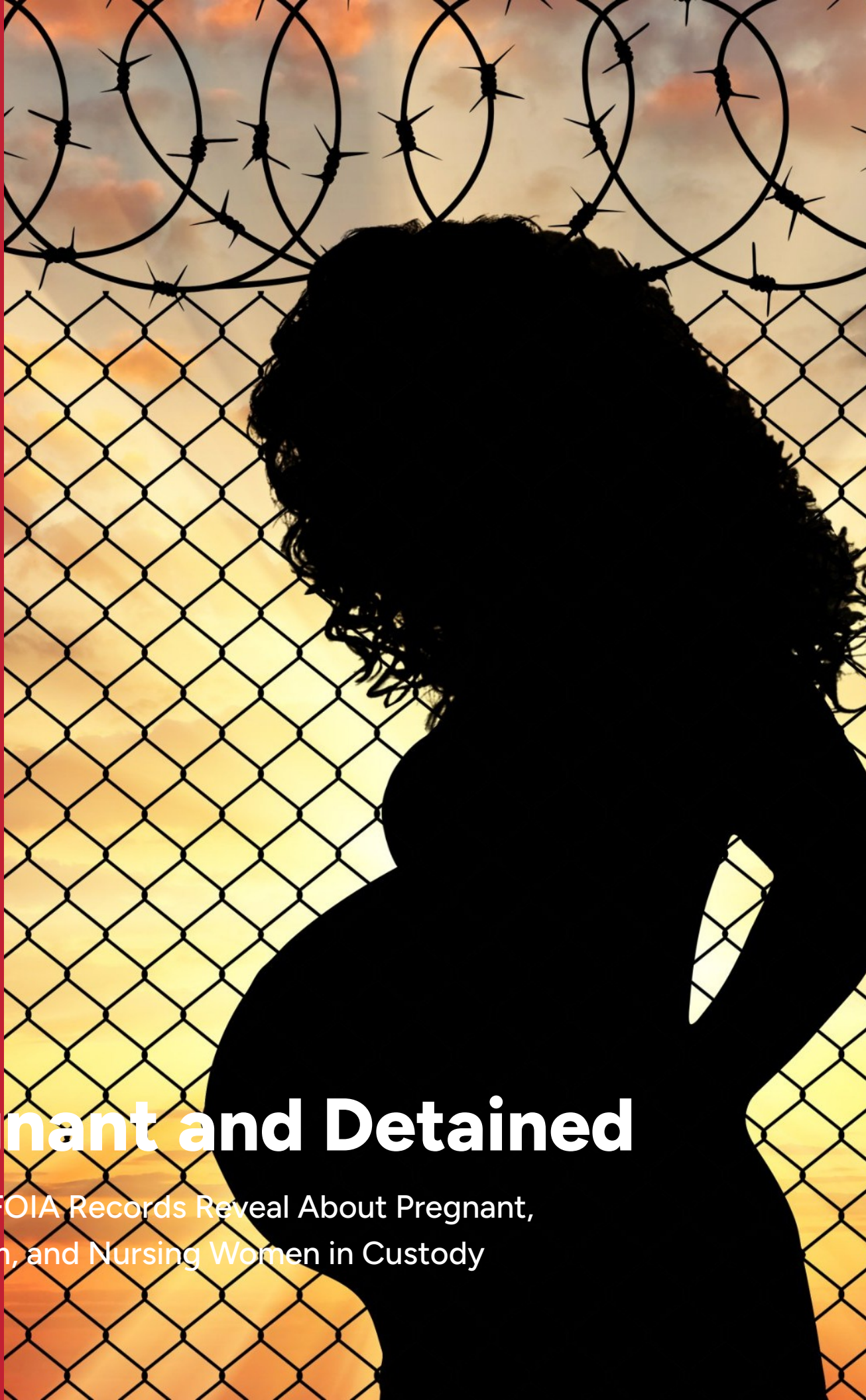
WOMEN'S REFUGEE COMMISSION



Pregnant and Detained

What ICE FOIA Records Reveal About Pregnant, Postpartum, and Nursing Women in Custody

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The authors dedicate this report to the hundreds of pregnant women whose information is represented in its pages. Though we do not know their names, or their stories, we hope this report faithfully honors their experiences.

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About Women's Refugee Commission

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. WRC works 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 its founding in 1989, WRC has been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them. Through its Migrant Rights and Justice program, WRC monitors US detention and deportation policies, advocates for individual and systemic access to sexual and reproductive health care, and ensures that the rights of migrant women and girls are protected.

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Executive Summary

Since the start of the second Trump administration, advocates,[1] Congressional offices,[2] and media outlets[3] have raised alarm about what appears to be a marked increase in the number of pregnant, postpartum, and nursing women in US Immigration and Customs Enforcement (ICE) detention. Reports of declining conditions inside detention facilities, including around access to health care for pregnant, postpartum, and nursing women, have amplified these concerns.

This apparent increase in the number of detained pregnant, postpartum, and nursing women has led to questions about whether ICE is still complying with *ICE Directive 11032.4, Identification and Monitoring of Pregnant, Postpartum, and Nursing Women* (2021 Pregnancy Directive),[4] which establishes a presumption against detention for this population, absent legal reason or exceptional circumstance. The 2021 Pregnancy Directive also provides monitoring and care requirements for any pregnant, postpartum, and nursing women who are detained. However, ICE has released little information[5] about the number and treatment of pregnant women in immigration custody or their treatment while in detention, leaving advocates and policy makers without sufficient information to assess ICE's compliance with the 2021 Pregnancy Directive, or respond to gaps in their treatment and care.

To learn more about this vulnerable population, the Women's Refugee Commission (WRC) filed Freedom of Information Act (FOIA) requests and have obtained some of the first official data on pregnant women in ICE detention. The FOIA record provides **data on 733 pregnant women detained between January 2025 and April 2026**,[6] and ICE Health Service Corps (IHSC) monthly census reports from January 2025 to March 2026. The record also provides information about pregnant women's access to health care while detained.

Key Findings Include

1. **The number of pregnant women ICE detained from January 2025 to March 2026 increased 1,320 percent:** according to the IHSC monthly census reports ICE provided to WRC, the number of pregnant women in detention each month increased from 9 in January 2025 to 128 in March 2026—a 1,320 percent increase.[7]

2. **ICE is detaining pregnant women for substantially longer periods of time.** The average number of days that pregnant women were detained in 2025 and 2026 **increased 750 percent from the previous administration**. The data shows that ICE detained pregnant women an average of 43 days. Fourteen percent of those women detained for 90 days or longer. **One woman was detained for 219 days, nearly seven months of her pregnancy.**

3. **ICE is detaining women for extended periods of time even after confirming they are pregnant, a substantial change from prior years**. DHS's Congressional reporting to Congress shows that between 2021 and 2024, ICE released most of the pregnant women it initially detained, either on parole or an Order of Recognizance, as many as 98 percent in some years.[8] The average amount of time these women spent in custody was 5 to 12 days. These short average times in custody likely reflect the time it took for ICE to comply with the 2021 Pregnancy Directive's mandate to release women it discovered to be pregnant after detaining them. However, in 2025 and 2026, the records show that ICE continued to detain women for extended periods even after confirming they were pregnant.

