



BORN INSIDE

Birth Experiences
During Incarceration
& the Need
for Doula Care

Born Inside is a report of the Birth Support Working Group (BSWG), an interdisciplinary collaboration focused on improving care, especially doula care, for pregnant people in New York’s prisons and jails. BSWG members represent varied backgrounds, including individuals who have experienced pregnancy during incarceration, reproductive justice and healthcare advocates, social work and doula providers, and medical professionals who care for incarcerated people. Core members include Miyhosi Benton, Judith Clark, Dr. Rebecca Giusti, Dr. Krupa Harishankar, Christina Holdrege, Chloë LeStage, and Dr. Sheela Maru.

The BSWG was formed in 2021 by the Women & Justice Project in partnership with Hour Children, the Department of Obstetrics & Gynecology at NYC Health + Hospitals/Elmhurst, and the Department of Global Health and Health Systems Design at the Icahn School of Medicine at Mount Sinai.

To read the report online, including the Recommendations for Hospitals & Healthcare Providers and Policymakers briefs, please see wjppy.org/born-inside.



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“Why do I have to go through so much, and be degraded, and treated like an animal, because I’m incarcerated?”

Executive Summary

New York State women’s prisons house approximately 1,300 people,¹ and in New York City, about 400 women, trans, and gender expansive people are jailed each day on Rikers Island.² An estimated 4% of people in state women’s prisons and 3% of people classified as women in local jails are pregnant at the time of their admission.³ Though the instances of pregnancy during incarceration are statistically small, this experience has significant ramifications not only for pregnant people but also for entire families and communities – especially communities of color and low-income communities that, because of the criminal legal system’s racism and economic inequity, are disproportionately impacted by incarceration.

In 2021, New York State enacted a Birth Support Law requiring prisons and jails to “allow pregnant people to have a support person of their choosing present during labor and delivery, along with a doula if one is available.”⁴ That same year, New York City enacted legislation requiring the New York City Department of Correction to engage an organization “to provide doula services to incarcerated individuals twice a week, as well as during labor and delivery.”⁵

In the wake of these laws, members of the Women & Justice Project, Hour Children, the Department of Obstetrics & Gynecology at NYC Health + Hospitals/Elmhurst, and the Department of Global Health and Health Systems Design at the Icahn School of Medicine at Mount Sinai convened an interdisciplinary

“Having them [doulas] in the delivery room with you, having them be there to advocate for you, having them be there to reassure you, just that mental emotional support, having someone you can trust, I think is just so important for pregnant women and the child.”

collaboration – the Birth Support Working Group (BSWG) – to identify ways to improve care, especially doula care, for pregnant people in New York’s prisons and jails. Core members represent varied backgrounds, including individuals who have experienced pregnancy during incarceration, reproductive justice and healthcare advocates, social work and doula providers, and medical professionals who care for incarcerated people.

The BSWG focused on doula care because doulas can provide critical support for pregnant people. While doulas have little formal authority in prisons and hospitals, they can move between these institutions to open lines of communication through which a pregnant person’s voice can be heard. While doula care is not a panacea for improving reproductive care behind bars, doulas can help center the wellbeing of pregnant people

and push otherwise rigid correctional and medical systems to shift their practices and perspectives.

Over 18 months, the BSWG held conversations with individuals who gave birth while incarcerated to be guided by their expertise on how best to support pregnant people inside, particularly through doula care. This report presents the findings and recommendations from those conversations.

Few robust studies describe the experiences of pregnant people in prisons and jails. One of note is *Reproductive Injustice: The State of Reproductive Health Care for Women in New York State Prisons*⁶, a study published in 2015, in which BSWG members

“They actually had me in a room with another lady that wasn’t incarcerated. So she did have her baby in the room with us, and her family’s coming to visit her, bringing her food, and I’m sitting there handcuffed to the bed. I’m like, I have to go see my baby in NICU and they got me all shackled up, my feet shackled, my arm shackled... It was just the worst feeling I’ve ever had. I just felt like nobody loved me or nobody cared about me, you know?”

participated. *Reproductive Injustice* and other studies illuminate themes consistent with findings in this report: dehumanizing, isolating conditions of confinement, mistreatment by prison staff, inadequate supports and information, and substandard medical and mental healthcare – all of which create an infantilizing, hostile environment fundamentally at odds with the conditions needed for healthy, safe pregnancies and human dignity.

The individuals interviewed in this study consistently shared that being incarcerated during pregnancy,

birth, and postpartum took a grave emotional and psychological toll. The feelings most often described were loneliness, fear, stress, and depression. Participants also shared deep experiences of trauma – from being locked up, from giving birth while confined, and from life circumstances before incarceration. Despite the near universal experience of emotional distress, participants noted the scarcity of supportive resources available.

“If I could describe one feeling, it would be the loneliness. The feeling alone, feeling isolated....”

“There’s a lot of women that had traumatic situations happen as a child, whether it be molestation or physical abuse, so it’s very stressful and uncomfortable to just trust....”

Across the board, participants felt that doulas could play a vital part in improving pregnancy experiences during incarceration. Participants named emotional support, perinatal education, and advocacy with corrections and hospital staff as key roles that doulas could play. In addition, participants who gave birth after the enactment of New York’s 2021 Birth Support Law shared that having a support person present during labor and delivery (a right established by that law) had an enormously positive impact on their birth experience.

Participants also highlighted the power of informal peer support networks that they and other incarcerated people formed with resilience and creativity. These networks offered encouragement and support in making the environment more tolerable and promoting self-advocacy. Sometimes these efforts were supported by outside programs and individuals. Other times, these efforts were actively thwarted and undermined.

Most participants interviewed were able to join the prison nursery at Bedford Hills Correctional Facility, New York's maximum-security prison for women, which allows new parents to live with their babies for

“I’m really excited about them making this [doula program] available for women, because I know how I felt when I was there. And I was so scared in that delivery room by myself, I even was grabbing up to the doctor, you know, just to try to hold his hand because I was so terrified.”

a year (or 18 months under certain circumstances).⁷ While participants discussed problems with the nursery – including intrusive officers, denials of and delays to participation, and overly restrictive policies – they noted that the nursery was an invaluable resource. While NYC’s Rikers Island jail facility also has a nursery, most pregnant people in jails across the country are entirely deprived of access to this type of program.⁸

“Once I got into the nursery, you know, you build bonds. They’re family....you learn a lot from the people that surround you.”

“What kept me going was the women in there. They made me maternity pillows out of blankets and sheets... I’m absolutely utmost grateful for all the women that I have encountered in there, no matter what their charge was, that they had a good soul...they used to cook for me, all types of stuff. I loved it.”

Below are the BSWG’s top recommendations based on the experiences and expertise of the individuals interviewed. These recommendations are made recognizing the tension of reforming a prison system that can never truly provide the kind of care and environment needed for healthy pregnancies, reproductive rights, and human rights. However, while pregnant people continue to be held behind bars, it is critical for change inside to happen – informed and guided by people with direct experience.

Top 10 Recommendations

1. End the incarceration of pregnant people and expand access to funding for community-based alternatives to incarceration tailored to pregnancy and parenting.

“There was a discrepancy, whether or not we were allowed to have a family member, anyone come and be present [at delivery]. Like I know on paper, it said one thing. And then when I was asking the people in positions [of power], they were telling me another thing.”

2. Prioritize the expertise of people who have experienced pregnancy during incarceration when developing and implementing relevant policies and programs.
3. Enable pregnant people in prisons and jails to have a support person as well as a doula present during labor and delivery, including through robust implementation of the 2021 Birth Support Law (NYS) and 2021 Doula Support Law (NYC).
4. Provide people in prisons and jails with access to timely, quality doula care throughout pregnancy and during the postpartum period. (Detailed doula care recommendations are listed on page 26.)
5. Prevent the separation of birthing people from their babies, including through ensuring access to robust nursery programs in prisons and jails when necessary.

“I wish that [a doula] was available when I gave birth, because my process was such a lonely process because I didn’t have anyone there.”

“[W]hen you get prenatal [care] outside, you see movies, they’ll show you what to expect... talk to you... why should it be any different? Because locked up, you’re still having a baby, you should still be afforded those things. And it’s not there.”

6. Provide perinatal classes and comprehensive perinatal education, and support pregnancy-related peer networks created by people who are incarcerated.
7. Offer trauma-informed mental health services that are tailored to the perinatal period.
8. Ensure that conditions in prisons and jails support the health and human dignity of pregnant people, including adequate nutrition, fresh air, safe housing conditions, quality medical care, and respectful staff interactions.

“... they treat you unfairly because you’re an inmate. It’s traumatic... it makes you feel like you’re not anything worth anything. You’re not in control of anything.”

9. Enforce compliance with New York’s 2015 Anti Shackling Law⁹ and enact the reproductive health bill package associated with the CARE Act¹⁰ to ensure that people who are incarcerated can access quality reproductive healthcare. (See Appendix for relevant legislation.)
10. Ensure that policies and programs support bodily autonomy, the ability of incarcerated birthing people to make and express their own choices about their health and that of their children.

