VOICES FOR BIRTH

IMPROVING PERINATAL CARE FOR WOMEN WHO ARE INCARCERATED



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PREPARED AND PRESENTED BY:
MICHIGAN COUNCIL FOR MATERNAL AND CHILD HEALTH

INTRODUCTION

A baby's earliest days shape lifelong health and well-being. For infants born to mothers in Michigan's correctional system, perinatal outcomes depend heavily on the consistency, quality, and humanity of care provided across vastly different settings. Within the state's only women's prison, a dedicated network of corrections staff, medical providers, doulas, and lactation specialists has demonstrated that compassionate, coordinated care is possible. Programs such as the Michigan Prison Doula Initiative and Mama's Mobile Milk offer evidence-based perinatal support that aligns with national best practices.

Yet, these examples remain exceptions. Michigan's carceral system has faced widespread scrutiny, including allegations of privacy violations, environmental hazards, and staff misconduct, most recently at the Women's Huron Valley Correctional Facility (1)(2). These conditions reflect broader structural issues: perinatal care for incarcerated individuals is inconsistent, fragile, and dependent on the facility in which a pregnant woman is held.

This report highlights the urgent need for statewide reform of our carceral system. It identifies key gaps in services and protections, and explores programs and best practices that have promise to improve maternal health outcomes in correctional settings.

THE ISSUE

Michigan does not publish comprehensive, statewide pregnancy data for jails or prisons. This aligns with national gaps in perinatal reporting. However, national data show:

- 3–10% of women admitted to jails are pregnant at intake (3).
- 58–80% of incarcerated women are mothers of minor children (4).
- An estimated 55,000 pregnant individuals enter jail annually (5).

With roughly 1,700 women incarcerated across prisons and jails in Michigan, applying national estimates suggests dozens of pregnant individuals pass through Michigan facilities each year (6). Without reporting requirements, their perinatal outcomes remain largely invisible.

Research and advocacy reports have highlighted systemic failings in maternal health care for women who are incarcerated. These include insufficient nutrition, limited prenatal care, and the denial of adequate postpartum supplies, such as menstrual products (7). Also concerning is the continued use of shackling during labor and delivery, despite widespread condemnation by medical experts and human rights organizations (8). While Michigan has taken steps toward improvement — including Governor Gretchen Whitmer's 2021 directive to expand maternal health care in prisons (9) — shackling and restraint practices still persist in some facilities, particularly jails (10).

Many expectant mothers are not housed in the state prison but in county jails — facilities that are often less equipped to deliver specialized care and are not required to follow uniform standards. This fragmented system results in stark inconsistencies in how mothers who are incarcerated are treated (11).

> ***"There are no policies. If we are going to incarcerate pregnant women, we need to be ready to provide services for them — and most counties aren't."***
>
> **— Tedda Hughes, Director of the Michigan Prison Doula Initiative**

Within the state's women's prison, the Michigan Department of Corrections has taken steps to improve perinatal care. The 2021 directive ending shackling and expanding doula access marked a cultural turning point (12); however, recent lawsuits underscore that the Department still has significant work to do to ensure all women receive safe, dignified, and trauma-informed care across every correctional setting.

Prenatal Care and Childbirth

The National Study of Pregnancy in Prisons documented extensive variability in prenatal protocols, delayed transport during labor, and limited privacy during examinations and delivery (13). Qualitative studies similarly describe pervasive fear, trauma, and lack of autonomy among incarcerated pregnant individuals (14).

These findings echo Erica Senia's experience. The Upper Peninsula mother was shackled, denied medical supplies, and forced to navigate pregnancy across multiple county jails. Another formerly incarcerated mother who asked not to be identified in this report (Anonymous) recalled going months without obstetric care and facing isolation after a fall.

"I spent seven months pregnant in jail," she said. "I slipped and fell, and it took six hours for them to take me to the hospital. When I got back, they locked me alone in medical...with no phone, no TV, nothing." She also shared:

> ***"I wrote my judge every week begging to be released. They denied me until I hired an attorney. I was eight months pregnant, and I hadn't seen an OB in two months because their health plan went bankrupt."***

Nutrition

Nutrition standards for pregnant incarcerated individuals remain inconsistent nationwide. The U.S. Government Accountability Office (GAO) found that many facilities fail to meet caloric and nutrient needs, provide specialized pregnancy diets inconsistently, and do not always ensure adequate access to water. Michigan similarly lacks pregnancy-specific nutritional policies for both prisons and jails (15). Although MDOC maintains general food quality directives, concerns persist about the nutritional adequacy, freshness, and portion sizes of meals — particularly in county jails, which operate with fewer resources and little oversight (16). This gap between written policy and lived experience leaves pregnant individuals navigating diets that often fall short of medical and pregnancy-related needs.