4. **Women with high-risk pregnancy conditions were not referred for additional monitoring or health care.** The records show that ICE classified approximately 128 women as having "high-risk pregnancies," or identified them as having conditions that the American College of Obstetricians and Gynecologists (ACOG) identifies as "high risk."[9] **Of these 128 women, only 4 were triaged into a "higher level of care," ICE's designation for detained individuals with specialized health needs.**

5. **The majority of pregnant women were detained in state and local facilities, which are more costly and have lower medical standards.** Nearly 75 percent of pregnant women were detained in state and local facilities,[10] which are more expensive to taxpayers, have lower medical standards, and are generally worse in terms of detention conditions than ICE detention centers.

Introduction

In 2021, United States Immigration and Customs Enforcement (ICE) issued a policy restricting the detention of pregnant, postpartum, and nursing women and ensuring core medical services and monitoring for those ICE does detain. ICE Directive 11032.4, Identification and Monitoring of Pregnant, Postpartum, and Nursing Women (2021 Pregnancy Directive),[11] establishes a presumption against detention, absent an exceptional circumstance or other legal reason.[12] It also creates strict monitoring requirements to ensure that ICE's medical division, the ICE Health Service Corps (IHSC), closely monitors the condition of all such women in its care.

The 2021 Pregnancy Directive complements other standards and health care requirements, including the national standards governing the multiple facility types that detain noncitizens for immigration enforcement purposes. These include ICE detention centers, where IHSC directly administers health care (IHSC facilities), and state and local facilities that have agreements with the federal government to detain noncitizens for immigration enforcement purposes (known as intergovernmental service agreement, or IGSA, facilities). For an overview of detention standards and policies pertaining to pregnant women in ICE detention, see Appendix A.

Although ICE has not announced the rescission of the 2021 Pregnancy Directive,[13] organizations, including WRC,[14] congressional offices,[15] and media outlets,[16] have all documented an increase in the number of pregnant women in immigration detention, as well as significant concerns around their treatment and care. However, the US Department of Homeland Security (DHS) has released little information about pregnant women in its custody. This lack of official data has left policy makers and the public with insufficient information to adequately assess the needs of this population, or prevent and respond to any harms they experience in detention.

WRC has obtained through Freedom of Information Act (FOIA) requests[17] **some of the first official data about the number of pregnant women in ICE custody, as well as information about their treatment and care**. The record provides summary data on approximately 733 pregnant women detained between January 2025 and April 2026, the first 16 months of the second Trump administration.[18] It also provides IHSC monthly census reports from January 2025 to March 2026.

This record complements WRC's other efforts to collect information about pregnant women in ICE custody, including working closely with members of Congress to obtain vital information about this population,[19] traveling to reception centers across Mexico and Central America[20] to speak directly with deported women, and collecting information from attorneys, health care providers, and families through its Detention Pregnancy Tracker.

The data confirms that between January 2025 and April 2026, ICE detained substantially more women, for significantly longer periods of time, than it did the three years after the 2021 Pregnancy Directive was issued. **Between January 2025 and March 2026, the number of pregnant women in ICE detention has increased by 1,320 percent.**[21] These women also spent significantly longer in detention than pregnant women detained between 2021 and 2024; in 2025 and 2026, pregnant women spent an average of 43 days in detention, a **750 percent increase** in the average days in detention from these prior years. The

data thus provides compelling evidence to suggest that ICE is not releasing women they discover to be pregnant, as the 2021 Pregnancy Directive requires.[22]

The records also raise significant concerns about the adequacy of health care provided to the pregnant women ICE detains. Seventy-five percent of pregnant women were detained in state and local facilities, which are often governed by weaker medical guidelines and lower overall standards of care. The data further shows that **only 3 percent of the women whom ICE identified as having high-risk pregnancies were triaged into the higher level of care necessary to monitor and respond to their conditions**.[23]

This report summarizes the key data and findings from the FOIA records and offers recommendations for federal, state, and local policy makers, as well as health care providers and hospitals, to increase the safety and well-being of pregnant, postpartum, and nursing immigrant women and their children.

Methodology

The FOIA data ICE provided to WRC was frequently inconsistent and incomplete, which limited the scope and scale of findings. For instance, without unique identifiers, consistent time-in-custody information, and transfer data for all pregnant detainees, it is difficult to precisely report on the total number of women in custody during the period the records cover or the average time in custody for all detained pregnant women. However, the data provided does allow for more reliable estimates of the total number of pregnant women in ICE custody each month, showing a steady and substantial increase over the period the records cover.

In addition, WRC used person-level records for which reliable book-in and book-out dates were available to estimate the number of unique individuals booked into custody between February 2025 and April 2026 as well as the length of stay for 436 unique book-ins. WRC also used the combination of book-in dates and length of stay data to estimate total days in detention for pregnant women booked into ICE detention between February 2025 and January 2026. Comparable data for total in custody, average length of stay, and total days in detention are available for the pre-2025 period, allowing the post-2025 data to be contextualized.

All conclusions in this report are based on external expert statistical analysis and data review of the records ICE sent to WRC, including analysis to identify and exclude duplicate records and estimate average length of stay and total days in custody, from July 2021 to March 2026.[24] Inconsistencies or findings based on a subset of the data reflect limitations in the data provided and are noted where applicable. For every finding, WRC has documented how its estimates were reached, when the data is limited, when conclusions are based on only part of the data provided, and when the findings are suggestive rather than conclusive. Data that is too incomplete for meaningful conclusions is not included in the report.

