers where those convicted only of misdemeanors are housed, as well as in central prisons for inmates with more substantial sentences. French prison nursery units contain from 1 to 22 cells for pregnant women and mothers with babies. These units are inside the prison walls, separated from the other women inmates by a single gate, and are supposed to offer a common kitchen, a play area for children, and an outside patio (Bulletin Officiel Du Ministère de La Justice N°76, 1999). Women are usually transferred to these units when they are 6 months pregnant. Prenatal care is provided by medical visits in prison, in partnership with the nearest hospital, where they give birth to their child.<sup>1</sup> When the child turns 18 months, he or she will leave the prison and the mother will return to the general women prison population.

Pregnancy and the psychic processes of early motherhood can make women vulnerable. They may experience a state of “psychic transparency” (Oriol et al., 2016), a partial breakdown of their psychological defenses against their repressed unconscious and infantile memories, fantasies, and representations that makes them more sensitive to the environment. A period of “primary mother preoccupation” follows (Winnicott, 1988). Many variables can influence these processes, including environmental precarity and personal adversity,

such as incarceration (Williamson et al., 2013). The acceptance of one’s motherhood is a process. Its dysfunction can lead to lower parenting self-efficacy, which in turn can negatively affect the child’s development (Hickey et al., 2019).

Many studies have addressed diverse aspects of the subject of maternity in prison (Shlafer et al., 2019). Some authors have specifically addressed the difficult topic of its sociolegal aspects, including how the mass incarceration of women from minority groups can impair their ability to control their reproductive life course and how potentially adverse conditions of incarceration might indirectly lead to their reproductive oppression (Hayes et al., 2020). Other research has focused on somatic prenatal care during incarceration and reported rather disparate results. Incarcerated mothers are often women of low socioeconomic status for whom access to health facilities can be difficult; these factors put them at high risk during pregnancy (Walker et al., 2014). Some studies have shown that compared with the general population, women in prison are less likely to receive the recommended follow up (Sutherland, 2013). But others report that compared with women of their socioeconomic background living outside prison walls, they receive similar (Knittel & Sufrin, 2020) or even better prenatal care while in prison (Clarke & Adashi, 2011; Knight & Plugge, 2005).

Other research has examined the consequences of incarceration on pregnancy outcomes (Sufrin et al., 2019) and the perinatal health of both women and their babies. They have observed negative consequences, including but not limited to miscarriages, low birth weight and preterm birth (Carter Ramirez et al., 2020; Testa & Jackson, 2020b). These adverse outcomes may be due, in part, to the psychological and physical conditions of incarceration (Testa & Jackson, 2020a; Testa et al., 2020).

Although many studies have explored the physical impact of imprisonment while pregnant, fewer have focused on these mothers’ psychological outcomes and experience (Ogrizek et al., 2021; Paynter et al., 2018). Based on these findings and the meager amount of research specifically focused on these mothers’ experience of incarceration, we have chosen to explore how the carceral environment, might affect the natural transformation of their identity that women undergo, from their child’s conception to its early months of life. Becoming a mother requires a woman to completely reorganize her life to become the mother she wants to be for her child (Javadifar et al., 2016). We examine here the ways in which incarceration can unsettle these women as they construct their identity as mothers (Stern & Bruschiweiler-Stern, 1998) and how it affects their ability to care for their children, exploring these issues through mothers’ narratives of their experience of motherhood in prison.

<sup>1</sup> Instruction interministérielle N° DGS/SP/DGOS/DSS/DGCS/DAP/DPJJ/2017/345, 2017.

**Table 1** Semi-structured interview guides

## With pregnant woman

How was your arrival in prison?

How would you describe your relationship with your family (including other children if you have any)? With the child's father?

How is it being a pregnant woman here?

How do you imagine your delivery? your child to be born?

How do you imagine your future role as a mother in prison? And how are you preparing for it?

How would you describe your relationships with the other inmates? The prison employees? The medical staff?

## Woman with a child

*Italic text refers to the questions that were asked of mothers whose children had already left the prison*

Question 3 was not asked of the mothers whose children were born outside prison

How was your arrival in prison?

How would you describe your relationship with your family (including your other children if you have any)? With the child's father?

How was your pregnancy here? How did your childbirth go?

How is (*was*) it being a mother here? How is (*was*) your day to day life in prison (*before the child left the prison*)?

How would you describe your relationships with your child? The other inmates? The prison staff? The medical staff?

## Method

This observational study is based on the phenomenological analysis of interviews with mothers in French prison nurseries of different regions. The CER-PARIS DESCARTES ethics committee (CER 2018-108, 19/01/2019) approved this study.

