DOI: 10.1363/psrh.12235

ARTICLE

PERSPECTIVES on Sexual and Reproductive Health

"I mean, I didn't really have a choice of anything:" How incarceration influences abortion decision-making and precludes access in the United States

Carolyn B. Sufrin[1,2] | Ashley Devon-Williamston[3] | Lauren Beal[4] | Crystal M. Hayes[5] | Camille Kramer[1]

[1]Department of Gynecology and Obstetrics, Johns Hopkins School of Medicine, Baltimore, Maryland, USA

[2]Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

[3]Topos Partnership, Washington, DC, USA

[4]Wild West Access Fund, Reno, Nevada, USA

[5]Department of Maternal and Child Health Center of Excellence, Gillings School of Global Public Health, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

Correspondence
Carolyn B. Sufrin, Department of Gynecology and Obstetrics, Johns Hopkins School of Medicine, Baltimore, MD, USA.
Email: csufrin@jhmi.edu

Funding information
Society of Family Planning Research Fund, Grant/Award Number: SFPRF11-09

Abstract

Objective: To understand how the punitive, rights-limiting, and racially stratified environment of incarceration in the United States (US) shapes the abortion desires, access, and pregnancy experiences of pregnant women, transgender men, and gender non-binary individuals.

Methods: From May 2018–November 2020, we conducted semi-structured, qualitative interviews with pregnant women in prisons and jails in an abortion supportive and an abortion restrictive state. Interviews explored whether participants considered abortion for this pregnancy; attempted to obtain an abortion in custody; whether and how incarceration affected their thoughts about pregnancy, birth, parenting, and abortion; and options counseling and prenatal care experiences, or lack thereof, in custody.

Results: The conditions of incarceration deeply shaped our 39 participants' abortion and pregnancy decisions, with some experiencing pregnancy continuation as punishment. Four themes emerged: (1) medical providers' overt obstruction of desired abortions; (2) participants assuming that incarcerated women had no right to abortion; (3) carceral bureaucracy constraining abortion access; and (4) carceral conditions made women wish they had aborted. Themes were similar in supportive and restrictive states.

Conclusions: Incarceration shaped participants' thoughts about pregnancy and their abilities to access abortion, consider whether abortion was an attainable option, and make pregnancy-related decisions. These subtle carceral control aspects presented more frequent barriers to abortion than overt logistical ones. The carceral environment played a more significant role than the state's overall abortion climate in shaping abortion experiences. Incarceration constrains and devalues reproductive wellbeing in punitive ways that are a microcosm of broader forces of reproductive control in US society.

INTRODUCTION

There are nearly 58,000 admissions of pregnant women (we use the term "women" when citing studies that have reported data as women. We acknowledge that not all people with the capacity to be pregnant identify as women) to United States (US) jails and prisons annually and many first learn of their pregnancy upon arrival to jail or prison.[1,2] Under the protections of *Roe v. Wade* (*Roe*) and other judicial precedents specific to carceral health care, incarcerated individuals in all states previously had a constitutional right to access abortion.[3,4] However, even before the Supreme Court overturned *Roe* in 2022, this right was not fully realized. Policy studies have documented that some prisons and jails overtly do not permit abortion or de facto restrict it by requiring the incarcerated individual to pay for the abortion and transportation, obtain court orders, and overcome other barriers.[5–7] In the only study to track abortion incidence among incarcerated women, 11 out of 816 (1%) of pregnancies that ended in 22 state prisons and all federal prisons in 1 year were abortions.[7] The reasons for this number, lower than the national abortion ratio at the time of 18%, are unknown, but possibilities include facility logistics precluding abortion, ineligible gestational age, or few people who wanted abortions.[7,8]

While surveys of incarcerated women have reported that up to 84% have experienced an unplanned pregnancy and 54% have had an induced abortion, research has not explored the role that incarceration plays on the thoughts that pregnant women, transgender men, and gender non-binary individuals have about pregnancy and abortion.[9,10] Such thoughts could be influenced by separation from family, variable access to prenatal care, withdrawal from active substance use, uncomfortable environments of material deprivation, and lack of dignity and control regarding birthing while incarcerated.[11,12] Carceral abortion access is influenced by the continuum between jail and prison: an arrested person goes to jail first or may either be released from jail or sentenced to state or federal prison. Jails stays are short, less than 1 year, and can be as short as days, weeks, or months, whereas prison stays are generally longer than 1 year. Differences in health care access, facility abortion policies, gestational age in jail versus prison, and proximity to abortion providers[13] also may differentially shape jail and prison abortion access.

Black women are incarcerated at twice the rate of white women[14] and most incarcerated women are living on low-incomes with high rates of substance use and mental health issues.[15] To advance equity, we must understand the effects of carceral, punitive forces on abortion desires, experiences, and access in this restrictive environment that is hidden from public view. Such exploration sheds light on the conditions that enable extreme, punitive regulation of abortion for all pregnant women, transgender men, and gender non-binary individuals in the US and the differential valuing of their reproductive wellbeing, regardless of whether a legal right to abortion exists; even under *Roe*, incarcerated people had a constitutional right to abortion that some carceral facilities violated.

We conducted a qualitative study of pregnant incarcerated women in a US prison and a jail each in two states, one that was considered supportive of abortion and one that was considered hostile to abortion, prior to the overturning of *Roe*.[16] A prior prison abortion policy study of 22 state prison systems and all federal prisons demonstrated that all the prisons that disallowed abortion were in hostile states and all prisons in supportive states allowed abortion.[7] The current study design thus allowed us to investigate the potential role of the overall, non-carceral state abortion climate. We included jails and prisons to understand differences in these administratively different sites. Our aims were to document the experiences of pregnant patients who unsuccessfully tried to access abortion in custody and to explore how incarceration shaped patients' thoughts about abortion, pregnancy decision-making, and their pregnancy experiences in custody.

METHODS

Overall study design

We conducted semi-structured qualitative interviews in an abortion supportive state ("State S") from May–November, 2018 and an abortion restrictive state ("State R") from July 2019–November 2020. Details of the abortion contexts for each state and study site are in Table 1. Prison participants sometimes referred to their experiences in jail before arriving to prison; we could not ascertain abortion policies among those non-study jails.

Site and participant recruitment and study procedures

We approached study sites in a supportive and a restrictive state with whom we had existing research relationships (prison S, jail S, and prison R) and they agreed to be sites for the current study. State S only has one prison for females. While State S sites allowed abortion, they did so with restrictions out of step with overall state abortion law (Table 1), but we nonetheless included them as the overall abortion supportive state given our prior research collaborations. In State R, two prisons house pregnant females, the state women's prison and a prison medical facility. The women's prison of State R had a "nursery program," whereby people who birthed in custody could, if eligible, reside with their newborns in the prison. We recruited participants from both prisons but report them combined as "prison R." For jail R, we contacted facility leadership using publicly available information. We described the study's aim as understanding how incarceration generally impacts decision-making among pregnant women. Each site identified a study contact, someone involved in pregnancy care or programming, to serve as the liaison between the study team and facility.

