

# MIBFN

Michigan Breastfeeding Network

INCARCERATION



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## SYSTEM CHANGER'S GUIDE TO INCARCERATION

[www.mibreastfeeding.org/incarceration](http://www.mibreastfeeding.org/incarceration)



## **BREASTFEEDING IS GOOD FOR EVERYONE**

Breastfeeding is a public health imperative and research has long touted its tremendous nutritional, developmental, social, and environmental benefits for children, mothers, and society as a whole. The World Health Organization recommends breastfeeding until at least two years of age, the American Academy of Family Physicians for at least 12 months, and the American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life with continuation of breastfeeding for up to one year or longer as mutually desired by mother and child. Recent estimates show that over 800,000 child lives and 20,000 maternal lives could be saved each year if every child were exclusively breastfed for the first six months of life. Additionally, associated medical cost differences equaled a savings of \$40.2 million per year (Breastfeeding Medicine, December 2017). Breastfeeding provides valuable protection against acute illnesses such as diarrhea, pneumonia, and upper respiratory infections in addition to protection against Sudden Infant Death Syndrome (SIDS), particularly during the first year of life (Pediatrics, October 2017). Breastfeeding benefits extend well beyond infancy, providing lasting health benefits with lower incidences of allergy, asthma, high blood pressure, and obesity as breastfed infants enter into childhood and adolescence. In addition to

these health benefits, breastfeeding promotes social and emotional development as well. Breastfeeding contributes to positive maternal self-image and the development of a stable, nurturing maternal-infant relationship. The emotional security and warmth developed within the breastfeeding relationship promotes an early and secure attachment for the child, which is central to subsequent development. To protect these relationships of attachment is part of the general societal responsibility to protect the very young. Research demonstrates a significant link between breastfeeding duration and positive social adjustment in children at six- to eight-years of age. Additionally, breastfeeding helps to improve the health of mothers by lowering the risk of postpartum depression and decreasing their lifetime incidence of cardiovascular disease, type II diabetes, osteoporosis, and breast and ovarian cancers.



## WOMEN BEHIND BARS

“When a pregnant inmate enters the prison, there are two people, one of them broke the law and is serving their time. The other one is innocent. The innocent one deserves the best start in life.” -Former Sheriff

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 203 percent. 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). Additionally, 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. In fact, many inmates mistakenly believe that breastfeeding is not allowed. The majority of mothers behind bars are denied

any opportunity to breastfeed with very limited accommodations to express breast milk for their children thus denying them the numerous advantages that breastfeeding bestows. 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. Furthermore, marginalized and racial minority communities experience increased surveillance and disproportionate criminal justice contact, which perpetuates social and racial inequity. For example African-American women are incarcerated at three times the rate of white women (Bureau of Justice Statistics, U.S. Department of Justice, December 2007). A lack of access to breastfeeding for these children can exacerbate health disparities not only during infancy but also as they mature into adolescence and young adulthood.

## THE IMPACT OF INCARCERATION ON CHILDREN

MIBFN supports breastfeeding as a basic human right for all children regardless of the circumstance surrounding their birth. The children of incarcerated mothers, or forgotten victims, experience negative effects 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) and for this reason the children of incarcerated mothers start off with greater challenges and an overwhelming need for their mother’s milk. Indeed, the infant mortality rate for children whose mothers are incarcerated is over twice the rate of children with mothers residing outside



the prison system (McMillen Dowell, C., et al., "Maternal Incarceration, Child Protection, and Infant Mortality Rates," Health and Justice, January 2018). Maternal connection is a key component in a child's future development; therefore minimizing separation should be a common goal. In light of a mother's incarceration, depriving a child access from breast milk serves absolutely no purpose, and highlights the further dehumanization that occurs within the prison system.

### **ACKNOWLEDGING RACIAL INEQUITY FOR WOMEN OF COLOR**

Breastfeeding rates in the United States remain significantly lower for women of color than for white women and newborns of women of color are nine times more likely than the babies of white women to be given formula in hospitals (McKinney, C., et al., "Racial and Ethnic Differences in Breastfeeding," Pediatrics, July 2016). We must acknowledge the long history of racial inequality and persistent forms of structural racism at place within our nation and add breastfeeding to that list as well. The continued criminalization and incarceration of

women of color at three times the rate of white women essentially criminalizes the next generation of children born to women behind bars. Stripping women of color of their right to breastfeed perpetuates racial injustice. For incarcerated mothers, breastfeeding support is a valuable service that can allow a mother to bond with her child, ease family reunification, break the cycle of generational incarceration, and ultimately disrupt cycles of inequity that persist for people of color within the United States.

