Like many new ob/gyns before her, Carolyn Sufrin (Res ’07) was shocked to find out that, unless laws specifically ban the practice, shackling pregnant women is the system’s default during transport from a jail to a hospital, during a hospital visit, and—in some states—even during labor and delivery.

Suddenly, Sufrin had a host of questions and concerns: What if a patient needed an emergency C-section? What if she required repositioning during delivery?

Sufrin, who’s now an assistant professor at University of California, San Francisco, would learn that she wasn’t the only one who hadn’t really thought about family planning for incarcerated women—even though two-thirds of those women have children under the age of 18. Very few people, it seemed, were doing research in that area.

Although San Francisco County Jail already had a nurse practitioner on staff, when incarcerated women needed care outside of an NP’s scope, they had to be transported to San Francisco General Hospital. Since both SFGH, where she was an attending and family planning fellow, and Jail Health Services were under the umbrella of the Department of Public Health, she opened a referral-level clinic at the jail—staffed through a residency rotation she created. The onsite clinic allows women to receive important care for issues that wouldn’t otherwise be prioritized for transport by the jail, such as chronic pelvic pain or follow up for an abnormal pap smear.

“For some women, this is the only time they’re going to have access to health care,” says Sufrin. Because jail is temporary and temporally unplanned (an important distinction from prison), follow-up care proves difficult. In addition to routine needs like pap smears, incarcerated women nationwide face far more complications to their reproductive health. Nearly 40 percent have irregular periods. As many as 50 percent are survivors of abuse. The rate of chlamydia—a curable infection with serious health consequences if left untreated—is upward of 13 percent among female inmates, about two times higher than that of the general population. And, primarily because of a lack of access to birth control, some 50 percent of these women at some point in their lives have an unintended pregnancy that ends in abortion. (It’s striking, says Sufrin, how similar incarcerated women are to women who seek to terminate their pregnancies: They are all feeling stigma and shame from society at large, and they express surprise when they’re treated with respect and dignity by their physicians.)

In May, Sufrin received her PhD in medical anthropology from UCSF/UC Berkeley. For her dissertation, she followed incarcerated women, deputies, and medical staff, her entry point being the paradox that prisoners are the only people who have a constitutional right to health care. “Jail has become an integral part of our society’s medical safety net, especially with the urban poor,” she says. Sufrin examined how these ideas play out—for example, incarcerated women are legally entitled to abortions, though they are often led to believe they’re not. She’s also interested in paradoxical day-to-day interactions, such as how correctional officers both punish and care for the women they oversee.

When Sufrin arrived in California, it was illegal to restrain women during labor and delivery—but it was allowed for the duration of pregnancy. Citing the risks this practice poses—including increased risk of falling and inability to break a fall, which can lead to abdominal injuries ending in placental separation and maternal hemorrhage, among other complications—Sufrin advocated for legislative change. In 2012, Governor Brown signed a bill that nearly eliminates restraint during pregnancy and makes sure that, should restraints become absolutely necessary for safety, the least restrictive means are used.

Sufrin says she noticed “how much power [doctors’] voices have, how much our voices are valued, for better or for worse.” In April, UCSF honored her with the Edison T. Uno Award for Public Service—a warm sendoff as she begins a new chapter. Sufrin joins the faculty at her MD alma mater, Johns Hopkins, in the fall. It will be a new experience, as medical services for Baltimore’s jails are privatized, but Sufrin looks forward to the challenge.

“Things are not always as they seem,” she says. “It’s important to dig deep into people’s experiences to get people’s reality.”