Findings

ICE Is Detaining Significantly More Pregnant Women for Substantially Longer Periods of Time Than It Has in Previous Years

FINDING 1

The Number of Pregnant Women in ICE Detention Each Month Increased 1,320 Percent between January 2025 and March 2026

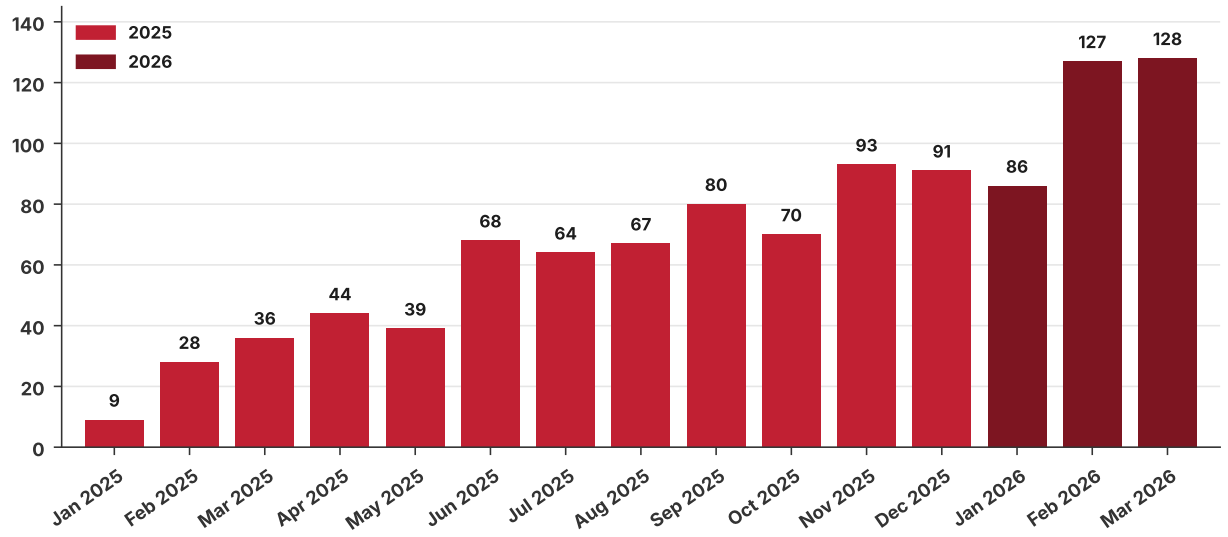
The 2021 Pregnancy Directive contains a strong presumption against the detention of pregnant, postpartum, and nursing women, unless an exceptional circumstance or other legal reason (such as certain criminal convictions) exists. It also counsels ICE to release women confirmed to be pregnant after they are detained.[25]

Between 2021 and 2024, DHS reported comparatively low numbers of pregnant, postpartum, and nursing women in long-term immigration detention. Congressional reporting from this period also suggests that ICE was largely in compliance with the 2021 Pregnancy Directive's mandate to release women discovered to be pregnant after they were detained. In the first half of Fiscal Year (FY) 2022, DHS reported to Congress that all 272 pregnant, postpartum, and nursing women ICE booked into to detention were exited within an average of 6.6 days.[26] Of that number, 131 women (48 percent) were released on parole, and 136 women (50 percent) were released on an Order of Recognizance, strongly suggesting routine compliance with the 2021 Pregnancy Directive.

In the first half of FY 2024, DHS's last Congressional report on this population, it reported that 158 of the 160 pregnant, postpartum, and nursing women ICE booked into detention were exited within an average of 11.65 days, again indicating routine compliance with the policy. More than 70 percent, or 115 of those women, were paroled, released on recognizance, or exited on humanitarian grounds.[27]

Between January 2025 and March 2026, the number of pregnant women in ICE detention each month increased steadily and significantly, from 9 to 128,[28] a 14-fold, or 1,320 percent, increase. Some of the sharpest increases coincide with periods of intense enforcement activity by ICE, such as the Los Angeles immigration raids in June 2025[29] and Operation Metro Surge in Minnesota in early 2026.[30] As demonstrated further in the next section, **the records also show that a substantial number of these pregnant women *remained* detained even after ICE confirmed they were pregnant.**

Figure 1. **Pregnant Women in ICE Detention**

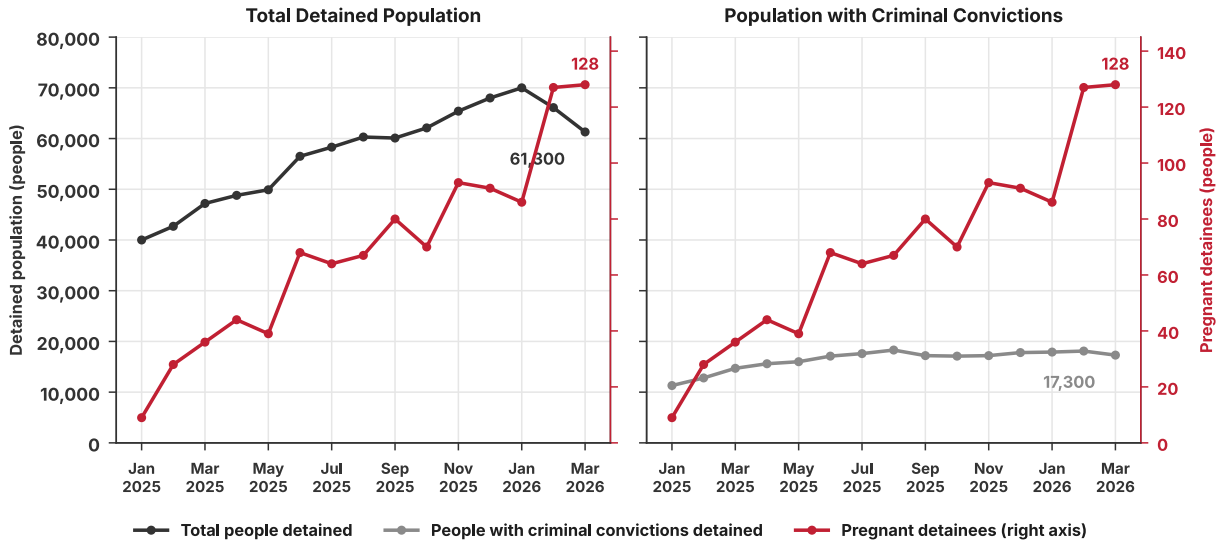


The dramatic increase in census numbers, combined with what appears to be a routine failure to release women discovered to be pregnant after arrest, suggest a significant change in ICE's compliance with the 2021 Pregnancy Directive. **Namely, it suggests that the presumption against detaining women known to be pregnant, and releasing women discovered to be pregnant after they are detained, is likely not being followed.**

The conclusion that ICE is detaining women they know to be pregnant is further supported by the number of women whom ICE initially detained at or after their 20th week (or fifth month) of pregnancy, when pregnancy is far more likely to be visible. According to the data, ICE initially booked 124 women into detention who were at least 20 weeks pregnant and detained them for an average of 30 days. Eleven of these women were in custody for at least 60 days and 6 were in custody for at least 90 days.[31]

The increased in detention of pregnant women also cannot be explained solely by an overall increase in the number of people detained, or the number of people detained with criminal convictions that could exempt them from the presumption.[32] Although the overall number of people in ICE detention also increased markedly during this period, **the increase in detention of pregnant women far exceeds the increase in detention overall**. Estimates from the Government Accountability Office (GAO) indicate that the overall detention population increased roughly 71 percent during the same period when the monthly total of detained pregnant women increased 1,320 percent.[33] Data obtained by the Deportation Data Project[34] through FOIA requests allows for month-by-month comparisons. Those comparisons (depicted in the figure below) suggest a more modest 53 percent increase in the ICE detention population, an even greater disparity between the overall number of people detained and the number of detained pregnant women.