### **SEPARATING MOTHERS FROM CHILDREN**

According to the National Child Traumatic Stress Network, traumatic separation between children and caregivers has been linked to future mental and physical health problems, including impaired social development and post traumatic stress disorder. Parental incarceration is one of the leading causes of traumatic separation in the life of a child. However, the socio-emotional benefits that result from bonding with the mother through breastfeeding can positively affect a child's future development. The breastfeeding relationship between mother and child is critical to a child's sense of self, safety, and trust. Breastfeeding while incarcerated establishes constructive, loving, and positive bonds in an environment that typically focuses on destruction, self-hatred, and self-abnegation. The undisputed health benefits of breast milk are long-lasting and continue for as long as breastfeeding continues for both mother and child. Breast milk builds the immune system properly, reduces the risk of Sudden Infant Death Syndrome (SIDS), and offers protection over the lifespan. Breastfeeding also correlates with positive outcomes later in life, including protection against mental health problems and addiction and greater social and emotional development.



## **TODAY'S PRISON SYSTEM REMAINS A "MAN'S WORLD"**

Breastfeeding is just one aspect of a much greater issue highlighting the gender and racial inequities that persist for incarcerated women. Any effort to champion breastfeeding for the incarcerated ultimately needs to include broader prenatal, perinatal, and postpartum advocacy for support services. Building a new infrastructure that establishes the fundamental right of breastfeeding for incarcerated mothers and their children requires a complex scaffolding: written policies that guarantee the same treatment for all lactating individuals; staff training that provides breastfeeding and breast pump education; access to hospital-grade breast pumps and hand pumps; recognizing greater caloric needs for pregnant and breastfeeding inmates; establishing provisions for privacy, security considerations, and child visitation; and alternatives to traditional sentencing for primary caregivers must all be included in such a comprehensive movement for change.

## **BREAKING THE CYCLE THROUGH ALTERNATIVES TO MASS INCARCERATION**

Breastfeeding is a relatively short-term accommodation that can yield long-term results. Studies have recently 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 feel connected to their children and possess 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, these types of programs resulted in up to 50 percent lower rates of recidivism once the mother was released from prison. In one sample of imprisoned women allowed to care for their infants, three years after release over 86 percent remained in the community with only 4 percent returned to prison (Goshin, L.S., et al., "Recidivism after Release from a Prison Nursery Program," *Public Health Nursing*, March 2014.) The advantages of establishing family-friendly policies within the confines of the prison walls include future generations free from the burden of repeat convictions as well as receiving the life-long health advantages that breastfeeding provides.

In Michigan, Women's Huron Valley Correctional Facility (HVC) serves as the only prison that houses females with over 2,300 women residing there for mostly nonviolent offenses, which many argue opens the possibility to alternative sentencing options closer to the communities in which they live. According to data from the MDOC 2016 Statistical Report, 60 percent of the women suffered from domestic trauma



with 80 percent suffering from addiction at the time of their arrest. About 20 of the women incarcerated at HVC are pregnant. These women are forced to labor alone without a support person, are shackled within 30 minutes of giving birth, and spend only 24-hours with their newborns, inhibiting any attempts to initiate breastfeeding and placing women at a higher risk of postpartum mental disorders. Many of these mothers have high-risk pregnancies due to the economic and social problems that led them to be incarcerated: poverty, lack of education, inadequate health care, and substance abuse.

### **RECOMMENDATIONS: FROM THE PRACTICAL TO THE SYSTEMIC FOR INSTITUTIONAL CHANGE**

Institutional change is needed at every level of the prison system. There is an emerging consensus among the ACLU and other prisoner advocacy organizations that lactation support falls under the category of “serious medical need” and that penal institutions should meet these needs, either by giving incarcerated women the ability to breastfeed their

children directly whenever 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, children, and society at large.

The adoption of breastfeeding policies and programs can take many different forms. 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-child visits for breastfeeding will be decided on a case-by-case basis. Prison lactation support policies exist in states such as California and New Mexico with more and more local ACLU and prison advocacy groups working to establish these laws nationwide.