Erica described systemic deprivation. "I was supposed to eat high-fat foods for cystic fibrosis and check my blood sugar for gestational diabetes," Erica said. "They gave me peanut butter sandwiches and no test supplies."

Anonymous shared similar experiences. She recalled that meals were "mostly starch and soy," and that she developed an allergic reaction to the powdered milk substitute. "They stopped giving real milk and switched to powder. I couldn't drink it. I went months just eating beans, rice, and vegetables from the kosher tray."

Tedda Hughes, director of the Michigan Prison Doula Initiative, said it plainly:

> ***"Prison food is never going to be good enough for someone who is growing a human being."***

Respect, Humanity and Trust

Studies show that incarcerated pregnant women frequently feel invisible and undeserving of care, shaped by racial and gender biases (17).

Our qualitative research echoed national studies. Samirah Muhsin, lactation consultant for Southeast Michigan IBCLCs of Color (SEMI), emphasized that many pregnant women in prison feel dehumanized and dismissed:

> ***"Pregnancy, birth and infant feeding are extremely vulnerable times not only for the birthing parent, but also for the baby who depends on them. When someone is incarcerated the system around them often controls what they receive, who they can reach for support and whether they can stay connected to their own child. That level of restriction is not only unnerving, it's dehumanizing."***

Erica described how stigma silenced her:

> ***"You rely on officers for everything — food, medicine, safety — and the more you ask, the more annoying you become. I learned to save my asks for emergencies."***

Anonymous echoed that isolation:

> ***"There were no mirrors. You couldn't even see yourself change. They made you feel like you didn't exist," she said. "You'd think being pregnant, someone would treat you differently, but it didn't matter."***



Breastfeeding and Bonding

Breastfeeding stimulates close, consistent physical contact, eye contact, and responsiveness — all key components of secure attachment formation (18)(19). Studies show that breastfeeding mothers tend to engage in more sensitive, attuned interactions, which supports emotional bonding in the first months of life (20).

But breastfeeding is rarely supported in correctional settings, cutting off opportunities for early mother–infant bonding and the associated health benefits (21). Some mothers may experience symptoms of mastitis that go untreated due to lack of direct communication between prison healthcare staff and lactation professionals. Samirah said:

> ***"Human milk is medicine; it protects and heals. It protects the parent's body, stabilizes hormones, supports mental health, and prevents pain and complications. Proper lactation education and support is a standard care and a resource that offers lifelong benefits to both parent and baby."***

Early separation between mothers and newborns is a well-established Adverse Childhood Experience (ACE) that disrupts secure attachment formation (22). Attachment disruptions are linked to long-term emotional, behavioral, and developmental challenges (23)(24).

Research on prison nurseries shows that keeping mothers and infants together, including efforts to support breastfeeding, results in better developmental outcomes and significantly reduced recidivism (25)(26).

Postpartum and Reintegration

The postpartum period is medically vulnerable and compounded by incarceration-related challenges such as housing instability, loss of insurance coverage, and difficulty accessing care (27). Home visiting and community-based reentry programs have been shown to support maternal health and strengthen attachment (28)(29)(30).



OVERCOMING THE ISSUE

Midwest Models

Programs such as the Michigan Prison Doula Initiative, which provides childbirth education and birth doula support to Michigan's women's prison, and Mama's Mobile Milk, a community-based lactation support and milk transport program, demonstrate what coordinated, evidence-based, trauma-informed maternity care can look like within correctional environments. These programs align with national recommendations and show measurable impact in promoting maternal dignity, emotional wellbeing, and infant health.

In the Michigan women's prison, doulas now guide women through pregnancy, birth, and the "Fourth Trimester," offering classes, emotional support, and postpartum follow-ups. Tedda said:

> ***"We realized moms assumed no one would talk to them again after the baby was gone. Now they know someone still cares. For many women incarcerated, sometimes having this support is the first time in their lives they feel cared for"***

Through policy advocacy and a contract with the MDOC, Mama's Mobile Milk transports breast milk daily from the state's only women's prison to infants in community care. Samirah shared:

> ***"Having the option for parents to send their milk for it to be transported to their babies closes the sacred loop that begins in pregnancy of nourishment connection and growth. To deny people that choice, to deny babies that nourishment and bond is an injustice."***

Organizations like Motherly Intercession and Unlock Their Future offer scalable models for reentry support, child visitation, and wraparound services that strengthen the mother-child bond and facilitate more successful transitions out of incarceration.

