



Pregnant, Postpartum, and Lactating Individuals in Immigration Detention

Fiscal Year 2024, Semiannual 1

August 2, 2024

Fiscal Year 2024 Report to Congress



**Homeland
Security**

U.S. Immigration and Customs Enforcement

Message from the Deputy Director and Senior Official Performing the Duties of the Director

August 2, 2024

I am pleased to present the “Pregnant, Postpartum, and Lactating Individuals in Immigration Detention” report for the first half of Fiscal Year (FY) 2024, prepared by U.S. Immigration and Customs Enforcement (ICE).

This report was compiled pursuant to direction in House Report 118-123 and Senate Report 118-85, which accompany the FY 2024 Department of Homeland Security (DHS) Appropriations Act (P.L. 118-47).



Pursuant to congressional guidelines, this report is being provided to the following Members of Congress:

The Honorable Mark Amodei
Chairman, House Appropriations Subcommittee on Homeland Security

The Honorable Lauren Underwood
Ranking Member, House Appropriations Subcommittee on Homeland Security

The Honorable Chris Murphy
Chair, Senate Appropriations Subcommittee on Homeland Security

The Honorable Katie Britt
Ranking Member, Senate Appropriations Subcommittee on Homeland Security

Inquiries may be directed to the ICE Office of Congressional Relations at (202) 732-4200.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Patrick J. Lechleitner'. The signature is stylized and fluid.

Patrick J. Lechleitner
Deputy Director and
Senior Official Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

Executive Summary

The FY 2024 DHS Appropriations Act (P.L. 118-47) requests semiannual reports on pregnant, postpartum, and lactating individuals in ICE custody. This report provides an overview of circumstances surrounding the detention of pregnant, postpartum, and lactating individuals in ICE custody as well as associated statistics. The data provided in this report is for the first half of FY 2024.



Pregnant, Postpartum, and Lactating Individuals in Immigration Detention Fiscal Year 2024, Semiannual 1

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I. Legislative Requirement

This report was compiled in response to direction in House Report (118-23) and Senate Report (118-85) which accompany the Fiscal Year (FY) 2024 Department of Homeland Security (DHS) Appropriations Act.

House Report 118-123 states:

Pregnant, Postpartum, and Lactating Women.—ICE is directed to continue providing semiannual reports on the total number of pregnant, postpartum, and lactating women in ICE custody.

Senate Report 118-85 states:

Pregnant, Postpartum, and Lactating Women.—The Committee supports the National policy to discourage the detention or arrest of known pregnant, postpartum, or lactating women. For any known pregnant, postpartum, or lactating woman whose detention is required pursuant to law or documented exceptional circumstance, ICE shall, not less than monthly, evaluate whether such continued custody is necessary or required by law. During this custody redetermination, ICE shall presume that the continued custodial detention of pregnant, postpartum, or lactating women is not appropriate absent exceptional circumstances or where required by law. The Committee continues the requirement to provide semiannual reports on the total number of pregnant, postpartum, or lactating women in ICE custody, including detailed justification of the circumstances warranting each pregnant, postpartum, or lactating woman’s continued detention and the time in custody. These anonymized reports should be made publicly available on the ICE website.

II. Background

U.S. Immigration and Customs Enforcement (ICE) is committed to ensuring the health, safety, and welfare of people in ICE custody. ICE Enforcement and Removal Operations (ERO) detention standards establish uniform policies and procedures for the safe, secure, and humane treatment of noncitizens in ICE custody, including pregnant, postpartum¹, and nursing² individuals.

Pregnant, Postpartum, or Nursing Individuals in ICE Custody

On July 1, 2021, ICE implemented ICE Directive 11032.4, *Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals*, which states that ICE generally will not detain, arrest, or take into custody individuals known to be pregnant, postpartum, or nursing unless release is prohibited by law or exceptional circumstances exist. In the very limited circumstances in which detention is necessary and appropriate, this directive requires identifying and monitoring those individuals for general health and wellbeing, including regular custody and medical reevaluation to ensure that appropriate prenatal and/or postnatal and other medical and mental health care are provided and that housing in facilities is suitable for their medical and mental health needs. At least weekly, ICE will evaluate whether continued detention is appropriate and required for individuals known to be pregnant, postpartum, or nursing, allowing ICE officers and agents to exercise discretion on a case-by-case basis when determining whether the individual will remain detained.

