

## **Reflections from Ten Years of Research with the Minnesota Prison Doula Project**

*Rebecca Shlafer*

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Since the 1970s, the number of people incarcerated in the United States (US) has risen exponentially, from a little over 500,000 in 1979 to nearly 1.7 million in 2020 (Carson, 2021; Minton and Zeng, 2021). Although there have been notable declines in the US corrections population over the last two years as a result of the COVID-19 pandemic (Kluckow and Zeng, 2022; Minton and Maruschak, 2021), the US continues to have the unfortunate distinction of having the highest incarceration rate in the world (Fair and Walmsley, 2021). Mass incarceration in the US has disproportionately affected poor people and communities of color, especially Black individuals, whose imprisonment rates are five times that of white individuals (Carson, 2021).

Women have been the fastest growing group, with a nearly 800% increase from 1978 to 2018; in 2020, there were nearly 1 million arrests of females, and nearly 153,000 women incarcerated on any given day (Carson, 2021; Minton and Zeng, 2021; Sawyer, 2018). The majority of imprisoned women are younger than 45 and are mothers to young children (Carson, 2021; Maruschak et al., 2021) and it is estimated that there are nearly 58,000 admissions of pregnant people to jails and prisons each year (Sufrin et al., 2019, 2020). Thus, mass incarceration has collateral consequences for parents, their children, families, and entire communities.

Minnesota has one of the lowest incarceration rates in the United States. The state has only one women's prison, with a total population of 665 women in 2019 (Carson, 2020). The Minnesota Prison Doula Project (MnPDP) has been providing group-based and one-on-one support to pregnant and parenting people since 2010. The program started after the program's founder, Erica Gerrity, observed a lack of support and resources for pregnant and postpartum people when she was working in the facility as a social work intern. Ms. Gerrity held a number of listening sessions at the facility and heard their desire for a space to come together and support one another – and their deep fears about birthing alone. Ms. Gerrity thought that doulas – non-medical birth professionals who provide informational, emotional, and physical support to a mother before, during and after childbirth – could help meet some of the needs she heard from the women she talked with.

MnPDP grew out of those listening sessions and has expanded services over the years to meet clients' needs. 2010 was the same year we wrote and later received our first grant to pursue community-university partnered research with the goal of documenting the physical and mental health needs of pregnant and postpartum people participating in MnPDP. Since that time, we have been able to share many of our findings, including lessons learned from our community-university corrections partnership (Shlafer, Gerrity et al., 2015) and the feasibility of providing doula services for this population (Shlafer, Hellerstedt, et al., 2015). In addition, we have published data on outcomes of MnPDP participants, demonstrating that participation is associated with high levels of satisfaction (Shlafer et al., 2021), high rates of breastfeeding initiation (Shlafer et al., 2018), and low rates of adverse pregnancy and birth outcomes (Shlafer et al., 2021). More recently, we have described corrections officers' perspectives on the role of the doulas and MnPDP (Pendleton et al., 2020) and the experiences of the caregivers who take custody of the infants following the separation from their biological mothers who return to prison following birth (Pendleton et al., 2021). As I reflect on the scholarship from our work over the last decade, three key lessons emerge, which I briefly consider next.

### **FOLLOW THE LEAD OF THOSE WHO ARE DIRECTLY IMPACTED**

At every phase of this work, we have taken on our cues from those most directly impacted – the pregnant and postpartum people in prison – this includes our research activities, too. Early on in our work, I had an opportunity to present a poster at a local conference on community-engaged research. I was thrilled when our poster won “first place” (with a blue ribbon affixed to the poster like a real science fair!). I remember taking a picture of the poster and bringing that picture back to the pregnancy support group the next week. And while I thought they would be excited; I had no idea how much pride and enthusiasm this one picture would elicit from the group. The participants cheered and hollered when they saw the picture, remarking on our collective accomplishment. I think we knew then that we were doing something incredibly special and that if I could help harness this collective power, wisdom, and passion – centering their experiences in our research and advocacy work – we might really be able to make a difference.