Figure 2. ICE Detention Population Compared with Pregnant Detainees, January 2025–March 2026



Note: Each panel uses the same 0–80,000 left-axis scale and a separate 0–140 right axis for pregnant detainees. Total and criminal-conviction counts are approximate values digitized from the supplied plots; pregnant detainee counts come from the monthly workbooks.

The suggestion that ICE is not adhering to the 2021 Pregnancy Directive is further supported by how few ICE detainees have criminal convictions, suggesting that the increase in pregnant women also likely cannot be explained solely by an increase in the detention of pregnant women whose release is prohibited by law.[35] Moreover, the 2021 Pregnancy Directive strongly counsels against detaining pregnant, postpartum, and nursing women solely for immigration violations,[36] indicating that increased detention of pregnant women for this reason would be similarly questionable under the policy.

FINDING 2

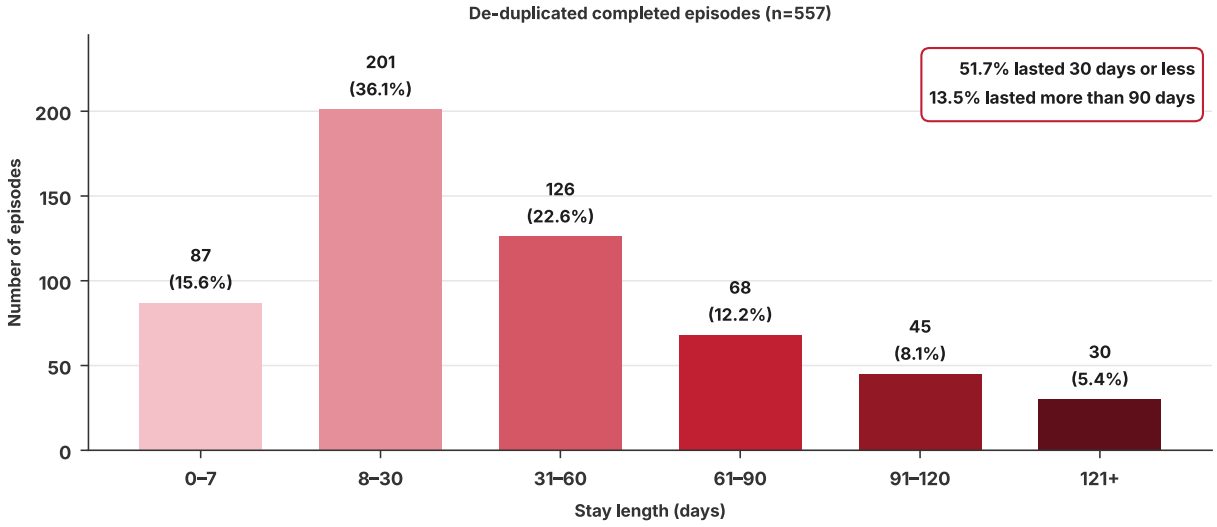
The Average Number of Days that Pregnant Women Spent in Detention Increased 750 Percent in 2025 and 2026 From Prior Years

ICE provided WRC with time in custody information for 557 of the 733 pregnant women detained.[37] From the record, is unclear whether the remaining 176 pregnant women were still detained at the time ICE transmitted the data to WRC, or whether their release date is missing.[38] However, the data we do have confirms that pregnant women were detained for substantially longer periods of time in 2025 and 2026 than they were from 2021 to 2024.

From January 2025 to April 2026, ICE detained the 557 pregnant women for whom specific estimates are possible for an average of 43 days.[39] Approximately 80 of these women were detained for 90 days or longer.[40] ICE recorded the longest individual detention of a pregnant woman during this period as 219 days, accounting for more than seven months of her pregnancy.[41]

These numbers represent **a 750 percent increase in the average number of days pregnant women were detained**, from the years immediately after the policy was issued, to the start of the second Trump administration.

Figure 3. **Completed Custody Episodes by Stay-Length Band**



The increased average time in custody strongly suggests a significant change in ICE's compliance with the 2021 Pregnancy Directive. From FY2022 to FY2024, the high levels of release on parole or Order of Recognizance, coupled with an average time in custody of between 5 and 12 days, strongly suggest that ICE was complying with the directive's requirement to exit women from detention upon learning they were pregnant. In FY 2022, for instance, DHS's Congressional reporting shows that 100 percent of the women ICE discovered to be pregnant upon detention were exited within an average of 6.6 days. This short average time in custody likely reflects the amount of time it took ICE to discover a woman's pregnancy and arrange for her exit. **The 750 percent increase in average days in custody not only means that pregnant women are spending longer in detention but also suggests a meaningful shift in practice—from *releasing* women discovered to be pregnant to *detaining* them.**

Footing the Bill: Detaining Pregnant Women Is Costing US Taxpayers Millions

Without comprehensive time in custody information for all the pregnant women ICE detained, it is difficult to estimate the total amount of money ICE spent detaining pregnant women over the record period. However, it is possible to calculate the cost of detaining the 557 women ICE did provide time in custody for.[42]

Using the average daily per-bed detention cost of $187.48 in FY 2023 that ICE provided to Congress in its FY 2024 budget justification, the last year for which such figures were provided, [43] ICE spent at least $4 million detaining the 75 percent of pregnant women for whom we have data on time in custody.[44] This figure does not include the cost of providing the health care ICE is required to provide to pregnant women they detain. The time in custody for these 557 women was 43 days, with many being detained for significantly longer periods of time.

