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CLINICAL PROFESSIONAL RESOURCE



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Notes

It is recognised that care may be provided by registered nurses and midwives, health care support workers, assistant practitioners, nursing associates, student nurses and midwives, and trainee nursing associates. For ease of reading, the generic terms ‘nurse’, ‘nursing’ and ‘nurses’ are used throughout this document, unless specified.

The RCN recognises and embraces our gender diverse society and encourages this guideline to be used by and/or applied to people who identify as non-binary, transgender, or gender fluid.

The RCN also recognises that not all those born female or male will identify with the same gender nouns, but for ease of reading we use the term woman/man/men and where appropriate, acknowledge non-binary terms.

Background

This project's intention is to develop a framework of sexual and reproductive health competencies for nurses, midwives, and those supporting nursing teams, who provide health care to women in prison, and may have limited experience caring for pregnant women. This includes registered nurses, nursing associates and non-registered health care support workers.

This project was conceived following two independent investigations by the Prison and Probation Ombudsman (McAlister, 2021 and 2022) of Baby A and Baby B at two women's prisons. These investigations identified serious failings in care related to knowledge and understanding of sexual health, contraception and pregnancy risk assessment on admission to prison. Recommendations from these investigations referred to the RCN training directory (rcn.org.uk/clinical-topics/Public-health/Sexual-health/Sexual-health-education-directory member login required) and noted that staff working in these settings required further training and education to support best practice.

When reviewing the training directory, a gap was identified relating to the education and preparation of staff working in these services. This identified need is a fundamental skill set for those staff making risk assessments of women, for example, in custody, prison reception, and immigration detention centres. However, the project team have focused on prisons, as the complexities of different services may require a different approach. There is also recognition of the scope of accessing and referring to secondary care settings, and the competencies identified can be used in all settings.

Introduction

Care of women in prison necessitates a different pathway to care of women in acute or community settings. The prison setting has competing priorities, where the prison's security and provision/access to health care can sometimes be challenging. Practitioners need to be cognisant of the context within which women in prison live. People in prison are entitled to health care that is equivalent to that which they can access within the wider community.

Statistics indicate an increasing population of women being detained in prison, with a disproportionate number of women of childbearing age among them.

- The most recent prison population statistics are published weekly for England and Wales: gov.uk/government/collections/prison-population-statistics
- The figures for Scotland are available at: gov.scot/publications/scottish-prison-population-statistics-2022-23
- The figures for Northern Ireland are available at: justice-ni.gov.uk/topics/statistics-and-research/ni-prison-service-statistics

As in the wider community, people in prison are encouraged to take responsibility for their own health, seeking health care and making decisions regarding their treatment. Processes and systems are in place to ensure health care services are available to prisoners equivalent to those found in the community. As a result, health care staff are involved in a wide range of health service provision. This includes health screening, health promotion, contraceptive advice, treating and managing long-term conditions, managing acute and emergency care needs, maternity care, and supporting planned

The Nursing and Midwifery Council (NMC, 2018) Code provides professional standards

How is prison health care delivered?

Understanding how care is provided and delivered enables a better understanding of what is possible and what is required.

Service provision is different across the UK:

- NHS England (NHSE) is responsible for commissioning high quality health care in prisons in England, ensuring individuals' safety, equity and safeguarding. Find more information about commissioning at: [england.nhs.uk/commissioning/health-justice/](https://www.england.nhs.uk/commissioning/health-justice/)
Health care services in prison are provided by both NHS and independent providers. All are commissioned and funded by NHS England.
- In Wales, health provision for public sector prisons is managed by HM Prison and Probation Service, devolved to the Welsh Government, with health services provided by NHS Wales, delivered via Health Boards local to the prison. HMP Parc is a privately run prison, where primary health care services are commissioned by HM Prison and Probation Service (HMPPS). For further information please visit: phw.nhs.wales/topics/prison-health-in-wales
- In Northern Ireland, prison health care services are provided by South Eastern Health and Social Care Trust. Further details are available at: setrust.hscni.net/service/healthcare-in-prison
- In Scottish prisons health care services are provided directly by the NHS prisonsinspectoratescotland.gov.uk/publications/inspecting-and-monitoring-standard-9-health-and-wellbeing

Prison health care provision differs across establishments. Some services are available 24 hours a day, seven days a week and operate from a large central health care centre which contains clinic rooms providing outpatient services; a dentist; and a pharmacy dispensing to treatment rooms, where patients can collect their medicines. In some prisons there are also residential health care units providing care for prisoners with serious or complex physical and/or mental health issues. Other prisons provide health care services during the day, much like a general practice in the community. Some prisons also use telemedicine and link with their local acute hospitals.

