PostScript

Mothers with their babies in prison: the first Italian experience

The purpose of the study was to evaluate the health care of children living with their mothers in prison. No previous studies on this topic have been conducted in Italy.

Italian law allows female prisoners to keep their babies with them until the age of 3 years in specific nest areas. Currently, there are 15 nest areas in Italian prisons, 2804 female inmates, 64 prisoners with children aged <3 years and 64 children.¹ Our study was performed in the female detention centre of Roma-Rebibbia, Rome, Italy.

From 2003 to 2005, 150 children were admitted, with 211 accesses in all (table 1).

The low mean age and body weight on admission suggest that these children represent a vulnerable group with particular health-care needs. Inadequate housing and food, poor information about previous medical care, lack of screening at birth and of an adequate immunisation are some challenges of these families. Socioeconomic, cultural and linguistic barriers thwart these children from accessing basic healthcare services.

Children received good assistance inside the prison. Several medical examinations were conducted by paediatricians, doctors on call and other specialists. Children required medical care out of prison in case of severe diseases.

Table 1 Demographics of children and morphological parameters on admission

Age in months, mean (median)	9.79 (9.40)
Age in months, n (%)	
<1	15 (7)
2-12	110 (52)
13-24	54 (26)
25-36	29 (14)
Unknown	3 (1)
Sex, n (%)	
Male	80 (53.3)
Female	70 (46.7)
Place of birth, n (%)	
Italy	133 (88.67)
European union	8 (5.33)
East European States	5 (3.33)
South America	1 (0.67)
Unknown	3 (2)
Race or ethnicity, n (%)	
East European	101 (67.33)
Italian	6 (4)
European union	6 (4)
South American	5 (3.33)
African	2 (1.33)
Unknown	30 (20)
Mean birthweight in g, Weight in centile, n (%)	2800
<10	38 (18.01)
10-25	34 (16.11)
>25	72 (34.12)
Unknown	67 (31.75)

Table 2 Children examinations, reasons for hospitalisation and immunisation status

Admissions	
1	105 (70)
2	33 (22)
3	8 (5.33)
4	4 (2.66)
Total children	150 (100)
Total admissions	211
Examinations in prison	
Paediatrician	981 (42.85)
Doctor on call	1282 (56)
Other specialist	26 (1.15)
Total	2289 (100)
Emergency room	8
Hospitalisation	24
Immunisation status	
Adequate	21 (14)
Unknown	81 (54)
Inadequate	48 (32)
Adequate after prison	42 (28)
Vaccination in prison	
Hexavalent	
1 dose	17 (11.33)
2 doses	3 (2)
3 doses	1 (0.67)
MMR	2 (1.33)

Values are n or n (%).
Hexavalent, DTAP-IPV-Hib-HBV

Causes of hospitalisation were similar in inmates and non-inmates. After the stay in prison, 11% of children evaluated for a period >3 months showed a catch-up growth.

A small percentage of children had an adequate immunisation status before entering the prison. During their stay, the immune status of 21 (14%) children was adjusted (table 2).

There should be a balance between the possible damage of separating children from their mothers and the potential harm to children kept in prison. Parental contact is fundamental for the child and must be guaranteed inside the prison as a constitutional principle. The mother and baby relationship can promote prisoners' rehabilitation to the community. The choice to separate mothers and children is rarely justified; it often took place because of the inadequacy of the detention centre.²

However, in Roma-Rebibbia Female Detention Centre, that the general health of these children is paramount. The high number of medical examinations is probably because of the availability of medical assistance 24 h a day. Catch-up growth depends on the improved intake of more nourishing food and the continuous medical assistance. The low percentage of children whose immune status was adjusted is probably a result of the short duration of their stay in prison of most of the children.

Further data are warranted in order to understand the complex conditions of this population and improve health promotion. Our proposals are the introduction of a computerised paediatric clinical diary on a national scale; more attention to be paid to on healthcare promotion by providing healthcare educational programmes; and optimisation of

the immunisation programme in accordance with the recommended schedule for healthy infants and children.³

Prison may act as a gateway to facilitate the health and general well-being of these babies. A civil society is one that cares for its babies.

P Ferrara

Department of Pediatrics, Università Cattolica S Cuore, A Gemelli Hospital, Rome, Italy

V Emmanuele

Università Campus Bio-Medico, Rome, Italy

A Nicoletti, A Mastrangelo, G Marrone

Department of Pediatrics, Università Cattolica S Cuore, A Gemelli Hospital, Rome, Italy

G Pedote

Department Female Detention Center of Roma Rebibbia, Rome, Italy

Correspondence to: Dr P Ferrara, Department of Pediatrics, Università Cattolica S Cuore, Policlinico A Gemelli, Largo A Gemelli 8, 00168 Rome, Italy; pferrara@rm.unicatt.it

doi: 10.1136/adc.2006.099937

Competing interests: None declared.

References

- 1 **Ministero della giustizia.** Pianeta carcere. Dipartimento dell'Amministrazione penitenziaria-Ufficio per lo sviluppo e la gestione del sistema informativo automatizzato-sezione statistica. (Ministry of justice. Detention centre.) <http://www.giustizia.it/pcarcere/attualita/indice.htm> (accessed 13 Nov 2006).
- 2 **Dillner L.** Keeping babies in prison. *BMJ* 1992;304:932-3.
- 3 **American Academy of Pediatrics.** 2003 Red book: report of the committee on the infectious diseases. 26th edn. Elk Grove Village, IL: American Academy of Pediatrics, 2003:141.

An audit of the mental health problems of the parents of children on the Coventry Child Protection Register

Protecting children whose parents have mental health problems has long been considered to be a major child welfare issue. A survey conducted by the National Society for the Prevention of Cruelty to Children showed that 16% of parents in the community have mental health problems.¹ At the same time, the Children's Act specifies that children should be with parents wherever possible.²

The Department of Health document "Crossing bridges" is designed to enhance practice and improve services for families with a mentally ill parent.³ It suggests that the service provision could be improved by attending to seven key principles for the development of interagency and interprofessional cooperation.

We audited our services against these recommendations. The names of children were randomly selected from the Child Protection Register (September 2004). Social services records were reviewed for evidence of parental mental problems, assessments parents underwent and services provided for such families. Domestic violence, drug and alcohol misuse