Using this caluclation, **US taxpayers paid at least $4 million to detain 557 pregnant women for more than a month, at least 145 of whom were detained for three months or more.**[45]

ICE Failed to Provide Adequate Medical Care to the Pregnant Women It Detained

FINDING 3

Of the Approximately 128 Pregnant Women ICE Identified as Having 'High-Risk' Pregnancies or High-Risk Pregnancy Conditions, Only 4 Were Referred for a Higher Level of Care

Of the pregnant women reflected in the records, ICE identified at least 128 as having "high-risk pregnancies," or high-risk pregnancy conditions.[46] High-risk pregnancies appear in the record in two ways: formal classification and internal notations. ICE formally classified 81 women as having "high-risk pregnancies."[47] An additional 47 women were classified as having "normal" pregnancies, but ICE's internal notations suggest that it was aware of conditions or factors that could place those pregnancies at a greater risk for dangerous complications.[48] These include conditions that the American College of Obstetricians and Gynecologists (ACOG) defines as "high-risk,"[49] such as hypertension, gestational hypertension, preeclampsia, or eclampsia; gestational diabetes, preexisting diabetes, or Type 2 diabetes; or cardiac arrhythmia, brain aneurysm, seizure disorder, or kidney disease.[50]

IHSC policy is to triage detainees identified as high risk during the intake process for a "higher level of care, both in IHSC facilities and non-IHSC facilities."[51] This triage process is a required part of intake for pregnant women under all the standards governing ICE facilities. (Please see Appendix A for greater more detail on these standards.) A higher level of care can include offsite specialized medical treatment and emergency hospitalizations, among other interventions.[52]

The records ICE provided strongly suggest that it failed to triage the overwhelming majority of pregnant women with high-risk pregnancy conditions appropriately.[53] **Of the 128 detained pregnant women whom ICE identified as having high-risk pregnancies or high-risk pregnancy conditions, *only 4* were triaged into a higher level of care**.[54]

Ensuring a higher level of care for women with high-risk pregnancies is critical, because their conditions may require more frequent or specialized monitoring to prevent dangerous, or even life-threatening, complications.[55] Conditions like preeclampsia can require emergency care within 30 minutes of symptom onset, requiring both close monitoring and that can respond rapidly to emergencies.[56] As one of the leading causes of maternal mortality in the US[57] and globally,[58] any failure to quickly detect and respond to the onset of symptoms can be dangerous; **yet of the 22 women ICE identified as having preeclampsia, none were triaged into a higher level of care**.

WRC's findings echo those of the court-ordered external monitor[59] in the case of *Gomez-Ruiz et al. v. ICE*[60] against the California City Detention Center in Kern County, CA. The report, released in July 2026, found that intake screening procedures at the 2,560-bed facility were often insufficient to identify high-risk medical conditions.[61] It also found that detention center staff routinely failed to triage detainees into the correct level of care, or establish systems that could adequately respond to urgent health care needs; taken together, these factors could lead to a higher risk of preventable harm for many of the people ICE detains.[62]

When the Failure to Monitor Becomes Life-Threatening

In November 2025, while interviewing deported women in Honduras alongside Physicians for Human Rights (PHR),[63] WRC learned of a woman in ICE detention who experienced an incomplete or "missed" miscarriage, a condition requiring careful monitoring to prevent dangerous or life-threatening sepsis.[64] Although she was transported to a medical facility where she received this diagnosis, she was returned to ICE detention and reportedly received little monitoring or follow-up care for 10 days, at which time she was removed to Honduras. Staff at the Centro de Atención al Migrante La Lima (La Lima Reception Center) reported that she was in acute sepsis and near death when her removal flight landed, and that her life was only saved by rushing her immediately to the hospital for treatment.

Seventy-Five Percent of Pregnant ICE Detainees from the FOIA Records Were Detained in State and Local Facilities, Including County Jails and Remote Rural Detention Centers, with Poorer Conditions and Lower Standards of Care

ICE uses a variety of facility types to detain people for immigration enforcement. The first are ICE detention centers, which may be operated directly by ICE or by a private prison corporation such as CoreCivic or GEO Group. The second are state or local facilities, in which ICE contracts with a state or

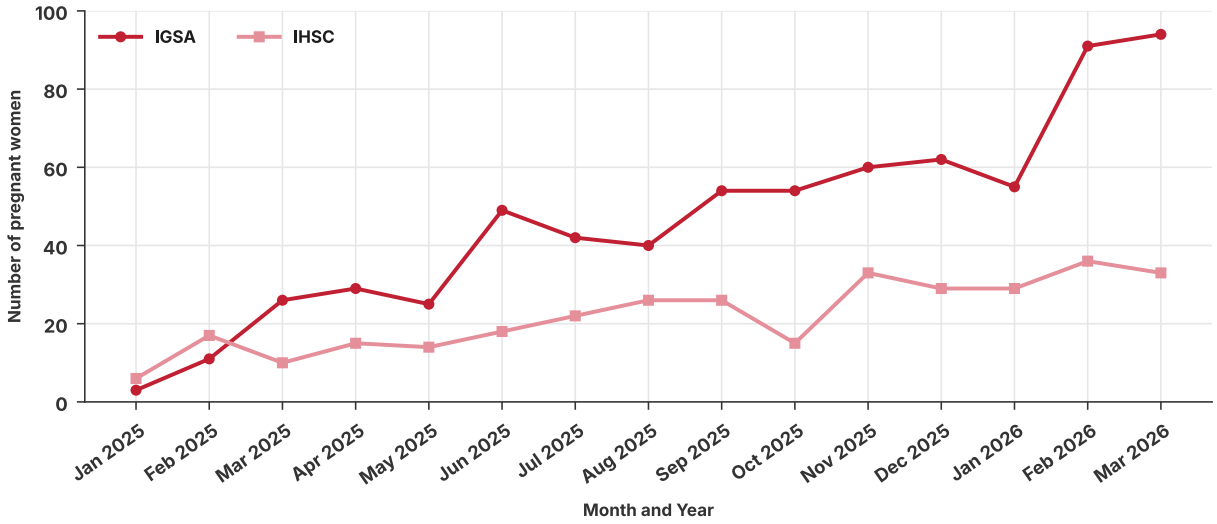
local government facility through an intergovernmental service agreement (IGSA) to detain people for immigration enforcement purposes.[65] Some of these facilities also house other populations, such as local inmates. Between January 2025 and July 2026, the number of IGSA facilities nearly doubled, from 134 to 272.[66] Many IGSA facilities are also operated by private prison corporations. The third constitute a smaller group of IGSA facilities that have IHSC-staffed medical care.[67]

The type of detention facility where a pregnant woman is detained matters because it determines who is responsible for providing medical care, as well as the overall standard of care the facility is required to provide. In ICE detention centers and IGSA facilities that are IHSC-staffed, IHSC[68] directly provides medical services, governed by the 2011 Performance-Based National Detention Standards (PBNDS).[69] The PBNDS contain the most comprehensive medical standards in the ICE detention system. Facilities where IHSC directly provides medical care must also follow *IHSC Directive 04-01, the Female Health Services Directive*,[70] which contains the strongest sexual and reproductive health care requirements of any national detention standard. (For more information on detention center standards, please see Appendix A.) There are currently only 17 detention facilities in which IHSC directly provides medical care.[71]

In IGSA facilities that are not IHSC-staffed, the local government or private prison corporation that operates the facility is responsible for providing health care services.[72] Each individual IGSA contract establishes the applicable national detention standard, generally either ICE or US Marshals Service (USMS) standards. The overall health care guidelines and pregnancy-specific requirements of these detention standards differ, but all are generally less stringent than the PBNDS. IHSC oversees health care in all IGSA facilities, but audits compliance against whichever detention standards are designated in their contract with ICE.