Pregnant, Postpartum, or Nursing Individuals' Custody Determinations

When an individual enters ICE custody, ICE makes a custody determination based on a variety of factors. ICE is bound to detain individuals subject to mandatory detention as set by U.S. immigration laws and has limited discretion to release when an individual is determined to be a flight risk or a danger to the community. These considerations apply to all ICE-detained individuals, to include pregnant individuals. For pregnant, postpartum, or nursing individuals who are not subject to mandatory detention, ICE regularly exercises discretion when making custody decisions and considers each case individually, making a final decision based on the cumulative facts specific to each case. When determining whether to exercise discretion, consideration is given to criminal and immigration history, as well as to known health and humanitarian factors. Accordingly, ICE's custody determinations are based on factors such as medical issues related to pregnancy, including postpartum or nursing status; ties to the community; prior convictions, including violent crimes; provision of sufficient identity documents; and a final order of removal or history of violating the terms of orders of supervision. These considerations are not exhaustive, and no one factor is determinative.

¹ Postpartum period includes a 1-year period immediately after an individual gives birth to a child.

² Nursing is, regardless of the passage of time since childbirth, the act of an individual breastfeeding a child. The terms 'nursing' and 'breastfeeding' within this report are used interchangeably to refer to lactating individuals. Lactating is secreting milk from the mammary gland/breasts and does not necessarily include the woman's performance of feeding breast milk. There are medical reasons for lactating not associated with breastfeeding.

Pregnant individuals in their third trimester generally are exempted from ICE detention unless it is legally required or is necessary for removal. Pregnant, postpartum, and nursing individuals are removed only when such removal is cleared by medical professionals. ICE follows medical advice in cases involving pregnant, postpartum, and nursing individuals. As a result, the number of pregnant individuals in ICE custody is typically low and the population's length of stay in detention is much shorter when compared to the general population. For example, as of March 31, 2024, the average length of stay (ALOS) for pregnant, postpartum, and nursing individuals in ICE custody was 11.65 days, compared to the ALOS for ICE's general population, which was 47.64 days.³

Treatment of Pregnant, Postpartum, or Nursing Individuals in ICE Custody

ICE strives to ensure all detained individuals receive timely and appropriate medical care, which may include transfers to facilities better situated to meet the specific medical needs of the noncitizen in custody. In addition to medical, mental health, and dental services provided to detained individuals as required by ICE detention standards, every facility directly or contractually provides eligible individuals with pregnancy services, including pregnancy testing, counseling and assistance, routine or specialized prenatal care, postpartum follow-up, nursing services, and access to pregnancy termination services (when warranted, via transfer to facilities in states with these services available).

Within 12 hours of intake at an ICE facility, during their initial medical screening, individuals receive information on services related to women's healthcare as required in ICE's detention standards. If initial medical intake screening indicates the possibility of pregnancy, a referral is initiated to an ICE Health Service Corps (IHSC) physician or advanced practice provider.⁴ The individual receives a health assessment as soon as practicable but generally within 24 hours after an individual in custody is determined to be pregnant, postpartum, or nursing. All initial health assessments are conducted by a trained and qualified health provider. The evaluation requests information on several factors, including pregnancy testing for eligible individuals aged 18-56, and documented results; if the detained individual currently is nursing (breastfeeding); use of contraception; reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.); menstrual cycle; personal and family history of breast or gynecological problems; and any history of physical or sexual victimization and when the incident occurred. A pelvic and breast exam, Papanicolaou (Pap) test, baseline mammography, and sexually transmitted disease testing are offered and provided by the medical provider, if clinically indicated.

Upon confirmation by medical personnel that an individual is pregnant, postpartum, or nursing, the individual is provided close medical supervision. Pregnant individuals have access to prenatal and specialized care, as well as comprehensive counseling inclusive of, but not limited to, nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation, family planning, pregnancy termination services, and parental skills education. Additionally, the facility administrator notifies the local ICE ERO Field Office

³ Refer to ALOS charts under Section III of the report.