## Participants

Our population was composed of women incarcerated in French prisons with a nursery unit.

Among the 31 such prisons in France, we obtained authorization to interview mothers at 19, located in all 10 French prison interregional administrative areas (Ministère de la justice, 2016). However, pregnant women or mothers with children were actually incarcerated in only 13 of these establishments, in only 8 interregional areas. Women were recruited in the interregional areas of Bordeaux (1 prison), Lille (2 prisons), Lyon (2 prisons), Paris (1 prison), Rennes (4 prisons), Strasbourg (1 prison), Toulouse (1 prison), and the French overseas territories (1 prison). Of these 13 establishments, 10 were detention centers and 3 central prisons.

The inclusion criteria required that women be adults, currently or within the past year incarcerated in a French prison nursery while pregnant or living with her child there. Women with a psychiatric or physical disorder likely to produce delirious or incoherent speech in the interview were excluded. This point was assessed by the principal investigator who conducted all the interviews: a woman who is a medical doctor specialized in psychiatry and conducting research in psychology.

## Data Collection

Participants were recruited from February 2019 through February 2020.

Separate authorizations were required from the research and the health departments of the central prison administration, each interregional prison administration, and every director of every prison visited. After this process was completed, the principal investigator's visits to the nurseries were organized. She met with mothers in an isolated room, with no staff present and complete privacy to ensure that all questions and remarks were fully confidential, and provided them with individual oral and written information about the study. She then planned another meeting with each woman, at least half a day later, to give them time for further reflection before they consented to be interviewed for this study. This second meeting also took place in a private room with no staff present or listening. After the woman provided the principal investigator with her written consent, a semi-structured interview took place.

Open-ended questions were drafted in advance by the authors (Table 1), based on a detailed review of the literature that helped us to focus on the most interesting aspects of this topic. The authors then discussed and reviewed the questions after each set of interviews, adding some related to themes raised by previous participants.

During the interviews, the open-ended questions led to a dialogue with the mothers around the research themes. Each interview was around 60 to 90 min in length. They were conducted in French by the principal investigator, audio-recorded and fully transcribed.

**Table 2** Participants' characteristics

Region area	Identification	Mother age (years)	Child born during incarceration	Child now released from prison	Child's age (in months)	Child's rank among siblings	> 45 min transport away from her family?	Father in prison?
TOU-LOUSE	A1	21	Yes	No	17	1	No	No
LYON	B2	26	Yes	No	5	2	Yes	Yes
	B1	32	Yes	No	11	6	Yes	No
RENNES	C2	28	Yes	No	18	1	Yes	Yes
	I1	25	Yes	No	6	5	Yes	No
	J1	27	Yes	No	1	2	Yes	No
	E1	40	No	No	13	3	Yes	No
	E2	32	Yes	No	3	2	Yes	No
	E3	26	Yes	No	6	4	Yes	No
	E4	19	Yes	No	< 1	2	Yes	No
	F1	24	Yes	No	15	3	Yes	Yes
LILLE	F2	30	Yes	No	3	2	Yes	No
	F3	32	Yes	No	< 1	3	No	No
	G1	24	Yes	No	6	3	Yes	No
	G2	34	Yes	No	4	6	Yes	No
	H1	43	Yes	Yes	12	9	Yes	Yes
BOR-DEAUX	K1	19	Yes	No	5	2	Yes	No
	K3	25	Yes	No	5	6	Yes	No
	K4	36	Yes	No	5	2	Yes	No
	K5	30	No	No	4	4	Yes	No
	L1	38	Yes	Yes	24	3	No	No
STRAS-BOURG	M1	25	Yes	No	4	1	Yes	No
	M2	27	Yes	No	4	6	Yes	No
	M3	33	Yes	Yes	14	4	Yes	Yes
	M4	32	Yes	No	4	4	Yes	No

## Analysis

The study used interpretative phenomenological analysis (IPA) (Smith, 2008) because of the access it enables to subjects' feelings and perceptions of their experiences. The analytic process for this method involves the following steps: interviews are read and reread repeatedly by the researchers, who annotate the transcripts during each reading. The comments are then gathered into different themes that reflect the major ideas identified. Links are then identified and developed between the themes to produce a logical and fluid organization. Next, metaconnections between these themes are determined, and the themes then assembled into different metathemes that describe global aspects of the subjects' experiences. Therefore, each metatheme attracts different themes, themselves composed of the different comments to the interview transcript. At each step in analyzing each interview, the researcher must pay attention to the consistency of the links made between the different themes, by a constant back-and-forth analysis of the different interviews.