The study liaison, part of the medical branch of the facility, notified our team when a pregnant person who was interested in learning about the study arrived at the facility. A research team member then met with the person to assess eligibility and explain the study. If they were eligible and interested in participation, we conducted the interview at least 3 days later in a private space at the facility. The lag time

TABLE 1 State abortion context pre- and post-*Dobbs* and study site abortion policies and characteristics.

	Supportive state (State S)		Restrictive state (State R)	
Abortion context				
State abortion policies and laws at time of study[a]	Abortion legal until "viability." Medicaid covers abortion under all conditions. No waiting periods or TRAP (Targeted Regulation of Abortion Providers) laws.		Abortion legal, gestational age limit = 22 weeks if the pregnancy is a threat to the patient's physical health. Requires a 24-hour waiting period. Minors require parental consent. Medicaid does not cover abortion. TRAP laws (transfer agreement with hospital within 30 miles; admitting privileges) enacted.	
State abortion after *Dobbs* overturned *Roe*[b]	No change.		No change.	
Number of abortion clinics in state[a]	44 providers, 25 clinics		14 providers, nine clinics	
Facility characteristics	**Prison**	**Jail**	**Prison**	**Jail**
Geography	Rural/suburban	Urban	Rural	Urban
Institution abortion policy[c]	1st trimester (<14 weeks)	1st trimester (<14 weeks)	1st trimester (<14 weeks)	1st (<14 weeks) and 2nd trimester (14–22 weeks), per state gestational age limit
Payment source[c]	Facility	Facility	Incarcerated individual	Incarcerated individual
Proximity to nearest procedural abortion provider[d]	16 miles	2 miles	65 miles	2 miles

Abbreviations: Dobbs = Dobbs v. Jackson Women's Health Organization; Roe = Roe v. Wade.
[a]Information obtained from Guttmacher Institute, and reported for policies and number of clinics at the time of this study in 2017.[8]
[b]Information obtained from Guttmacher Institute, as of June 6, 2023.[32]
[c]Facility abortion policy obtained from data reported to a previous study[7] and from facility staff at start of this study.
[d]Proximity to procedural abortion clinic reported here since medication abortion is generally not provided in custody. We obtained proximity data by using the Google search engine with a general inquiry on locating abortion providers in the United States. We then used the National Abortion Federation website and the interactive map feature to narrow the search by state and later city. Once we identified the nearest abortion clinics, we went to the clinic websites to verify their services and location.

helped ensure that participants had adequate time to consider their participation and avoid undue pressure. Upon arrival to the facility, facility staff escorted the research team member to a private room by either the facility liaison or a corrections officer. The research team member only initiated the interview once alone in the room with the participant and after confirming that no one could overhear participant responses (e.g., closing the door/windows). Facility staff were not privy to the specific questions asked of participants in the interview guide. For remote interviews, facility staff escorted participants to a private space (usually an unused staff office), logged them into Zoom, closed the door, and left the room. The research team member explicitly asked remote participants whether they were alone and felt comfortable with privacy levels before proceeding with the interview. One author (CMH) enrolled a participant from prison R in a separate round of recruitment in 2019.

Eligibility criteria were: pregnant; incarcerated at a gestational age when they could have, by state law, had an abortion; English speaking; and over 18 years old. We conducted recruitment visits and interviews in a private room in the prison or jail. In March, 2020 when the COVID-19 pandemic began, Jail R ended their study participation. Prison R allowed us to resume study activities remotely in July 2020. We audio recorded and transcribed all interviews; the research team member wrote a memo after each interview to record non-verbal aspects of the interview and initial impressions. We attempted to contact participants 3 and 6 months after their due dates to learn the pregnancy outcomes. During the interview visit, we collected contact information (if applicable) for each participant, with their permission, including their phone number, email address and mailing address. We also collected contact information for someone the participant deemed as a good person to reach out to if we could not reach them by the other methods.

Interview guide

We grounded the conceptual framework of the interview guide in notions of abortion access as institutionally structured by facility health care policies and more broadly in the underlying coercive power dynamics, punitive culture, and autonomy constraints that characterize incarceration. We conceptualized carceral abortion through a reproductive justice lens, recognizing the ways that mass incarceration disrupts the core rights of reproductive justice.[17] We asked about abortion alongside other aspects of pregnancy and parenting while incarcerated to reflect the interdependence of these reproductive justice tenets.

We developed the interview guide by adapting some questions from a study of abortion decisions among women obtaining prenatal care[18] and others from a prior ethnographic study among pregnant

incarcerated women.[11] We included domains to explore consideration of or efforts to obtain an abortion while in the community or in custody; pregnancy care experiences in custody; whether incarceration affected abortion thoughts and other pregnancy decisions, parenting, or plans for infant care; and participant demographics. We obtained input on the guide from community members who had experience being pregnant and incarcerated.

Data analysis

We used open coding as well as pre-specified domains corresponding to the interview guide to create a codebook from transcripts and memos. Two research team members (CS and CK) coded all interview transcripts line by line using Dedoose software and two other research team members (ADW and LB) coded selected transcripts. We identified emergent themes within and across transcripts through an iterative process of directed content analysis, guided by the theories of carceral control and reproduction.[11,17] The coders met regularly to discuss code application alignment in relation to the identified themes.

In our initial coding, we did not observe differences in responses based on whether a participant was in State S or State R; rather, it was clear that the custody aspects of incarceration were common threads in both states, and more prominent than any geographic differences. We thus did not use strict State S vs. State R comparison as the overarching analytic framework. Additionally, we did not separate data by prison and jail because all participants in prison were in jail at some point, and many of the issues overlap. However, we noted whenever the temporality or conditions of jail vs. prison were relevant. While we asked participants' racial identity, our analysis did not center critical race analysis beyond the precondition that mass incarceration is a racialized phenomenon.

Ethical considerations

The Johns Hopkins School of Medicine Institutional Review Board approved the study and we followed the research approval processes of participating facilities. Our recruitment protocol took special care to avoid coerced participation. We compensated participants with pregnancy resource books or, when the facility allowed, $20 on their commissary account. We conducted interviews in a private space away from facility staff. We assigned pseudonyms to participants in reporting results.

At the time of initial interview, some participants were still eligible for an abortion. The research team member could not provide medical or legal advice, but if a participant mentioned a desire for an abortion, we informed them that all incarcerated women have certain reproductive and health care rights while incarcerated, including to abortion care, and that they could contact their attorney and health care provider for more information.

RESULTS

We interviewed 39 pregnant women (all participants identified as women), 17 (10 prison/7 jail) in State S and 22 (18 prison/4 jail) in State R. Table 2 provides demographic, incarceration, and pregnancy characteristics. While most participants knew they were pregnant pre-incarceration, 11 first learned of their pregnancy in custody. The vast majority of pregnancies were unplanned. Six participants reported they had had an abortion in the past. Eight experienced incarceration during previous pregnancies, two who had given birth in custody. No participants were eligible for prison R's nursery program.

Four themes emerged around abortion access and pregnancy decision-making: (1) medical providers' overt obstruction of desired abortions; (2) participants assuming that incarcerated women had no right to abortion; (3) carceral bureaucratic constraining abortion access and thoughts about pregnancy; and (4) carceral conditions made people to wish they had abortion. Representative quotes appear in the sections below.