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Note on Language

This report uses gender-neutral language to refer to people with the capacity to become pregnant or give birth. This is because not all people incarcerated in women's correctional facilities identify as women, just as not all people who can give birth identify as women. The term "women" is used in select circumstances either because it refers to specific people who identify as women, facilities primarily designated for women, or studies that refer to women. The term 'inmate' is not used in this report, except in instances where it was said in a direct quote. This follows from advocacy efforts to end the use of dehumanizing language to refer to people who are or were incarcerated, and instead use language that honors the dignity and worth of all people.¹¹

Introduction

Since 1970, the number of people in women's prisons and jails increased by 1,500%,¹² while the U.S. population increased by only 62% during that same timeframe.¹³ This includes an 18% increase since 2022,¹⁴ a rise that followed a substantial decrease in the incarcerated population during the height of the COVID-19 pandemic. Despite these dramatic figures, the challenges faced by people in women's prisons and jails remain minimally represented in data and research.

New York State women's prisons house approximately 1,300 people,¹⁵ and in New York City, about 400 women, trans, and gender expansive people are jailed each day on Rikers Island.¹⁶ It is well known that incarceration disproportionately affects people of color, with women who are Black and Latina/Hispanic incarcerated at 1.6 and 1.2 times the rate of white women in state and federal prisons in the United States, respectively.¹⁷ Racial disparities are stark at Rikers Island's women's facility, the Rose M. Singer Center, where 53% of women are Black and only 19% identify as white.¹⁸ An estimated 90% of women who are incarcerated have experienced physical and sexual violence.¹⁹ The majority of people in women's correctional facilities are of reproductive age,²⁰ and 62% are parents.²¹ Based on limited available data, an estimated 4% of women in state prisons are pregnant

at admission,²² and 3% of women in federal prisons are pregnant admission.²³ Though the instances of pregnancy during incarceration are statistically small, this experience has significant ramifications – not only for pregnant people, but also for entire families and communities.

People who are detained in jail or imprisoned during pregnancy are forced to receive care in a system that is designed to punish. The conflict between care and punishment causes traumatic pregnancy and birth experiences in prisons and jails. There is little systematic or qualitative data regarding the care of incarcerated pregnant people, the course of their pregnancies, and their pregnancy outcomes. One study of note is the 2015 *Reproductive Injustice: The State of Reproductive Health Care for Women in New York State Prisons*, a 5-year study in which several members of the Birth Support Working Group (BSWG) participated.

One evidence-based strategy to improve both birth outcomes and experiences is perinatal support from a doula – a person trained to provide physical, emotional, and informational support to promote the well-being of people across the perinatal experience (prenatally, during labor and delivery, and postpartum). Research

confirms that doula care during birth results in shorter labors and reduced need for anesthesia, fewer operative vaginal deliveries and C-sections, lower risk of preterm birth and neonatal ICU admissions, better breastfeeding practices, and more positive childbirth and postpartum experiences.²⁴ While doula care is individualized to meet the needs of each birthing person, the core ethos of community-based doula work is to support reproductive justice and dismantle systemic harm. Doula service provision in prisons and jails can provide valuable support to incarcerated birthing people.

In 2021, New York State enacted the Birth Support Law, which requires corrections officials to allow pregnant people to have a support person of their choosing present during labor and delivery, and a doula, if one is available. The statute further requires prisons to provide “pregnancy counseling services.” Also in 2021, the New York City Council enacted the Doula Support Law, which requires the New York City Department of Correction “to retain an organization to provide doula services to incarcerated individuals twice a week, as well as during labor and delivery.” Despite the Doula Support Law’s requirement, no doula program had been established in New York City’s jails as of 2022.

In the wake of these laws, members of the Women & Justice Project, Hour Children, the Department of Obstetrics & Gynecology at Elmhurst Hospital/NYC Health + Hospitals, and the Department of Global

Health and Health Systems Design at Health and Health Systems Design at the Icahn School of Medicine at Mount Sinai convened an interdisciplinary working group – the Birth Support Working Group (BSWG) – to identify ways to improve care, especially doula care, for pregnant people in New York’s prisons and jails. Core members represent varied backgrounds, including individuals who have experienced pregnancy during incarceration, reproductive justice and healthcare advocates, social work and doula providers, and medical professionals who care for incarcerated people.

Over 18 months in 2023–2024, the BSWG interviewed individuals who experienced pregnancy during incarceration in New York State. This report reflects the BSWG’s efforts to compile findings and recommendations based on the experiences and expertise of the individuals interviewed. This report can contribute to ongoing work in this area by:

- Illuminating the physical and emotional realities of pregnancy, birth, and postpartum during incarceration.
- Highlighting the conflicts between pregnancy care and incarceration.
- Offering recommendations to improve pregnancy care and implement doula care in jails and prisons.
- Supporting broader efforts toward decarceration, especially for birthing people.

Methods

Approval for the interviews our group conducted was obtained through the Quality Improvement Committee of the Department of Obstetrics & Gynecology of Elmhurst Hospital, where birthing people who are incarcerated at Rikers Island receive care and where the HOPE Community Doula Program is based.²⁵ Findings were utilized to build and improve these services and are broadly applicable to doula care in the setting of jails and prisons.

The BSWG conducted a literature review on prison doula programs and the experiences of birthing people in correctional facilities to help develop an interview guide. The guide focused on soliciting feedback to inform doula care and was vetted by all members of the group. Interview participants were identified through community-based organizations and interviews were conducted by group members with lived experience of incarceration and expertise in facilitation.

In total, 10 participants were interviewed through three group discussions and three individual interviews. Participants were given a choice of their preferred format for the interview. Informed consent was obtained from participants prior to the interviews. All were over the age of 18, spoke English as a primary language, and were living in the community at the time of their participation. The experiences of participants spanned two decades, with some having given birth more than 15 years ago and others within the last 12 months. Some first became mothers during incarceration, while others had prior pregnancies. All participants experienced pregnancy in New York prisons and/or jails, primarily at Rikers Island jail

and Bedford Hills Correctional Facility, New York's maximum-security prison for women.

Of note, both facilities have nurseries, which allowed many participants to remain with their children for up to one year postpartum. Very few nurseries exist in prisons and jails across the United States, making this experience not representative of incarcerated birthing people overall.²⁶

The duration of interviews ranged from between 60 and 120 minutes, and participants were given a stipend for sharing their time and expertise. Interviews were recorded and then transcribed and de-identified prior to qualitative coding using Dedoose software. A codebook was developed using grounded theory, a qualitative research methodology that develops themes directly from the data rather than starting with preexisting theories.²⁷ Interviews were coded by two members of the BSWG and two student researchers, with at least two individuals coding each interview to ensure accuracy and agreement. Themes were further developed through group analysis of completed coding, with interpretation arising from discussion and shared decision-making between all BSWG members. A summary document including all themes was shared with interview participants for commentary and feedback prior to the development of this report. All participants agreed to the publication of de-identified quotes, some of which have been lightly edited for clarity. The report was also shared with participants prior to publication to solicit feedback. The narrative in this report reflects this collaborative process and conveys the group's most salient findings.

Innate Conflict: Birthing and Incarceration

If part of the pregnancy experience may include nurturing hope in a fresh start for a child, then that hope is placed in direct conflict with the harsh limitations of prisons and jails, which create harm before, during, and after the birthing process. Systemic harm does not start or end with the correctional system, as this system reflects longstanding racial and socioeconomic injustices in society. The communities most affected by incarceration also encounter discrimination in many other systems, including within medicine, a system with immense racial disparities in pregnancy-related morbidity and mortality. The experiences of people confined in prisons and jails expose and amplify the gaps in both the medical and correctional systems and highlight how these inequitable and depersonalized systems can interact counterproductively.

Participants described some of these gaps as a lack of resources and others as active barriers. Though both lacking resources and barriers to care may also occur in community settings, these issues are pronounced in jails and prisons. For example, prisons and jails restrict even basic items such as hot water bottles, sanitary pads, and Tylenol. These practices create experiences that can be especially dehumanizing and painful during a period that should be focused on supporting health.

Lack of Conditions to Support Health and Safety

Correctional facilities did not have adequate physical accommodations, including, but not limited to, mattresses sufficient for pregnancy support, nutritious foods, outdoor time and fresh air, safety from hazards such as mace and mold, and supplies and support for lactation.

“Sleeping in the bunk, being in general population with my sciatic nerves, there was no accommodation. The mattresses are absolutely this thin. You know, it’s hard, your back hurts.”

“So we have to take showers ...in like heaps and heaps of mold... many times I’ve personally... been maced inside of the dorm. And it’s just because there’s 10 women fighting and there’s no way for me to avoid the mace.”

“I finally went to rec two times the whole time I was in Rikers Island – twice. That’s literally inhumane for you to be kept from air, fresh air and sunlight that provides vitamin D that we as humans need. It’s crazy that we’re confined like that.”

“We don’t have any food with us to travel while we’re traveling hours and hours. And literally waiting for corrections to take us back to the jail. And then when we do get back to the jail, we’re gonna be in a holding cell again, there’s no food.”

“When you try to breastfeed, you have your private areas exposed, and you feel like you don’t have any privacy. They [the corrections officers] are just walking in, and you’re just exposed. They’re supposed to announce themselves as soon as they walk in the dorm, but some of them will be assholes, excuse my language, and they’ll sit there and wait until they’re right in front of you and say, ‘male officer.’ So I think there should be a breastfeeding station that will provide a little bit of privacy for moms. Because that actually is what made me stop breastfeeding.”

Lack of Information

Participants shared that they had limited access to the type of information about pregnancy and childbirth that would be available in the community, such as pamphlets, books, classes, and groups. They received little or no guidance regarding expectations and recommendations for labor, delivery, perinatal care, and newborn care.