Between January 2025 and April 2026, ICE detained 75 percent of pregnant women in IGSA facilities that are not IHSC-staffed, subject to fewer requirements and lower standards of care.[73] Only 25 percent of pregnant women were detained in IHSC facilities, which have additional sexual and reproductive health care protections and more stringent medical requirements.[74] Many of the pregnant women detained in IGSA facilities remained under this lower standard of care for more than 90 days, some for more than four months.[75]

Figure 4. Pregnant Women in ICE Health Service Corps v. Intergovernmental Service Agreement Facilities



Below are spotlight analyses of three IGSA facilities for which the FOIA records provide detailed information about the treatment of detained pregnant women: the South Louisiana Processing Center in Basile, LA; the Stewart Detention Center in Lumpkin, GA; and the Grayson County Jail in Leitchfield, KY. Specific findings from five additional detention facilities, including the South Texas Family Residential Center in Dilley, TX, can be found in Appendix B.

The data ICE provided to WRC about specific facilities, including the eight facilities discussed in this report, strongly suggest that IGSA facilities—and particularly facilities that operate under joint agreements with the US Marshals Service (USMS)—are especially inappropriate for pregnant women and should not be used to detain this population.

SPOTLIGHT 1

South Louisiana Processing Center, Basile, Louisiana

The South Louisiana Processing Center in Basile, Louisiana (commonly referred to as "Basile") is a 1,000-bed-capacity (700-bed guaranteed minimum) dedicated ICE facility under an IGSA contract, and only ICE detainees are held there.[76] It is operated by the private prison corporation GEO Group. Since the start of the second Trump administration, Louisiana detention facilities, including Basile, have become key staging and deportation hubs for ICE, with substantial numbers of ICE detainees transferred to, detained in, and deported out of them.[77]

Conditions at Basile stand out as especially bad, even as compared to the declining conditions at detention centers across the country.[78] It was also one of the earliest facilities publicly reported to be detaining pregnant women under poor conditions; a Senate Judiciary Oversight report published in April 2025 specifically noted the high concentration of pregnant women at the facility, as well as insufficient monitoring, access to health care, and overall poor conditions in the facility.[79]

Between January 2025 and April 2026, more than 120 pregnant women were detained at Basile, the highest concentration of pregnant woman contained in the record. Sixty percent of these women were detained for one month or more, 40 percent for two months or more, and 20 percent for upward of three months.[80] **At least 24 pregnant women were detained at Basile into their third trimester of pregnancy, 4 of whom were classified as "high risk."**[81]

Basile also had the highest percentage of documented miscarriages within the limited records IHSC included in the FOIA.[82] **Of the 14 miscarriage records ICE provided to WRC, 6 occurred at Basile.**[83]

SPOTLIGHT 2

Stewart Detention Center, Lumpkin, Georgia

Like Basile, the Stewart Detention Center is a dedicated ICE facility under an IGSA contract, and only ICE detainees are held there. With a 2,000-bed capacity and guaranteed minimum of 1,600 beds filled,[84] it is one of the largest ICE detention centers in the country.[85] The facility is operated by the private prison corporation CoreCivic.

The records reveal that ICE detained at least 45 pregnant women at Stewart between January 2025 and April 2026.[86] **Nineteen of the pregnant women detained at Stewart were classified as high-risk or were identified as having high-risk pregnancy conditions, the highest concentration of high-risk pregnant women in any detention facility. None of these women, including the 14 explicitly classified as high risk, were triaged into a higher level of care**.[87]

The high concentration of high-risk pregnant women in Stewart is especially concerning given its remote location and poor access to specialized medical care. The closest hospital to Stewart is in Columbus, Georgia, approximately 35 miles from the detention facility.

Studies have documented a higher risk of maternal mortality for pregnant women with high-risk pregnancy conditions who live in maternal health care deserts.[88] These risks are considerably heightened for incarcerated pregnant women, detained in remote or rural facilities.[89] Currently, the United States has the second-highest rate of maternal mortality for incarcerated women in the world.[90] These already serious risks were likely compounded for the pregnant women detained at Stewart, since none of them were triaged into a higher level of care.[91]

SPOTLIGHT 3

Grayson County Jail, Leitchfield, Kentucky

The Grayson County Jail, operated by the Grayson County Jailer together with the local county government, contracts with ICE to detain noncitizens for immigration enforcement purposes under a USMS intergovernmental contract agreement (USMS IGA); this means that the facility houses federal detainees for the USMS, as well as immigration detainees and local inmates.[92] Approximately 150 of the facility's 536-bed capacity total are ICE detainees. The Grayson County facility is governed by the USMS Federal Performance-Based Detention Standards (FPBDS).[93] (For more detail on standards, please see Appendix A.)

The FPBDS pregnancy-specific guidelines are similar to ICE's 2019[94] and 2025[95] National Detention Standards (NDS), which govern facilities like state or local jails that also incarcerate non-ICE detainees. However, anyone detained in a USMS IGA facility is subject to the USMS's overall detention standards, which are explicitly carceral. This is true even of ICE detainees who have not been charged with or convicted of other crimes and are detained solely for civil immigration violations.

The FOIA records obtained by WRC suggest that approximately 20 pregnant women were detained at the Grayson County Jail between June 2025 and April 2026.[96] Half of these women were detained for more than 60 days, and more than a third of these women were detained for more than 90 days. At least six women were detained at the facility into their third trimester of pregnancy.[97]

Two complaints from the Grayson County Jail, received on ICE's Detention Reporting and Information Line (DRIL) and provided to WRC,[98] raise particular concern. In one case, a woman pregnant with twins reported serious concern of pregnancy loss after health issues, including two fainting spells in a 10-day period, yet she remained detained.[99] In a second case, ICE transported a second-trimester pregnant woman to the emergency room in Indianapolis to treat a fluid leak,[100] a symptom of a number of potential pregnancy complications of varying severity, including some that carry risk of maternal mortality.[101] Rather than release the woman after her emergency room visit to allow her to receive ongoing care for her pregnancy complication, ICE transported her more than 60 miles to the Clay County Justice Center in Brazil, Indiana (another USMS IGA county jail facility) for continued detention.[102]

Conclusion

When ICE issued the 2021 Pregnancy Directive, it recognized that protecting the health and safety of pregnant, postpartum, and nursing women is consistent with its mandate to enforce immigration law. Upon announcing the policy, Acting ICE Director Tae D. Johnson stated*: "ICE is committed to safeguarding the integrity of our immigration system and preserving the health and safety of pregnant, postpartum, and nursing individuals. […] This reflects our commitment to treat all individuals with respect and dignity while still enforcing our nation's laws."*[103]

In the three years after 2021 Pregnancy Directive was issued, the number of pregnant women who remained in ICE custody for long periods of time markedly decreased. The semi-annual data that DHS provided to Congress between 2021 and 2024 reveals a consistent pattern of compliance with ICE's obligation to release the pregnant women they detained, allowing them to seek the health care, nutrition, and services they urgently required to support healthy pregnancies. However, the data ICE provided to WRC raises serious concerns about whether this administration is still enforcing the presumption against detention for pregnant women, or its obligation to release women discovered to be pregnant after detention. In fact, it strongly suggests that ICE is detaining substantially more pregnant women for significantly longer periods of time, some for the majority of their pregnancies.

