

Health Harms Experienced by Pregnant Women in U.S. Immigration Custody

Physicians for Human Rights Fact Sheet ¹

Introduction

There is growing concern over increased U.S. immigration detention of pregnant women and inadequate provision of care to those women in custody. According to Immigration and Customs Enforcement (ICE) data, 1,655 pregnant women were booked into ICE custody between October 1, 2017 and August 31, 2018; a substantial increase from 525 women during the preceding period.² Recent events have highlighted the inability of ICE, Customs and Border Protection (CBP), and the U.S. Marshals Service to provide proper care for pregnant women.³ PHR urges the government to restore the presumption of release for pregnant women and to provide appropriate medical treatment to all detainees.

Pregnant Women in Custody are Denied Access to Medical Care

- Women interviewed by the media said U.S. agents refused to help when they were miscarrying in detention.⁴ One woman said that she was told that the detention facility “was not a hospital” and that agents “weren’t doctors” when she complained of bleeding during the fourth month of her pregnancy.⁵ During the first trimester, some of the most common sources of nontraumatic bleeding include ectopic pregnancy, early pregnancy loss, and cervical, vaginal, or uterine polyps. Of these, ectopic pregnancy is the least common but can be life-threatening, which is why this diagnosis must always be eliminated in pregnant women who experience bleeding.⁶ Another woman in her second trimester said ICE officials denied her care despite abdominal pain and a fellow detainee shouting for help because of how badly the woman was bleeding.⁷ During the second half of pregnancy, life-threatening causes of acute abdominal pain include placental abruption, HELLP (Hemolysis, Elevated Liver enzymes, and Low Platelets) syndrome, and uterine rupture.⁸ All of these causes necessitate medical attention, which was not offered to this woman.
- Medical records obtained from ICE reportedly reveal that from October 2016 through September 2017, 10 women in custody experienced a miscarriage. The following year, records indicate 18 women experienced a miscarriage while in ICE custody.⁹ It is unclear whether these miscarriages occurred during the first trimester, which is relatively common, or later on in the pregnancies.
- ICE reportedly withheld blood pressure medicine for four days from a detained woman who was five months into a high-risk pregnancy. She did not see a physician prior to her release a few days later.¹⁰ Hypertension in pregnant women, especially if untreated or undertreated, is associated with adverse pregnancy outcomes such as poor fetal growth, iatrogenic preterm birth, or stillbirth. A large percentage of cases of maternal morbidity is due to the development of complications associated with hypertension, such as pulmonary edema and stroke.¹¹
- A pregnant woman in ICE custody informed officials that she had irregular bleeding and noticed a foul smell but did not receive an ultrasound or dilation and curettage (D&C) after her miscarriage. She was deported soon after.¹² The foul smell that she referred to may have indicated the presence of an infection, which causes approximately 15 percent of early pregnancy losses. While ultrasound and D&C are not routine for all women who experience a miscarriage, in cases with abnormally heavy or prolonged bleeding, fever, uterine tenderness, or abdominopelvic pain that cannot be controlled or worsens with oral analgesics, evaluation for retained products of conception should be undertaken to prevent the onset of infection and sepsis.^{14,15} As this woman was deported soon after her miscarriage, these risks could not be properly assessed.

One pregnant woman reported that she began bleeding heavily during her second trimester and waited for five days for an examination by a medical professional at the facility, but no ultrasound was performed. Two days later, she was informed that she had miscarried.

Pregnant Women in Custody are Denied Access to Medical Care

continued

- ICE transferred a pregnant woman with placenta previa six times and cleared her for international travel (for deportation) despite her condition. A medical professional told the client's attorney, who then used that information to advocate on her behalf. A doctor and a nurse provided letters to delay deportation for long enough that the woman could be properly stabilized after giving birth.¹⁶
- A lawyer described a case where a woman who was seven months pregnant was detained by Border Patrol. Her medication for high blood pressure was confiscated and she was held for over 24 hours without medical attention, despite repeated complaints and requests.¹⁷ Once transferred to the custody of the U.S. Marshals Service, she was taken to a hospital, where staff noted the poor condition that she was in. Hospital staff protested the use of shackles on the woman after she gave birth.¹⁸ Shackling during labor can cause complications such as decreased fetal heart rate or a hemorrhage. The presence of shackles may cause a delay if a caesarian section is indicated; a delay of even five minutes is sufficient to cause permanent brain damage in the baby.¹⁹
- Attorneys and medical professionals reported women were denied care in multiple ICE and CBP detention facilities.²⁰