Anonymous saw the value of sustained support. After her release, she helped the county jail in which she was held start a home nurse visitation program:

> ***"I was the first pregnant woman they let a home nurse see inside the jail. Now every pregnant woman is eligible. My nurse brings diapers, wipes, even clothes — it's an amazing resource. It wasn't that the resources didn't exist, they just weren't being offered. Once the system let the nurse in, everything shifted."***

Her experience illustrates how targeted interventions can catalyze systemic reform.

National Models

Across the Midwest, states are showing that improved outcomes for incarcerated mothers and infants come from coordination — not costly infrastructure. These initiatives share a common approach: integrated, evidence-based care supported by clear policies and cross-sector collaboration. Even in resource-limited jails, partnerships between corrections, public health, and community providers are making breastfeeding support, prenatal education, and postpartum continuity achievable. For Michigan, this landscape demonstrates that statewide standards paired with local implementation can close persistent gaps in maternal care and ensure every jail protects the health and dignity of mothers and their babies.

✔ Nutrition

Some Midwestern states have created pregnancy-specific nutrition standards for incarcerated women:

- Illinois strengthened protections and introduced legislation requiring county jails to provide supplemental calories and nutritionally appropriate meals for pregnant and lactating individuals (31).
- Missouri requires all jails to develop written procedures ensuring access to dietary supplements and nutritious meals (32).
- Ohio permits individualized medical diets, often used for pregnant detainees (33).
- Minnesota encourages county partnerships to plan prenatal meals (34).

✔ Doula Services

Doula programs are expanding across Midwestern correctional systems:

- Minnesota Prison Doula Project provides doulas, prenatal education, and postpartum support in both prisons and county jails (35).
- Cook County Jail (Illinois) integrates doula care, childbirth education, lactation support, and post-release home visiting (36)(37).
- Cuyahoga County Jail (Ohio) partners with Birthing Beautiful Communities to offer in-custody doula care and prenatal education (38).
- Wisconsin is developing county-level doula partnerships through sheriff-public health collaborations (39).

✔ Breastfeeding and Bonding

Across the Midwest, several correctional systems have implemented structured breastfeeding support in jails and prisons:

- Illinois allows breastfeeding during visits in both the Department of Corrections and Cook County Jail and permits milk expression and transport to infants in the community (40).
- Michigan (via Mama's Mobile Milk), Minnesota, and Wisconsin are piloting jail-based lactation programs that include private pumping areas, hospital-grade pumps, and coordinated milk delivery through public health partners (41)(42)(43).

✔ Anti-Shackling

Several Midwestern states have enacted comprehensive anti-shackling laws that apply to both prisons and local jails:

- Minnesota, Ohio, Indiana, and Missouri enforce restrictions on restraints across correctional settings and require individualized risk assessments (45)(46)(47)(48).
- Nebraska bans restraints on pregnant people in all detention settings except in documented, exceptional cases with medical oversight (49).

✔ Prison Nurseries and Parenting Supports

Midwestern models demonstrate that structured parenting and perinatal programs are feasible even in local jail environments:

- Cook County Jail (Illinois) offers one of the strongest models, providing doula support, prenatal and parenting classes, lactation services, and coordinated discharge planning through partnerships with Start Early and Healthy Moms & Babies (50). Evaluations show improved maternal attachment, postpartum stability, and reentry outcomes (51).

✔ Continuum of Care and Alternative Sentencing

Several jurisdictions have established community-based perinatal approaches for incarcerated pregnant and postpartum individuals:

- Cook County Jail (Illinois) prioritizes release before delivery and links pregnant detainees to home visiting and parenting programs (52).
- Cuyahoga County (Ohio) offers diversion options and postpartum transition planning, allowing some individuals to complete treatment or supervision in the community (53).
- Minnesota's Healthy Start Act (2021) authorizes pregnant and postpartum people to serve up to one year of their sentence in community settings (54).
- Indiana operates nursery units allowing eligible mothers to remain with newborns during incarceration (55).

SUMMARY

Pregnant and postpartum women in Michigan's correctional system face fragmented and often inadequate care, with major gaps in prenatal access, nutrition, breastfeeding support, and postpartum continuity. Although the state's women's prison has implemented some evidence-based practices, these protections are not consistently available — and most pregnant women are held in county jails, where standards vary widely and basic safeguards remain absent.

Across the Midwest, states are proving that humane, coordinated perinatal care is achievable even in resource-limited jail settings. Models in Illinois, Minnesota, Ohio, and Wisconsin demonstrate how doula support, lactation access, prenatal education, community-based sentencing, and structured reentry programs improve outcomes for mothers and infants. Michigan has promising building blocks, including Mama's Mobile Milk and the Michigan Prison Doula Initiative, but lacks statewide standards to ensure every facility meets basic health and dignity requirements. By adopting uniform policies, strengthening partnerships, and expanding community-based alternatives, Michigan can move from inconsistent care to a national model for maternal health and justice.

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