

What ICE's Data on Pregnant, Postpartum, and Lactating Women in ICE Detention Really Shows

New data released on February 16 to Senators Murray and Blumenthal, in response to a letter to Secretary of Homeland Security Kristi Noem last September, reveals critical and gravely concerning information about pregnant, postpartum, and lactating women in immigration custody. Senators Murray and Blumenthal were joined by 29 of their Senate colleagues, who signed on to urgently request information about the number, treatment, and care of pregnant, postpartum, and lactating women in ICE custody.

You can find the original letter [here](#).

You can find a link to the press release and ICE data report [here](#).

What ICE's Own Policy Says

ICE Directive 11032.4 Identification and Monitoring of Pregnant, Postpartum, and Nursing Individuals, issued on July 1, 2021, provides guidance to ICE on how to deal with pregnant, postpartum, and lactating women they encounter. It contains a presumption against detention (meaning that pregnant, postpartum, and lactating women should generally not be detained unless there is an exigent circumstance or other legal reason). It also contains numerous restrictions and requirements on ICE facilities that do detain pregnant women, including requiring access to certain forms of medical care and prohibiting most uses of restraints.

The policy also requires the ICE Health Services Corps (IHSC) to collect and monitor information from detention centers on the health and safety of all detained pregnant, postpartum, and lactating women. IHSC is a part of ICE's Enforcement & Removal Operations (ERO). They are the [only entity](#) responsible for overseeing that people in ICE detention receive medical care and are fit for travel. They must also ensure that these women are housed in facilities that are suitable for their physical and mental health needs.

Why This Data Reporting Is Important

Currently, we have no official, public-facing data regularly reporting from ICE on the number of pregnant, postpartum, or lactating women in ICE custody. If it was truly rare, this would be less of a concern. But all evidence points to the exact opposite.

Although the Department of Homeland Security was previously required to submit semi-annual reporting to Congress on the number of such women in detention, that reporting requirement has been rescinded. Many of the other ways advocates used to collect information on the number of pregnant, postpartum, and lactating women in immigration detention—such as direct monitoring inside detention centers—are no longer available due to new administration policy changes.

However, significant reports have emerged over the past year that substantial numbers of pregnant, postpartum, and lactating women are being detained in immigration custody. These include reports by Members of Congress engaging in [oversight visits](#); [media reports](#); and [reporting](#) from both of our organizations. Last year, WRC launched a [Detention Pregnancy Tracker](#) that has surfaced numerous reports of pregnant, postpartum, and lactating women in custody, including significant instances of mistreatment or abuse.

This report provides some of the first official data on the number of pregnant, postpartum, and lactating women in ICE detention since the start of the current administration.

What the Data Shows

The data report provides multiple kinds of data. Some of the numbers cover the entire second Trump administration, from January 1, 2025 to February 16, 2026 (when the report was generated). Others cover the period from January 1, 2025 to September 2025, when the letter was sent to DHS. Still others provide “point in time” data, or data that is true at one particular moment in time.

The data report also distinguishes between facilities where the ICE Health Services Corps provides direct healthcare and those that are serviced by private contractors. Approximately 23 facilities are serviced by IHSC; the more than 200 remaining facilities are serviced by medical contractors. Some data, such as the number of postpartum and lactating women, is only provided for IHSC facilities. The report states that ICE does not track this data for non-IHSC facilities; however, no such distinction exists in the policy. Put another way, the report reveals that ICE is not monitoring postpartum and lactating women in non-IHSC facilities despite being required to do so.

- Point in time number of pregnant women in ICE custody, February 16, 2026: **86**
- Number of postpartum women in IHSC facilities between January 1, 2025 – February 16, 2026: **35**
- Number of those women who are nursing: **15**

Key Takeaways

1) 16 known miscarriages have occurred in ICE custody from January 2025 – February 2026.

Why this matters: Inadequate nutrition and medical care, as well as the stress of the carceral environment, can put stress on pregnant women’s bodies. A lack of detailed medical attention, particularly for high-risk pregnancies, can also impact healthy pregnancies.

2) More than 10 percent of pregnant women listed as in DHS custody as of February 16, 2026 are in their third trimester.