Medical providers' overt obstruction of desired abortions

Four participants described ways that facility staff overtly thwarted their expressed desires for abortion. Ashley explicitly asked the doctor at a non-study State S jail about abortion and, plainly, "was told that my county jail does not do that." When Tina asked the jail S doctor for an abortion at 7 weeks gestation, he responded, in stark contrast to this jail's written policy, it was not an option:

> They was like, "We don't take people to get abortions… We don't really—we don't do abortions, anymore. We used to. That's not something we do anymore." Therefore, that broke my heart… He's [the doctor] sweet. Sweet as pie, but he's like, "No. We don't do abortions." He wasn't like, mean or nasty about it. He was just—I guess confused when I asked him.

Tina even tried appealing to the fact that she had private insurance, hoping that could pay for an abortion while in jail but the doctor—the gatekeeper to Tina's access to medical care off-site—still told her no. Tina tried to investigate the truth of what the doctor told her. Several custody officers (COs) said she could get an abortion, but warned that the jail would invoke logistical hurdles as stall tactics until it was too late:

> [The CO] was like, "I will say they don't [do abortions] because they'll put you so far back and make it seem like they got so much going on that they can't find you a ride or this, this." Just small, little minute things that they can just throw out there, so you miss your appointments because they don't feel like doing it.

TABLE 2 Participant demographics and other characteristics ($N = 39$).

Characteristic	State S ($n = 17$)		State R ($n = 22$)		
	Prison ($n = 10$)	Jail ($n = 7$)	Prison ($n = 18$)	Jail ($n = 4$)	Total ($N = 39$)
Average age in years (minimum, maximum)	26.9 (20,31)[a]	23.7 (18, 32)	28.8 (21,38)	24.5 (20, 26)	27 (18,38)[a]
Gestational age at arrest					
Median gestational age at arrest in weeks (minimum, maximum)[b]	15 (14.5,5,28)	10.3 (10,4, 16)[a,c]	10.7 (11.5,4, 24)[a,c]	15.8 (14.5,8,26)	12.3 (12, 4, 28)[a]
Number in first trimester at time of arrest, <14 weeks (*n* [%])	5 (50)	4 (67)[a]	12 (71)[a]	2 (50)	23 (62)[a]
Number in second trimester at time of arrest, 14–28 weeks (*n* [%])	5 (50)	2 (33)[a]	5 (29)[a]	2 (50)	14 (38)[a]
Median gestational age at the time of interview in weeks (minimum, maximum)	26.6 (30,13,38.5)[a]	14.6 (12.8,12,20)[a]	22.5 (21.5,11,38)[a]	24 (26,12,32)	22.4 (20, 11,38.5)[a]
Median duration of current incarceration at study site in days at the time of interview (minimum, maximum)	56.4 (32,17,210)[a]	35.1 (27,14, 90)	61.9 (30,13,270)[a]	57 (47,14,120)	54.9 (30, 13, 270)[a]
Previously incarcerated[d] (*n* [%])	7 (70)	3 (43)	11 (65)[a]	4 (100)	25 (71)[a]
Median number of times in jail or prison before this time? (minimum, maximum)	2.5 (1,1,6.5)	5.7 (1,1,15)	3.1 (2.5, 1, 6)[a]	6.5 (6.5, 1,12)	17.8 (71)[a]
Race (*n* [%]) in each category)					
Black, non-Hispanic	5 (50)	6 (86)	2 (11)	1 (25)	14 (36)
White, non-Hispanic	4 (40)	1 (14)	15 (88)	3 (75)	23 (59)
Native American, Hispanic	0 (0)	0 (0)	1 (6)	0 (0)	1 (3)
Biracial (Black and white, non-Hispanic)	1 (10)	0 (0)	0 (0)	0 (0)	1 (3)
Highest education level (*n* [%])					
Primary school	1 (10)	1 (14)	0 (0)	1 (25)	3 (8)
Some high school	2 (20)	2 (29)	3 (17)	2 (50)	9 (23)
High school diploma/ graduate equivalency degree	5 (50)	3 (43)	10 (59)	1 (25)	19 (49)
Some college	1 (10)	0 (0)	5 (29)	0 (0)	6 (15)
Trade school	1 (10)	1 (14)	0 (0)	0 (0)	2 (5)
Housing status (*n* [%])					
Stable housing (lived with family, on their own, with partner)[e]	9 (90)	7 (100)	17 (100)[a]	2 (50)	35 (92)[a]
No stable housing	1 (10)	0 (0)	0 (0)	2 (50)	3 (8)[a]
Employment/source of income (*n* [%])					
Employed	4 (40)	5 (71)	9 (50)	0 (0)	18 (46)

(Continues)

TABLE 2 (Continued)

Characteristic	State S ($n = 17$)		State R ($n = 22$)		
	Prison ($n = 10$)	Jail ($n = 7$)	Prison ($n = 18$)	Jail ($n = 4$)	Total ($N = 39$)
Unemployed	5 (50)	1 (14)	8 (47)	0 (0)	14 (36)
Sex work	1 (10)	0 (0)	0 (0)	4 (100)	5 (13)
Drug trade	0 (0)	1 (14)	1 (6)	0 (0)	2 (5)
Current substance use at arrest (*n* [%])	4 (40)	0 (0)[a]	10 (66)[a]	4 (100)	18 (53)[a]
Child welfare system involvement (*n* [%])	2 (20)	1 (14)	6 (35)[a]	2 (50)	11 (29)[a]
Given birth to at least one child (*n* [%])	9 (90)	6 (86)	15 (83)	3 (75)	33 (85)
Average number of children they have given birth to (minimum, maximum)	2.2 (1,4)	2 (1,4)	2.3 (1,6)	0.75 (1,2)	2.2 (1,6)
At least one prior abortion (*n* [%])	2 (20)	2 (29)	1 (6)[a]	1 (25)	6 (16)[a]
Been pregnant in jail/prison during a prior pregnancy (*n* [%])	2 (20)	2 (29)	2 (12)[a]	2 (50)	8 (21)[a]
Gave birth in custody with prior pregnancy (*n* [%])	1 (10)	0	1 (6)[a]	0	2 (5)[a]
Pregnancies were diagnosed in custody (*n* [%])	2 (20)	2 (29)	7 (41)[a]	1 (25)	12 (32)[a]
Incarceration status at birth[f] (*n* [%])	$N = 7$	$N = 2$	$N = 9$	$N = 0$	$N = 18$
Prison/Jail	6 (86)	2 (100)	8 (89)	0 (0)	16 (89)
Community (post-release)	1 (14)	0 (0)	1 (11)	0 (0)	2 (11)

[a]Participants with missing data were not included in this calculation.
[b]We discovered at the time of the interview that 3 participants were over 22 weeks gestational age (the legislative limit to receive an abortion in that state).
[c]For four participants (1 in jail S and 3 in prison R) we used 4 weeks gestational age at the time of arrest because they disclosed being four or fewer weeks pregnant.
[d]Some were previously incarcerated but did not provide a number, we counted it as one for each of them; others provided a range estimate in which we took the average.
[e]The majority categorized as stable housing lived with family and friends.
[f]We were able to contact 18 participants after they had given birth.

