

Increasing Access to Breastfeeding Resources for Mothers Who Are Incarcerated

Background

Breastfeeding is an important resource for promoting health equity and reducing infant and maternal mortality rates. Breastmilk is the optimal nutrition source for infants and provides several added health benefits for the lactating individual. Producing breastmilk is beneficial to the lactating person as it creates the opportunity to establish a strong bond with their infant, [decreases risks for perinatal mood disorders](#), and reduces the risk of developing a variety of breast and ovarian cancers. Though not an [exhaustive list of benefits](#), breastfeeding has profound and long-term impacts, making it a key component of population health, and especially female reproductive health.

When an infant is born to an incarcerated mother, the bonding between the dyad is disrupted, which can significantly impact the [psychological development of both the mother and infant](#). Breastfeeding is pertinent in combating this issue and improving maternal and infant health in the U.S. There are approximately 231,000 women in the U.S. prison system. Of these women, 75% are of reproductive age, 6-10% are pregnant upon admission, and over 50% are mothers to children under the age of 18. This represents a significant percentage of the population who may benefit from lactation support. There are currently no federal policies or procedures in place to ensure incarcerated mothers can provide breastmilk for their infants. A lack of adequate infrastructure supporting lactating and birthing persons means these infants are less likely to receive the life-altering benefits of breastmilk.

A [2020 study](#) of 491 incarcerated women of childbearing age found that, at admission, 29% presented with posttraumatic stress disorder, 22% with major depression, and 8% with bipolar depression. Having both existing mental health issues and a lack of social support increases a woman's [risks of developing postpartum depression](#). Breastfeeding has been associated with [lower instances of poor maternal mental health status](#). Supporting breastfeeding for populations at greatest risk of experiencing adverse outcomes, such as women who are incarcerated, is critical to improving maternal and infant health.

Due to breastfeeding's positive impact on birthing/lactating persons and infants, both the [World Health Organization](#) and the [American Academy of Pediatrics](#) recommend that breastmilk be the sole source of food for infants up to six months. Once an infant turns six months old, the recommendation is to introduce complementary foods and continue breastfeeding until two years. With several states working towards strengthening breastfeeding education and support, breastfeeding is clearly a shared priority across the nation, and should accommodate mothers who are incarcerated.

State Approaches to Bridging the Gap

Alabama, Michigan, and New Mexico are all making strides to ensure birthing and lactating persons who are incarcerated receive adequate perinatal care, skilled lactation support, education, and necessary equipment to successfully provide milk to their infants:

Alabama: The [Alabama Prison Birth Project](#) provides nutritious foods, creates a micro-community of birthing women using doula support and education groups, and facilitates access to breastmilk for

infants born to incarcerated mothers. Alabama Prison Birth Project is funded by the Ostara Initiative, an initiative based in both Alabama and Minnesota, and partners with the Alabama Department of Corrections. The Alabama Prison Birth Project has positively impacted individuals who are birthing and lactating as evidenced by a 290% increase in breastfeeding initiation within their prison system.

Michigan: The [Michigan Prison Doula Initiative](#) (MPDI) provides childbirth education, as well as birth doula and postpartum doula support, to birthing persons in Michigan. MPDI's childbirth educators, birth doulas, and postpartum doulas all have basic knowledge of breastfeeding. Volunteers work to achieve breastfeeding equity by advocating for birthing and/or lactating persons. The organization has assisted with prison births since 2018 and features members across sectors, including physicians, community members, and community organizations and have been assisting with prison births since 2018.

New Mexico: The [New Mexico Breastfeeding Task Force](#) has created the Breastfeeding Behind Bars program. This program provides prenatal and breastfeeding classes for incarcerated mothers. The New Mexico Breastfeeding Task Force has partnered with many stakeholders to achieve optimal success for their pregnant and lactating mothers. New Mexico's partners include universities, lawyers, prison systems, and community organizations. With the partnerships established, the New Mexico Breastfeeding Task Force presented a bill that laid out protections for incarcerated lactating persons.

Recommendations

Breastfeeding provides infants, birthing, and lactating persons with several health benefits. These health benefits should be accessible to all who want and/or need them. This includes expanding accessibility of breastfeeding support and education to incarcerated populations. To increase access to breastfeeding resources for those who are incarcerated, state and territorial health agencies can implement the following:

- Support and enact laws and policies that increase access to breastfeeding education and support for women in the U.S. prison system, such as those achieved by New Mexico. [New Mexico's law](#) permits lactating incarcerated persons to perform the act of breastfeeding. Lactating incarcerated individuals are supplied with the necessary equipment to successfully remove milk from their breasts for their infant's consumption.
- Collaborate and financially invest in programs and community organizations such as the Alabama Prison Birth Project and the Michigan Prison Doula Initiative. Both organizations have successfully provided breastfeeding support to mothers incarcerated with participation from state health departments.
- Bolster existing [breastmilk banks](#) and establish breastmilk transportation programs to ensure milk delivery to infants of women who are incarcerated. This can help eliminate potential barriers for the infant's caregiver who may or may not be able to retrieve mother's milk. Additionally, by improving access to breastmilk banks incarcerated mothers will have a safe place to store their milk until their breastmilk is able to be transported.

Breastfeeding is a public health practice that improves health outcomes for the birthing person and infant. By implementing the above recommendations, state and territorial health agencies will positively impact health equity through lactation throughout their jurisdictions.