
Incarcerated Mothers and Support for Breastfeeding

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BACKGROUND

The criminal justice system currently controls more than one million women, more than at any other point in U.S. history. Many have a history of substance abuse as well as being physically or sexually abused themselves. A large proportion of these women are mothers of young children, and possibly up to about 10% are pregnant as they enter prison. The average time of incarceration for U.S. women is 6-12 months which means that many experience birth and the beginning of their mothering experience during this time. Approximately 1400 babies are born each year inside the prison system.

Most mother-baby dyads are separated after the postpartum hospital stay and then denied any opportunity to establish successful breastfeeding after discharge. Women inmates are forced to give up many of their rights, but there is no thought about the rights of their infants such as the right to receive their mothers' milk. Few facilities offer any accommodations to new mothers to express milk to provide for their infants' feedings when separated. Moreover, female prison employees are rarely accommodated with resources to express their milk while on the job. Although common, this scenario runs counter to recommendations from the American Academy of Pediatrics and the Academy of Nutrition and Dietetics, among many other professional health-related organizations.

BREASTFEEDING AS A HEALTH EQUITY ISSUE

Breastfeeding rates among incarcerated women are likely substantially lower than the national average given the disproportionate representation of women from high-risk backgrounds in the criminal justice system. Significant racial, economic, and geographic disparities in breastfeeding rates have been identified, including racial and ethnic minority groups, low income women, and those that have experienced adverse life events, including homelessness and previous incarceration of themselves or their partners. History of sexual trauma and substance use disorders, common among incarcerated women, also create barriers to successful breastfeeding.

Considering the WHO's recommendation that "all mothers should be shown how to breastfeed and how to maintain lactation even if separated from their infants," lactation support is crucial for these mothers to initiate and maintain milk production. Considering the low breastfeeding rates among these mothers, this support appears to be minimally existent, if at all. Even when breastfeeding or lactation is initiated, barriers to continue could be overwhelming without the continued support of a healthcare professional trained in lactation care. Poor lactation support leads to lower breastfeeding rates among disadvantaged women which ultimately affects health outcomes in this population. Breastfeeding provides immediate physical benefits including decreased postpartum bleeding, lower rates of postpartum depression, and even decreased neonatal need for pharmacological treatment in the case of an addicted mother. Because incarceration undermines breastfeeding most in communities already experiencing significant health disparities, it is truly a health equity issue. Increased breastfeeding

support could be considered a cost-effective measure since prolonged breastfeeding (or breastmilk feeding) could lead to lower health care costs for these women and children and therefore reflect a cost savings to taxpayers.

CURRENT STATE AND FUTURE OPTIONS FOR INCARCERATED MOTHERS

Research shows that many incarcerated women have the desire to breastfeed which can offer psychosocial benefits in the short time they have with their babies. Studies show that women who bond with their infants through breastfeeding become more empowered in their role as mothers and increase their confidence in connecting with their children upon release. Good data also reveals that recidivism is reduced significantly when mothers and infants are kept together. Ultimately, breastfeeding can help these women break the cycle of incarceration and provide a pathway to rehabilitation for families.

Currently, only nine states in the U.S. have prison nursery programs. Although a few programs may allow infants to remain with their mothers, significant challenges such as limited knowledge about breastfeeding management and lack of social support, most mothers are unable to continue the relationship for long. Currently, many facilities only allow the woman to “pump and dump” just to maintain a milk supply if the time to be served is short (i.e. less than 3 months); most facilities do not have the capacity to allow storage or shipping of the milk to the child. Even if milk could be sent out for infant feedings, much coordination and support would be needed for breast milk feedings to occur. Considering all these challenges, very few women behind bars even go as far to consider any breastfeeding (or breast milk feeding) at all. Since many women are released from prison during the infant’s first year of life, lactation support could provide a mother the opportunity of maintaining her milk supply while providing her milk to her baby until she is free. The possibility of resuming breastfeeding upon release could then be an option.

DIRECTION FOR PERINATAL PROFESSIONALS

Health care providers working in the perinatal field can make a difference in the lives of women facing incarceration during the prenatal and postpartum period. Education about breastfeeding and parenting should be provided so that these new mothers can make informed decisions about the future of their health and that of their children. It is also important to educate judges, attorneys, wardens, parole boards and prison health staff on the risks of *not* breastfeeding or the complications of disrupted lactation. Perinatal professionals can work to influence policy that helps to change current practices that could encourage and support the establishment and continuation of breastfeeding while a new mother faces a prison sentence. Advocacy is needed to help optimize breastfeeding outcomes for vulnerable babies and their mothers. As a rehabilitative environment, lactation support in prison could help empower these women with the tools needed to turn their lives around. Some recommended actions to help improve situations for incarcerated mothers who wish to breastfeed include:

- Improve pumping, milk storage and transfer in jails and prisons, including accommodations for female employees
- Educate colleagues in the criminal justice system about risks of not breastfeeding for babies and their mothers
- Advocate for sentencing alternatives that protect breastfeeding and bonding, such as community-based or deferred sentencing, addiction treatment, prison nurseries, and visitation
- Advocate in the community for humane birth care for inmates

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