The 2021 Pregnancy Directive is ICE policy and must be enforced. It is also imperative that ICE implement robust procedures to ensure that any pregnant women who are detained, pursuant to exceptional circumstance or legal reason, have access to essential services, including routine and

emergency health care. Congress should ensure that ICE is complying with its obligations, including through robust oversight and comprehensive legislation that protects these women from harm.

States also have a significant role to play. Offices of state attorneys general, state departments of public health, and other state and local agencies can also use their oversight authorities to monitor, audit, and otherwise oversee IGSA facilities in their states. They can further ensure that any protections that apply to pregnant constituents in their states explicitly include pregnant women detained in those facilities. States can also pass legislation and policy restricting the detention of pregnant women in IGSA facilities in their jurisdictions.

Behind the data are pregnant women, some already mothers, many of them fearful of how they can protect themselves and their babies. These women urgently require the respect and dignity promised to them when the 2021 Pregnancy Directive was issued. They should not be pregnant and detained.

Recommendations and Next Steps

Recommendations for Federal Policy Makers

US Immigration and Customs Enforcement (ICE) Should:

a. Follow its existing guidelines, including the 2021 Pregnancy Directive, on the detention of pregnant, postpartum, and nursing women, ensuring robust monitoring systems, and complying with requirements that they be detained in facilities suitable for their health needs.

b. Extend the Female Health Services Directive, which currently only applies in IHSC facilities, to apply to women in every facility where ICE detains noncitizens for immigration enforcement. If the requirements of the Female Health Services Directive cannot be met within 72 hours of detention due to location or insufficient access to specialized health care providers, the pregnant woman should be released or transferred to a facility where the requirements of the Female Health Services Directive can be met.

c. Develop policies and operational guidance to ensure that pregnant detainees are only detained in facilities with medical care guidelines and procedures in line with existing standards of care. Guidance should include a requirement that ensures pregnant detainees do not remain in IGSA or USMS IGA facilities for longer than 14 days before being released. If release is prohibited due to exigent circumstances or legal reasons, the pregnant detainee should be transferred to an IHSC facility.

d. Draft and implement general medical guidelines on sexual and reproductive health care, including pregnancy-related care, established by either the ACOG or another appropriate medical authority, and establish guidance to ensure that detention procedures can adequately facilitate access to such care.

e. Amend the standards governing all detention facilities to include a requirement that any facility detaining pregnant women should:

- Ensure the availability of on-site weekly medical services by a medical provider qualified to provide prenatal care, through either a contract with local providers or on-site staffing, and ensure that all pregnant women detained or transferred into the facility are made available for such weekly care as needed.
- Accurately triage all pregnant women with high-risk pregnancy conditions or factors, as determined by ACOG guidelines,[104] for a higher level of care, and establish standardized procedures for all detention facilities to submit weekly reports to IHSC on their compliance with any health care requirements related to that level of care.
- Establish complaint and emergency health request mechanisms and require that all emergency health requests be evaluated by a qualified health care provider within 24 hours and documented in the patient's electronic health record and ICE health record.
- Develop plans to ensure access to emergency services for pregnant women, including plans for time-sensitive transport to facilities capable of providing emergency care.

f. Require IHSC to develop public-facing audit procedures and guidance to ensure standardized, accurate, and comprehensive reporting on compliance with detention standards around pregnant, postpartum, and nursing women, including those that ensure all pregnant women are accurately triaged into the appropriate level of care. These requirements should extend to all detention facilities, pursuant to IHSC's mandate to oversee medical care across the ICE detention system. IHSC should provide anonymized aggregate reporting on compliance to Congress on a quarterly basis.

g. Establish clear complaint mechanisms that allow detained pregnant women to report concerns about their medical care directly to IHSC, and require that all complaints be reviewed by IHSC staff with the appropriate specialty training within 72 hours.

Congress Should:

a. Pass comprehensive legislation related to pregnant, postpartum, and nursing women in immigration custody. This legislation should:

- **i.** Codify the 2021 Pregnancy Directive and require that ICE establish standardized internal monitoring and reporting procedures to ensure timely, consistent, and sufficient oversight for all requirements.
- **ii.** Codify the Female Health Services Directive, including procedures that facilitate access to sexual and reproductive health care in detention, restrict air transportation of late-stage pregnant women, and extend this standard to apply across all facilities where ICE detains noncitizens for immigration enforcement.
- **iii.** Require IHSC to establish procedures for receiving, reviewing, and responding to all emergency medical requests and complaints within a time frame established by ACOG or other medical association guidelines.
- **iv.** Require that IHSC adopt medical guidelines and standards of care established by ACOG on access to sexual and reproductive health care[105] in ICE detention. These should include guidance specifically applicable to sexual and reproductive health care for detained women.
- **v.** Establish regular audit and reporting requirements on care in immigration custody for pregnant, postpartum, and nursing women, including on sufficiency and compliance with internal reporting mechanisms.

b. Require quarterly reporting from DHS on the number of pregnant, postpartum, and nursing women in ICE and US Customs and Border Protection custody, including information on the number of such women detained, time in custody, pregnancy trimester, facility, and immigration disposition. Such reporting shall be made publicly available.

c. Require quarterly reporting from DHS about the costs for pregnant, postpartum, and nursing women's care while in ICE and CBP custody. Such reporting shall include the number of medical interventions each pregnant, postpartum, and nursing women received, the cost of those interventions, the location of those interventions (on-site or at an external medical facility), and the cost in staff time to transport such women to external facilities for interventions.

d. Require individual reporting on facilities that record two or more miscarriages during the quarterly reporting period.

e. Require Congressional notification of all miscarriages, stillbirths, and live births that occur in ICE or CBP custody.

f. Require that DHS reestablish oversight bodies, including the Office for Civil Rights and Civil Liberties and the Office of the Immigration Detention Ombudsman, and require sufficient staffing to ensure timely and routine audits, investigations, and complaint response procedures related to pregnant, postpartum, and nursing women in immigration detention.

