



BORN INSIDE

Birth Experiences During Incarceration & the Need for Doula Care

A report of the Birth Support Working Group¹

Recommendations for Policymakers

Summary

Policymakers should address the harmful conditions and seriously inadequate perinatal care experienced by pregnant and birthing people who are incarcerated – by funding doula programs in prisons and jails, requiring robust implementation of New York’s 2021 Birth Support Law, and supporting additional reforms including the reproductive health bill package associated with the CARE Act. 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.

“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.”

- Incarcerated pregnant people experience isolation, loneliness, fear, stress, and depression throughout pregnancy, birth, and post-partum which can cause and compound trauma.

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.

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.

¹ 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.

On peer networks

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

“Why do you guys have to treat the babies like that? And they treat you unfairly because you’re an inmate [sic]. 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.”

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.

“There was a discrepancy, whether or not we were allowed to have a family member [present at delivery], anyone come and be present. 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.”

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.
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), 2021 Birth Support Law (NYS), and 2015 Anti-Shackling Law (NYS), including data collection regarding the enactment of these and future laws, to provide transparency and accountability in enforcement.
6. Enact the reproductive health bill package associated with the CARE Act to ensure that people who are incarcerated can access quality reproductive health care. (See Appendix A in the Born Inside report for relevant legislation.)
7. Increase funding for post-release services tailored to the needs of birthing people and parents of young children.

For the full Born Inside report and citations for references in this document, please see wjpnj.org/born-inside.