“This is the same thing that is afforded to women that are pregnant, that are outside. Why should it not be afforded to us, because we are incarcerated? We’re still having a baby, you understand what I’m saying? So when you get prenatal [care] outside, you see movies, they’ll show you what to expect, all the different things, talk to you...why should it be any different? Because locked up, you’re still having a baby, you should still be afforded those things. And it’s not there. It’s just like, okay, be happy if we let you go to nursery, be quiet, go over there, that’s it, you know. And that’s how they handled it.”

“So what Rikers had at that time was like a library that used to come around like once a week and there was nothing really about pregnancy. A couple of us got books sent in about ‘What to Expect When You’re Expecting’ and things like that, but absolutely nothing on hand to give you any of this type of information about what it’s like being pregnant, what to expect, and how to take care of a baby, nothing, nothing.”

“We took parenting classes in Bedford, they gave us that, but it was very basic. It had nothing to do with emotional well-being, state of mind while giving birth or even preparing for the births. I didn’t know what to expect, all I knew was I was scared. And I knew giving birth hurt. That’s all the information, the tools I had available.”

“I’d never experienced labor, ever. And I knew from hearsay, but I wish that I would have actually been able to get a step-by-step list of instructions of what I’m going to go through, because it was hitting me like, surprise, surprise. So I feel like that’s a big one. For somebody who’s never had kids, for them to go through this whole thing and not even have any inkling of what’s going on. Like, I had no idea that the contractions could just make you literally sick to your stomach. Sick to your stomach, like throwing up. I didn’t know that.”

Barriers to Interpersonal Support

Participants described having little contact with family members or other loved ones who could provide socioemotional support throughout the prenatal and postpartum periods. Most participants gave birth prior to the passage of New York’s 2021 Birth Support Law, which states that at least one preapproved support person may be present with an incarcerated birthing person at the time of delivery.²⁸ Therefore, most participants were largely alone during labor and delivery.

“There was a discrepancy, whether or not we were allowed to have a family member, anyone come and be present [at delivery]. Like I know on paper, it said one thing. And then when I was asking the people in positions [of power], they were telling me another thing. So I felt like the whole experience was very, very heavy. It showed me that it really doesn’t matter if you’re innocent, guilty, what your circumstances are. Once you have that DIN number, like they’re gonna treat you accordingly.”

“I couldn’t have a family member there during [the birth]. The CO [corrections officer] that took me there, she was kind of nice. I think she noticed I looked really scared. So she put on blue scrubs to go in the operating room. But she didn’t feel that comfortable with me. So she’s like, I’m just gonna wait outside of the door, like you’re gonna be okay. But inside the room, I was alone with four people that worked in the hospital. I didn’t have anybody. I told them I could still feel my feet after they gave me the epidural. I was just so scared, my body was shaking like an actual leaf. It was just very lonely very quick.”

Barriers to Adequate Healthcare

Participants voiced concerns regarding limited access to medical care, few engaged providers, the inability to request a second medical opinion, and discontinuity of care.

“I never got to go to a hospital and get a real ultrasound. Not once, which is crazy, not one time did I go to a hospital to be checked to make sure that my pregnancy is going well. You know, I did get an ultrasound [in the prison] but they don’t tell you the sex, you don’t get a picture.”

“I went to medical often because I was spotting and they just made me feel like I was crazy. Like, why am I here? Did they see me coming, and I could see them rolling their eyes at me, you know? And I’m just like, this is my first pregnancy. And I’m bleeding, and it’s not normal. And even the OBGYN doctor and nurse, they kind of dismissed me like, ‘Sometimes this is normal.’ You know, they weren’t helpful.”

“If we were seeking any type of medical assistance, or just the conversation about our pregnancy, I feel as though we were punished for seeking those resources.”

“I had a condition called vasa previa, which is a blood vessel on the outside of your placenta, they’re all supposed to be on the inside. But if you have contractions, it can erupt. And just about anything, you can fall, or you can bump it, can make a blood vessel erupt. And they were just like, you know, they just didn’t care.”

“I was on multiple insulin injections, so I literally had to go back and forth to medical six times a day. They hated, hated seeing me coming. The officers had a problem with escorting me. I was supposed to go at six in the morning. I can name [only] one time that I made it at 6:30 to get my fingerstick. It got to a point where officers were

going to the nurses and trying to get to the doctor to see if they can just stick me in the infirmary. So that way they wouldn’t have to walk back and forth. Their claim was, ‘We’re short staffed and if she needs this much care, why don’t you guys just make her comfortable in the infirmary.’ The infirmary has no commissary, so you literally are just eating what they give you. Dinner was four o’clock and I used to have to get a seven o’clock injection. So with diabetes, when you get an insulin injection, the majority of the time you need food or juice or something to make sure that your sugar does not drop too low. Countless times I was locked in the infirmary with low sugar. I was in the room with no working call bell. So if I had an experience where my sugar was low, I’m either trying to bang on the window or trying to yell and I don’t really have a loud voice like that. I wasn’t being heard anyway.”

“When he [my older child] was born, I didn’t have enough milk to breastfeed, so I really didn’t know how to breastfeed. I was very much interested because I had a lot of milk when I was with [my new baby]. And I felt like the nurses kind of treated me like a jerk. They didn’t really want to stay in the room or talk to me for too long.”

“It took four days for a doctor to come see my daughter, not even a doctor – a nurse, just a nurse to come see her to say, ‘Okay, I’ll be back, I’ll go get the doctor.’ There’s a lack of love. Then the doctor they do have for the baby, she’s not even really a pediatrician.”

“There was a lack of empathy with them, what they listened about. As a mom, you know your baby more than anybody else. So you should listen if I’m telling you something’s wrong with my daughter. My baby’s [been] crying for 4 days. ‘Oh no, it’s no problem. Oh, it’s just babies, you know?’ It’s just like, wow, why do I have to go through so much and be degraded and treated like an animal because I’m incarcerated?”

Barriers Posed by Corrections

Many participants spoke about obstructionist practices that were either proactively instituted or condoned by the prison or jail. Examples ranged from routine policies that posed discomfort or difficulty during pregnancy to overtly taking advantage of individuals in a vulnerable state.

“They were too involved. Back up, you know, be a correctional officer. Make sure we still here, count us, that’s it. But all those other things, trying to tell us how to handle our babies, all of that stuff was just too much, they was just way too involved. And they would come in to have these searches with the babies ...right there in the nursery.... If you’re going to... allow the mothers to be there in the nursery with their children, let it be that. Of course, we have to follow the rules and regulations of the jail, but let it be that. Let that birthing process be something special for every mother.”

“I was actually told that I was the first person that was incarcerated giving birth to have a support person come with me to the hospital. I was the first person to have her [the baby’s] father come. And I went through hell just to have him there, to get approved by the Department of Corrections. Oh, because the letter has been sitting on the captain’s desk who’s supposed to sign it, or the warden who’s supposed to just sign, for so long.”

“I’m not giving birth without somebody from my family to come. If this is a law, and I am allowed to have this, then I will not go without it. I don’t want to get induced without somebody being here. And then you know, a lot of the officers, you know, they were trying to make it better, oh, but you have me, your police. I really don’t want you... I don’t know you. We don’t converse, you treat me like an inmate. And now because there’s a moment that I’m vulnerable, you want to find it?”

“So, as we’re walking back, the officer asked me a question. She asked me how long before my birth I was going to be in there [admitted to the hospital]. So as I answered her, I answered her question, and she goes, ‘I’m sorry, I didn’t hear what you said.’ She was like, ‘I was calculating the money, because that’s great overtime.’ I’m sitting there, crying. They’re talking about the possibility of my baby passing away if certain things go wrong, and how I can bleed out, and you’re ignoring me talking about a paycheck. That was just one of the worst feelings like, I know you didn’t care about me.”

“She [the officer] goes, ‘We gotta go.’ She was like, ‘Can you walk? We’ll take breaks or, you know, you could walk slow.’ And I’m just like, ‘Is this a joke right now?’ But at the same time, it’s like you’re emotional, you’re going through so much. You don’t know what the outcome is going to be if you are like, ‘No, I’m not walking.’ So I’m not wanting to be difficult because I knew that, at that point, my baby’s staying [in the hospital]. I’m already an emotional wreck. So I was like, ‘Okay,’ and I literally walked all the way down to the van, fresh after a C-section. It’s only been a few days. And then when you get to Bedford, you have to go through the whole basement and elevator, then walk in. I felt like my whole bottom area was on fire by the time I made it to the room.”

“It was eight weeks after your baby, you had to go back to being shackled. They need to add to that [length of time]. I did have a doctor’s appointment because she [my baby] had a hernia under her belly button, so we had to go out for appointments two times. I had to go out, and trying to carry a car seat with those boots and the shackles is absurd... And all they say is ‘you can walk slow.’”

Radical Resilience and Resources

In the face of immense adversity posed by the correctional and medical systems, many participants described creative and courageous ways of building community and advocating for their needs during pregnancy. Resilience is traditionally defined as “the ability of people or things to recover quickly from something unpleasant such as shock or injury.”²⁹ Radical resilience builds on this concept to include a process that begins with self-compassion, grows through relationships, and cultivates collective actions to heal trauma. Radical resilience exists through building communities based on core human values that support one another amid great turmoil. These communities are often deemed liabilities or security risks in the correctional setting. Though doula work is often thought of as an individualized practice, it can also encompass this more communal approach of “tending our inner flames so we can stand in solidarity with the world, without burning up or out.”³⁰

Radical resilience in prisons and jails was nurtured by the following sources.

