



Children of
Incarcerated
Caregivers

SUMMARY

Pregnancy and Postpartum in Prison: Healthcare, Law, and Lived Experience

3rd Annual Global Prison Nursery Network Symposium

The Global Prison Nursery Network (GPNN) is a multi-stakeholder coalition that advocates for the best interests of children who reside in prisons with their caregivers. For the past three years, Children of Incarcerated Caregivers (CIC) has hosted a symposium to share knowledge and practices and raise awareness about issues facing these children and their caregivers. This year, the GPNN held its third annual symposium on October 30 and 31, 2025, at the University of Minnesota Law School.¹ It focused on pregnancy and postpartum behind bars, an overlooked human rights issue.

The symposium brought together impacted people and dedicated experts, including researchers and policy advocates from around the world, to share their experiences, learnings, and recommendations to improve perinatal care and reduce the number of pregnant people and newborns living in prisons. Presenters described policies and programs in their countries, shared their research, and offered personal stories of incarceration during pregnancy. See below for a summary of the event and recommended resources.

The event at a glance

- 5 panels across 2 days
- Virtual and in-person presentations and conversations at the intersection of health, law, and human rights
- 18 panelists representing nearly all global regions
- Featured numerous impacted people who have experienced pregnancy in custody

[Read the panelists' biographies.](#)

¹ Special thanks to Dr. Rebecca Shlafer; our esteemed panelists and moderators; Dr. Carrie Booth Walling of the Human Rights Program at the University of Minnesota; Christina Ewig of the Center on Women, Gender, and Public Policy at the University of Minnesota Humphrey School of Public Affairs; and Amanda Lyons and Abby Nelson of the Human Rights Center at the University of Minnesota Law School

Day 1 | Thursday, October 30, 2025

Keynote Speaker

Dr. Rebecca Shlafer, PhD, MPH, associate professor in the Department of Pediatrics at the University of Minnesota, shared her research on [perinatal programs in prisons](#), including doula programs, and an [evaluation of the implementation of Minnesota's Healthy Start Act](#). This landmark law allows pregnant women and new mothers serving short sentences in state prison to be conditionally released for the duration of their pregnancy and up to the first year after birth. Dr. Shlafer emphasizes the importance of centering impacted people in the planning and production of research and the need for cross-disciplinary collaboration.

[Watch Dr. Shlafer's full keynote.](#)

Advancing International Guidelines for Perinatal Care in Prisons

*Moderated by **Professor Marie Claire Van Hout**, Vice President, Research, Innovation and Impact, South East Technological University*

Dr. Carolyn Sufrin, an OBGYN, medical anthropologist, and researcher at Johns Hopkins University, as well as the founder and director of Advocacy and Research on Reproductive Wellness of Incarcerated People (ARRWIP) – explained the benefits of establishing healthcare guidelines for carceral facilities. Guidelines promote transparency, consistency, and adherence to evidence-based care, and can prevent harm to pregnant and postpartum people, she said. Dr. Sufrin noted that although incarcerated people in the U.S. have a constitutional right to healthcare, policies and practices vary widely across carceral facilities. No federal or state agency is responsible for ensuring that standards of care for incarcerated people exist and are followed. While some states require facilities to have policies related to perinatal care, and the National Commission on

“One of the huge barriers [to implementing best practices, standards, and guidelines]...is that **we don't have a lot of data in the U.S.** There is barely any data on the number of pregnant individuals in custody, and next to none on postpartum individuals. And, when you don't have data, it makes it easy for facilities and society and lawmakers to ignore this population, and to pretend that they don't exist.”

– Dr. Carolyn Sufrin

Correctional Healthcare mandates pregnancy-related standards for accredited facilities, only about one-third of facilities in the U.S are accredited. She pointed to recommended guidelines by national medical organizations, like the American College of Obstetricians and Gynecologists,

and highlighted the United Kingdom's National Health Service standards as a "good model" of evidence-based care. Dr. Sufrin concluded by emphasizing the need for more data on pregnancy and postpartum in prison, as well as stronger government accountability for facilities and providers that violate existing laws and policies, including anti-shackling statutes.