Tina speculated whether this casual "we just don't do it" was the jail's opposition to abortion, or desire to avoid the controversy of abortion: "maybe they just prefer not to send people out to do it. I'm not sure. Because they don't really want to do the abortion thing?" Deija's experience at the same jail supported this. Two weeks into her jail time Deija decided that at 12 weeks she wanted an abortion, for which she was still eligible. However, when she sought an abortion referral from two jail doctors, she encountered personal and judgmental responses, foreclosing access to care:

> None of the medical professionals here believe in abortion. Therefore, when I brought it up, I was instantly shot down. "Oh, why would you want to abort your baby?" Well, I don't want to have it here. Two different doctors. One downstairs in bookings and one up here. They both were like, "Well, I've had three kids,' or, "I've had this many kids and I would never get an abortion. Children are blessings. You shouldn't get an abortion." I'm like, "Well, this is what I want." I don't want to be here pregnant… Therefore, they just immediately shot me down. They wouldn't even discuss it with me. Telling me all the different ways I was wrong and why I shouldn't get an abortion.

Even as Deija persisted, the doctors told her that it would be futile to try to arrange an abortion at this point: "They won't even discuss it with me. They told me that even if they were to put it in, that it's going to be a month before I see an Ob/Gyn and that I wouldn't be able to get one [an abortion], anyway, in a timely manner." The doctors suggested they

knew the jail policy allowed abortion up to 14 weeks but claimed that any abortion referring efforts would be futile.

None of these narratives of abortion obstruction mentioned cost, transportation, or other official logistical barriers as the source inhibiting abortion access. Rather, the obstructions resulted directly from the will of medical providers.

Participants assuming that incarcerated persons had no right to abortion

Many participants articulated a presumption that they lacked rights to an abortion. This assumption was cultivated, as women described, through two primary means: first, they assumed that incarceration revoked most of their rights, including abortion; second, health care staff rarely ever provided options counseling or offered abortion. One participant, who was 20 weeks upon arrival at a non-study State S jail summarized these two logics as: "I mean, I didn't really have a choice of anything, so they didn't really ask."

Some expressed a fatalistic sense that the lack of abortion rights was part and parcel of being incarcerated. Deija experienced the systematic lack of choice as part of the degradation of incarceration: "We're not looked at as people; we're looked at as inmates, so all of our decisions are taken from us, even with our pregnancies. They decide when we eat; they dictate when we drink…They dictate when we see the doctor." Jasmine, a mother of two children, arrived at a non-study State S jail when she was 8 weeks pregnant. Jasmine was unsure whether she could parent a third child, planned adoption because, when asked if abortion was an option in jail, she casually said "No, no," adding that jail medical staff never asked her, and she never asked them: "I didn't think that you had an option when you were [in] jail, whether to have it done or not. So, I was like, 'Well, if I change my mind about keeping it, well, I will keep it and give birth to it and then I will give it up for adoption.'" Brittany, in prison S, stated "I was told that… if you wanted an abortion when you're here…, you can't because you were the state's property." She added that she thought abortion "should be" possible while in prison.

We asked all participants whether anyone provided them options counseling in custody. Only two, one in jail S and one in prison R, received oral information from medical staff that abortion was an option. Tiffany described this abortion information as a response to her "freaking out" about the health of her baby due to her age (35) rather than intentional options counseling from the prison provider. Only three women, all in prison R, received written pregnancy options and abortion information, and only indirectly through a standard checklist form given to pregnant women asking them to indicate if they planned for an abortion, adoption, or other baby placement options. No pregnant person received proactive counseling that abortion was an option; one woman in jail R knew abortion was an option because, while previously incarcerated there, she terminated a pregnancy.

The limited options counseling promoted adoption by default. Some participants felt pressured to consider adoption if they lacked assistance placing their babies with a family member. Wanda, in prison R, described staff trying to "bully her into adoption:"

> One day all the pregnant inmates were forced into a meeting with the adoption agencies' lawyer. She again offered $3,000. I declined again. The meeting was mandatory. Time went by and I asked again [about baby placement] and [she] said she didn't hear anything and adoption was still an option.

Wanda was so distraught about this that she sent our research team a letter. Almost all participants were adamant about not pursuing adoption, citing reasons such as not wanting to give up a baby they carried to term and birthed as well as feelings of grief and guilt.

Claudia, in prison R, was in county jail for 1 month when she learned that she was 3 months pregnant. The idea of pregnancy and parenting overwhelmed her, as she had little family support and parenting resources. She seriously considered abortion for nearly a month. No one in jail asked whether she wanted to continue the pregnancy or informed her that abortion was an option:

> They did not, they didn't question, like, you know, "Do you want to keep your baby? This is what we can do to help you, either way." They didn't give me any options; it was just, kind of, "you're pregnant, so deal with it now." So if I did want any abortion, I don't think I would have gotten the chance to get one, just for the fact of I was incarcerated and basically you have no rights while you're sitting in county jail.

To Claudia, the lack of anyone asking what she wanted for her pregnancy confirmed that she had no rights.

Carceral bureaucracy constraining abortion access and thoughts about pregnancy

Banal structural temporalities of incarceration implicitly foreclosed abortion access. Court dates, sentence length, transitions from jail to prison, and wait times to see facility health care staff overlapped with the temporal progression of pregnancy. For Nisha in jail S, the repeated rescheduling of her court date led her to want an abortion, because of the uncertainty about where she would have to gestate and give birth:

> I don't know anymore. I guess once I talk to a lawyer and find out if I'm going to get a speedy trial, then I want to keep it. But, if I'm going to have a further court date, I don't want to keep it, because I don't have nobody to give my baby to. In addition, I don't want my baby in the system.

Because incarcerated pregnant women had no control over such temporalities, delays in medical care created profound fear and anxiety as

participants' pregnancies progressed. Participants spoke with despair about the deep impact of the uncertainty of what would happen with their court proceedings, if they would give birth in custody, what kind of prenatal care they would or would not receive, and, as one woman said, that these stresses "can kill a baby." Erica, in prison R, echoed words that other participants also expressed:

> There's obviously a lot of mixed emotions not knowing, you know, how long I would be incarcerated, not knowing what kind of prenatal care that I would, you know, be able to get being incarcerated. I was more stressed out in not knowing; you know?…It was traumatic not knowing. You know, there was a possibility that I wouldn't even get to raise my kids

After years of struggling with unstable housing, an abusive partner, and a substance use disorder, Stony, in prison R, was clear that "I wanted an abortion." She did not want to be tied to this sexual partner via parenting; moreover, her five children lived with family or foster care, separations that caused pain. Stony was arrested before she could obtain an abortion in the community. In a non-study state R jail, she repeatedly requested to see the jail doctor to schedule an abortion, but staff provided bureaucratic explanations that her multiple requests "were being processed." The care delays prevented her abortion, as she explained: "I think I just gave up trying after so much time had passed and so I thought that maybe this [pregnancy] might be my punishment…so I accepted it."