Two researchers conducted the analysis, using NVIVO 11 software as a tool. During meetings, authors discussed disagreements concerning the major themes that ought to be developed according to the research objectives, organization of the themes, and the quotations to be selected to best illustrate the findings. Quotations were then translated from French to English by an experienced English translator.

## Results

The study recruited 30 women in 13 detention centers: 20 women with children born during their incarceration in the nursery, 2 women with small children born outside of prison, both initially placed in the nursery with the baby at the outset of their incarceration, 3 women still in the prison but whose children had been moved out of it in the past year, and 5 pregnant women. Table 2 describes the characteristics of both the mothers and the children, and Table 3 those of the pregnant women. Six women refused to participate: two

**Table 3** Characteristics of pregnant women

Region area	Identification	Mother age (years)	Pregnancy term (in months)	Child's rank among siblings	> 45 min transport away from her family?	Father in prison?
LYON	D1	19	4	1	Yes	No
	D2	20	4	1	No	No
	D3	19	6	3	Yes	Yes
RENNES	C1	31	6 1/2	4	Yes	Yes
PARIS	K2	20	8	1	No	No

because of a language barrier (despite the offer of an interpreter), and four who did not specify their reasons.

Our results are organized around 4 different themes: prison conflates their status as inmates and as mothers, it limits their freedom as mothers, it disrupts their family structure; and motherhood may help distinguish them from other inmates. Table 4 contains all relevant supporting quotations, including those not included in this text, and all references to numbered quotations are to Table 4.

### Prison Conflates Their Status as Inmates and as Mothers (Quotations 1–10)

Mothers feel that prison staff consider them to be bad citizens and therefore assume they are necessarily also bad mothers to their children.

“Even though I have been foolish in my life, that doesn't make me a bad mom” (B1, quotation n° 1).

This failure to distinguish between a bad act and their motherhood/personhood disturbs these mothers, making them insecure about their ability to be good mothers.

“I have been judged for what I have done, and the fact that the prison staff won't trust my ability to take good care of my daughter because of that, I find it excessive. I have 2 other children outside, and I have always taken good care of them” (G1, quotation n° 2).

This insecurity, however induced, leads these mothers to perceive that the surveillance of them as inmates is often transformed into an assessment of the quality of their mothering.

“We are always being watched. See the little hole in the door? They come all the time to look at us. We have no privacy actually. If the child starts crying, they come, open the door and ask me why he is crying” (K5, quotation n° 5).

They feel judged about how they take care of their children and this constant monitoring sometime influences how

they act with their child, modifying their natural and instinctual mothering.

“I always feel I'm being observed, judged for what I'm doing because of all the cameras here. When I arrived here at the beginning, I wouldn't even leave my daughter alone one second, because I thought they might say something about it” (E2, quotation n° 6).

“I feel like I'm always being judged for how I take care of her, all the time” (E1, quotation n° 7).

Because they are considered dangerous to society, they are often suspected or accused of abusing their children by a misinterpretation of events and crying sounds.

“When I arrived here, my son had a very special way of crying, he would yell as if someone was torturing him! So, the guards started to say that I was abusing him” (F1, quotation n° 8).

### Prison Limits Their Freedom as Mothers (Quotations 11–28)

Incarceration necessarily limits freedom. Prison regulates all aspects of inmates' lives. According to these mothers, this applies to their mothering.

“...the guards don't want us to be free in our role as mothers” (B2, quotation n° 11).

“Sometimes I feel like punching everything around me, because although he's my child, I'm not allowed to take care of him the way that I want to” (K5, quotation n° 12).

They become very passive, for they lack choices.

“Nursery staff and the director decide everything for me” (D3, quotation n° 13).

They feel that they are losing control over their pregnancy and the care they provide to their children on an emotional but also financial level.

“I don't feel like my pregnancy is under my control. I'm not managing it, I'm undergoing it ... because

**Table 4** Themes and quotations*THEME 1: Prison conflates their status as inmates and as mothers*

## Considered bad mothers to their children

Quotation 1	“Even though I have been foolish in my life, that doesn’t make me a bad mom” (B1)
Quotation 2	“I have been judged for what I have done, and the fact that the prison staff won’t trust my ability to take good care of my daughter because of that, I find it excessive. I have 2 other children outside, and I have always taken good care of them” (G1)
Quotation 3	“The director called me in and told me that he considered this situation [her baby’s plagiocephaly] an emergency matter, he made me feel like he was more worried for my daughter than I was. He made me doubt my ability to be a good mother. I told myself I was being a bad mother, that I wasn’t taking good care of my daughter, although I am the first one to worry for her” (F2)
Quotation 4	“For a mother going through a period of baby blues, or if it is her first child, then [incarceration] can be catastrophic, it can really be catastrophic, she might think that she is a bad mother” (B2)