ICE and CBP Improperly Treat Pregnant Women

- A Honduran woman in a Texas detention facility delivered a stillborn baby after prematurely going into labor at 27 weeks pregnant. ICE's Health Service Corps allegedly examined the woman and called emergency medical services, but the woman appears to have delivered prior to being taken to a hospital.²¹
- Two pregnant women held at ICE's Karnes County Residential Center signed affidavits which specified that they had not been provided with proper medical care. One stated that she had to wear clothing that was painfully too small, and the other said she underwent a full-body X-ray three times because officials said there was an issue with the machine.²² She reported feeling scared reading the words "not advised for pregnant women" on the side of the machine.²³ It is unclear if this procedure complied with medical recommendations, which advise consideration of the area of the body being x-rayed; the necessity of the scan for diagnostic purposes; and the potential amount of radiation exposure before performing x-rays on a pregnant woman.²⁴
- One pregnant woman held at Otay Mesa Detention Center reported that she began bleeding heavily during her second trimester and waited for five days for an examination by a medical professional at the facility, but no ultrasound was performed. Two days later, she was informed that she had miscarried.²⁵
- Another pregnant woman at the same facility was told by the on-site doctor that her bleeding was normal. She saw an OB-GYN outside the facility after fainting and was informed that she had lost her child.²⁶
- Medical professionals and advocates in Arizona complain of the presence of CBP agents in labor and delivery rooms in local hospitals.²⁷
- ICE held one woman in a detention center who was 32 weeks pregnant, potentially violating its own policy not to detain women in their third trimester of pregnancy "absent extraordinary circumstances." The woman was concerned about going into labor since the closest hospital was an hour and fifteen minutes from the detention center.²⁸
- Five women told the media that they were shackled during transportation from CBP facilities, including shackles across their stomachs,²⁹ a practice that is "medically hazardous."³⁰ According to the District IX (California) Vice Chair of the American Congress of Obstetricians and Gynecologists, shackling poses a health risk due to an increased likelihood of falls, trauma, and limited access to treatment should a medical emergency arise. In addition, even minor forces may be sufficient to detach placental attachments and increase the risk of placental abruption inflicted by blunt abdominal trauma.³¹
- Medical professionals caution that detention facilities are not safe for pregnant women, as detention is "traumatizing and stressful"; this is dangerous, since "anything that triggers stress hormones can lead to negative outcomes in pregnancy."³² Psychosocial stress measurably affects cortisol levels, and higher cortisol levels have been associated with an increased risk of spontaneous abortion.^{33,34} Depression during pregnancy can also affect labor.³⁵