Some participants described delays up to several months in receiving requested pregnancy tests, at which point they were too far along either for the facility's policy, or for their personal gestational age limits. Ashley, whom we interviewed at 30 weeks in prison S, had a delayed pregnancy diagnosis in a non-study jail. At intake, a nurse administered two pregnancy tests, both of which were negative. When Ashley noticed weight gain and other pregnancy symptoms, she pleaded with medical staff multiple times for another test. When, 3 months after her first request, a urine test confirmed her pregnancy, she was 22 weeks. She told us, "If I found out I was pregnant early on, I would have honestly aborted the child." But the jail doctor told her both that this jail did not do abortions—which Ashley knew to be false, since her mother worked at an abortion clinic that had patients from this jail—and that 22 weeks was too far along for an abortion—also not accurate in State S. Although she accepted her jail-imposed fate of pregnancy continuation, she harbored resentment: "Basically, I was made to have this baby."

Carceral conditions made women wish they had aborted

The carceral environment of uncertainty and control, in addition to the little information women received about their pregnancies, took a psychological toll on women and made it difficult for women to make informed pregnancy and parenting decisions. Once incarceration was woven into their pregnancies, it played a role in how most women assessed their thoughts about pregnancy; incarceration even modified many women's initial narratives about what they wanted for this pregnancy. Many participants, more commonly in State R, expressed moral opposition to abortion. Others described decisional uncertainty, emphasizing their legal proceedings, financial instability, addiction, or lack of help raising a child as context for their uncertainty around parenting right now. While 11 participants actively considered abortion in their initial decision-making, another seven described how being incarcerated while pregnant made them wish they had terminated. Some participants also expressed that being incarcerated made them "wish I didn't get pregnant" in the first place.

For Deija, isolation, concern for the wellbeing of the fetus, uncertainty about the logistics of where her newborn would go, and even about her ability to hold her newborn were carcerally determined conditions that she wanted to avoid by terminating a pregnancy she initially was excited about. A mother of four other children, Deija found out she was pregnant 2 weeks before coming to jail S. She was "excited" about the pregnancy; but once she got to jail, she wanted an abortion. She then framed her desire for abortion as a protectionist urge, not wanting her baby to suffer in jail:

> Being here is stressful. So, it's like—makes you resent being pregnant because you don't eat properly; you're hungry. You're stressed out. You're emotional. It makes your time harder. You're alone. So, I don't necessarily want the baby, now. Before, I did. So, definitely changed my mind on it…I don't even know if it's an option. I know I just don't want to be in here pregnant. It's not fair to the baby, either…Well, the baby didn't do anything wrong; yet, the baby gets treated like an inmate. It is an unborn baby, so all the stress that I feel, the baby feels. When I get stressed out, I can feel my stomach tighten and hurt. It's just not something I want to put my kid through…It sucks because you don't want to have a baby in jail…Then, you don't know what they're going to do with your baby after you have it. Are they going to let you hold your baby? Are they going to give it to the state? Are they going to give it to the father? I don't know. Do they have to approve of the father before they give it to the father? It's just a whole bunch of stuff that you don't have to deal with, if you weren't in here.

Taylor experienced an unplanned pregnancy that was mistimed due to her incarceration and considered abortion for this reason. She decided against it, but would not have considered abortion had she not been incarcerated. As she told us from prison R:

> It definitely wasn't planned. And, I mean, I don't regret it. But I just—it was one of those things where I felt like it just couldn't have come at a worse time. Not only was I having to face all of this [incarceration]. But to

> have to do it all pregnant as well…The thought [abortion] crossed my mind once or twice…Thought it might make things easier. It just makes things, I don't know, I guess you think about things more in a situation like this.

Similarly, Tina experienced her thoughts about pregnancy shift from carrying to term to abortion because of jail. With an 8-month-old baby at home, she assumed she could not get pregnant so soon, but happily accepted the mistimed pregnancy. This changed upon arrival to jail S:

> I was like, "Okay. I can do this. I'm doing a good job as a mother, now." But coming in here [jail] I was depressed. At first, I didn't want to keep the baby because I didn't know how long we was going to be here because of the ugly charges that were against us. I didn't feel like having a baby inside of a facility like this. It's dirty. They don't really care about us too much.

She asked jail S doctors for an abortion referral but, as described above, they told her abortion was prohibited. Nikki, in jail R, would have chosen abortion if she could. She explained that being pregnant in jail made this incarceration experience harder than previous stints, including getting into fights. In addition to her concern for the fetus, jail conditions were another reason she would change her mind and have an abortion:

> I got into a fight in here. I was the aggressor, of course, but I was thinking about it, like, "Okay, she's up in my face, she's walking up on me, she's up in my face." I strike first because I felt like even though it's not right and you shouldn't hit people, them COs are not paying attention. They are behind they glass. They wouldn't be able to get to me fast enough if this woman was to just hurt me, throw me on the ground, and then kick my stomach. They know we're pregnant because of these colors. So they're going to aim for whatever they can hurt us with is our babies…If I knew I would have to fit in here and be pregnant? I would abort.

Leila knew she would soon be going to prison R when she took a home pregnancy test. The dread of having to experience pregnancy while incarcerated dampened the excitement she wanted to feel. She considered abortion, but the court proceedings were swift and she did not have time to pursue abortion in the community. She was 18 weeks when she arrived in jail and 20 when she was transferred to prison R. One month later when we interviewed her, she expressed still wishing she had terminated:

> I mean, I wanted to be excited but I knew that I had all this impending court stuff, so that changed a lot for me. At first, I didn't think I was going to keep it because I knew I was going to be coming to prison. I also remember multiple times thinking to myself, "This would all be so much easier had I just aborted or…" I don't know. Just thoughts like that. Almost regretting, not because of the child but it's just an emotional toll going through being incarcerated. There isn't a lot of help that you get for that, either. It's not just a lack of medical, emotional, mental health help, as well… I guess most of it was just an emotional toll. I would think things to myself like, "I wish I would've aborted," or "This would've been easier, had I not been pregnant. I wish I didn't get pregnant." Things like that.

For some participants, the desire to avoid the despair of being pregnant while incarcerated and forced separation from one's newborn eclipsed their personal opposition to abortion. Nisha, in jail S, told us that she did not "believe in abortion." She was initially excited about the pregnancy but this changed when she processed that she could be give birth while incarcerated. Nisha had birthed two other children, one whom her mother was raising and another whom she placed for adoption. Her protective desire to avoid traumatizing a baby placed into state systems because of her incarceration was powerful enough to potentially overcome her opposition to abortion, "I don't believe in them [abortions]. But I'm just—I can't do that. I can't be in here and have a baby and somebody going to take him."

In contrast, for some participants who initially wanted abortions, incarceration made them glad to continue their pregnancies. Tina, who had tried unsuccessfully to get an abortion in jail S, changed her outlook and became happy about the pregnancy. She noted this pregnancy offered future moments of motherhood that she could not experience with her young child while she was incarcerated, "I've come to grips. I'm happy. I'm vibrant. Makes me smile. I like being a mom to my daughter. I'm going to miss her first everything, so maybe I'll have a do-over with this baby." Others also identified their pregnancies as second chances to be mothers. They viewed the temporal predictability of a prison sentence and the sober environment of incarceration as redemptive moments. One woman in jail R summarized how jail offered safety for her pregnancy: "being here right now is saving the baby's life. Because I'm not using [drugs]."