## The prison’s surveillance and judgment by prison of the quality of their mothering

Quotation 5	“We are always being watched. See the little hole in the door? They come all the time to look at us. We have no privacy actually. If the child starts crying, they come, open the door and ask me why he is crying” (K5)
Quotation 6	“I always feel I’m being observed, judged for what I’m doing because of all the cameras here. When I arrived here at the beginning, I wouldn’t even leave my daughter alone one second, because I thought they might say something about it” (E2)
Quotation 7	“I feel like I’m always being judged for how I take care of her, all the time” (E1)

## Suspected or accused of abusing their children

Quotation 8	“When I arrived here, my son had a very special way of crying, he would yell as if someone was torturing him! So, the guards started to say that I was abusing him” (F1)
Quotation 9	“...she had broken her collarbone during labor, but they didn’t see it right away at the hospital. And then when we got back to the prison, after maybe a week or 2, it was swollen. So they accused me of breaking it, they said it was me” (B1)
Quotation 10	“When she cries, they come to see if I’ve done something to her, but a child is allowed to cry!” (L1)

*THEME 2: Prison limits their freedom as mothers*

## Constrained to passivity in their mothering

Quotation 11	“...the guards don’t want us to be free in our role as mothers” (B2)
Quotation 12	“Sometimes I feel like punching everything around me, because although he’s my child, I’m not allowed to take care of him the way that I want to” (K5)
Quotation 13	“Nursery staff and the director decide everything for me” (D3)
Quotation 14	“I don’t feel like my pregnancy is under my control. I’m not managing it, I’m undergoing it ... because they make every decision for me, they run everything” (D1)
Quotation 15	“I don’t feel 100% the mother of my child. I can’t give my daughter all that I want to give her ... I didn’t get to choose her cuddly toy or her first outfit when she was born” (G1)
Quotation 16	“I’d like to be the one buying things for my daughter, I’d like to feel that I’m the one contributing to her well-being, not the prison” (F2)

## Prison taking over their maternal role

Quotation 17	“[the guards] want to become our children’s mothers. If they could come and feed our children themselves, I think they would” (B2)
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**Table 4** (continued)

Quotation 18	<i>“It is frustrating and infuriating because they take a part of us, and we can't use it” (L1)</i>
Quotation 19	<i>“The prison nanny takes them out, she takes them to the park, she takes the train with them, the subway, goes to the shops, shows them all the things outside ... It can be difficult for the mother not to be the one letting her child discover all this” (E1)</i>
Quotation 20	<i>“When my son had bronchiolitis, I was very worried ... He had to go to the hospital emergency room. I had to choose the guard who would take him there ... I went with him to the nursery door, the ambulance team came to get him, and my son left with the guard, but I had to stay here” (B2)</i>
Prison dictating to inmates how to mother their children	
Quotation 21	<i>“They're like that here, always saying ‘you shouldn't do this, no you shouldn't be holding your child like that, it's like this. Don't put this on your child, it's too hot...’” (M3)</i>
Quotation 22	<i>“I feel that they're not advising us how to take care of our children, they're enforcing [their decisions]!” (F2)</i>
Loss of confidence in their own ability	
Quotation 23	<i>“My daughter sleeps very well on her tummy. But when she was younger all the guards told me ‘no it's risky you have to put her on her back’. So I got confused, I didn't know what to do. I was afraid to put her on her tummy, but when I would put her on her back, she wouldn't fall asleep” (C2)</i>
Quotation 24	<i>“I do as they say because I'm scared, I'm scared they might take my son away from me” (K3)</i>
Mothering while totally dependent on the prison	
Quotation 25	<i>“Whenever you ask for something for your child, you have to wait and wait and wait” (H1)</i>
Quotation 26	<i>“I don't like to depend upon people like that, when I was outside, I did everything for my other son” (E4)</i>
Quotation 27	<i>“The fact that I always have to ask for things makes me uncomfortable, so sometimes I just don't, I don't dare to ask” (C1)</i>
Quotation 28	<i>“The other day I asked for a couple of diapers and they [guards] said that I was wasting a lot of diapers, that I had to stick to my quota, that Pampers diapers last 12h etc....” (M4)</i>
<b>THEME 3: Prison disrupts their family structure</b>	
Single mothers	
Quotation 29	<i>“I lived my pregnancy alone. The dad would talk through my belly during visits, but it's not the same” (F3)</i>
Quotation 30	<i>“I consider that I've raised my son alone, even though his father was close, I raised him alone, and he knows it” (A1)</i>
Quotation 31	<i>“It's his child, his first, we should be sharing this pregnancy together, be together for the obstetric ultrasound, discover the child's gender together, but now we're separate, and he's alone” (D2)</i>
Quotation 32	<i>“Living my pregnancy with the dad would not be the same, being with the father for the ultrasound and sending him pictures of it, is very different, the emotions are not the same” (C1)</i>
Quotation 33	<i>“I didn't have the father next to me when I gave birth, to support us [the baby and me], to support me, no one was there” (M3)</i>
Seclusion from family	
Quotation 34	<i>“For my previous pregnancies I was surrounded by my family, brothers, sisters... Sometimes they would see that I wasn't feeling very well so they would come and see me, comfort me. But I'm alone here, nobody even knows that she's born, that she exists” (G2)</i>
Quotation 35	<i>“I cried for an hour during the night after I came back here [from the hospital after giving birth], I was just standing there telling myself that it wasn't my mother who came to pick me up at the hospital but instead it was one of the guards” (K1)</i>