Peer Support

Participants described the support they received from incarcerated women, many of whom had experienced pregnancy and childbirth. Support ranged from tending to the birthing person’s physical needs to forming an emotional bond over shared experiences.

“But what kept me going was the women in there. They made me maternity pillows ...out of blankets and sheets... very, very creative. They accommodated me, and I’m absolutely utmost grateful for all the women that I have encountered in there, no matter what their charge was, that they had a good soul, I appreciate them. And, you know, they used to cook for me, all types of stuff. I loved it. Well, the women that gave me the support, I love that, because there’s a lack of women who advocate for other women.”

“Once I got into the nursery, you know, you build bonds. They’re family. At those times I barely liked anyone that I was there with, you know, just because, who wanted to really be there? But it’s like, man, we’re here. And you learn a lot from the people that surround you.”

“I wasn’t a mom. I didn’t know what to do and I don’t know if all of them had kids prior, but I know a lot of them already had children. So I felt like I was in a house with a whole bunch of my sisters. We were all the babies’ mamas. And it was so cute.”

“I was new. They knew that I didn’t know what I was doing. And they were just there for me. Like, my family. They were like my family. I will come back excited. ‘Oh, I got new sonogram pictures of the baby.’ And they’re all like, ‘Let me see. Let me see!’ So I was glad that I was able to have some people there to share.”

Self-Advocacy

Participants discussed powerful self-reliance, often acting as their own strongest advocates in systems utterly unwilling to hear their voices. When participants advocated for themselves, they often described persisting in the face of potential retaliation in order to offer something better to their soon-to-be-born children.

“I spent the next couple of days in the infirmary writing letters to the warden on my behalf to gain entry into the nursery. And after maybe like the 12th letter, she agreed to accept me on temporary circumstances due to my violent charge.”

“And I spoke to him, I said, ‘Listen, I was a child when I was confined. I want this baby more than anything. I turned myself in and I was not caught. If I did not want this baby like you would not have

met me. I'm not a product of my environment. I'm not looking to repeat my past.' I had a heart to heart with him."

Despite the overwhelmingly difficult experience of incarceration, several women identified concrete informational and support resources that were meaningful to support radical resilience. These resources included:

Pregnancy Groups

At Bedford Hills Correctional Facility,, pregnancy groups were convened regularly and led by incarcerated people trained to be health educators and doulas. These were lauded as important spaces of connection and information sharing. Unfortunately, similar groups did not exist in the jail setting.

"I think maybe having like a weekly group for like, even all the pregnant women, like a weekly group, just to discuss what we're going through during our pregnancies. 'Is this normal? What should we look for?' You know, even discuss how we're feeling, like I'm feeling sad this week, or this is a good week, my baby started moving – that would have been really nice. And I don't see why they couldn't do that, like we're all together in one dorm, you know?"

Programs for First-Time Parents

The support these programs offered was widely appreciated by participants, who felt that program staff and volunteers were responsive to their needs and concerns. Of note, these programs were not mandated by corrections, and participation could be chosen freely.

"I signed up for a program called Nurse Family Partnership, I don't know if you've ever heard of it. A nurse would come see me once a month. We would talk about where I'm at in my pregnancy

and how big the baby is, and how I'm feeling. I developed a pretty good relationship with her, and I would vent to her monthly, this is what's going on."

"The only person I had to really answer any of my questions, concerns or anything about my pregnancy, or what I was going through, was the nurse from Nurse Family Partnership, which I signed up for on my own."

Support from Caring Staff Inside

Though many interactions with corrections staff were impersonal and/or punitive, participants shared that some individuals (both corrections and civilian staff) genuinely cared about them. At times, these staff members went above and beyond their assigned roles to support the wellbeing of birthing people. Other times, they simply performed their jobs in a caring fashion.

"Nurse [RN], I love her. She was just so great to me. She was like, 'just calm down. You're going into labor.' I said, 'What!' She's like, 'relax.' So from there. I'm just like, in panic mode. I'm like, this is really happening. This is really happening... She's like, 'just relax and calm down.'"

"My female officer actually allowed my mom to sneak up and spend time with our family."

"So I went back to the infirmary and I happened to meet a very nice nurse. She found me crying in my room and she's like, 'What's wrong? You okay?' And I'm like, 'They're saying there's drugs in my baby's system. I've never used drugs in my life.' And she did me a favor, asking the doctor from Bedford Hills ...to come speak to me.... And he wrote a letter... saying that opiates was in my system due to the hospital, they gave me morphine before the emergency C-section. And the case became unfounded."

“It was one officer, Ms. [CO]. I love that lady so much. I used to be frantic, like, ‘I don’t know why she [my baby] won’t stop crying. She’s like, ‘You just gotta let her cry, hold her and let her cry.’ So she used to give us small little, you know, tips, little notes.”

Advocacy from Medical Providers

Participants expressed feeling particularly seen by certain medical professionals who attended to the broader experience of birth and tried to meet the birthing person’s needs, even if these actions did not fit within the scope of their regular medical duties.

“I was blessed to have two doctors and one of my doctors happened to be a Black doctor. And she literally fought for everything to go right with me. I don’t know what it was, she just seen me and the first thing she was like, you can be my daughter. And she made sure that everything, like I mean everything, was okay with me. She fought with the officers to give me some kind of humanity, to not make me feel like I was different from all the mothers that was giving birth.”

“Dr. [OB]. I love her. From the moment I came into [jail], I remember the first night I was arrested because I was so stressed and overwhelmed. I touched Rikers Island, and I ended up going right to the hospital. She was in the room with me. I cried with her. I cried. I said, ‘I’m never going home.’ I was just laying on my machines. [She was] like, ‘I’m here for you. And whatever I can do to accommodate your comfortability, as you come to this hospital, I will do whatever I can.’ Because of course we don’t have any food with us to travel while we’re ...traveling hours and hours.... She used to bring... me yogurts and stuff like that... I definitely had her.”

“I just remember being in pain, because it was a

natural birth for me because it was too late to ...give me anything.... I grabbed the nurse’s hand... because I was like, ‘Please give me anything. Just give me something.’ I remember I grabbed that lady’s hand, ‘I’m not gonna hold you,’ but she grabbed my hand back. She was a nice little white lady. She grabbed my hand back ...and she said, ‘You know, it breaks my heart seeing girls coming in and being by yourself. I’m here with you.’ So we all... have our angels that come in certain times. She did what she could.”

Support Persons

Only two of the individuals interviewed gave birth after the enactment of the 2021 Birth Support Law. Both highlighted the world of difference a support person can make.

“He [my partner] was there with me from the moment I got to the hospital, I was on it. I was making sure he was there. And I didn’t want to go through anything, not even a vitals check without having that support there. You know, so he was there from the moment that I got to the hospital. And then like a few hours after you know [my daughter] was born and I went up there to the recovery room.”

Emotional Experience

Participants described in detail the emotional impact and intense distress of being pregnant, giving birth, and becoming a parent while incarcerated. These individuals had been incarcerated at the time of their pregnancy, and they faced additional stressors and life transitions from the time of arrest. The physical and emotional changes of pregnancy were also often compounded by a history of difficult life circumstances, including interpersonal violence and abuse, substance use, mental health challenges, lack of resources, and systemic oppressions including economic inequality, racism, sexism, homophobia, and transphobia.

While the postpartum period is commonly defined as the first three months after delivery in the medical setting, in the mental health sphere it is generally conceived of as the first year after a baby's birth. Some degree of distress is experienced by most birthing people during the perinatal timeframe.³¹ When incarceration and its attendant traumas are co-occurring during this already vulnerable time, significant distress is almost inevitable.

Loneliness and Isolation

Most participants spoke about intense loneliness and isolation as a defining feature of their perinatal experience. They felt deeply alone and without emotional support. Many participants described that there was no one to turn to, and no one who offered them care and support.

“I just feel like those beginning trimesters are always like, the worst, the hardest, the most emotional, and I just feel like I was doing that all by myself.”

“I can only speak for myself, when I'm alone, that's when the depression starts to hit bad.”

“No mother does everything on their own. And when you get arrested and you go to prison, and you're pregnant, you're literally you and your kid, that's it... At the end of the day, it's literally just you, you have nobody, nothing.”

“But as far as being in the jail, that's only 15 minutes on the phone, and a six-minute call that you get for every three hours... As soon as that phone hangs up, now, I'm actually depressed. Because there's nobody around that really cares. Nobody really, really cared. Nobody cared. Nobody. As long as you were alive and breathing, that's all that they cared about.”

Some participants reported they had no support from the outside, and for those who did have family support, access to their family members was severely limited by corrections. For participants who had a child or children in the community, access to their child(ren) was also limited.

“If I could describe one feeling, it would be the loneliness. The feeling alone, feeling isolated... We didn't get benefits of having a tablet, having access to emails and all of that stuff. It was old school, if your people didn't put the phone on, you couldn't call home. That's it. If they didn't come and see you, they didn't come see you. If they didn't write you, you just did your time.”

“I was going through all of that alone. My family was there, but they weren't really there. So this was my first baby in a bad situation. And I just literally was doing it all by myself.”