Overwhelmed about the prospect of parenting, Claudia initially considered abortion when she learned about her pregnancy in a non-study state R jail. But the incarceration and the pregnancy helped her reconnect with her family and gain their support, leading her to be glad, by the time we interviewed her in prison R, she did not pursue abortion:

> When I got sentenced to prison, it just kind of locked in. And my family coming [to visit me in jail] about the week before I came [to prison] kind of locked in, like "you got this." So I kind of knew then and there that I was going full throttle through with this pregnancy. Everything was going to work out, eventually, how it's

supposed to. And just kind of being set in stone kind of helped me feel like, ok, "I'm pregnant, this is what's happening. This is what I can do about it… This is probably a blessing."

DISCUSSION

Incarceration shaped women's abilities to access abortion, consider whether it was even an option, make decisions, and think critically about pregnancy. Study data are infused with rights violations and coercion into continuing pregnancy. We found that carceral bureaucracy, with delays in processing requests for medical care, and failure of staff to provide pregnancy counseling, also insidiously affected women's understanding of pregnancy pathways. The broader carceral context of punishment, intentional limitations on autonomy, and constrained access to health care were both implicitly and explicitly part of participants' accounts of how incarceration affected their decisions and stances toward their pregnancies. These findings are a microcosm of broader forces of reproductive control in US society, as our study highlights the intersections among criminalization, pregnancy, and abortion foreclosure that will become more prominent throughout the US now that abortion is illegal in a number of US states.

Conducting this research before *Roe* fell shows that incarcerated individuals were already living in a post-*Roe* reality. In part this is due to the lack of accountability and standardization of health care services in carceral facilities. Despite the 1976 *Estelle v. Gamble* Supreme Court case declaring that carceral facilities were constitutionally required to provide access to health care, there are no mandatory health care standards or systems of oversight.[19,20] This lack of standardization and regulation is what enabled some facilities to allow abortion and others—expressly in violation of pre-*Dobbs* constitutional requirements—to prohibit abortion.[7] Policies that standardize and regulate carceral health care services according to existing recommended (but currently optional) guidance could improve pregnancy care in carceral settings,[20] including ensuring abortion access at least at facilities in states where abortion is legal.

Our findings were similar for participants in the abortion supportive and restrictive states and in prisons and jails. Participants in both states experienced overt and subtle barriers to obtaining or even considering the possibility of abortion that were more dependent on the carceral environment itself than on the geographic location of the facility. This finding suggests there are flaws in thinking of states as supportive or restrictive and highlights how narrowly we conceive of where abortions happen and how they get restricted. Likewise, our study shows that anti-abortion sentiment and foreclosure of abortion can exist in both jail and prison settings.

Previous studies of prison and jail abortion policies raised concerns that even where official policies may allow abortion, requirements that the incarcerated person pays for it themselves, security staffing, or transportation challenges may pose functional barriers to incarcerated women being able to access abortion.[3,5,7] In our study, the foreclosure of abortion happened further upstream. Those upstream factors include imposition of anti-abortion beliefs on patients, refusal to arrange abortions, inaccurate information about the facility's policy, and pressure to consider adoption. While not all carcerally employed physicians are anti-abortion or impose their personal beliefs, the fact that it was present at all in our study highlights the role of physicians in directly restricting access to abortion, even in an abortion supportive state.[21]

The service delivery model of carceral health care also affected abortion opportunities. Facility staff control access to any and all care. Women, transgender men, and gender non-binary individuals do not have access to self-administered pregnancy tests, something purchased at will in the community. These bureaucratic, infrastructural barriers placed layers of delay and covert obstruction for some participants who considered abortion. This suggests practical strategies to improve access to abortion in custody—pregnancy tests at intake, counseling, and timely fulfillment of patients' requests, for pregnancy tests, interventions to ensure carceral health providers know their facility's policies and training on ethical standards of referral even when providers have personal opposition to abortion.[22] The information void was not limited to abortion, as participants also described uncertainty about their prenatal care and about what would happen at the hospital during birth. In contrast, facility staff provided adoption information, raising concerns for undue pressure and the underlying devaluation of incarcerated women's capacities for motherhood.

Some study participants internalized the sense that they had no right to abortion because they understood incarceration as revoking all of their rights. Women usually passively expressed this understanding of abortion as just the way things were. Although legally not the case, their assumption of abortion foreclosure in custody was practically accurate. Incarceration rescinds people's abilities to make the most basic decisions about their body and their health. The carceral setting constrains and controls every "choice" that pregnant women, transgender men, and gender non-binary individuals might make. This acceptance that they have no rights means that many do not consider that they could obtain legal representation to litigate against the prison or get a court order for the prison to provide that patient an abortion.[3]

Many participants indicated that, had they known they would be incarcerated during their pregnancies, they would have chosen abortion. The deep despair arising from the fear for their own wellbeing in this environment, concern for incarceration's impact on their fetus's development, the uncertainty of what would happen to them during childbirth, and the uncertainty of who would care for their babies weighed heavily on most of our participants—even to wonder if they would be able to hold their babies after birth. Some wished they could have terminated to avoid these traumas. They envisioned abortion as a better option for themselves and their babies because they were incarcerated. The dynamic nature of women's thoughts about pregnancy also meant that some women became more excited about the pregnancy during their incarceration. Women's thoughts about pregnancy and abortion are deeply rooted in the ways broader social and institutional formations shape their lives that they do not fit neatly into a pro-choice/anti-abortion dichotomy—indeed some women wished for abortion even though they oppose the idea. Rather, thoughts about

pregnancy are dependent on, and dynamic within, their current life circumstances—in this case, the circumstances of incarceration. Relatedly, the categories of desired and undesired pregnancies, intended versus unintended, or planned versus unplanned[23] do not neatly describe participants' understandings. Most women in our study were not actively trying to be pregnant; they understood their pregnancies as mistimed,[24] due to proceedings of the criminal legal system, such as uncertain court dates or duration of incarceration.

In Kimport's analysis of interviews with women who had considered, but did not obtain abortions, she argues that understanding pregnancy decision-making as a binary choice between terminating or continuing a pregnancy obscures the complex realities, contradictory thoughts, and structural constraints that are part of the full process of decision-making.[25] Incarcerated study participants had, as with Kimport's participants, "no real choice." Not only could they not choose abortion—because of access constraints and the carceral coercion that convinces them they cannot even consider abortion—they could not choose to parent. Instead, state systems funneled those who gave birth in custody into a path of immediate separation from their newborns—mother back to prison or jail and infant into the hands someone else (while Prison R had a nursery program that allows some who give birth in custody to bring their babies back to prison with them, none of our study participants were eligible for the nursery program). There are resonances of this carcerally conscripted childbirth and forced infant separation with the ways enslaved Black women were forced to breed and then forced not to parent as their children were sold to other masters,[26,27] and likewise with forced removal of Indigenous children from their families.[28] The impending separation from their infants, whether short-term during their period of incarceration or longer term if the state permanently removes their parental rights, is a major means through which incarceration disrupts the reproductive justice tenet of women's abilities to parent in dignity and safety.[17]

We can extend Kimport's notion of unchooseability through the dynamic nature of incarcerated women's abortion wishes. Many of our participants changed course and wished they could have terminated because of the difficulties of being pregnant while incarcerated. Yet they also knew that abortion was not actually an option for them because of their incarceration. Knowing that the institution removed the possibility of abortion, rather than other social or moral pressures, perhaps freed them to embrace an abortion-desiring narrative that they could not have otherwise. That is, abortion was more chooseable because it was only theoretical.