We have followed the lead of those directly impacted in large and small ways over the last ten years. I distinctly remember a discussion during one of the weekly support groups about the concerns pregnant people had around food – not getting enough, not being able to eat when they were hungry, feeling sick when it was time to eat, not having choice in what they could eat or when. They described so many issues around food access and quality that I had never considered. I remember returning home that night and immediately searching Google Scholar for research on the prison food environment. I was struck by how little there was in the scientific literature on this topic and nothing at the time specifically about the nutritional needs of pregnant and postpartum women in prison. The concerns the women voiced led us to carry out a small research project on nutrition, advocate with the Department of Corrections’ (DOC) dietitian for more food and increased access for our clients, and make recommendations outlining the nutritional needs of this population (Shlafer et al., 2017). And while we have made some progress on this issue, considerable work remains to be done.

### **SHARE – SHARE THE DATA, SHARE RESOURCES, SHARE SPACE AND LESSONS LEARNED**

“Giving the data away” has been a priority for me from the beginning of my partnership with MnPDP. While peer-reviewed publications may be what is valued most in the academy, giving the data back to the program has always been my first priority. From the beginning, I wanted to collect data that reflected the program’s evaluation goals and priorities and be able to give it back to program leadership in a way that they could use the data to inform the programming and increase the positive impact for participants. This meant having explicit conversations early and often with the program’s leadership and staff about what they thought was important to measure and what was feasible in the context of delivering services. This also meant balancing “scientific rigor” with the practicalities of doula collecting data as part of their ongoing work.

I have also prioritized sharing results with others – including those with the power to make change in a broken system. One of the many surprises in this work over the last decade has been the acknowledgement from the DOC – particularly their research unit – regarding our research team’s willingness to share results back with them. When I first shared a

summary of our early research findings back with the Director of Research for the state's DOC, he told me that despite having approved many research projects over the years, this was the first time that any researcher had come back to them with the results. This bewildered me; if the goals of our research are to ultimately impact the conditions and improve the outcomes for the people we are working with, our science cannot be relegated to an academic journal with the hope that those in power will find it and act on it. We must be intentional about sharing our findings with those outside the academy. And, as I have described above, we must prioritize bringing the data back to our clients inside. Over the years, this has involved sharing a quarterly research newsletter with participants, bringing back updates from legislative hearings to the weekly groups, and highlighting news stories that feature MnPDP clients.

This also includes sharing information to inform legislative action. The research our team has carried out directly informed our state's anti-shackling legislation in 2014 and another law – the Healthy Start Act – that was passed in 2021 which allows for alternatives to incarceration for pregnant and postpartum people. While a little bit of data went a long way, these bipartisan legislative wins were only accomplished through partnerships with key legislative allies, other non-profit organizations and advocacy groups, and the brave women who were willing to share their harrowing stories of being pregnant in prison. These legislative wins have highlighted the impact of our work, but also highlight the long road ahead to radically changing the current system.

### **MOVE WITH PURPOSE AND PERSISTENCE**

This work is hard. Anyone who is working with pregnant and postpartum people in prison knows this to be true. Witnessing human suffering is hard. Identifying solutions to fix the brokenness of the system is hard. Getting and maintaining access to the system to collect data to disrupt that very same system is hard. The reality is the corrections system is inflexible, inconsistent, and inhumane. And yet, there are millions of people currently stuck inside this brokenness who desperately need and deserve something different. And while we are working toward the goal of ending prison birth – and a country that does not rely on incarceration to address complex social problems (Epperson and Pettus-Davis, 2017; Montford and Taylor,

2021; Nagel and Nocella, 2013) – we must simultaneously consider how best to support those who are inside now. We must listen and elevate the solutions proposed by those closest to the problem, collaborate from a place of respect, and do so with persistence. And we must also remember to pause and celebrate the victories – large and small – that we have achieved in partnership, so that we can continue to go forth with the passion and persistence needed for radical change.

As I reflect on the last 10 years of research in partnership with MnPDP and our collective accomplishments, I am struck most by how much we have left to learn about the experiences and outcomes of pregnant people impacted by the criminal legal system in our state, country, and around the world – and the work and collective courage that it will take us to get us to a world without prison birth.

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## **ABOUT THE AUTHOR**

*Dr. Rebecca Shlafer* is an Associate Professor in the Division of General Pediatrics and Adolescent Health at the University of Minnesota Medical School. Dr. Shlafer’s research focuses on understanding the developmental outcomes of children and families with multiple risk factors. She is particularly interested in children with parents in prison, as well as the programs and policies that impact families affected by incarceration.