Feelings of loneliness and isolation were particularly acute during childbirth.

“I felt so alone. I can't explain it, it was the worst experience I've ever had, having to give birth never having given birth before, as [this was] my first child. And to be by myself and not have anybody to help me through this. Get me through this time, you know.”

“I wish that [a doula] was available when I gave birth, because my process was such a lonely process because I didn't have anyone there. All my family was in North Carolina, the child's father was incarcerated.”

“When I had my son at [the hospital], the two biggest things for me were, like I said, the loneliness of not having nobody there. And I can remember, I felt like I was being treated really bad. How they were looking at me. I remember when I was reaching out for that doctor, and he was just looking at my hand like, why is she reaching for me? You know? And there was also nobody there with me.”

One participant described the difficulty of being placed in a hospital room with a non-incarcerated parent after delivery, seeing the other parent receiving visitors and family while she herself was shackled and alone:

“They actually had me in a room with another lady that wasn’t incarcerated. So she did have her baby in the room with us, and her family’s coming to visit her, bringing her food, and I’m sitting there handcuffed to the bed. I’m like, I have to go see my baby in NICU and they got me all shackled up, my feet shackled, my arm shackled... And she’s not going to prison, her family’s coming in and out bringing her food, you know, coming to see her baby. And I’m here all alone by myself crying. And that just made it even more lonely. It was just the worst feeling I’ve ever had. I just felt like nobody loved me or nobody cared about me, you know?”

Stress

Participants described being under intense stress during pregnancy, childbirth, and postpartum. The lack of support and the overall environment in prison and jail were the primary drivers of that stress.

“Like we all were stressed out. We all, you know, we’re pregnant in jail.”

“Women were fighting in the dorms, it was just very stressful. Very, very stressful, and lonely.”

Some individuals worried about what would happen to their babies and what the plan would be for the child’s care:

“When I was in county [jail], I was kind of stressed out about having my baby there because they’re like, if you have the baby in county, the state is automatically taking the baby. So I was freaking out about that.”

“It was very stressful. You know, here I have this beautiful little baby. And I don’t know if I’m going to be able to keep her or not.”

“I didn’t even know how much time I was going to have. Or if I was going to be staying at Bedford, am I going to be going back home? Am I going to be staying here? How long am I going to be staying here? Yeah, it was very, very stressful, especially because my family and my daughter’s father, you know, weren’t in any position to be able to take the baby if I couldn’t keep her.”

“I got to Bedford and [among] all other moms and everything I felt, you know, a little bit more secure, but not ever having to like, I never changed a diaper, or held a baby. Like that’s how life really was for me at 19 years old. I’ve never even held another, like an infant. So my kid was the first baby like I’ve ever held. Yeah, it was scary.”

Many participants spoke about the stress they were under as new parents in the nursery unit. They had to adjust to becoming a parent, taking care of an infant, and experiencing disrupted sleep and hormonal changes, all in an atmosphere of constant threat and vigilance. Some participants worried about being removed from the nursery. Some also shared that the negative responses of other incarcerated people to their infants crying were an added stressor.

“It makes the living there just hostile, it makes it bad. It’s just a bad aura. Even though the program is working... It worked. I loved it. It’s just the atmosphere is just so dark. It’s so sad. It’s depressing, just like a black cloud. And I just feel like they have to change that part.”

“I didn’t get any support. I mean, [my baby] cried basically the first three months of his life, like

literally all day every day cried... I feel like it's my fault too because I feel like he felt all my stress and all my worry. And because he cried so much, it caused a lot of issues with the other mothers and me. They were annoyed by it. They blamed me for it. It was bad."

"I still was, of course, like this is all my fault. My child hates me, like I have him here [in prison]. It was just, it was a lot. And then to have other women... that's really upsetting to like, other women, we're all in the same predicament like why are you trying to get me kicked out? Get my child taken away from me and make me feel bad about something that is normal, you know?"

Several participants expressed concern about how their stress may have impacted their babies. Some also described guilt and other complex feelings about having their babies with them in the nursery and how this environment might impact their child.

"I was really stressed out those first couple of months. And even though it wasn't my fault he was crying, I know he felt that. I know I wasn't able to give him my best because I was just going through so much myself."

"I was so angry and found I was really more angry at myself, angry for even bringing my child into the world under these circumstances. I was so mad about that. I don't know, I just carry so much anger. I think disappointment, really. I was really, really disappointed. You know, mad I took away my own freedom, just doing dumb stuff."

Depression

Many participants described themselves as depressed either during pregnancy or after giving birth. Some named that they had suffered from postpartum depression and spoke about a lack of mental health support available to them and other birthing people.

Perinatal distress arises from and is impacted by a complex interplay of factors, including social

and environmental factors (history of trauma, lack of social support, institutional and structural oppression), psychological factors (adjustment to shifting identity, self-image, ambivalence about parenthood, relationship to own caregivers, infant temperament), genetic vulnerability, and biological factors (sensitivities to hormone changes, lack of sleep).³² One way of examining perinatal distress is the prevalence of mental health conditions or perinatal mood and anxiety disorders (PMADs) and postpartum psychosis. In the general public, an estimated 15% to 21% of birthing people experience PMADs,³³ with Black birthing people³⁴ and low-income birthing people experiencing a significantly higher rate and fewer connections to care.³⁵ Although the prevalence of PMADs among incarcerated birthing people is unknown, it is likely the incidence of perinatal depression and other mental health concerns is very high.

One participant experienced depression in solitary confinement while she was pregnant:

"I was extremely depressed, because, it's one thing when you go to jail, right? That's horrible... But it's another thing to have your semi freedom and go straight into being locked in a room for 23 hours. So I wasn't happy. I was very disappointed in myself. I didn't know what was gonna happen, what my future held. And I was still in my 20s. So I was pretty young. So that was the gist of my pregnancy."

Several others also spoke about being depressed during pregnancy:

"I think I just tried to sleep the days away just hoping one day I'm gonna wake up and this whole thing will just disappear. Barely wanted to eat. I was so underweight. The baby was underweight."

"It was just a bad, bad time for me. It was just really bad for me. That's all. It was not a happy experience being pregnant the first time. It just wasn't a happy thing. I'm glad now, don't get me wrong. But understand, in the beginning, I was very, very, very sad. Very depressed."

Many participants experienced postpartum depression while in the nursery unit. Being incarcerated, and in some cases being unable to go out for fresh air, exacerbated the depression.

“Those were such dark moments in my life that... I want to call it prepartum with some postpartum in there, my thoughts were dark... I would have these dreams and these thoughts, just all these negative, negative, negative things... I’m like, wow, I didn’t realize how dark I was.”

“I was very sad up there. I was very sad. When my daughter cried, I cried. That’s postpartum depression. I had that. And I feel like they’re all just like throwing us under the bus, under the bus, under the bus. They always think the moms want to get out just to smoke a cig. No, we literally need time. Time, like, I need some fresh air. That’s another thing. They keep them cooped up there, cooped up. Really living like maximum-security prisoners.”

“And can we just talk about postpartum depression? These things contribute to postpartum depression, the loneliness – you wouldn’t feel as lonely if you had a doula there, you know, someone to talk to.”

Some participants described the terrible sadness, grief, and loss that came with being separated from their infants:

“I feel like the physical act of absence has an effect on me, similar to postpartum. Like, I may not always feel like I’m his mom, because I felt like he was just ripped from me.”

“That’s one of my biggest things about the experience that makes me sad. I have no infant pictures with my kid. All my friends used to want to take click clicks with me and I’m like, this is not like that kind of bid. Like this is just the bid I have to get out of here and get to my baby. I don’t want to be in nobody’s pictures. Like the only click clicks I did have is when my mom brought [my child] to see me and even that’s a little depressing. The only

picture I have of myself pregnant is in Bedford Hills. I’m still gonna put it in the scrapbook. But that’s not something he could take to school when that time comes. So that bothers me.”

“Hey, like, this boy is the reason I got my life together. I need my baby, I want my baby back. There was a point on the visit, I was holding him and he was crying, and I was trying to settle him and [the caretaker] she’s like, ‘Oh, just pass him to me.’ And I wanted to die. I felt so insecure. I felt like my baby felt like another woman was his mother. So I think the women need someone to talk to about all these feelings that could possibly come up.”

Mental health support was described as limited, with no support specific to perinatal mental health. Participants shared that the interpersonal and practical support and environment that they needed were not offered.

“There’s literally a lack of mental support in the jails as well. They’ll sit there and say, ‘Oh, I’m gonna make a mental health referral.’ And then mental health will come and be like, ‘So how depressed are you feeling? Okay. I think we’ll just have to bump up your medication.’ You know, it’s literally no cure, like help me, talk to me, give me some type of guidance. There was no type of help for me.”

“Medication does not help. It doesn’t help. Nobody said, ‘Oh, I’m having postpartum depression. Give me some Prozac.’ Nobody said that. Literally, I just need to get air, I need to talk. I just need a little bit of time. And you don’t get that there.”

Fear

Many participants described feeling fear and terror during pregnancy, birth, and/or postpartum. There was fear of the unknown and what might happen, and fear of the physical processes and medical procedures involved in pregnancy and childbirth. This fear was exacerbated by a lack of information and support.

“I was 38 years old. So I was really scared. I was not familiar with the pregnancy thing. I forgot all about it, you know? And, they were telling me I might have all these complications because I was older. So it was a terrifying experience.”