**Table 4** (continued)

Quotation 36	<i>"I'm alone here, and it's my first pregnancy, I've never given birth. I need someone to tell me what to do during labor, and how to do it, I need someone next to me, someone from my family who could guide me, tell me what to do to limit the pain" (K2)</i>
Quotation 37	<i>"I feel so lonely... seeing my sister at the hospital and seeing her leave, and not being able to go home with her was so painful" (J1)</i>
Finding a replacement family in prison	
Quotation 38	<i>"Most of the inmates who gave birth asked for the guard to stay with them during labor. Even though they're not part of our family, they know us, they're not strangers to us" (M2)</i>
Quotation 39	<i>"I asked the guard to stay with me during the ultrasound. I felt like a friend had come with me, because I like her" (E3)</i>
Quotation 40	<i>"I asked her [the guard] to stay, I told myself that this way if something happened to me during labor, at least somebody will know, someone will have witnessed" (M3)</i>
Quotation 41	<i>"It was Mrs. Geraldine who came to the maternity ward, to bring me back. It comforted me ... She carried my baby like my mom would have ... And when I came back, [the guards] spoiled me, even more than my mom would have; I was moved by all of this" (K1)</i>
Quotation 42	<i>"... [another inmate] taught me how to do this and that, she told me things I have to understand, she showed me how to change a diaper. I knew nothing!" (C2)</i>
<b>THEME 4: Motherhood may help distinguish them from other inmates</b>	
Different from other inmates	
Quotation 43	<i>"Looking at us taking care of our child makes [the prison staff] realize that we are not just inmates, but we are also mothers" (L1)</i>
Quotation 44	<i>"They see me differently, they see how I can give love, how I show affection to my daughter, so they see another part of me, not just the inmate part!" (F2)</i>
Unpredictability of pregnancy and baby care	
Quotation 45	<i>"If we have no diapers left, because the child had bad diarrhea and we had to use more diapers than usual, then the guard has to go to the pharmacy just for us" (E1)</i>
Quotation 46	<i>"Imagine tomorrow I have pain, or I'm losing blood, if it's in the evening, they have to call the senior guard, who is on call, he has to come straight away and give authorization to open the cell" (D2)</i>
Quotation 47	<i>"The day of my trial, my baby was only 1½ months old, I was breast feeding, my breasts were painful, full of milk, I was all wet, I had milk all over me ... The judge saw me and said 'I know what it is like to be a mother, come' and she let me appear in court first, before everyone else" (H1)</i>
Quotation 48	<i>"One of the inmates gave birth in her cell, right next to mine, at 3:53 am, I remember it very well, she yelled, I heard everything" (M1)</i>
Fighting for autonomy in mothering	
Quotation 49	<i>"Even though I'm incarcerated, they're my kids, whatever name I pick ... it's the name that I feel like giving them and I'm not going to reconsider it just because of what they think of it" (G1)</i>
Quotation 50	<i>I, against everybody's opinion, decided to continue my pregnancy, although everybody advised me to have an abortion considering my situation [of imprisonment]" (F2)</i>
Quotation 51	<i>"They [the staff] want us to breastfeed our children. But Mrs A..., who just gave birth, she refused" (M3)</i>
Irreplaceable mothers	
Quotation 52	<i>"Breast feeding was something that no one else could give her, something that was coming from me, that only I was able to give" (L1)</i>
Quotation 53	<i>"I give him a lot of love and affection, and I always put him first" (A1)</i>



**Table 4** (continued)

Quotation 54	<i>“Here in prison, I’m always taking care of her, I’m always making sure she’s all right. Even if she’s asleep, I go check on her. When she’s not sleeping, we play together, we laugh” (I1)</i>
Quotation 55	<i>“I can already imagine when my baby’s here, I’m going to take good care of him, I’m going to concentrate on his needs” (K2)</i>

they make every decision for me, they run everything” (D1, quotation n° 14).