Kirsty Kitchen, director of The Birth Companions Institute in England, leads efforts to prevent the unnecessary imprisonment of women and improve outcomes for women and their children. Birth Companions' [*Birth Charter for Women in Prisons in England and Wales*](#) has helped "reshape" how correctional facilities care for pregnant people and mothers in custody, Kitchen said. This work was "led by and with" women with lived experience. Through Birth Companion's advocacy and increased attention after two babies died in prison, England's Prison Service instituted a policy framework that covers pregnancy, birth, mother-baby units, and maternal separation; it was heavily informed by the *Birth Charter*. Recently, all pregnancies in prison are to be considered high-risk, too. Despite these gains, Kitchen noted a "huge gap" between what law and policy require and what's actually happening inside prisons. Birth Companions continues to advocate for keeping pregnant women and mothers of babies out of prison entirely and for taking a "whole-system" approach that meets the diverse needs of justice-involved women.

"If we just move these women out of prison, but we don't improve that support that they receive around the drivers of their offending, their experience of trauma and abuse, their unmet mental health needs, their housing, their financial situations, **we're just moving the problem from one place to another**, and we're changing the settings, but we're not changing the root of the issues."

– Kirsty Kitchen

Report Launch

The Birthing Support Working Group from New York launched its latest report, [*Born Inside: Birth Experiences During Incarceration and the Need for Doula Care*](#). It also highlighted its doula program HOPE, which provides care to pregnant people in New York City, including those held at Rikers Island jail.

The report included interviews with people who gave birth while incarcerated in New York. They described various barriers to care; their emotional experiences and trauma; examples of support and resiliency; and their recommendations for improved care.

Effective Advocacy Through Litigation, Monitoring, and Collaboration

Moderated by **Stuti Shah**, Doctoral Candidate, Columbia Law School

Veronica Filippeschi, a senior advisor at the Association for the Prevention of Torture (APT), described the organization's international impact and the use of monitoring as a tool for advocacy. APT has established a global system to prevent torture and monitor conditions in prisons and other places where people are deprived of liberty. Independent monitoring bodies—empowered by the UN Convention Against Torture—conduct visits, speak directly with detained or incarcerated people, and have unrestricted access to relevant prison documentation. They compile their findings into reports and issue recommendations, while also engaging with relevant authorities. Filippeschi recently led the development of APT's [*Global Report on Women in Prison*](#), which identified pregnant, postpartum, and breastfeeding women as a group at heightened risk of torture and mistreatment. The report details data, policies, and practices related to pregnancy and postpartum in 46 countries around the globe.

Catherine Ahlin-Halverson, a staff attorney at the American Civil Liberties Union of Minnesota, discussed how litigation can protect incarcerated, pregnant people when laws are not properly enforced. She explained that litigation can compel correctional facilities to comply with existing laws and can drive the development of new policies. Ahlin-Halverson outlined the main legal tools used in federal court, including Section 1983 civil rights claims and “conditions of confinement” cases, which challenge inhuman treatment in prisons and jails. She highlighted barriers to relief, such as the burdensome requirement to prove that serious harm occurred due to “deliberate indifference” by officials, qualified immunity for corrections officers, and the Prison Litigation Act, which requires prisoners to exhaust internal grievance processes before suing.

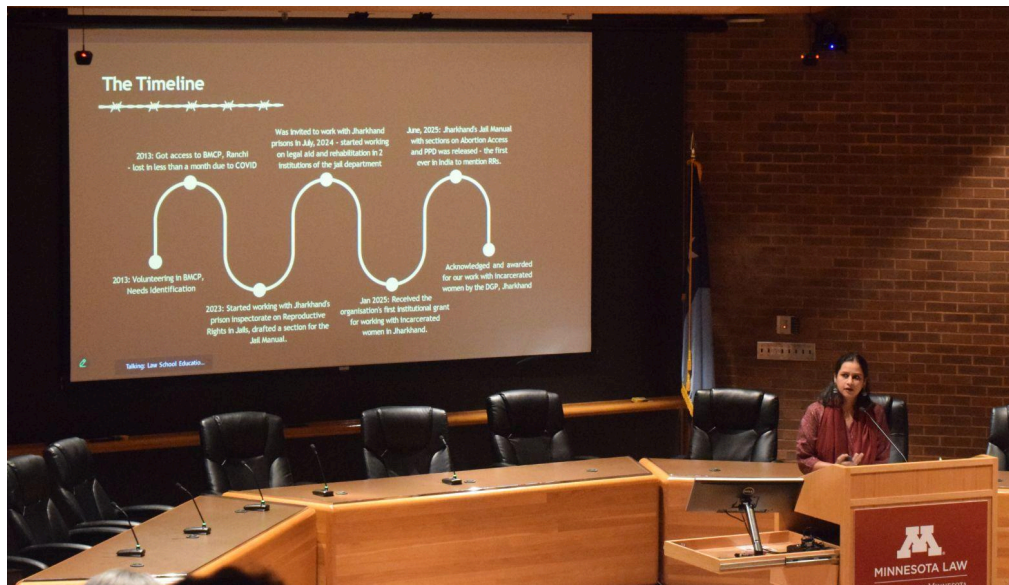
Additionally, Ahlin-Halverson said many states have “really good” constitutional protections and human rights laws that could be the basis of litigation, too. She emphasized the value of informal advocacy directly with facilities and suggested other legal avenues, such as the Americans with Disabilities Act, which can apply to pregnancy-related conditions. Finally, she underscored the need for collaboration across disciplines and cross-movement organizing.

