

**MIBFN**

Michigan Breastfeeding Network



**WORKING TO OVERCOME ROADBLOCKS KITS  
GUIDE TO BREASTFEEDING  
AND INCARCERATION**

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## **100,000 BABIES ARE BORN EACH YEAR INSIDE THE PRISON SYSTEM**

According to Bureau of Justice data, over 207,000 women are incarcerated in the United States, 70 percent are mothers of children under age 18, and about 25 percent of those children are younger than 5 years old (Prison Inmates at Midyear 2008 - Statistical Tables, Bureau of Justice Statistics, U.S. Department of Justice, March 2009). **6 to 10 percent of those women incarcerated are pregnant and approximately 100,000 babies are born each year inside the prison system. Despite these staggering numbers, there are no formal laws protecting lactating individuals behind bars.**

Breastfeeding is not a specific right addressed under the Eighth Amendment as a “serious medical need;” however, **some states, like New Mexico in 2017, have ruled that all mothers incarcerated in state prisons have a fundamental and protected right to breastfeed their infants.** The following Guide to Breastfeeding and Incarceration works to erase the stigma for mothers who want to breastfeed while incarcerated, advocating for change within the prison system and the establishment of lactation support for mothers behind bars. The Guide to Breastfeeding and Incarceration hopes to implement change that will positively transform the lives of mothers and babies: to help women become better mothers who are less likely to reoffend and to create a generation of healthier babies who have benefitted from the health and emotional benefits that breast milk provides.

## **THE GUIDE TO BREASTFEEDING AND INCARCERATION CAN BE USED:**

- **To advocate for change for women in prison to breastfeed their children and provide pathways for such action.**
- **To provide guidance to prisons in order to create policies/programs that enable and encourage incarcerated mothers to breastfeed.**
- **To inform and educate women in the penal system about breastfeeding**



Source: United States Breastfeeding Committee

## **BREASTFEEDING IS A BASIC HUMAN RIGHT**

Why advocate for incarcerated women to provide breast milk to their children? Breastfeeding is a basic human right for all children regardless of the circumstance surrounding their birth. Babies of mothers behind bars start off with greater challenges and their need for their mother's milk is great.

**“Given the benefits of breastfeeding to both the mother and the infant, incarcerated mothers wishing to breastfeed should be allowed to either breastfeed their infants or express milk for delivery to the infant. If the mother is to express her milk, accommodations should be made for freezing, storing, and transporting the milk.”**

**- American College of Obstetricians and Gynecologists**

- Studies show pregnancy and labor support for incarcerated women prevent poor birth outcomes such as cesarean birth, preterm birth, low birth weight babies, and lack of breastfeeding initiation.
- Prenatal education leads to evidence-based maternity practices for incarcerated mothers, including increased rates of skin to skin and breastfeeding and lower rates of infant mortality (McMillen Dowell, C., et al., “Maternal Incarceration, Child Protection, and Infant Mortality Rates,” Health and Justice, January 2018).
- Infants benefit from the increased maternal attachment as well as from the unduplicated developmental, digestive, and immunological properties of breast milk.
- Premature babies, who are more often born to incarcerated mothers, have a greater need for the protective elements that breast milk provides.

### **If allowed to express milk for their children, incarcerated mothers have better mental health outcomes following the birth of and separation from their infants.**

- Only a mother can provide breast milk designed specifically for her baby, and with this unique maternal contribution an incarcerated mother can realize her value to her child even as someone else cares for her baby.
- The majority of children born to incarcerated mothers are immediately separated from their mothers and placed in foster care or with relatives. The nutritional advantage of breast milk would well serve this population of displaced children.
- Up to 50 percent lower rates of recidivism once the mother is released from prison. In one study, three-year recidivism rates for imprisoned women allowed to care for their infants was only 4 percent (Goshin, L. S., et al., Public Health Nursing, March 2014.)



## WOMEN BEHIND BARS

There are now more women behind bars than at any other point in U.S. history. From 1995 to 2008, the number of women in state and federal prisons nationwide increased by a staggering 203 percent. Most women are nonviolent, first-time offenders and the percentage of females incarcerated for drug offenses now surpasses that of males.

### **Jails and prisons historically were designed for men.**

They remain a “man’s world,” where rules and regulations are made for men who are primarily violent offenders.

Women in the criminal justice system are the most vulnerable group in our society. Studies show that the

majority of incarcerated women have been victims of violence or abuse. **In general, the statistics on how pregnant and postpartum women are treated in prison are sobering: most mothers are shackled during birth and denied skin-to-skin contact with their infants after birth.** Ignoring the gender specific biology of women to breastfeed represents gender inequity. Updated policies must then acknowledge that these women are not only inmates but women and mothers.