“I don’t feel 100% the mother of my child. I can’t give my daughter all that I want to give her ... I didn’t get to choose her cuddly toy or her first outfit when she was born” (G1, quotation n° 15).

“I’d like to be the one buying things for my daughter, I’d like to feel that I’m the one contributing to her well-being, not the prison” (F2, quotation n° 16).

These mothers feel that the prison wants to take over their maternal role, replace them as the mothers of their children in every aspect of mothering,

“[the guards] want to become our children’s mothers. If they could come and feed our children themselves, I think they would” (B2, quotation n° 17).

This replacement seems to include object presenting:

“The prison nanny takes them out, she takes them to the park, she takes the train with them, the subway, goes to the shops, shows them all the things outside ... It can be difficult for the mother not to be the one letting her child discover all this” (E1, quotation n° 19).

This feeling is particularly strong in cases of medical emergencies: mothers are not allowed to accompany their sick children to the hospital themselves.

“When my son had bronchiolitis, I was very worried ... He had to go to the hospital emergency room. I had to choose the guard who would take him there ... I went with him to the nursery door, the ambulance team came to get him, and my son left with the guard, but I had to stay here” (B2, quotation n° 20).

Prisons dictate to inmates how to behave, and these mothers feel that it also applies to the way they take care of their children.

“They’re like that here, always saying ‘you shouldn’t do this, no you shouldn’t be holding your child like that, it’s like this. Don’t put this on your child, it’s too hot...’” (M3, quotation n° 21)

“I feel that they’re not advising us how to take care of our children, they’re enforcing [their decisions]!” (F2, quotation n° 22)

These mothers express a loss of trust in their own ability and feel frightened of what might happen if they don’t obey. They feel that their motherhood is used by the prison, or at least some staff, to pressure them, to make them obey, comply with unexplained orders that they would not have approved otherwise.

“I do as they say because I’m scared, I’m scared they might take my son away from me” (K3, quotation n° 24).

The deprivation of their freedom and their seclusion make inmates dependent for everything in prison. Mothers in this situation feel that they are dependent upon the prison to be able to mother their child.

“Whenever you ask for something for your child, you have to wait and wait and wait” (H1, quotation n° 25).

This makes them surrender on some aspects of mothering.

“The fact that I always have to ask for things makes me uncomfortable, so sometimes I just don’t, I don’t dare to ask” (C1, quotation 27).

### **Prison Disrupts Their Family Structure (Quotations 29–42)**

Although their pregnancies were often a project as a couple, women are separated from the fathers and forced to become single mothers.

“I lived my pregnancy alone. The dad would talk through my belly during visits, but it’s not the same” (F3, quotation n° 29).

“I consider that I’ve raised my son alone, even though his father was close, I raised him alone, and he knows it” (A1, quotation n° 30).

They regret experiencing special moments of their pregnancy, delivery and first baby care alone.

“It’s his child, his first, we should be sharing this pregnancy together, be together for the obstetric ultrasound, discover the child’s gender together, but now we’re separate, and he’s alone” (D2, quotation n° 31).

“I didn’t have the father next to me when I gave birth, to support us [the baby and me], to support me, no one was there” (M3, quotation n° 33).

In prison, these mothers are separated from their families, which makes it impossible for them to develop their identity as a mother within their family.

“I’m alone here, nobody even knows that she’s born, that she exists” (G2, quotation n° 34).

They express sadness at being deprived of family support and of transgenerational transmission of how to mother a baby.

“For my previous pregnancies I was surrounded by my family, brothers, sisters... Sometimes they would see that I wasn’t feeling very well so they would come and see me, comfort me” (G2, quotation n° 34).

This was especially notable for primiparous mothers in need for parental guidance.

“I’m alone here, and it’s my first pregnancy, I’ve never given birth. I need someone to tell me what to do during labor, and how to do it, I need someone next to me, someone from my family who could guide me, tell me what to do to limit the pain” (K2, quotation n° 36).

Sometimes, these mothers, separated from their families, can find a replacement family in prison staff, especially in very intense moments of motherhood such as delivery or ultrasound scan.

“Most of the inmates who gave birth asked for the guard to stay with them during labor. Even though they’re not part of our family, they know us, they’re not strangers to us” (M2, quotation n° 38).

“I asked the guard to stay with me during the ultrasound. I felt like a friend had come with me, because I like her” (E3, quotation n° 39).

They can find the comforting, reassuring, and guiding abilities they lack from their families among prison staff and other inmates.