“I’m making a case for abortion care to be seen as an integral part of pregnancy care, and especially when we think of women and children. When we center children, we **must think of the children the women already have**...and [the mothers] well-being and their future.”

– Apurva Vivek

Apurva Vivek, lawyer and founder of Hashiya: Socio-Legal Centre for Women, highlighted the challenges of abortion access in Indian prisons, a critical health service for pregnant women. She explained that incarceration is a barrier to abortion, in addition to the many other hurdles

marginalized women face. She described India's abortion laws as "fairly progressive," but access remains limited, and stigma is "pervasive." Vivek has worked with her state government to inform its new prison manual, recommending improvements in reproductive care for incarcerated women, including provisions for abortion and support for postpartum depression. It became the first manual in the country to include such reproductive health protections.



Pictured: Apurva Vivek

Day 2 | Friday, October 31, 2025

Introduction and Comments: Respecting the Best Interests of the Child
*A Q&A with **Benoit Van Keirsbilck**, director of Defense for Children International – Belgium and member of the UN Committee on the Rights of the Child, and **Amanda Lyons**, executive director of the Human Rights Center at the University of Minnesota Law School*

Van Keirsbilck introduced the Convention on the Rights of the Child (CRC)—a global, legally-binding treaty ratified by every country except for the United States—and described how its oversight body, the Committee on the Rights of the Child, guides governments in implementing its protections. He explained the difficulty of applying the “best interest of the child” principle when a child’s parent is incarcerated, stressing the need for individual assessments and alternatives to incarceration. He cited South Africa as an example, where judges must consider someone’s caregiving responsibilities at sentencing. Van Keirsbilck outlined the ways NGOs, human rights institutions, and other actors can engage with the CRC by submitting reports, data, and testimonies during each country’s periodic review. These submissions prompt the committee to inquire about issues, ask questions of states, provide observations, and

recommendations that can be used to advocate for reforms. He noted that, in countries that have ratified additional protocols, the committee can intervene in individual cases of harm and investigate systemic violations of children's rights. The committee is currently drafting General Comment 27, focused on the "right of children to access justice and remedies and will provide further guidance to help countries apply the law.

Keeping Mothers and Babies Together

*Moderated by **Isabel Coronado**, Coordinator, Family-Based Justice Center Research, Marron Institute, New York University*

Isabel Coronado, coordinator for the Family-Based Justice Center Research at New York University, described family-based alternatives in the United States. More than a dozen programs—including in Washington, Nevada, Pennsylvania, and Michigan—keep families together by diverting caregivers from incarceration or reducing their length of incarceration and providing additional services and support, she said. Coronado described core principles that developing programs should keep in mind, including centering families and engaging a wide range of stakeholders, expanding eligibility criteria to include more people, and providing support along every step of the criminal justice process. The Center has created a variety of [resources](#) to support states and counties in developing similar family-based programs.

"I truly believe anybody can be successful if they have the right kinds of support in place...If we're not putting the effort into helping a person rehabilitate...we're not doing them much service or society, as well."

