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

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. 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. 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. 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. 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. 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. 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. 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. 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 medication 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. 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.

- 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. 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. 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.  

- 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. 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. 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.

- Attorneys and medical professionals reported women were denied care in multiple ICE and CBP detention facilities.

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.

- 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. She reported feeling scared reading the words “not advised for pregnant women” on the side of the machine. 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.

- 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.

- 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.

- Medical professionals and advocates in Arizona complain of the presence of CBP agents in labor and delivery rooms in local hospitals.

- 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.

- Five women told the media that they were shackled during transportation from CBP facilities, including shackles across their stomachs, a practice that is “medically hazardous.” 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.

- 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.” Psychosocial stress measurably affects cortisol levels, and higher cortisol levels have been associated with an increased risk of spontaneous abortion. Depression during pregnancy can also affect labor.
The U.S Marshals Service has reportedly used shackles on pregnant women in multiple instances, even when medical personnel advise against restraining the patient.

Pregnant Women in U.S Marshals Service Custody

- Immigrant women prosecuted for unlawful entry into the United States, including pregnant women, are often transferred from CBP into the custody of the U.S. Marshals Service (USMS). 36
- According to government data, 21,554 immigrants were in USMS custody on March 31, 2018. 37
- In contrast to ICE or CBP, USMS does not have discretion over who is detained; it cannot decide to release pregnant immigrants in its custody. 38
- The provision of care to pregnant women in USMS custody is minimal, limited to “medically necessary reproductive health care.” 39 In addition, it is USMS’ policy to delay treatment in non-emergencies until the person’s status is resolved. 40
- There is concern that some women do not receive even the basic tests and examinations deemed necessary. 41
- USMS has reportedly used shackles on pregnant women in multiple instances, even when medical personnel advise against restraining the patient. 42

Government Polices

- The Trump administration removed a presumption of release for all pregnant detainees. 43 The current policy requires a “case-by-case custody determination” of pregnant women, which should account for “special factors.” 44
- According to ICE’s website, women in their third trimesters of pregnancy will generally not be detained “absent extraordinary circumstances.” 45
- ICE’s Performance-Based National Detention Standards require certain facilities to provide appropriate gynecological care, pregnancy services, including “routine or specialized prenatal care, pregnancy testing, [and] comprehensive counseling and assistance,” among others. 47
- ICE and CBP detention standards advise officers not to restrain pregnant women absent “exigent” or “truly extraordinary circumstances.” 49 CBP standards specify that women should never be restrained during labor or delivery. 50
- A USMS Directive governs the health care for pregnant women in custody. Services covered by USMS include “hospitalization for labor; prenatal vitamins; routine visits once authorized by an initial sonogram; and hospitalization for labor.” 51 Additional services require express approval. 52

Recommendations

To the Department of Homeland Security:

- Restore the presumption of release from immigration detention for pregnant women.
- Ensure that provision of care in all detention facilities complies with standards promulgated by medical associations.

To the U.S. Congress:

- Adopt legislation banning the shackling of pregnant detainees in all circumstances.
- Codify into law standards of medical care that ICE, CBP and USMS are obligated to follow. Refer to medical associations and health professionals on proper standards.
- Exercise oversight of DHS practices and ensure detention facilities are inspected so that facilities maintain proper health conditions and have the resources required to care for pregnant women.

Endnotes

1. This factsheet was written by PHR intern Sarah Stoughton, JD, and medical literature review, content and citations were written by PHR intern Elizabeth Yim.
5. Ibid.
7. Ibid.
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