“It was Mrs. Geraldine who came to the maternity ward, to bring me back. It comforted me ... She carried my baby like my mom would have ... And when I came back, [the guards] spoiled me, even more than my mom would have; I was moved by all of this” (K1, quotation n° 41).

“... [another inmate] taught me how to do this and that, she told me things I have to understand, she showed me how to change a diaper. I knew nothing!” (C2, quotation n° 42).

Developing strong bonds with prison staff helps make them appear in their own eyes as different from other regular inmates.

### **Motherhood may Help Distinguish them from Other Inmates (Quotations 43–55)**

According to these mothers, giving affection and love to their children positively differentiates them from the inmates without a child in prison with them.

“They see me differently, they see how I can give love, how I show affection to my daughter, so they see another part of me, not just the inmate part!” (F2, quotation n° 44).

Prison is a highly regulated and controlled environment. Everything must be planned ahead. But pregnancies and babies are among the things that neither prison nor judicial logic can predict or control; and they must adapt to it.

“If we have no diapers left, because the child had bad diarrhea and we had to use more diapers than usual, then the guard has to go to the pharmacy just for us” (E1, quotation n° 45).

Such incidents tend to disrupt the well-known rigidity of prison and judicial organization.

“The day of my trial, my baby was only 1½ months old, I was breast feeding, my breasts were painful, full of milk, I was all wet, I had milk all over me ... The judge saw me and said ‘I know what it is like to be a mother, come’ and she let me appear in court first, before everyone else” (H1, quotation n° 47).

No matter how hard they try, there are some decisions that prison administrations cannot dictate. This returns to the mother some of her active role as a mother.

I, against everybody’s opinion, decided to continue my pregnancy, although everybody advised me to have an abortion considering my situation [of imprisonment]” (F2, quotation n° 50).

“They [the staff] want us to breastfeed our children. But Mrs A..., who just gave birth, she refused” (M3, quotation n° 51).

There are some instinctive, biological, and emotional aspects of mothering that the prison cannot replace, that only mothers can offer.

“Breast feeding was something that no one else could give her, something that was coming from me, that only I was able to give” (L1, quotation n° 52).

“I give him a lot of love and affection, and I always put him first” (A1, quotation n° 53).

This gives them back a bit of confidence in their mothering abilities.

“Here in prison, I’m always taking care of her, I’m always making sure she’s all right. Even if she’s asleep, I go check on her. When she’s not sleeping, we play together, we laugh” (I1, quotation n° 54).

Although the incompatibility of adopting simultaneously the roles of a prisoner and a mother in these conditions seems obvious, the energy they devote to making it work appears endless.

## Discussion

The experiences of the women we interviewed illustrate the struggle of becoming a mother in prison. Separated from family, limited in their freedom to mother as they want, women describe feeling assigned and reduced by prison to their identity as prisoners.

This feeling may be related to the concept of “thin” and “thick” descriptions. These terms were first used as a method of description of human behavior (Ryle, 1990): “thin” description presents a surface level observation of a human behavior, while “thick” description includes its context. These terms were next applied to population description in anthropology (Geertz, 1973). A “thin” description of a population can reduce it to a limited number of its characteristics (such as skin color or height, weight, or intelligence quotient) while a “thick” description takes into account all of its specificities (such as country, culture, beliefs, and language) (Terlouw, 2012). Similarly, reducing mothers in prison to their identity as prisoners can be compared to treating them according to their “thin” identity, rather than considering them in their “thick” identity as prisoners, but also as mothers. The narratives by the mothers in our study appear to describe the multiple consequences of the prison's assignment to them of this thin identity.

First, they feel that because of their incarceration, they are labeled by prison employees as necessarily dangerous and careless about everyone, including their children. Certainly, every identity comes with its share of social stereotypes (Gans, 2017). Based on the supposed prevalence of dangerousness, drug abuse, psychiatric disorders, and chaotic life stories among women prisoners (MacDonald, 2013), society tends to attribute these characteristics to all woman prisoners, without any distinctions. By reducing them to only this identity, the penitentiary system as well as each prison seems to extend the social stereotypes related to these women to englobe all of their identities, including that of mother.

Second, as social stereotypes inevitably dictate social behaviors and management, carceral institutions appear to apply security features to protect children from their putatively dangerous mothers and strict guidance in parenting to prevent careless behaviors. These features appear so overwhelmingly present that it seems that only the prison is responsible for the children—leaving the women to feel that they have no authority to make decisions or choices about their children. By perpetuating this single identity, prison makes these women feel thoroughly depersonalized, cut off from their identity, their role, function, and prerogatives as mothers, to the extent that they become nonexistent. The children kept inside prison walls become almost “orphans”, with the prison seemingly compelled to assume the mother’s role.