⁴ Advanced practice providers are nurse practitioners and physician assistants.

Director as soon as practicable of any individual who has been determined to be pregnant, postpartum, or nursing, but not later than 24 hours after such determination is made, for the completion of a custody review, as appropriate. The medical provider identifies any special needs (e.g., diet, housing, or other accommodations) and informs all necessary custody staff and facility authorities. If a pregnant individual is identified as high-risk, the individual is referred to a physician specializing in high-risk pregnancies. IHSC tracks all pregnant individuals in custody and provides monthly updates to ICE ERO Headquarters and field office leadership.

III. Data Report

ICE tracks information on detained noncitizens’ health conditions, including pregnancy, postpartum status, and nursing, to provide necessary health services to those in its custody. To report information about this population, ICE analyzes medical recordkeeping systems. In the following charts, ICE provides data showing detained individuals at ICE facilities for the reporting period of October 1, 2023, through March 31, 2024. The following data indicate ICE’s initial book-ins of pregnant, postpartum, and nursing individuals in ICE facilities and the number that were released, presented by the reason for release for the first half of FY 2024.

**ICE Initial Book-Ins on Pregnant, Postpartum, and Nursing Individuals⁵
FY 2024 – First Half**

Month	Criminal Conviction	Pending Criminal Charges	Other Immigration Violations	Total
October	-	-	14	14
November	1	4	13	18
December	-	2	23	25
January	1	2	30	33
February	2	1	36	39
March	1	2	28	31
Total	5	11	144	160

⁵ Starting in FY 2018, ICE defines immigration violators’ criminality in the following manner: “Criminal Conviction” refers to Immigration Violators with a criminal conviction entered into ICE system of record at the time of the enforcement action; “Pending Criminal Charges” refers to Immigration Violators with pending criminal charges entered into ICE system of record at the time of the enforcement action; “Other Immigration Violations” refers to Immigration Violators without any known criminal convictions or pending charges entered into ICE system of record at the time of the enforcement action.

The following data indicate the number of pregnant, postpartum, and nursing individuals released by ICE for the first half of FY 2024.

**ICE Initial Book-Ins on Pregnant, Postpartum, and Nursing
Individuals by Release Reason
FY 2024 - First Half**

Release Reason	Total
Bonded Out – Immigration Judge	1
Order of Recognizance	41
Order of Recognizance – Humanitarian	4
Order of Supervision	11
Order of Supervision – Humanitarian	3
Paroled	30
Paroled – Fear Found	10
Paroled – Humanitarian	14
Proceedings Terminated	2
Removed	24
U.S. Marshals or other agency (explain in Detention Comments)	17
Withdrawal	1
Total	158

The following chart denotes the ALOS for both general and pregnant, postpartum, and nursing populations in ICE facilities for the first half of FY 2024. The ALOS for pregnant, postpartum, and nursing individuals in ICE custody, on average, was 11.65 days, which is significantly lower than the ALOS for the general ICE-detained population (47.64 days).

**ALOS for the ICE General Population and
Pregnant, Postpartum, and Nursing Individuals by Month
FY 2024 – First Half⁶**

Month	ICE General Population	Pregnant Population
October	44.21	1.00
November	47.71	8.85
December	49.50	12.47
January	55.53	18.68
February	44.52	8.93
March	45.46	8.94
Overall	47.64	11.65

⁶ FY 2024 year-to-date ICE ALOS data are filtered through March 30, 2024. ICE detention data exclude Office of Refugee Resettlement transfers/facilities, as well as U.S. Marshals Service prisoners.

IV. Conclusion

ICE remains committed to prioritizing the health, safety, and welfare of all people in its custody, including pregnant, postpartum, and nursing individuals. ICE continues to take all necessary measures to ensure pregnant, postpartum, or nursing individuals in its custody are identified as soon as possible and that their needs are addressed in accordance with medical guidance.

Appendix: Abbreviations

Abbreviation	Definition
ALOS	Average Length of Stay
DHS	Department of Homeland Security
ERO	Enforcement and Removal Operations
FY	Fiscal Year
ICE	U.S. Immigration and Customs Enforcement
IHSC	ICE Health Service Corps