Endnotes

continued

8. Charlie C Kilpatrick, "Approach to Acute Abdominal Pain in Pregnant and Postpartum Women," *UpToDate*, July 10, 2019, https://www.uptodate-com.medproxy.libr.cuny.edu/contents/approach-to-acute-abdominal-pain-in-pregnant-and-postpartum-women?search=abdominal+pain+during+pregnancy&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H2677879
9. *Ibid.* The numbers do not account for women in CBP custody. During the same period, there were likely more pregnant women in ICE custody. Kennedy, "ICE Detains More Pregnant Women," *Memphis Commercial Appeal*.
10. Corinne Kennedy, "ICE Detains More Pregnant Women. Immigration Advocates Say it Puts Moms and Babies at Risk," *Memphis Commercial Appeal*, March 27, 2019, <https://www.commercialappeal.com/story/news/2019/03/28/immigration-ice-detaining-pregnant-women/3003451002/>.
11. H Orbach et al., "Hypertension and Antihypertensive Drugs in Pregnancy and Perinatal Outcomes," *Am J Obstet Gynecol* 208, no. 4 (November 15, 2012): pp. e1-6, <https://doi.org/10.1016/j.ajog.2012.11.011>
12. PHR Interview, El Paso, TX, September 2018.
13. T Frazier et al., "Weathering the Storm; a Review of Pre-Pregnancy Stress and Risk of Spontaneous Abortion," *Psychoneuroendocrinology* 92 (March 1, 2018): pp. 142-154, <https://doi.org/10.1016/j.psyneuen.2018.03.001>
14. Togas Tulandi and Haya M Al-Fozan, "Spontaneous Abortion: Management," *Spontaneous abortion: Management*, *UpToDate*, May 13, 2019, https://www.uptodate-com.medproxy.libr.cuny.edu/contents/spontaneous-abortion-management?search=ultrasound+for+management+of+miscarriage&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2#H1898086670
15. Daniela A Carusi, "Retained Products of Conception," *Retained products of conception*, *UpToDate*, June 26, 2018, https://www.uptodate-com.medproxy.libr.cuny.edu/contents/retained-products-of-conception?search=complications+of+miscarriage&topicRef=5442&source=see_link
16. PHR Interview, El Paso, TX, September 2018.
17. Tina Vasquez, "OB-GYN Says U.S. Marshals Service is Shackling Detained Pregnant Migrants," *Rewire News*, May 14, 2019, <https://rewire.news/article/2019/05/14/ob-gyn-says-u-s-marshals-service-is-shackling-detained-pregnant-migrants/>.
18. *Ibid.*
19. *Handbook on Women and Imprisonment, 2nd edition, with reference to the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders* (The Bangkok Rules), United Nations Office on Drugs and Crime, 2014, https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf.
20. O'Connor and Prakash, "Pregnant Women Say they Miscarried," *BuzzFeed News*.
21. David J. Phillips, "Honduran Woman in Immigration Custody Gives Birth to Premature, Stillborn Baby," *NBC News*, February 29, 2019, <https://www.nbcnews.com/news/latino/honduran-woman-immigration-custody-gives-birth-premature-stillborn-baby-n975856>.
22. O'Connor and Prakash, "Pregnant Women Say they Miscarried," *BuzzFeed News*.
23. *Ibid.*
24. See generally "X-Rays, Pregnancy and You," *Food and Drug Administration, American College of Obstetricians and Gynecologists, and the American College of Radiology*, December 9, 2017, <https://www.fda.gov/radiation-emitting-products/medical-x-ray-imaging/x-rays-pregnancy-and-you>; Yedidia Bentur, Gideon Koren, and Savithiri Ratnapalan, "Doctor, Will that X-Ray Harm my Unborn Child?," *Canadian Medical Association Journal*, 179, 12 (2008): 1293-1296, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2585137/>; Ashley Hill, David Miller, and Kevin Toppenberg, "Safety of Radiographic Imaging During Pregnancy," *American Family Physician*, 59, 7 (1999): 1813-1818, <https://www.aafp.org/afp/1999/0401/p1813.html>.
25. O'Connor and Prakash, "Pregnant Women Say they Miscarried," *BuzzFeed News*.
26. *Ibid.*
27. PHR Interview, Tucson, AZ, September 2018.
28. Betsy Woodruff, "ICE is Detaining a Woman who is 32 Weeks Pregnant," *The Daily Beast*, August 2, 2018, <https://www.thedailybeast.com/ice-is-detaining-a-woman-who-is-32-weeks-pregnant>.