One limitation of our study is that we did not interview women who had obtained abortions while incarcerated. Understanding how they came to those decisions, whether carceral staff or others pressured them into abortion, and the steps they went through to receive an abortion would be an important complement to the ways women did not obtain abortions in custody. However, a prior quantitative study, which included the prisons in the current study, showed only nine abortions in 22 state prisons in 1 year—1 in State S and zero in State R.[7] Thus, we can presume that during our current study's recruitment timeframe, there were likely very few or zero abortions. The jails in the quantitative study, three of which were large jails in abortion supportive states, had 33 abortions; so recruiting women from these settings where abortion was clearly accessible may have yielded interesting comparative results.

With the Supreme Court's *Dobbs v. Jackson Women's Health Organization* (*Dobbs*) ruling that overturned *Roe*, access to legal abortion in the US instantly and radically diminished. Pregnant women, transgender men, and gender non-binary individuals in prison or jail in a state where abortion is illegal do not have freedom to travel to another state, even if they have the financial means to do so were they not incarcerated. Their reproductive destinies are under the full control of the carceral institution. Even if they leave incarceration while still pregnant, they may be beyond a gestational age when they could obtain an abortion in a state where it is legal. Many legal questions remain, for instance, whether pregnant women, transgender men, and gender non-binary individuals in federal prison in a state where abortion is illegal can obtain abortions out of state; or prisons' and jails' adherence to the federal Prison Rape Elimination Act if an incarcerated person becomes pregnant from rape by in a state where abortion is illegal in all circumstances. Current Bureau of Prisons policy allows abortion for pregnant females in federal custody, subject to Hyde restrictions, which prohibit use of federal funds for abortion except in cases where the life of the woman would be endangered if the fetus is carried to term, or in the case of rape or incest;[7,29] but this policy is vulnerable if Congress does not enact federal abortion protections or if an anti-abortion president is elected. What is certain, however, is that the *Dobbs* decision will negatively impact women and other pregnancy capable people in custody. Future research should investigate changes to carceral policies and health care practices related to abortion and other pregnancy care, in both supportive and restrictive states, as well as the impact of abortion restrictions on abortion seeking and pregnancy care experiences among incarcerated pregnant women, transgender men, and gender non-binary individuals.

The ways that incarceration fundamentally shaped and constrained participants' thoughts, decisions, and desires to re-decide outcomes for their pregnancies— with lifelong impacts for them and the children they birth—shows the problems of the entire carceral system. These findings suggest the need for an abolition mindset, as a practice of reproductive justice, of ending the US reliance on incarceration as a means of social and racial control.[30,31] For even implementing practical strategies to improve health care cannot alter the deeper reproductive harms from the overall punitive and degrading conditions of incarceration that study participants described, including forcible separation from one's newborn. Nonetheless, while working toward an abolition goal, it is essential to standardize access to comprehensive, quality pregnancy and other reproductive health care in order to mitigate the current harms. One strategy would be federal legislation to remove Medicaid's "Inmate Exclusion Clause," which prohibits the use of Medicaid to pay for care for incarcerated patients; allowing carceral institutions to bill Medicaid for health care would bring with it oversight and compliance with standards set by Medicaid.[20]

Understanding the context in which incarcerated pregnant women can, cannot, do, and do not consider abortion demonstrates

myriad ways that controlling institutions constrain every element of their paths to birth, parenting, avoiding pregnancy, and avoiding birth. They are quite literally punished with and through their pregnancies. Denying abortion whether overtly or subtly, and being conscripted to carry pregnancies and birth on the carceral facility's terms is, as Roth notes, "a uniquely gendered form of punishment," a set of punitive acts that incarcerated men do not endure.[5] That the complex, racialized socio-political phenomenon of incarceration could so powerfully shape someone's individual thoughts about pregnancy is also an indictment of the flawed logics and harm of mass incarceration. The inherently punitive dimension to carcerally experienced pregnancies is a microcosm of how society at large treats pregnant women, transgender men, and gender non-binary individuals who are living in poverty, Black, Indigenous, Latinx, and others whose worth as humans and parents is devalued. The US healthcare system has a long history of constraining if, when, and how reproductively devalued groups are pregnant and parent. Studying abortion in carceral facilities shows the punitive, inequitable dimensions of both health care and carceral systems and urges us to reimagine them.

ACKNOWLEDGMENTS

This research was funded by the Society of Family Planning Research Fund (SFPRF11-09). The authors would like to thank Sara Matthiesen for her insightful comments on earlier versions of the manuscript and Margaret Deborah Corbit for editing assistance.