The prison health care team includes nurse

Initial assessment on entering prison, included screening

On arrival into custody or a detained setting, every person undertakes an initial health reception screen, designed to identify any risk to their health or safety, before being allocated to a cell. This is in line with the National Institute for Health and Care Excellence

Older women in prison

Women in prison between the ages of 45-55 will be affected by perimenopause and menopause. 70% of women in perimenopause and menopause experience moderate or severe symptoms, impacting on wellbeing, quality of life and the ability to work. A wide range of symptoms includes hot flushes, night sweats, brain fog, joint aches, mood swings and fatigue (RCN, 2020). Women may also experience genitourinary symptoms of menopause, including vaginal dryness and itching, dysuria, urinary frequency, and incontinence. Lack of oestrogen in menopause is associated with increased risk of cardiovascular disease and osteoporosis.

It is important that women are asked about symptoms and are supported to access appropriate treatment options to manage wellbeing and promote healthy ageing. Further details may be found in the recently published guidance on menopause in prison by the

Pregnancy and childbirth, midwives and health visitors

All women should be offered a pregnancy test on arrival to prison, with negative tests

when needed. If no on-site midwifery care is available, the woman should be seen in the local maternity unit for antenatal care.

Any woman with a positive pregnancy test or birth within the last six weeks should ideally be referred to either the specialist midwife or community midwife attached to the prison and reviewed within 72 hours of identification.

Midwives book appointments within the prison environment, referring the woman to the local maternity unit for any obstetric consultations or scans. All women in prison are deemed as high risk due to the increased vulnerabilities of being pregnant in prison. Usually, pregnant women remain in shared care – between midwives and obstetricians -throughout pregnancy. The Royal College of Obstetricians and Gynaecologists (RCOG) *Position statement on maternity care for women in prison in England and Wales (2021)* was clear that the standards set out in the *Birth Companions Birth Charter (2019)*, and the *RCOG Maternity Standards* should be used to provide high quality care and support to all women in prison, and be the basis of all policy and best practice for maternity care here.

Referral to hospital for medical review is undertaken by the prison-based midwife. This may include long-term conditions, for example, diabetes. Without a specialist midwife, or at times when they are not available, health care staff in prison should escalate and escalat8caitlubabte

Babies in prison

Of the 12 female prisons in England, six have on-site mother and baby units (MBUs). There are no female prisons in Wales. Scotland has one female prison, which has a mother and baby unit, while Northern Ireland has one prison, with two mother and baby rooms.

Women in prison who have their baby with them are responsible for the care of the child

Sexual and reproductive health competencies for supporting women in prison

Focused on the sexual and reproductive health (SRH) needs of women in prisons, these competences have been designed for:

- health care support practitioners (HCPs), under the supervision of a registered nurse
- nursing associates (England only)
- registered nurses and midwives, both newly qualified, or new to the sector
- those with more enhanced/specialist skills and knowledge, including midwives.

The four pillars used to underpin this practice are (RCN Definition and Principles of nursing):

- Clinical knowledge and skills
- leadership
- education
- research.

Their development acknowledges that all health care provision is underpinned by key practices

- Provision of physical care to support general health and wellbeing, as well as that which is specific to sexual and reproductive health.
- Consideration of mental wellbeing of the individual – The National Women's Prisons Health and Social Care Review (NHSE, 2023), was established to consider how best to improve health and social care outcomes for all women in prison and when they are released. It identified that mental health needs, in particular, were not well supported, and all of the competencies below should consider physical and mental wellbeing.
- Communication skills, which may include counselling.
- The need to identify/act on interventions, provide care when competent to do so and refer for expertise where required.

The competencies focus on:

- history-taking /risk assessment/reception screening
- health promotion
- menstrual health
- sexual health
- contraception
- miscarriage/pregnancy loss
- termination of pregnancy/abortion care
- menopause care.

Table 1: Who the framework is for and what it is for

Who is the framework for?	What is the framework for?
Registered nurses, nursing support workers (including nursing associates), midwives	Standards of care Career pathway
Non-health care custodial staff	Information and developing understanding of health care professional roles
Managers including nurse	20.5 2.21 Td(1)0.s (g)11.1 (4 (o)-05.7 (f)16.4 (T0.77r)-10f h)-103r.2 (ar)-7.5 (d)-4.5 (s)2 (o)7.7

The framework also highlights areas for audit and research that may be used by organisations to assess training and development needs.