29. O'Connor and Prakash, "Pregnant Women Say they Miscarried," *BuzzFeed News*.
30. Jennifer G. Clarke and Rachel E. Simon, "Shackling and Separation: Motherhood in Prison," *American Medical Association Journal of Ethics* 15, 9 (2013): 779-85, <https://journalofethics.ama-assn.org/sites/journalofethics.ama-assn.org/files/2018-05/pfor2-1309.pdf>. See also Tina Vasquez, "OB-GYN Says U.S. Marshals Service is Shackling Detained Pregnant Migrants," *Rewire News*, May 14, 2019, <https://rewire.news/article/2019/05/14/ob-gyn-says-u-s-marshals-service-is-shackling-detained-pregnant-migrants/>.
31. Best Practices in the Use of Restraints with Pregnant Women and Girls Under Correctional Custody, National Association of State Mental Health Program Directors (NASMHPD) sponsored by the Bureau of Justice Assistance, Office of Justice Programs (OJP), U.S. Department of Justice (DOJ), 2014, http://www.nasmhpd.org/sites/default/files/Best_Practices_Use_of_Restraints_Pregnant%282%29.pdf
32. Scott Bixby, "Immigrant Miscarriages in ICE Detention Have Nearly Doubled under Trump," *The Daily Beast* [quoting Dr. Alan Shapiro].
33. C Obel et al., "Stress and Salivary Cortisol during Pregnancy," *Psychoneuroendocrinology* 30, no. 7 (August 2005): pp. 647-656, <https://doi.org/10.1016/j.psyneuen.2004.11.006>
34. PA Nepomnaschy et al., "Cortisol Levels and Very Early Pregnancy Loss in Humans," *Proc Natl Acad Sci USA* 103, no. 10 (February 22, 2006): pp. 3938-3942, <https://doi.org/10.1073/pnas.0511183103>
35. "Letter to the Acting Director of U.S. Immigration and Customs Enforcement," AILA Doc. No. 1804032, *Mount Sinai Human Rights Program*, April 1, 2018.
36. Vasquez, "Meet the Federal Agency," *Rewire News*.
37. *Ibid.*, citing "Alien Incarceration Report Fiscal Year 2018, Quarter 2," *U.S. Department of Justice*, April 16, 2019: 11, <https://www.justice.gov/opa/page/file/1154711/download>.
38. Vasquez, "Meet the Federal Agency," *Rewire News*.
39. Tina Vasquez, "OB-GYN Says U.S. Marshals Service is Shackling Detained Pregnant Migrants," *Rewire News*, May 14, 2019, <https://rewire.news/article/2019/05/14/ob-gyn-says-u-s-marshals-service-is-shackling-detained-pregnant-migrants/>.
40. Vasquez, "Meet the Federal Agency," *Rewire News*.
41. Vasquez, "OB-GYN Says U.S. Marshals Service is Shackling," *Rewire News*.
42. *Ibid.*
43. "FAQs: Identification and Monitoring of Pregnant Detainees," *U.S. Immigration and Customs Enforcement*, March 29, 2018, <https://www.ice.gov/faqs-identification-and-monitoring-pregnant-detainees>.
44. *Ibid.*
45. *Ibid.*
46. The section states that the standards apply to Service Processing Centers, Contract Detention Facilities, and Government Facilities used through Intergovernmental Service Agreements. Non-designated facilities must establish alternative standards that are consistent with the intent of the 2011 PBNDs. "Performance-Based National Detention Standards," *U.S. Immigration and Customs Enforcement, Revised December 2016, Section 4.4*, <https://www.ice.gov/doclib/detention-standards/2011/4-4.pdf>.
47. *Ibid.*
48. "National Standards on Transport, Escort, Detention, and Search," *U.S. Customs and Border Protection*, October 2015, Section 5.7, <https://www.cbp.gov/sites/default/files/assets/documents/2017-Sep/CBP%20TEDS%20Policy%20Oct2015.pdf>.
49. "Performance-Based National Detention Standards," *U.S. Immigration and Customs Enforcement, Section 4.4(1)(4)*.
50. "National Standards on Transport, Escort, Detention, and Search," *U.S. Customs and Border Protection*, Section 5.7.
51. "Health Care for Pregnant Prisoners," *USMS Directives*, June 1, 2010, https://www.usmarshals.gov/foia/directives/prisoner_ops/pregnant_prisoners.pdf.
52. *Ibid.*



Physicians for
Human Rights

For more than 30 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR, which shared the 1997 Nobel Peace Prize for its work to end the scourge of landmines, uses its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.