– Kellie Turner

Victoria Lopez, a certified peer recovery specialist in Minnesota, appeared in the documentary *Watch Over Us* about her experience being conditionally released under the state's Healthy Start Act. In 2022, Lopez went into labor in a Minnesota jail. Instead of being immediately separated from her twin babies, she was allowed to spend up to a year at home with her twins and other children before serving her sentence. During the Q&A, Lopez emphasized the need for a person-first and holistic approach within the legal system and stronger coordination across corrections programs to support caregivers while they're in custody and into their transition back home. **Kellie Turner**, family stability community navigator with the Minnesota Department of Corrections, works with women released through Healthy Start. She added that more resources, including housing and mental health services, are needed in greater Minnesota to better support caregivers returning to their community.

Dr. Florencia Cabrera, deputy public defender with Argentina's National Criminal Enforcement Courts, spoke about Argentina's 2008 law that allows judges to grant home arrest as an alternative to incarceration for pregnant women and mothers of children under age five. She explained and responded to several critiques of this alternative, including the debate over judicial

discretion, the age limit of five, and the law's failure to include fathers who are sole caregivers. Dr. Cabrera explained that women serving home arrest sentences are typically monitored by surveillant and supportive institutions, and are usually assigned both a social worker and a psychologist. Despite this, Dr. Cabrera cautions that home arrest can act as a "trap," noting that without the provision of adequate resources and support, conditions often mirror those of incarceration.. Dr. Cabrera emphasized the need for consistent state attention and resources to protect the rights and well-being of both mothers and children, whether they are incarcerated or under home arrest. She concluded that despite differences between Argentina and the United States, the challenges and solutions are similar: effective alternatives to incarceration require strengthened public policy and investment in accessible resources.

Ruth Breen, senior program officer with Corrections Victoria's Department of Justice and Community Safety, detailed the state's mother-child service framework and highlighted its Living With Mum program. The agency ensures pregnant women have access to a range of health care services, parenting support, and opportunities to connect with their children, she said. The Living With Mum program allows eligible women to raise their babies and young children in custody, avoiding separation. Key features of the program include:

- Women must apply to participate in the program, and pregnant women and women with young children are eligible, whether they are on remand or they've been sentenced; they must be the primary caregiver for the child
- A steering committee reviews all program applications and advises the Deputy Commissioner of Custodial Operations, who makes the final decision. Mothers can appeal rejections
- Mothers and their children live with other pairs in cottage-style dwellings with baby furniture, kitchens, and living areas
- The agency provides checkups and vaccinations, breastfeeding support and nutrition education, and other support, and requires mothers to take safety trainings
- Mothers are responsible for caring for their child at all times

Progress and Pushback on Laws

*Moderated by **Julie Matonich**, Attorney; Co-Founder, Children of Incarcerated Caregivers*

Maya Sikand KC, senior barrister at Doughty Street Chambers, described the situation of pregnant women in England's prisons, noting that judges have broad discretion over sentencing. Sikand highlighted the horrific case of a baby that died in custody, a tragedy that catalyzed greater advocacy to "persuade the judiciary that female offending requires a different response than male offending," she said. Although sentencing guidelines already include a mitigating factor for primary caregivers, Sikand and other advocates have pushed for an additional factor that would require judges to consider pregnancy, childbirth, and postpartum status. Momentum is

building, she said, to better meet the needs of this population, but more progress is needed, including greater public awareness, judicial education, and informing sentencing policy.

Antonietta Clemente, founder of Lavori in Corso APS, detailed Italy’s evolving legal landscape for pregnant women and new mothers in custody. For many years, their sentences were automatically postponed until a year after birth, with very limited exceptions and the possibility of extensions up to three years. In 2025, this mandatory suspension was abolished and made discretionary, a shift Clemente argues contradicts the best interest principle guaranteed by the UN Convention on the Rights of the Child and the Italian Constitution. “This change has shifted the center of gravity of the system,” she said. “The focus is no longer on the child’s right to stay with the mother, but on assessment of the mother’s dangerousness.” Clemente emphasized that while laws are essential to protecting children and parenthood in prisons, lasting progress requires cultural change, education, and cooperation among institutions, communities, and the international community.

