



# BORN INSIDE

## Birth Experiences During Incarceration & the Need for Doula Care

A report of the Birth Support Working Group<sup>1</sup>

### Recommendations for Hospitals & Healthcare Providers

## Summary

Health systems should proactively address barriers to perinatal care in the prison system. Partnerships between doula organizations and health systems can serve as a helpful mechanism for identifying and responding to the harms caused by incarceration. The recommendations below are essential for improving reproductive care, alleviating the trauma of incarceration, and allowing incarcerated birthing people to make choices that protect their health, reproductive rights, and human dignity.

## Background

### *How can doulas support incarcerated birthing people?*

- Doulas provide a range of physical, emotional, and informational support to promote the wellbeing of birthing people in their care. The core ethos of community-based doula work is to dismantle systemic harm and provide holistic support to families and communities.
- In 2021, New York State enacted a law requiring prisons and jails to provide “pregnancy counseling services” and allow birthing people to have a “support person” of their choosing present during labor and delivery, along with a doula if one is available.
- From 2023 to 2024, the Birth Support Working Group convened a series of conversations with women who gave birth while incarcerated to find out about their experiences and ideas for change.

*“I wanted to have a natural childbirth, without any drugs at all. 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 [sic] and the patient at the same time.”*

## Key Findings

### *On pregnancy & prison/jail conditions*

- Jails and prisons do not provide adequate living conditions or substantive information required for a healthy pregnancy. Incarceration also creates barriers to interpersonal and medical support.
- Demeaning, harsh treatment from some prison staff creates an environment that undermines safety, self-advocacy, and decision-making in pregnancy.
- Incarcerated pregnant people experience isolation, loneliness, fear, stress, and depression throughout pregnancy, birth, and post-partum which can cause and compound trauma.

### *On doulas & NYC’s 2021 Birth Support Law*

- Doulas can play a vital role in improving pregnancy experiences during incarceration by providing knowledgeable support and advocacy.
- Participants who gave birth after the 2021 Birth Support Law, which allows a person to be present during labor and delivery, said that having a support person had an enormously positive impact on their birth experience.

### *On peer networks*

- Informal peer networks created by incarcerated people offer powerful support for pregnant and birthing people.

<sup>1</sup> The Birth Support Working Group 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.

- Participants noted that sometimes peer networks were supported by outside programs and individuals. Other times, they were thwarted and undermined.

### On the nursery

- Nurseries for incarcerated birthing people and their babies are an invaluable resource.
- Most participants were able to join the state's prison nursery at Bedford Hills Correctional Facility or the city's jail-based nursery at Rikers Island, and were therefore not separated from their babies. While participants discussed problems with these nurseries, they also expressed the importance of having this resource. Most people in jails are entirely deprived of access to this type of program.

*“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.”*

## Recommendations

Overall, we recommend that pregnant and birthing people should not be housed in prisons and jails—a step that is part of a broader movement toward decarceration, and consistent with a reproductive justice framework. The below recommendations are made recognizing the tension of making changes in a prison system that can never truly provide the kind of care that is needed. And yet, while pregnant and birthing people continue to be incarcerated, it is critical for change inside to happen – informed and guided by people with direct experience.

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.

*“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.”*

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), 2021 Birth Support Law (NYS) and 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 (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.

For the full Born Inside report and citations for references in this document, please see [wjpn.org/born-inside](http://wjpn.org/born-inside).