“During my pregnancy, I can say at least eight women came in and out because they had miscarriages. So, even dealing with that was a lot. You know, I would feel really bad for them. And then of course, I would get scared, like, oh, my gosh, am I gonna have a miscarriage?”

In some cases, participants were afraid for their own or their baby’s physical safety due to violence in the jail or prison environment.

“There were actual physical fist fights while I was there, pregnant....”

Some participants avoided speaking up about concerns related to their pregnancies or the treatment that they were supposed to receive because they worried that staff would view them as confrontational or further dismiss them. They were also afraid of retaliation – a common occurrence in correctional settings – if they advocated for themselves.

“If you argue too much, now you’re a problem, now they’re writing in that little book that you’re confrontational and nobody wants to work with you at that point. So you feel like you’re in a stuck situation, and just even venting that to somebody... who do you have to vent it to? It’s already that lonely feeling, you know, you’re scared. Especially if you’re being told something that you’re not fully confident or comfortable with. But, I also felt guilty because I’m like, ‘I have my baby being born in this situation.’ So it’s guilt on top of fear, you know, a lot of mixed emotions to deal with by yourself.”

Participants described a fear of birth itself and worried about unnecessary medical interventions, not having agency to make critical decisions during the birthing process and being stigmatized due to being incarcerated.

“And they’re just like, ‘Hmm, we’re just gonna go ahead.’ And I’m like, What? Now you’re doing it even earlier than what you said. I was nervous. And I’m sitting there crying.”

“I was so terrified, and I was so alone. So that would have benefited me so much, so I’m really excited about them making this [doula program] available for women, because I know how I felt when I was there. And I was so scared in that delivery room by myself, I even was grabbing up to the doctor, you know, just to try to hold his hand because I was so terrified.”

Participants who were able to stay with their babies in the nursery units within correctional facilities often felt afraid that they would be baselessly accused of violating rules or unintentionally doing something that would cause them to be removed from the nursery and separated from their baby.

“I lived the whole time in fear, not knowing whenever the next meeting, somebody’s gonna say something, get me put out. You know what I mean? They make jokes about me the whole time. I had eight years in prison at 17 for a fight at a teen club... So they make jokes about everything and it was like you guys don’t even know what your jokes [do], like how that really impacted.”

Parents also expressed fear around accessing care for their infants given the lack of control they had over basic decisions during incarceration, including requirements that they be shackled even when carrying and traveling with their infants on outside trips.

“I remember being in the nursery and one of the babies fell. And he hit his head and they had to bring them out to the emergency room. And the young lady literally didn’t want to go or was scared to go because she didn’t want to be shackled and try to maneuver with her baby.”

Trauma

Trauma was a recurrent theme throughout the conversations. Participants spoke about the following kinds of trauma: 1) trauma caused by the correctional environments in which they were confined; 2) birth trauma due to negative experiences surrounding labor and delivery; 3) personal trauma histories – often involving complex trauma caused by repeated traumatic experiences – compounded by encounters with the criminal legal and healthcare systems; and 4) generational trauma, which was discussed both in terms of a history of intergenerational trauma and concerns about the impact of incarceration on the next generation.

Trauma Caused by Conditions of Incarceration

Many participants described trauma stemming from poor treatment by people working in prisons and jails and the circumstances that they endured because of harsh, punitive facility rules and procedures.

“I remember being treated very poorly [in the hospital], while being pregnant. And coming back from the hospital, I had to be locked in a room for like 24 hours before they brought me back to the cell I was in originally – and so I felt like the whole experience was traumatic.”

“I think the officers or the people who’s in the nursery, who’s like supervising, should definitely be trauma-informed, right? So the reason why I say that is because they gave me so much anxiety... listen, they give you crazy anxiety.”

“Why do you guys have to treat the babies like that? And they treat you unfairly because you’re an inmate. It’s traumatic, and it makes you kind of feel like worthless, you know, they already have an ego, it makes you feel like you’re not anything, worth anything. You’re not in control of anything. Going to the hospital and having people at the hospital treat you like that, it just makes you feel like why you don’t have anybody to turn to.”

Birth Trauma

Research on birth trauma in the community recognizes that a variety of factors contribute to birth being experienced as a traumatic event. Birth trauma often refers to the risk of or actual injury to the birthing parent or infant during labor and delivery. When these events happen, the birthing person may experience intense negative feelings such as horror, loss of control, helplessness, and worthlessness. Trauma can also result from experiencing a lack of caring or loss of dignity, feeling abandoned or powerless, or losing trust due to poor communication from healthcare providers. All of these factors contribute to the likelihood that a birth will be experienced as traumatic. Traumatic birth is associated with a greater risk of postpartum mental health issues, such as postpartum mood and anxiety disorders and post-traumatic stress disorder.³⁶

Giving birth while incarcerated exposes birthing people to many factors outlined above. Many participants described difficult and terrifying birth experiences.

“I ended up losing a lot of blood and I had to get a blood transfusion. And they end up having to give me actually two bags of blood. It took longer than what my other two C-sections did. I’m just sitting there like, why does this feel like it’s taking forever? And then afterwards, you know, your heart stops, you’re not breathing until you hear your baby let out that first cry. So, after that my breathing was really, really shallow. Like I was struggling to breathe. The nurses and everybody are moving around and I’m like, trying to sit like, I feel like I can’t breathe. I feel like I can’t breathe. So when the nurse actually got close enough, and I’m like, ‘I feel like I can’t breathe.’ But I’m struggling to get the words out. And she goes, ‘Oh.’ And then she puts the oxygen mask on me. And I’m just like, how do you say, ‘Oh?’ Like, ‘Oh’ makes me feel like that was what you were supposed to be doing and you forgot. And I’m over here struggling to breathe. The worst feeling.”

“When I gave birth, I was handcuffed because we didn’t have the [anti-shackling] law yet. So that was very traumatic for me within itself.”

“I literally felt like I was about to meet Jesus that day... I’m traumatized. I’m literally scared of giving birth, I’m not scared of pregnancy, I’m literally scared of the birth process, like completely. I don’t even know if I could make it, like I’m surprised I made it. For real I’m surprised I made it through that.”

Several participants reflected that, although it had been years since they had given birth inside, they still had not had the opportunity to process the trauma of those experiences.

“I’ll have to talk about my trauma somehow. I think that’s a road just never crossed, because you just get to be a mother. That’s it.”

“I was in the nursery with my daughter.... I’m known to traumatically black out stuff. So, yeah. I just moved past that.”

“We never spoke about it. We came back to the nursery. We got to being a mom. Whenever we was released, we got right back to life. But anytime anyone ever asked me ‘Oh, how was birth?’ I almost died, great.”

Complex Trauma and Intergenerational Trauma

Several participants reflected that they and many incarcerated women share a history of physical and sexual abuse and that often trauma was a part of their family’s history. One participant reported that her mother was also incarcerated.

Studies confirm that the vast majority of people incarcerated in women’s facilities have a history of trauma, often childhood trauma and physical and sexual violence, throughout their lifespan.³⁷ Complex trauma may be defined as the “exposure to multiple

traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure.”³⁸ A study in New York’s maximum-security prison for women found that 94% of women incarcerated there had experienced sexual and/or physical violence in their lifetime.³⁹ A staggering 82% of women had experienced severe physical violence and/or sexual abuse as children, and 75% had experienced serious physical violence by an intimate partner as adults.⁴⁰ Prisons and jails reproduce the same abusive power dynamics present in abusive relationships.⁴¹

“There’s a lot of women that had traumatic situations happen, you know, as a child, whether it be molestation or physical abuse.”

Some participants connected intergenerational histories of trauma to the trauma that their own children experienced because of their incarceration:

“My mom had her child and she was incarcerated too. And [my child] got sent home but it was more of like history repeating itself, you know, cycles, those kinds of things.”

“I feel like we’re together every day, my son loves me, I love him. But I feel like I’m still trying to make up for the traumatic absence that I had, like, you know, babies probably don’t understand that absence.”

The correctional environment is often especially triggering and difficult for survivors to navigate, and it both creates new trauma and compounds past traumas.⁴²

“It was a couple of times where just certain situations happened. Oh my god, you instantly get into a trauma state of mind. Like, I’m going to kill myself, I’m not lucid right now, I’m not going to wait ’til tomorrow to see my son again.”

Recommendations

During the interview process, participants shared a broad range of recommendations regarding doula services, but also encompassing conditions, resources, and care provided while incarcerated. These recommendations relate to the broader supports needed during pregnancy, delivery, and the first year postpartum.

If there is one foundational recommendation that was underscored throughout the conversations, it is that pregnant and birthing people should not be incarcerated in prisons and jails at all. There is an inherent tension in making change in a system that will never be able to truly provide the kind of care that is needed. However, participants emphasized the importance of supportive spaces during incarceration, especially the presence of a nursery, which is vital to bonding in early childhood. Accordingly, while pregnant and birthing people continue to be held behind bars, efforts towards improving conditions of incarceration are critical.

Recommendations for Doula Care

Participants noted that doulas in jails and prisons should have specific skills and roles, such as:

1. Raising awareness of normal pregnancy-related changes as well as warning signs

“Just [providing] reassurance like when I was spotting and stuff, just giving me a little more reassurance or a little more understanding...”

“What I want for them to do is teach. Teach. Really, I always felt like that [about] education, learning things – once you learn them, you always remember.”