The project team has not identified separate standards for midwives, as the NMC *Standards of Proficiency for Midwives* (NMC, 2019) and the *My Future, My Midwife* NMC programme (NMC, 2020) apply in all settings. However, it is recognised that some midwives may wish to extend their practice to include the following competencies as well.

Table 2: Separated and combined health care practice

Competency Details	Clinical (C) Education (E) Leadership (L) Research (R)	Health care support practitioners (HCP)	Nursing associates (ENGLAND ONLY)	RN & M newly qualified/new to prison care.	RN & M enhanced/specialist practice	Existing competence frameworks/information to support best practice
History-taking/risk assessment/reception screening						
Completion of initial reception screen, which includes history of pregnancy within the last 12 months, identifying any possibility of pregnancy etc.	C	✓*	✓	✓	✓	nice.org.uk/guidance/ng57/chapter/Recommendations gov.uk/government/publications/womens-policy-framework * HCP to be deemed competent and practice under the supervision of a registered nurse
Completion of secondary assessment to identify any ongoing fertility treatment, more detailed obstetric history and sexual health history	C	✓*	✓	✓	✓	gov.uk/government/publications/womens-policy-framework * HCP to be deemed competent and practice under the supervision of a registered nurse
Completion of clinical observations including NEWS2 (National Early Warning Score2), COWS (Clinical Opiate Withdrawal Scale), CIWA -A/B (Clinical Institute Withdrawal Assessment for Alcohol scale)	C	✓	✓	✓	✓	
Pregnancy testing	C	✓	✓	✓	✓	

Health promotion						
Demonstrate an initial understanding of health coaching and motivational interviewing skills to provide education individually and in groups	C	✓*	✓	-	-	gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-applying-all-our-health rcn.org.uk/clinical-topics/public-health/sexual-health (requires member login) ukhsa.blog.gov.uk/2018/01/08/its-good-to-talk-making-the-most-of-ou3T6.9 (m)-10.2 (o)-7.5 (s)2.96 (a)79 (t)14ndu ul

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1.1.2	1	1	1	1	1	1
1.1.3	1	1	1	1	1	1
1.1.4	1	1	1	1	1	1
1.1.5	1	1	1	1	1	1
1.1.6	1	1	1	1	1	1
1.1.7	1	1	1	1	1	1
1.1.8	1	1	1	1	1	1
1.1.9	1	1	1	1	1	1
1.1.10	1	1	1	1	1	1
1.1.11	1	1	1	1	1	1
1.1.12	1	1	1	1	1	1
1.1.13	1	1	1	1	1	1
1.1.14	1	1	1	1	1	1
1.1.15	1	1	1	1	1	1
1.1.16	1	1	1	1	1	1
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1.1.24	1	1	1	1	1	1
1.1.25	1	1	1	1	1	1
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1.1.50	1	1	1	1	1	1
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1.1.52	1	1	1	1	1	1
1.1.53	1	1	1	1	1	1
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1.1.55	1	1	1	1	1	1
1.1.56	1	1	1	1	1	1
1.1.57	1	1	1	1	1	1
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1.1.59	1	1	1	1	1	1
1.1.60	1	1	1	1	1	1
1.1.61	1	1	1	1	1	1
1.1.62	1	1	1	1	1	1
1.1.63	1	1	1	1	1	1
1.1.64	1	1	1	1	1	1
1.1.65	1	1	1	1	1	1
1.1.66	1	1	1	1	1	1
1.1.67	1	1	1	1	1	1
1.1.68	1	1	1	1	1	1
1.1.69	1	1	1	1	1	1
1.1.70	1	1	1	1	1	1
1.1.71	1	1	1	1	1	1
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1.1.81	1	1	1	1	1	1
1.1.82	1	1	1	1	1	1
1.1.83	1	1	1	1	1	1
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1.1.100	1	1	1	1	1	1

	D				

Practitioners providing treatment are using BASHH guidelines for specific STIs and where required national PGDs	C and E	-	-	✓	✓	
Practitioners can confidently recognise a pattern of infection						

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18	Transition to practice	18	18	18	18	18
19	Transition to practice	19	19	19	19	19
20	Transition to practice	20	20	20	20	20