#### **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. According to the American College of Obstetricians and Gynecologists, “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" ("Health Care for Pregnant and Postpartum Women and Adolescent Females," November 2011). Programs like these already exist in California, Ohio, Oregon, Texas, and New York and are easily reproducible by other states and correctional facilities.

### **Doula Birth-Support Programs:**

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. Doula-support programs also advocate for humane treatment of women during labor and delivery and have spearheaded successful movements to change restraint policies for pregnant inmates. More than 20 states have

passed laws that prohibit shackling of people in childbirth, most recently in North Carolina in which prisons no longer permit the use of leg or waist restraints on pregnant inmates while in labor or during the mother's initial bonding with her newborn, including skin-to-skin contact and breastfeeding.

### **Prison Nursery Programs:**

Eleven U.S. states have women's prisons that run 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). The Ohio Reformatory for Women is one such facility that enables incarcerated women and their children a chance to bond. Since 2011, 298 infants and toddlers have lived with their mothers in the Marysville prison.

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

Pumps are donated by a breast pump company to incarcerated individuals and they are allowed to express milk while in prison. Model programs include the Alabama Prison Birth Project's Mother's Milk Initiative, Georgia Grady Memorial Hospital in Atlanta, 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 their children for up to 30 months. Community-based programs allow mothers to work, receive treatment, and bond with their children. 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. Community-based sentencing is better for children and parents than incarceration. In New Mexico, the state legislature is considering SB 277: Alternative Sentencing for Pregnant and Lactating Offenders.

In Detroit, the Women and Infants at Risk (WIAR) Program provides a comprehensive residential program for pregnant, drug-addicted women in the Michigan State adult corrections system, which reduces the rate of relapse and recidivism

among mothers and promotes community awareness of the needs of pregnant women. Similar programs for nonviolent offenders wishing to breastfeed their children could be developed to meet the perinatal needs of pregnant women, including breastfeeding support once they deliver.

### **Therapeutic Services to Both Mother and Child:**

Parental incarceration is classified as an Adverse Childhood Experience (ACE) that links traumatic events that occur during childhood to poor mental and physical health outcomes (Fact Sheet: Understanding the Effects of Trauma on Health, Center for Health Care Strategies, 2016). Provide services that support the health and healing of mother and child to end the cycle of abuse and trauma. Programs in Oklahoma and Washington state allow certain categories of convicted mothers to remain at home with their children while receiving counseling and treatment services. Based on the success of these programs, Oregon and Massachusetts are considering similar legislation.

### **Programs that 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 such as WIC within the community.



## LOOKING AHEAD: A NEW BREASTFEEDING LANDSCAPE

It is a basic human right of all children to receive their mother's breast milk regardless of the circumstance surrounding their birth. Social and economic disadvantage, intensified by penal imprisonment, is sustained over the life course and transmitted from one generation to the next. Breastfeeding, however, and a mother's ability to parent her child and invest in that child's future, have the ability to break the cycle of incarceration and provide a pathway to rehabilitation for families. Lactation support is a critical medical need for incarcerated women and education and policy change is desperately needed for mothers who wish to preserve the breastfeeding relationship.

We envision a better future for Michigan families when breastfeeding among the incarcerated is supported and promoted in policy and practice. Strong advocacy efforts from the necessary internal and external partners are crucial

in order to maintain the level of care necessary for these programs. As a society, we must support the opportunity for children to bond with their incarcerated parents. Children who grow up with their mothers are significantly more likely to become successful, independent adults. Supporting breastfeeding is one uncomplicated way to change the mothering experience for incarcerated women and their children. Breast milk can be a powerful bonding and healing tool for mothers, providing them with a very real physical parenting task that only they can provide. Breastfeeding promotes maternal-infant attachment, improves mental and physical health for mother and child, and with these long-lasting effects aims to break the cycle of generational incarceration among youth and recidivism among their mothers. Implementing change will positively transform the lives of the breastfeeding dyad: women will benefit from better mental health outcomes and increased maternal attachment while children will benefit from the improved health and emotional outcomes that breast milk provides. Breastfeeding, indeed, can change the life a mother and her child create together, altering the trajectory of future generations and strengthening communities torn apart by incarceration.