2. Advocating for pregnant people to make and express health choices

“I think a doula would be able to stand up for the bodily rights of the women in there, and it would be better. So we don’t come off as aggressive when

trying to advocate for ourselves. We can express it to the doula, and she could express it in a way where they would understand and respect. And I think that will take a lot of pressure off being the inmate and the patient at the same time.”

“A doula would be really good to stand in the middle... with our choices, like I wanted delayed cord clamping, [but] nobody paid me any fucking mind. They were like, ‘Yeah, girl, whatever.’”

3. Supporting the birthing person in navigating needs during labor and delivery

“Having them in the delivery room with you, having them be there to advocate for you, having them be there to reassure you, just that mental emotional support, having someone you can trust, I think is just so important for pregnant women and the child.”

4. Advocating for and guiding infant care and bonding, including lactation

“They don’t know nothing about the birthing process. The correctional officers there were way too involved, like trying to tell you how to handle your baby, stuff like that. And some of them don’t even know what they’re talking about. So to have a doula there, to offer you knowledge of practices with your child, you know what I mean?”

“I was producing so much breast milk, and I remember them forcing me to throw out almost 60 bottles of breast milk I bottled for my son. My son was premature, like he was 1,100 grams [2½ pounds] when he was born, he had jaundice, he had the goggles [for phototherapy to treat jaundice]. I feel like the doulas would serve a beautiful purpose, they would be the whistleblowers [and say] it is unacceptable this is going on.”

5. Centering the agency and bodily autonomy of incarcerated birthing people

“Honestly, just have an open mind and don’t overstep your boundaries. Let the mom express what she wants you to do. Yes, suggestions are good. But don’t just be like, ‘Oh, do it like this.’”

“The officers look at it like ‘you’re all inmates,’ but I feel like with the doula, that’s her job, she takes you a little more seriously. You know, as opposed to someone who’s just there and it’s not their job. So I feel like there should be a doula available at all times.”

6. Working with knowledge of the jail, prison, and medical environments

“I think for the majority of the mothers, it was their first time [being incarcerated]. So you’re really not familiar with how the system goes, what you’re allowed to do, what you’re not allowed to do. What these officers are supposed to be doing and not supposed to be doing. You know, so a doula definitely would be super helpful.”

“They’re doing something that’s completely against hospital policy. But if you’re the one that says it, now you’re the troublemaker. That’s so much the setup in that situation. And to have someone objective say, ‘I believe we should follow hospital policy’ would be really important.”

7. Speaking up in instances of mistreatment or harm

“A voice – it would have played a big part, like even the incident with the wheelchair. A doula could have simply said, ‘Hey, the facility doesn’t usually have the girls walk back,’ or just alerted someone that these officers are making these girls walk back, fresh after a C-section.”

“The doula’s presence would hold the prison or the jail more accountable to following the rules for pregnant inmates like exactly how they’re written... I was reading one thing on paper, and they were telling me the opposite of what was written in the book. So, I think the doula would be like that moral compass to make sure the mom feels safe.”

8. Providing emotional support by listening, validating, and maintaining presence

“Even holding your hand or just standing there, asking if you’re okay or ‘what are you feeling right now?’ Or [saying] ‘just let it out,’ you know? That probably would have helped my situation so much. I mean, it wouldn’t have changed the situation but it would at least have helped for that moment.”

“Definitely emotional support is number one. I feel like that trumps it all. Being a doula there [in the correctional setting], you got to be able to relate. You have to be able to relate to the woman there because, no, we’re not the picture-perfect mothers, okay? We’re not the picture-perfect mom, but that don’t make us bad parents. Doing so, I feel like they will have to be a friend. Yeah, be a friend. Be a listening ear, a shoulder to lean on.”

9. Supporting connection with community loved ones and community resources

“He [my partner] was calling every single day. And I never got a response. He missed his child’s birth. I was there by myself. So, yeah, a doula would be very helpful, even if it’s someone to just help you write.”

“To have someone be able to go and visit... you know, “‘Hey, I just visited with your baby. She’s doing great.’ I think that is so helpful and just really important.”

10. Processing birth experiences safely

“There’s a lot of women that had traumatic situations happen as a child, whether it be molestation or, you know, physical abuse, so it’s very stressful and uncomfortable, to just trust... anybody, as opposed to somebody who’s had training in this because, you know, the doulas have to go through training. It’s not just like, ‘Hey, you’re a doula!’ So, I would feel more comfortable and I wouldn’t stress as much for someone that has been trained and that I see cares.”

“These [doulas] need to be compassionate, empathetic people. They need to be for the people... These need to be people who understand how significantly traumatizing it could be, to have the baby while confined. And they need to have that real desire to help make the situation better.”

While not a panacea for the problems associated with incarceration, doula care can bridge systems that often do not speak to one another and allow the needs of birthing people to fall through the cracks. Doulas have little authority in the correctional and medical systems, but they can move between systems without being beholden to them, opening up lines of communication through which the birthing person’s own voice can be heard. A doula does not speak in place of the patient, but by centering the birthing person’s humanity and well-being, doulas can help spur shifts of perspective throughout these otherwise rigid systems.

The experiences of interview participants speak to the importance of doula care, as well as necessary reforms to hospitals, healthcare, prisons, and jails. Additionally, they highlight the importance of broader policy change and implementation.

Recommendations for Hospitals and Healthcare Providers

1. Engage the expertise of individuals who have experienced pregnancy during incarceration to increase awareness of the need for respectful and humane care.
2. Implement practices and policies to ensure incarcerated birthing people have the same rights, choices, and treatment as all other patients.
3. Train medical providers on issues often faced by birthing people in jail or prison and on trauma-informed care, including education on the trauma caused by incarceration itself.
4. Train medical providers and administrators on policies related to incarcerated birthing people, including the 2021 Doula Support Law (NYC),

the 2021 Birth Support Law (NYS), and the 2015 Anti Shackling Law (NYS).

5. Provide comprehensive, accessible perinatal mental health services.
6. Partner with perinatal support services to ensure doula care is available and accessible.
7. Offer birthing people education regarding what to expect at each stage of pregnancy, and anticipatory guidance regarding routine and optional aspects of medical care.
8. Provide comprehensive postpartum support (e.g., wound care, physical therapy, lactation).
9. Work with community-based organizations to create networks of care that birthing people can access upon release from jail or prison.
10. Emphasize bodily autonomy and shared decision making in the medical setting, as these are limited in jail and prison.

Recommendations for Prisons and Jails

1. Engage the expertise of individuals who have experienced pregnancy during incarceration when implementing pregnancy-related policies and programs.
2. Provide high-quality reproductive health care and perinatal mental health services.
3. Partner with perinatal support services to ensure doula care is available and accessible.
4. Train all staff in trauma-informed care, including the trauma caused by incarceration itself.
5. Cultivate respect between birthing people and staff and address mistreatment.
6. Provide perinatal classes and comprehensive perinatal education and support pregnancy-related peer networks created by people who are incarcerated.

7. Ensure that conditions in prisons and jails support the health and human dignity of pregnant people, including adequate nutrition, fresh air, safe housing conditions, quality medical care, and respectful staff interactions.
8. Allow birthing people to access nursery programs that support the parent–child bond.
9. Provide adequate space, equipment, and support for lactation and breastfeeding.
10. Comply with existing laws, including, but not limited to, the 2021 Doula Support Law (NYC), the 2021 Birth Support Law (NYS), and the 2015 Anti-Shackling Law (NYS).
3. Allocate funding for doula programs in jails and prisons, as well as for nursery and parenting programs, perinatal classes, and perinatal mental health services.
4. Enact policies that improve living conditions in prisons and jails to support the health and human dignity of pregnant people.
5. Enforce compliance with existing legislation related to pregnancy, such as the 2021 Doula Support Law (NYC), the 2021 Birth Support Law (NYS), and the Anti-Shackling Law (NYS), and collect data regarding these and future laws to provide transparency and accountability in enforcement.

Recommendations for Policymakers

1. Prioritize the expertise of people who have experienced pregnancy during incarceration when developing and implementing relevant policies.
2. Enact policies that prevent the incarceration of pregnant people and expand funding for community-based, trauma-informed alternatives to incarceration.
6. Enact the reproductive health bill package associated with the CARE Act to help ensure that people who are incarcerated can access quality reproductive healthcare. (See Appendix for relevant legislation.)
7. Increase funding for post-release services tailored to the needs of birthing people and parents of young children.

Discussion

Findings: Contributions to the Ongoing Conversation

Few robust studies exist about the experiences of birthing people in prisons and jails. One of note is the 2015 *Reproductive Injustice: The State of Reproductive Health Care for Women in New York State Prisons* – a 5-year study using quantitative and qualitative methods to provide a comprehensive picture of reproductive healthcare and experiences in New York State prisons. Several members of the BSWG participated in this study, which includes a discussion of care and experiences related to both gynecologic and obstetric conditions, including birth, postpartum, and parenting. Little data are kept by prisons and jails regarding pregnant people, limiting the ability to conduct large studies and transparency within these facilities. A number of small qualitative studies have highlighted the experiences of birthing people in prison and jail.^{43,44} The themes illuminated in this report are largely consistent with prior findings: inadequate conditions and healthcare, limited access to information, and conditions that generate experiences of fear, isolation, dehumanization, and trauma.^{45,46,47} This report adds to the ongoing conversation by offering specific recommendations for doula care in correctional settings that are directly grounded in the expertise of people who gave birth while incarcerated.