Termination of pregnancy/abortion care						
Pregnancy testing and advice for example, repeat testing/window period/risk?	C	✓	✓	✓	✓	rcog.org.uk/media/ujmfhg0h/national-service-specification-for-abortion-care-nov-2022.pdf nice.org.uk/guidance/ng140 rcn.org.uk/Professional-Development/publications/rcn-termination-of-pregnancy-and-abortion-care-uk-pub-011-285 fsrh.org/education-and-training/essential-contraception-for-abortion-care-providers
Pregnancy options discussion	C	-	-			

Menopause						
		✓	✓	✓	✓	
			✓	✓	✓	
			✓	✓	✓	

Conclusion

References and further reading

Agenda Alliance (2021) *Tackling Double Disadvantage*. Available at: agendaalliance.org/our-work/projects-and-campaigns/tackling-double-disadvantage (accessed 3 May 2024)

Agenda Alliance (2022) *The Young Women's Justice Project*. Available at: agendaalliance.org.

Gov.UK (2021b) *Concordat on women in or at risk of contact with the Criminal Justice System*. Available at: [gov.uk/government/publications/concordat-on-women-in-or-at-risk-of-contact-with-the-criminal-justice-system](https://www.gov.uk/government/publications/concordat-on-women-in-or-at-risk-of-contact-with-the-criminal-justice-system) (accessed 3 May 2024)

Gov.UK (2023) *Prison life*. Available at: [gov.uk/life-in-prison](https://www.gov.uk/life-in-prison) (accessed 3 May 2024)

Gov.UK (2023) *Pregnancy, MBUs and maternal separation in women's prisons Policy Framework*. Available at: [gov.uk/government/publications/pregnancy-mbus-and-maternal-separation-in-womens-prisons-policy-framework](https://www.gov.uk/government/publications/pregnancy-mbus-and-maternal-separation-in-womens-prisons-policy-framework) (accessed 3 May 2024)

Home Office (2016) Detention Services Order 05/2016 *Care and Management of Pregnant Women in Detention*. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/564431/DSO_05_2016_-_Pregnant_Women_In_Detention.pdf (accessed 3 May 2024)

HM Inspectorate of Prisons for England and Wales (2021) *Women's (201f Prisons) 3.6) 3.6) 7.7) 15.1) 14) 13)*

Nursing and Midwifery Council (2019) *Standards of proficiency for midwives*. Available at: nmc.org.uk/standards/standards-for-midwives/standards-of-proficiency-for-midwives (accessed 3 May 2024)

Nursing and Midwifery Council (2020) *My Future, My Midwife* programme. Available at: nmc.org.uk/about-us/our-role/who-we-regulate/midwifery/education (accessed 3 May 2024)

One Small Thing (2022) *Motherhood In The Justice System*. Available at: onesmallthing.org.uk/justice-podcast-motherhood-in-the-justice-system (accessed 3 May 2024)

Prison Reform Trust (2023) *Guide for women entering prison for the first time*. Available at: prisonreformtrust.org.uk/adviceguide/women-facing-prison (accessed 3 May 2024)

Royal College of Nursing (2021) *Making Sense of Women's Health*. Available at: rcn.org.uk/Professional-Development/publications/making-sense-of-womens-health-uk-pub-010-002 (accessed 3 May 2024)

Royal College of Nursing (2022) *Career Pathway and Education Framework for Cancer Nursing*. Available at: rcn.org.uk/Professional-Development/publications/career-pathway-and-education-framework-for-cancer-nursing-uk-pub-010-076 (accessed 3 May 2024)

Royal College of Nursing (2023) *Travel Health Nursing: career and competence development*. Available at: rcn.org.uk/Professional-Development/publications/rcn-travel-health-nursing-uk-pub-010-573 (accessed 3 May 2024)

Royal College of Nursing (2023) *Women's Health Pocket Guide*. Available at: rcn.org.uk/Professional-Development/publications/womens-health-pocket-guide-uk-pub-010-898 (accessed 3 May 2024)

Royal College of Nursing (2024) *Termination of Pregnancy and Abortion Care*. Available at: rcn.org.uk/Professional-Development/publications/rcn-termination-of-pregnancy-and-abortion-care-uk-pub-011-285 (accessed 3 May 2024)

Royal College of Nursing (2024) *Definition and Principles of Nursing*. Avail3

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This competencies framework has been developed for nurses, midwives, and those supporting nursing teams, who provide sexual and reproductive health care to women in prison. It takes account of nursing teams who may have limited experience caring for pregnant women.

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The Nine Quality Standards

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