Yet, motherhood implies affection and emotions that only these mothers can offer and that the prison staff plainly observes. According to the women, this paradox appears to induce perplexity and confusion among the staff, who seem to reconsider them in their “thick” identities as more than prisoners and as mothers, rather than limiting them to their “thin” identity. Women seem to gain back a bit more autonomy in their mothering from this fuller recognition.

In sum, incarceration seems to have a negative impact on mothers and babies globally, for physical health (Shlafer et al., 2019) as well as on the process of becoming a mother, as our results show. The prison's assignment to women of a single identity—that of prisoner—leaves them feeling depersonalized in most aspects of their mothering, despite the affective and emotional aspects of this process of becoming mothers that can limit this harm. This depersonalization may induce strong negative stigmatization, which leads the prison to provide inappropriate support that can hinder the achievement of the process of becoming a mother.

Considering our results and the rest of the literature (Shlafer et al., 2019) whenever possible, we recommend that these mothers and babies be kept out of prison, through noncustodial sentences for their mothers (Ogrizek et al., 2020) as promoted by French law (Code de Procédure Pénale/Legifrance, 1959). When incarceration is inevitable in some rare situations, prisons should reconsider the facilities in which these mothers are incarcerated (Shlafer et al., 2019) in a way that will differentiate within these women the identity of the mother from that of the prisoner. One possible solution could involve introducing a specific assessment by a professional specialized in peripartum issues. At the moment, all of these mothers are housed in the same kind of structure, receiving the same guidance in parenting by untrained and often inappropriate prison staff, regardless of their individual experience, personality, or issues.

Other countries already conduct this evaluation in different forms—for example, a child psychiatrist does it in Uruguay and an admission board in England (Staff, 2014). The

evaluation of the woman's individual problems and issues as a mother should lead to appropriate orientation according to her individual needs. It may: (i) determine whether the mother presents psychiatric issues or drug abuse problems, which are prevalent among women prisoners (Hales et al., 2016), or any other issue that could interfere with her ability to mother her child or that could put the child at risk; (ii) detect a situation of psychosocial precarity or particular medical history that would call for individual support for her in parenting, as a preventive measure; (iii) or in contrast, assess that no particular help is needed and that the mother can live in total autonomy with her child.

According to the individual needs identified, appropriate orientation should be determined. "Hospital custody units" offer medical care to sick prisoners in units totally independent of the penitentiary institution but still under appropriate security determined by judicial and law enforcement agencies (Fuente-Martín et al., 2017). It would be interesting to build such protected units for mothers and their babies. These special units could offer one ward with medical support on the model of the classic mother-baby psychiatric units (Christl et al., 2015) for women with a proven psychiatric disease. Another separate ward could accommodate mothers with vulnerability factors and could provide them with guidance in parenting by psychologists and early childhood professionals.

When the evaluation concludes that no particular support is needed, priority should be to give mothers more autonomy in their mothering. For instance, prison nurseries where babies and their mothers are isolated together could be replaced by the development of "private family visit units" for mothers, as tested in Finland (Ogrizek et al., 2020). Similar units are implemented in France but have been used thus far as a place for prisoners to spend short stays—24 to 72 h—with their families without any direct surveillance. They are situated on prison grounds but are independent from the general prison structure and are organized as small apartments with 2 to 3 bedrooms (Observatoire International des prisons, 2009). Long-term incarceration of pregnant mothers or women with their babies and other legally recognized family members (partner or father of the child) in these units could offer them independence, liberty, and intimacy in their mothering, while ensuring incarceration-like sentences (Raikes & Lockwood, 2011). Fathers, family and friends are all essential in the processes involved in motherhood and intergenerational transmission (Gjerdin-gen et al., 1991). They also help to make the child exist as an external object in the mother's representations (Stern & Bruschweiler-Stern, 1998) and help her to identify herself as a mother. Seclusion from the outside world, as usual in prison, may hinder these processes. Some of the women in the study have as witnesses of their motherhood only prison staff or other inmates, who, despite the support they can

provide, often see them first and foremost as prisoners. Having no one from outside capable of acknowledging them as mothers may enclose them even more in their identity as prisoners, impede self-identification as mothers, and interfere with motherhood (Memmi, 1991). We think that keeping close contact with the father, relatives and friends should be a priority.

## Conclusion

Considering mothers in their thick identities appears incompatible with the operation of prison institutions as they now function. Therefore, prisons—and more generally, society—should agree to modify the modalities of mothers' incarceration to optimize the processes enabling them to become mothers for the sake of the development of their innocent children.

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**Data availability** All data generated or analyzed during this study are included in this published article and tables.

## Declarations

**Competing interests** The authors declare that they have no competing interests.

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