Overall, this study suggests that pregnant and birthing people should not be housed in prisons and jails – a step that is part of a broader movement towards decarceration and consistent with a reproductive justice framework.^{48,49} Participants noted that key information needed to make decisions about birth is frequently not provided by corrections and that prison/jail conditions, ranging from unsanitary living spaces to a lack of lactation support, create an environment unfit to support pregnancy. Interpersonal barriers included a lack of family and community support, while systemic barriers were identified within both the medical and correctional systems.

Participants remarked that informal peer networks created by incarcerated people provided powerful support by making the environment more comfortable during pregnancy, generating collective, creative energy and mutual support, and encouraging self-advocacy related to medical issues. This reflects the essential role that radical resilience can play in changing systems and working within them to create movement and improvement. Outside programs and exceptional individuals who offer care beyond their official roles can also play an important role. In this way, interpersonal relationships and community values, which are intrinsic to doula care, can combat the dehumanization of incarceration.

Even with support from peers, participants shared that being incarcerated during pregnancy, birth, and new parenthood took a grave emotional and psychological toll. The feelings most often described were loneliness, fear, stress, depression, and diminished self-worth. These experiences compounded each other to cause widespread emotional suffering and isolation. Participants further spoke about a range of intersecting traumas – histories of physical and sexual violence, intergenerational trauma, and fear of the impact of their incarceration on their children. These circumstances were aggravated by negative experiences in the criminal legal system. Despite the near universal experience of emotional distress, participants noted that there were few supportive resources available for them. Recent laws that permit doula services and the presence of a support person during labor and delivery are welcome changes and help incarcerated people access the resources available to birthing people in the wider community. However, these changes do not address the broader harms of incarceration. In addition, aside from the clinical support offered to mothers in the nursery at Bedford Hills Correctional Facility, there is little to no mental health support specific to the perinatal time provided in New York’s prisons and jails.

Process: Reflections on Study Strengths and Limitations

This project was born from the desire to inform doula services in New York's prisons and jails by facilitating the expertise of people who experienced pregnancy during incarceration. While there are other important perspectives to consider, including those of medical professionals, corrections personnel, and prison doulas, this study spotlights the voices and insights of individuals with direct experience – narratives which are often minimized and overlooked.

Interviews focused on these sensitive topics required shared openness and trust. Accordingly, discussion and interview facilitators drew upon their deep personal knowledge of motherhood during incarceration and vast expertise in facilitation, community building, and advocacy. For example, one group facilitator worked for decades in the nursery at Bedford Hills Correctional Facility and the other facilitator was a leader in the successful campaign to enact New York's 2015 Anti-Shackling Law after her own experience of giving birth while incarcerated. The facilitators were able to connect with participants, and this aspect of the process enhanced the participants' comfort and willingness to share their insights and ideas.

The dynamic process of the group discussions was itself revealing. Most participants had not talked about their birth experiences since leaving jail or prison.

One of the groups included individuals who had been incarcerated together and were (virtually) reunited for the first time. Several participants remarked that they had been forced to brush aside their reactions to problematic medical procedures and dehumanizing experiences during incarceration. Reflecting back, they expressed that sharing their stories surfaced many emotions and a different perspective on past occurrences. The facilitators provided a safe space and emotional support to process these experiences and have deeply affecting discussions.

Limitations of the study include the small number of interview participants, a result of limitations on time

and resources and purposive sampling methodology. For example, fewer participants were incarcerated at small county jail facilities – as opposed to the larger facilities of Rikers Island and Bedford Hills – and none of the participants were separated from their infants after giving birth, although that is a very common occurrence. Despite these limitations, the depth and detail of each experience shared contributes to a robust body of knowledge, and efforts for change can be guided by the participants' many salient recommendations.

Future Directions: Birthing Support and Broader Issues in Prisons and Jails

Based on the interviews conducted, the BSWG created educational tools to improve birth support through doula care. Additionally, case studies and accompanying discussion guides were compiled to train doulas and medical professionals, as well as facilitate discussion about the ways in which doulas and doctors may mitigate harm in the correctional setting. Themes were also integrated into the HOPE and Growing HOPE Doula Programs, community-based services affiliated with the BSWG's hospital-based partners and used in the design of the doula program serving Rikers Island which began in 2024 (based on New York City's 2021 Doula Law). Notably, the study's findings were also incorporated into the training of doulas providing jail-based care and condensed into summaries for policymakers and healthcare providers.

The experiences detailed in this report raise critical questions. For example, how can individuals make pertinent health-related decisions when they are confined in institutions designed to surveil and control? The lack of agency inherent to being incarcerated undermines all other experiences. It is nearly impossible to have confidence that one's decisions will be acknowledged and respected in a setting intent

on removing one's right to self-determination. The healthcare system exerts its own power through the surveillance of medical testing and a long history of perpetuating racial and socioeconomic disparities. The ongoing political battle over reproductive rights provides ample evidence that our society does not view pregnant individuals as wholly autonomous and questions the authority of pregnant individuals to make their own decisions.

Doula care, which is firmly rooted in the philosophy of individual choice, community building, and person centered care, provides one approach towards birthing empowerment in the correctional setting. Ultimately, doulas cannot solve the larger problems of

reproductive injustice faced by incarcerated pregnant and birthing people. Nonetheless, improving conditions through holistic initiatives such as doula care remain important to provide vital support to people inside.

Centering the voices and expertise of pregnant and birthing people who are incarcerated is imperative. This expertise and the doula mentality – recognizing the innate value of each individual, valuing bodily autonomy, and promoting self- and community-advocacy – should guide needed reforms. The findings and recommendations in this report provide a useful starting point for policymakers, advocates, medical professionals, and doulas seeking to make meaningful change.

Appendix

New York Laws & Legislation Relevant to Pregnancy During Incarceration

Enacted

Anti-Shackling Law (NYS 2015)

Amended New York State Correction Law § 611 to prohibit the shackling of people in prisons and jails throughout all stages of pregnancy and up to eight weeks postpartum with a very limited exception. The statute also strengthened New York's 2009 Anti-Shackling Law which banned shackling during labor, delivery, and post-partum recovery. In addition, the Law prevents correction staff from being in the delivery room unless requested by medical staff or the birthing person themselves.

Legislative text:

<https://www.nysenate.gov/legislation/laws/COR/611>

Birth Support Law (NYS 2021)

Amended New York State Correction Law § 611 to permit a birthing person in prison or jail to have a support person of their choosing in the delivery room during labor and while recovering after giving birth, along with a doula if one is available.

Legislative text:

<https://www.nysenate.gov/legislation/laws/COR/611>

Doula Support Law (NYC 2021)

Established New York City Local Law 95 requiring the New York City Department of Correction to retain doula services (at least two doulas, with services twice a week) and provide doula services during labor and delivery at the request of the birthing person.

Legislative text:

<https://intro.nyc/local-laws/2021-95>

Pending as of August 2025

CARE Act Bill Package

CARE (Compassion And Reproductive Equity) Act (NYS 2025 - S4583A/A4879A)

This bill would establish significantly stronger protections and rights for incarcerated pregnant people in prisons and jails, including in the areas of medical and obstetric care, dental care, nutrition, exercise, housing, work, access to information and support, birth planning, breastfeeding, parental decision-making, and pediatric care. The Act also requires improvements to correctional nursery programs and strengthens the rights of parents to participate in nursery programs with their babies.

Fact sheet:

<https://newhourli.org/what-we-do/care-act.html>

Legislative text:

<https://www.nysenate.gov/legislation/bills/2025/S4583/amendment/A>

Breastfeeding Rights & Data Collection Law (NYS 2025 - S2666/A1607A)

This bill would allow incarcerated people to keep health- and newborn-related supplies after any pregnancy outcome, establish wide-ranging breastfeeding rights and protections, and require state and local corrections to collect comprehensive de-identified data related to pregnancy, pregnancy outcomes, and nurseries.

Legislative text:

<https://www.nysenate.gov/legislation/bills/2025/A1607/amendment/A>

Birth Support, Use of Force & Anti-Shackling Expansion Law (NYS 2025 - S2667/A1670)

This bill would allow a support person to be present during an incarcerated pregnant person’s medical and counseling appointments, enhance protections against using force on incarcerated pregnant people, and prohibit the shackling of people in law enforcement custody, including in police stations, during pregnancy and 12 weeks post-partum.

Legislative text:

<https://www.nysenate.gov/legislation/bills/2025/A1670>

Doula Support Law (NYS 2025 - A4073)

This bill would make the provisions in New York City’s 2021 Doula Law the law across New York State. It would require doula services to be available in women’s jails and prisons during pregnancy, labor and delivery at the request of the birthing person.

Legislative text:

<https://www.nysenate.gov/legislation/bills/2025/A4073>

Protect In-Person Visiting Bill (NYS 2025 - S5037/A4603)

This bill would safeguard in-person visits in correctional facilities by preventing them from being replaced with video conferencing. It also helps ensure that visiting is accessible, particularly for people who work, attend school, and/or have children by requiring weekend and/or evening visiting hours.

Fact sheet:

<https://justiceroadmapny.org/wp-content/uploads/2024/01/Protect-In-Person-Visiting-Fact-Sheet-April-2023.pdf>

Legislative text:

<https://www.nysenate.gov/legislation/bills/2025/S5037>

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