Pamela Winn, founder of RestoreHER, shared her experience of being pregnant and incarcerated in the United States. Winn described being shackled, falling, becoming severely dehydrated, and ultimately miscarrying. Afterwards, she was placed in solitary confinement. Winn founded RestoreHER to advocate for the Dignity for Incarcerated Women’s Act—anti-shackling legislation— and other laws to improve conditions and treatment of pregnant women in custody. Variations of the Dignity for Incarcerated Women’s Act have been passed in 26 states, and she is pushing a new bill, the Women’s Care Act, to keep women out of prisons and jails.

Mitigating Harms of Separation

*Moderated by **Isabella Sánchez**, Clinical Psychologist and Systemic Family Therapist*

Faith Masupa shared her journey to founding the Mother of Millions Foundation in Zambia. After visiting a prison and seeing children behind bars, she left her full-time job to provide resources and support— including health care, education, and food—to women and children in prisons across six provinces. The foundation has created child-friendly spaces in prisons and engages in advocacy and policy development, including new guidelines for pregnant people. This work requires close collaboration with prison leaders and officers to inform policy, reduce stigma, and educate them on human rights and the care of children. The foundation also offers childcare training and supports women as they reintegrate into their community through skill-building and self-development programs.

Autumn Mason, an advocate, family trauma professional, and community health worker in Minnesota, shared her experience being

incarcerated while pregnant. Due to overcrowding, Mason spent 11 months in an out-of-facility placement, where she participated in the prison doula project, received parenting education, had extended family visits with her children, and worked towards her associate's degree. She now advocates for upstream interventions, including those addressing substance use and mental health needs, access to basic resources, judicial consideration, and alternatives for mothers and primary caregivers, and rehabilitative—rather than punitive—approaches within family and child services supported by increased resources and investment.

Dr. Laura Abbott, midwife and professor of Maternal Health and Criminal Justice at the University of Hertfordshire, explained UK policies and highlighted a new research project about mother-baby separation. In the UK, some prisons have mother-baby units where women can live with their newborns, but many are separated from their babies—the central focus of the [Lost Mothers Project](#) that she leads. The project team, which includes people with lived experience, interviewed women who were pregnant in custody. Many shared feelings of shame and helplessness, and that they lacked support during their pregnancy. Dr. Abbott is working with other organizations to end imprisonment for all women in the first 1001 days—from conception to the child's second birthday—by increasing community sentences and improving support for women at risk of separation.

“I can’t tell you how many people, mothers and fathers, that I have worked with who have been incarcerated for what I call **crimes of survival**. I think it’s actually just a crime of our government and our communities for not making sure that these families and these people have what they need to be healthy, contributing members of our community.”

– Autumn Mason



Pictured: CIC team, Global Prison Nursery Network partners and symposium panelists

Resources

- [*The Perinatal Period in U.S. Jails and Prisons: A Look at Health Care & Legal Protections*](#) (Children of Incarcerated Caregivers, 2025)
- [*Born Inside: Birth Experiences During Incarceration and the Need for Doula Care*](#) (The Birthing Support Working Group, 2025)
- [*Care of Pregnant and Breastfeeding Women in Contact with the Criminal Legal System: The Need for Global Reform*](#) (Prof Marie Claire Van Hout, Barbara Frey, Julie Matonich, Prof Nancy Loucks, Prof Des Crowley, Ivan Calder, Stuti Shah, Hamed Farmand, Smita Dharmamer, and Alexa Johnson-Gomez, 2025)
- [*Enhanced Perinatal Programs for People in Prison \(E4P\) Study*](#) (Rebecca Shlafer)
- [*Implementation Evaluation of Healthy Start Program*](#) (Rebecca Shlafer)
- [*Global Report on Women in Prison*](#) (Association on the Prevention of Torture, 2024)
- [*United Nations Global Study on Children Deprived of Liberty*](#) (Committee on the Rights of the Child, 2019)
- [*Map of Family-Based Alternative Legislation and Programs*](#) (Family-Based Justice Center)
- [*Representing Pregnant Women and Mothers in the Criminal Justice System: A Legal Toolkit*](#) (Level Up, Doughty Street Chambers)
- [*Stronger Families, Safer Communities: Improving Outcomes for Women at the Front End of the Justice System*](#) (Women's Justice Commission, 2025)
- [*The Lost Mothers Project Full Report: Maternal Separation in English Prisons*](#) (Birth Companions, Lost Mothers, NIHR, UKRI)

**Stay in touch with Children of Incarcerated Caregivers
by following us on [LinkedIn](#).**