Why this matters: Women in their third trimester of pregnancy have specialized health needs that detention centers are not equipped to provide. Severe and even life-threatening pregnancy complications like pre-eclampsia also become especially dangerous at this stage of pregnancy, requiring specialized medical care. This number also raises serious concerns about the transportation of women in their third trimester within the country, and out of the country for deportation. ICE’s own medical policy recommends against air travel at 36 weeks or beyond and requires a medical case review and medical approval for air travel in weeks 27 – 35 of pregnancy. However, reports have already emerged about women being placed on “shuffle flights” between detention centers and/or deportation flights after that time, including one woman who was deported during her eighth month of pregnancy while in acute medical distress. The number of women listed as being in their third trimester raises serious questions about the health and safety of mothers and their unborn children.

3) Almost 400 pregnant, postpartum, or lactating women were deported between January 2025 and February 2026.

Why this matters: Pregnant, postpartum, and lactating women have specialized medical and healthcare needs that can make it unsafe for them to travel or be separated from medical care. As discussed above, we already have confirmed reports of women who have been deported by air during late-stage pregnancy and while in medical distress. Reports of women who have experienced life-threatening pregnancy complications and were deported in or with possible medical crises have likewise emerged.

Postpartum and Lactating women who are deported may also be separated from their infants. Significant levels of family separation have been documented, including a more than 300 percent increase in the deportation of mothers with US citizen children. Lactating women are, by definition, their child's primary food source during the first few months of life. Abrupt separation of these mothers from their babies risks physical and emotional harm to both parent and child.

Detained Pregnant, Postpartum, and Lactating Women in Their Own Words

“Two days ago, they took me to the hospital to see a gynecologist, but they took me in handcuffs, like I was a criminal. And while they were examining me, the guards didn’t leave; they just stayed there. They sent me to take a urine test, and do you know what they did? They tied one of my hands to a pole in the bathroom, and with the other I had to hold the urine container, and the guard was standing outside with the door open. It would have been better not to have gone. ... It was really awful.”

– Woman who was pregnant while in detention, as shared with [Women’s Refugee Commission and Physicians for Human Rights researchers in Honduras](#)

“It’s just getting harder every day not to see my babies.”

– [Cecil Elvir-Quinonez](#), 25 year-old pregnant and lactating mother, detained and separated from her two children

What We Can Do About It

Women’s Refugee Commission (WRC) and National Immigration Law Center (NILC) urgently call on ICE to enforce their own directive to protect pregnant, postpartum, and lactating women. This includes not detaining these women unless they meet one of the enumerated exceptions listed in the policy or there is some other legal reason to detain them. It also includes ensuring that all medical guidelines, including restrictions on travel and the use of restraints, are followed for such women who are detained. We also urge ICE to use their discretionary parole authority to release pregnant, postpartum, and lactating women from detention, including those with final removal orders.

We also call on Congress to codify protections for pregnant, postpartum, and lactating women, including reinstating mandatory reporting requirements and passing legislation like the [Stop Shackling Pregnant Women Act](#), which would prohibit ICE from placing pregnant women in restraints.

Advocates, healthcare workers, and legal service providers should also familiarize themselves with the policies that protect pregnant, postpartum, and lactating women, including the 2021 Pregnancy Directive and provisions of the [2025 National Detention Standards](#).

Please consider using monitoring tools like [WRC’s Detention Pregnancy Tracker](#) to submit confidential reports about detained pregnant, postpartum, and lactating women you encounter. Your reports are crucial to helping us advocate for immigrant pregnant, postpartum, and lactating women’s safety and rights!

For more information please contact: Zain Lakhani, Women’s Refugee Commission, ZainL@wrcommission.org or Jennifer Ibanez Whitlock, National Immigration Law Center, jwitlock@nilc.org.

Women's Refugee Commission

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, youth, and other people who are often overlooked, undervalued, and underserved in humanitarian responses to displacement and crises. We work in partnership with displaced communities to research their needs, identify solutions, and advocate for gender-transformative and sustained improvement in humanitarian, development, and displacement policy and practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them. [womensrefugeecommission.org](https://www.womensrefugeecommission.org)

National Immigration Law Center

Established in 1979, the National Immigration Law Center (NILC) is one of the leading advocacy organizations in the US dedicated to advancing and defending the rights and opportunities of low-income immigrants and their loved ones.

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