REFERENCES

1. Sufrin C, Beal L, Clarke J, Jones R, Mosher WD. Pregnancy outcomes in US prisons, 2016–2017. *Am J Public Health*. 2019;109(5):799-805. doi:10.2105/AJPH.2019.305006
2. Sufrin C, Jones RK, Mosher WD, Beal L. Pregnancy prevalence and outcomes in U.S. jails. *Obstet Gynecol*. 2020;135(5):1177-1183. doi:10.1097/AOG.0000000000003834
3. Kasdan D. Abortion access for incarcerated women: are correctional health practices in conflict with constitutional standards. *Perspect Sex Reprod Health*. 2009;41(1):59-62. doi:10.1363/4105909
4. Kolbi-Molinas A. Abortion access for people experiencing incarceration: the promise and limitations of roe v Wade. *Obstet Gynecol*. 2021;138(3):328-329. doi:10.1097/AOG.0000000000004525
5. Roth R. Do prisoners have abortion rights? *Fem Stud*. 2004;30(2):353-381. doi:10.2307/20458968
6. Sufrin CB, Creinin MD, Chang JC. Incarcerated women and abortion provision: a survey of correctional health providers. *Perspect Sex Reprod Health*. 2009;41(1):6-11. doi:10.1363/4100609
7. Sufrin C, Jones RK, Beal L, Mosher WD, Bell S. Abortion access for incarcerated people: incidence of abortion and policies at US prisons and jails. *Obstet Gynecol*. 2021;138(3):330-337. doi:10.1097/AOG.0000000000004497
8. Jones RK, Witwer E, Jerman J. *Abortion Incidence and Service Availability in the United States, 2017*. Guttmacher Institute; 2019.
9. Clarke JG, Hebert MR, Rosengard C, Rose JS, DaSilva KM, Stein MD. Reproductive health care and family planning needs among incarcerated women. *Am J Public Health*. 2006;96(5):834-839. doi:10.2105/AJPH.2004.060236
10. Larochelle F, Castro C, Goldenson J, et al. Contraceptive use and barriers to access among newly arrested women. *J Correctional Health Care*. 2012;18(2):111-119. doi:10.1177/1078345811435476
11. Sufrin C. *Jailcare: Finding the Safety Net for Women behind Bars*. University of California Press; 2017.
12. Kirubarajan A, Tsang J, Dong S, et al. Pregnancy and childbirth during incarceration: a qualitative systematic review of lived experiences. *BJOG*. 2022;129:1460-1472. doi:10.1111/1471-0528.17137
13. Gips J, Psoter KJ, Sufrin C. Does distance decrease healthcare options for pregnant, incarcerated people? Mapping the distance between abortion providers and prisons. *Contraception*. 2020;101(4):266-272. doi:10.1016/j.contraception.2020.01.005
14. Carson EA. *Prisoners in 2020—Statistical Tables*. U.S. Department of Justice, Bureau of Justice Statistics; 2021.
15. ACOG. Practice Bulletin No 830: reproductive health care for incarcerated pregnant, postpartum, and nonpregnant individuals. *Obstet Gynecol*. 2021;138(1):e24-e34. doi:10.1097/AOG.0000000000004429
16. Jones RK, Ingerick M, Jerman J. Differences in abortion service delivery in hostile, middle-ground, and supportive states in 2014. *Womens Health Issues*. 2018;28(3):212-218. doi:10.1016/j.whi.2017.12.003
17. Hayes CM, Sufrin C, Perritt JB. Reproductive justice disrupted: mass incarceration as a driver of reproductive oppression. *Am J Public Health*. 2020;110(S1):S21-S24. doi:10.2105/AJPH.2019.305407
18. Roberts SCM, Kimport K, Kriz R, Holl J, Mark K, Williams V. Consideration of and reasons for not obtaining abortion among women entering prenatal care in southern Louisiana and Baltimore. *Md Sex Res Soc Policy*. 2019;16:476-487. doi:10.1007/s13178-018-0359-4
19. Rold WJ. Thirty years after Estelle v. gamble: a legal retrospective. *J Correct Health Care*. 2008;14(1):11-20. doi:10.1177/1078345807309616
20. Saloner B, Eber GB, Sufrin CB, Beyrer C, Rubenstein LS. A human rights framework for advancing the standard of medical care for incarcerated people in the United States in the time of COVID-19. *Health Hum Rights*. 2022;24(1):59-75.
21. Baker CN. Texas woman Lizelle Herrera's arrest foreshadows Post-Roe future-Ms. Magazine. 2022 Accessed June 8, 2023. https://msmagazine.com/2022/04/16/texas-woman-lizelle-herrera-arrest-murder-roe-v-wade-abortion/
22. American College of Obstetricians and Gynecologists. The limits of conscientious refusal in reproductive medicine. ACOG Committee opinion No. 385. *Obstet Gynecol*. 2007;110(5):1203-1208. doi:10.1097/01.AOG.0000291561.48203.27
23. Aiken ARA, Dillaway C, Mevs-Korff N. A blessing I can't afford: factors underlying the paradox of happiness about unintended pregnancy. *Soc Sci Med*. 2015;132:149-155. doi:10.1016/j.socscimed.2015.03.038
24. Santelli J, Rochat R, Hatfield-Timajchy K, et al. Unintended pregnancy working group. The measurement and meaning of unintended pregnancy. *Perspect Sex Reprod Health*. 2003;35(2):94-101. doi:10.1363/3509403
25. Kimport K. *No Real Choice: How Culture and Politics Matter for Reproductive Autonomy*. Rutgers University Press; 2022.
26. Roberts D. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. Pantheon Books; 1997.
27. Weinbaum S. *The Afterlife of Reproductive Slavery: Biocapitalism and Black feminism's Philosophy of History*. Duke University Press; 2019.
28. Theobald B. *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century*. University of North Carolina Press; 2019.
29. U.S. Department of Justice, Federal Bureau of Prisons. Female Offender Manua. Report No.: RSD/FOB NUMBER: 5200.07I. 2021 Accessed June 8, 2023. https://www.bop.gov/policy/progstat/5200.07b.pdf
30. Obasogie OK. Toward abolitionist approaches in medicine. *AMA J Ethics*. 2022;24(3):167-169. doi:10.1001/amajethics.2022.167
31. Hayes CM, Gomez AM. Alignment of abolition medicine with reproductive justice. *AMA J Ethics*. 2022;24(3):188-193. doi:10.1001/amajethics.2022.188
32. Guttmacher Institute. Interactive Map: US abortion policies and access after Roe. Accessed June 8. 2023 https://states.guttmacher.org/policies/

AUTHOR BIOGRAPHIES

Carolyn B. Sufrin is a medical anthropologist and an obstetrician-gynecologist specializing in complex family planning at Johns Hopkins School of Medicine and the Johns Hopkins Bloomberg School of Public Health. She is an Associate Professor in the Department of Gyn/Ob and the Center for Medical Humanities and Social Medicine. Her interdisciplinary work is situated at the intersection of reproductive justice, health care, and mass incarceration.

Ashley Devon-Williamston is an activist, anthropologist, and artist who attends to cultural matters, specifically identity and belonging. They have an MA in Sociocultural Anthropology from the University of Cincinnati and are currently pursuing an MFA in Creative Writing at The Foundry to develop their ethnographic artistry work.

Lauren Beal is a proponent of reproductive justice, abolition, and the healing-centered treatment of families. She was a Research Coordinator at Johns Hopkins School of Medicine, Department of Gyn/Ob. She specializes in translating research using a trauma-responsive equity lens into on-the-ground practices and policies. Lauren received her MPH in Population and Family Health, with a certificate in Health and Human Rights, from Columbia University.

Crystal Hayes cut her first teeth behind prison walls as the child of an incarcerated parent—she is deeply committed to an anti-carceral and anti-racist approach to incarcerated pregnant people's health. Dr. Hayes is currently a Postdoctoral Trainee at the Center of Excellence, at the Gillings School of Global Public Health in the Maternal and Child Health Department at the University of North Carolina at Chapel Hill (UNC-CH). Her work at the intersections of reproductive justice, race, and prison abolition offers a unique perspective to debates about abortion access for pregnant people in prison.

Camille Kramer is the Research Program Manager for the Advocacy and Research on Reproductive Wellness of Incarcerated People (ARRWIP) research team at Johns Hopkins University School of Medicine and is currently a DrPH student at the Johns Hopkins Bloomberg School of Public Health as a Bloomberg American Health Initiative Fellow. Her research interests involve health disparities, reproductive justice, and implementation science and evaluation research.

How to cite this article: Sufrin CB, Devon-Williamston A, Beal L, Hayes CM, Kramer C. "I mean, I didn't really have a choice of anything:" How incarceration influences abortion decision-making and precludes access in the United States. *Perspect Sex Reprod Health*. 2023;1-13. doi:10.1363/psrh.12235