**Breastfeeding is just one aspect of a much larger issue surrounding the overall lack of care and services available to mothers behind bars.**

**“In general, reproductive justice stops at the prison door” (Amy Fetting, Deputy Director, ACLU National Prison Project).**

There is often a lack of recognition of the unique needs of female prisoners, especially relating to their parenting role, within existing prison policies despite calls for more gender-responsive strategies (Goshin, L.S., “Converging Streams of Opportunity for Prison Nursery Programs in the United States,” *Journal of Offender Rehabilitation*, May 2009). Efforts to advocate for breastfeeding for incarcerated women needs to include broader prenatal, perinatal, and postpartum advocacy.

## NO STANDARD OF CARE

Mothers who have committed a crime are often viewed as “bad mothers” who do not deserve the right to breastfeed. **For a woman who wants to breastfeed her baby not being allowed to breastfeed becomes part of her punishment. Sentencing and its enforcement fails to acknowledge the rights of the child left behind.** Currently, the ACLU argues that lactation support falls under medical need but not every correctional facility agrees with this distinction. Because the United States lacks a federal policy on breastfeeding or pumping behind bars there is no standard of care, leaving the decision whether a mother should be allowed to breastfeed or pump up to the individual institution. However, the clear advantage here being that correctional facilities have the ability to establish their own policies without legislation and more and more facilities are choosing to do so.



Source: United States Breastfeeding Committee

## **CHILDREN SUFFER THE CONSEQUENCES**

Punishing women has created intended or unintended punishment of their children. The children, or forgotten victims, suffer the consequences of their mother's incarceration with negative impact on their physical and mental health as well as their social and emotional adjustment (Lee, R.D., et al., "The Impact of Parental Incarceration on the Physical and Mental Health of Young Adults," *Pediatrics*, March 2013). Indeed, **the infant mortality rate for children whose mothers are incarcerated is over twice the rate of children outside the prison system.** Studies have just begun to examine the impact of exposure to a family-friendly prison environment on health, child protection, and justice outcomes for incarcerated

mothers and their dependent children (Myers, H., et al., "Impact of Family-Friendly Prison Policies," *The BMJ*, August 2017). The goal for mothers when they are released from prison is that they will be able to feel connected to their children and that they have the skills and ability to mother their children once they are reunited. Breastfeeding and/or providing breast milk is one way to "mother in jail," allowing a woman to stay connected with her child even while separated during her incarceration. In turn, **scientific evidence shows that maternal connection is critical to the child's future development; therefore minimizing separation should be a common goal.** Depriving children access from breastmilk serves no purpose. The advantages of establishing family-friendly policies within the confines of the prison walls include future generations free from the burden of repeat convictions with the benefits of improved health outcomes.

## **ADVOCACY AND ORGANIZATIONAL SUPPORT**

**"Governmental and correctional authorities should strive to meet the legitimate needs of prisoner mothers and their infants, including a prisoner's desire to breastfeed her child."**

**- American Bar Association, 2011**

Despite these systemic challenges for incarcerated mothers, multiple prison advocacy organizations for women do exist and are working to help shape policies and programs that address the needs of pregnant and breastfeeding women. **In 2016, for example, after the ACLU of Michigan wrote a letter to the Ingham County Jail asking for legally appropriate accommodations for a breastfeeding inmate the request was granted and she was permitted to express milk for her baby.** The ruling also ensures that other breastfeeding mothers at that jail have similar access to a breast pump in the future.

In addition, many states including Michigan, Minnesota, Alabama, and others, have groups dedicated to advocating for breastfeeding as a basic human right for mothers and children. These Prison Birth Project groups partner doulas with imprisoned mothers to provide prenatal education, labor and delivery support, and postpartum care, including breastfeeding support.



## **BREASTFEEDING AND REHABILITATION**

As a population, incarcerated women have been largely excluded from advocacy efforts on their behalf despite the integral role breastfeeding plays in the equation. The role of the lactating individual is crucial in the breastfeeding relationship, especially when breastfeeding is seen as part of the rehabilitation process.

**Creating a prison environment that supports breastfeeding is seen as an avenue for rehabilitation.** Bonding through breastfeeding is sometimes the only way that a loving connection can be formed when the mother is in prison. This connection is often described by women as empowering and positive.

Breastfeeding involves connection, sacrifice, and forming a close human bond, which is the opposite of the disconnection, separation, and dissolution of familial bonds that the prison system represents. Breast milk is the physical representation of the mother and it may be the only connection the family has with the incarcerated individual.

**Breastfeeding is a relatively short-term accommodation that can yield long-term results. Breastfeeding mothers are less likely to abuse their children, abuse drugs, or become repeat offenders once they are released from prison/jail time.** Many mothers expressed that breastfeeding in jail not only helped them to feel connected to their babies but also helped to ease the guilt that they felt upon incarceration. Breastfeeding is constructive, loving, and positive in an environment that focuses on destruction, self-hatred, and self-abnegation. Research has long shown that breastfeeding and the provision of human milk can strengthen the attachment of the mother-baby dyad (Cross, Janeen, "Breastfeeding - A Protective Intervention," 2015).

## **IMPLEMENTING SYSTEMIZED POLICY CHANGE**

Institutional change is needed at every level of the prison system. It is not enough that incarcerated mothers receive breastfeeding support. There is an emerging consensus that penal institutions should meet the medical needs of women who are breastfeeding, either by giving women the ability to breastfeed their babies directly when possible, or by enabling them to express breast milk using a breast pump. The institutions where they reside must become proponents of breastfeeding and build systemic programs based on the intrinsic value of breastfeeding for mothers, babies, and society at large. The adoption of breastfeeding policies and programs can take many different forms.



Source: United States Breastfeeding Committee

## PRISON LACTATION PROGRAM EXAMPLES

**The following are model programs and approaches that have been successfully implemented in different settings:**

### **Adoption of a Written Breastfeeding Policy:**

The first step is a written policy outlining the correctional facility's breastfeeding policy as applied consistently to all incarcerated lactating individuals. Sections should include Policy, Purpose, and Procedural Guidelines to deal with the logistics of breastfeeding support, including provision for safe and sanitary storage and collection of the expressed milk. The policy should also state that mother-baby visits for breastfeeding will be decided on a case-by-case basis.

### **Pump-and-Pick-up Programs:**

These programs include pumping provisions for the lactating individual, either in the cell or medical clinic, breast milk is then collected by a nurse during regular rounds, and then stored in a freezer until picked up by the caregiver. Other options for transporting the milk include a courier system or court appointed courier.

### **Birth/Postpartum Doulas:**

Programs such as the Michigan Prison Doula Initiative provide doula partners for incarcerated women before, during, and after giving birth. This type of support for the most vulnerable of mothers improves birth outcomes and helps to establish successful breastfeeding immediately after birth.

### **Prison Nursery Programs:**

Eight states have a women's prison that runs a prison nursery program, allowing mothers to keep their infants with them inside a correctional facility. The programs usually operate for women who are pregnant at the time they are initially incarcerated and allow the mother to form a bond with the child during infancy. Studies have shown that a mother's participation in a prison nursery program greatly improves her chances of rehabilitation once she is released from prison. Babies born into prison nursery programs tend to exhibit fewer attachment disorders or other developmental difficulties caused by early separation from a caregiver (Institute of Women and Criminal Justice, "Mothers, Infants, and Imprisonment: A National Look at Prison Nurseries and Community-Based Alternatives, 2009).

### **Corporate Pump Donation Programs:**

Pumps are donated by a breast pump company to incarcerated individuals and they are allowed to pump while in prison. Model programs include the Alabama Prison Birth Project's Mother's Milk Initiative with Ameda, Georgia Grady Memorial Hospital in Atlanta with AeroFlow, and DeKalb County Detention Center in Illinois.

**Community-Based Nursery Programs and Residential Parenting Programs:**

These programs exist outside of prison with supervision from nursing staff and other social-services providers. In one residential parenting program, breastfeeding mothers live with a nurse and baby for up to 30 months. Other alternatives to sentencing include a community halfway house/step down to prison, house arrest for breastfeeding mothers, probation options, delayed sentencing, and family-based treatment

**Therapeutic services to both mother and child (treatment as alternative to punishment):**

Provide services that support the health and healing of mother and baby to end the cycle of abuse and trauma.

**Programs that place focus on improving the mother-child relationship:**

These programs include group prenatal and postpartum support, one-one-one labor and delivery and separation support, regular visits from an International Board Certified Lactation Consultant (IBCLC), parenting classes, and referrals following release for available support within the community.



Source: United States Breastfeeding Committee

**A MOVEMENT FOR CHANGE**

In addition to these programs, upon arrest of females and prior to jail time, consideration must be given if the individual is currently breastfeeding a child. Pumping accommodations and access to lactation support so that breastfeeding may continue uninterrupted must be guaranteed via written policy and procedure.

Ultimately, breastfeeding-friendly policies require commitment across the board in order to work within the context of incarceration. Building a new infrastructure that establishes the fundamental right of breastfeeding for both mothers and babies requires a complex scaffolding: written policies that guarantee the same treatment for all lactating individuals; staff training that provides breastfeeding and breast pump education; hospital-grade breast pumps and hand pumps; greater caloric needs for pregnant and breastfeeding inmates; and provisions for privacy, security considerations, and child visitation must all be included in such a comprehensive movement for change.