Recommendations for State and Local Policy Makers

a. State and local authorities should pass legislation and/or policies prohibiting the long-term detention of pregnant, postpartum, and nursing women in any state or local facility that ICE contracts with for immigration enforcement purposes.

b. State and local authorities should require that all health care standards and procedures—including access to specialist health care providers—required by state and local health care policies be extended to ICE detainees detained in those facilities.

c. State and local agencies, including state departments of public health and offices of state attorneys general, should review their existing authority to conduct monitoring inside state or local facilities that contract with ICE and develop policy and guidance to maximize oversight authority over these facilities.

d. State departments of public health and other state and local health agencies should regularly audit state and local facilities that contract with ICE to ensure that these facilities are complying with state policies around care for detained and incarcerated individuals. Whenever permissible under state policy, make any findings and audit reports publicly available.

e. State departments of public health and other state and local agencies should ensure that all data collection and reporting requirements that exist for state constituents explicitly apply to *all* persons physically located in the state, including in detention facilities; agencies should amend procedures to ensure that the necessary data on detained persons can be collected and reported according to state guidelines.

Recommendations for Hospitals and Practitioners

a. Practitioners at external medical facilities who encounter pregnant, postpartum, and nursing women in ICE custody should document all factors relating to a patient's detention and the effect of detention on their health, within patients' electronic medical records. Information relating to a patient's immigration status should never be included in a patient's chart.

b. Hospital leadership and practitioners at external medical facilities should familiarize themselves with the standards governing patients' legal right to health care while in detention, their own rights as clinicians to provide medically necessary care to patients who are detained, and state and local laws that protect patients and the ability of providers to provide care.

Appendix A: Pregnancy Standards for ICE Health Service Corps and Intergovernmental Service Agreement Facilities

Overview of Pregnancy-Related ICE Detention Policies

This appendix provides an overview of US Immigration and Customs Enforcement (ICE) pregnancy-related policies and standards governing the detention of pregnant women. Section 1 contains a brief history and overview of pregnancy-related immigration enforcement policies. Section 2 contains a brief description and a side-by-side chart analyzing the core pregnancy-related guidelines in four standards: the Female Health Services Directive, the 2011 Performance-Based National Detention Standards (PBNDS), the National Detention Standards (NDS), and the Federal Performance-Based Detention Standards (FPBDS).

Section 1: Immigration Enforcement Policies Impacting Pregnant Women

The primary enforcement policy pertaining to pregnant women in ICE custody is *ICE Directive 11032.4, Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals*[106] (the 2021 Pregnancy Directive), which contains a presumption against the detention of pregnant and nursing women absent an exceptional circumstance or other legal reason. It also contains monitoring and oversight requirements for those who are detained. Other federal regulations pertaining to the detention of pregnant women also exist, including those that state "women who have been medically certified as pregnant" should be released from detention on parole.[107]

The 2021 Pregnancy Directive built on earlier efforts to address ICE enforcement related to pregnant women. In 2011 and 2014, ICE developed agency guidance to deprioritize the detention of pregnant women and classify them as vulnerable individuals who should not be considered enforcement targets.[108] The guidance, developed by ICE headquarters, was new; however, in practice, field agents continued to detain pregnant women.[109] ICE subsequently created a presumption against the detention of pregnant women in its August 2016 Memo on the Identification and Monitoring of Pregnant Detainees,[110] officially rescinded in 2017.[111] From 2017 until the issuance of the 2021 Pregnancy Directive, the rates of pregnant women in ICE custody steadily increased.[112] As demonstrated in the body of this report, the detention of pregnant women largely ceased from 2021 to 2024.

ICE policies conditioning enforcement against pregnant women are agency guidance rather than binding law or regulation; however, when operational, they have played a critical role in reducing the risks detention poses to the health and well-being of pregnant women. They have also helped reduce liability for ICE, as well as minimize the intensive resources and taxpayer dollars needed to care for a medically vulnerable population that ICE and its contractors are not well set up to detain.

Section 2: Policies Impacting the Level of Care Pregnant Women Receive in ICE Custody

All of the standards governing the various types of ICE facilities have provisions concerning the treatment of pregnant women. These include the 2011 PBNDS,[113] which typically govern facilities that

only house ICE detainees; the 2019,[114] 2025,[115] and 2026[116] NDS, which generally apply to detention facilities that also have non-immigration-related detainees (such as state or local jails that also detain local inmates); the 2020 Family Residential Standards (FRS),[117] which govern family residential facilities like the South Texas Family Residential Center in Dilley, Texas (Dilley Detention Center); and the FPBDS,[118] which govern state and local facilities where the US Marshals Service (USMS) detains federal inmates alongside ICE detainees and local inmates.[119] Lastly, the ICE Health Service Corps (IHSC) also maintains its own standards for health care, such as *IHSC Directive 04-01, Female Health Services Directive*,[120] which applies only in the 17 facilities where ICE directly provides medical care.[121]

Not all detention standards are equally comprehensive, especially when it comes to the medical care of pregnant detainees. The PBNDS, which apply in dedicated ICE facilities, are the most protective for all detainees. The NDS and the FPBDS allow for lower standards of care across detainees, including pregnant detainees. The Female Health Services Directive, which applies only in IHSC facilities, contains the highest level of required protections for pregnant women among ICE's detention standards.

Comparison of ICE's Detention Standards for Pregnant, Postpartum, and Nursing Women

Table 1. Comparison of ICE's Detention Standards for Pregnant, Postpartum, and Nursing Women

Usually co-present at IHSC facilities

	PBNDS	FHSD	NDS	FPBDS
Overall standard of care	"Female detainees shall receive routine, age appropriate gynecological and obstetrical health care, consistent with recognized community guidelines for women's health services."	"Female patients receive routine, age-appropriate, gynecological, and obstetrical health care assessments, treatment, and preventive female health services as medically appropriate."	"Female detainees shall receive routine, age appropriate gynecological and obstetrical health care, consistent with recognized community and clinical guidelines for women's health services." (2026)	"Female detainees receive gynecological and obstetrical treatment and examinations…in accordance with community medical standards for those detainees in uninterrupted custody of 12 months or more."
Prenatal care	"A pregnant detainee in custody shall have access to pregnancy services including routine or specialized prenatal care"	• "Within two business days of a physical examination, the physician or APP [Advanced Practice Provider] refers a pregnant patient to a provider qualified to provide prenatal care, including medical examinations, prenatal laboratory testing, and diagnostic tests, comprehensive counseling, administration of vaccines, postpartum follow-up, and lactation services." • " The physician or APP generates the orders and treatment plans, documenting clinically indicated levels of activity, nutrition, medications, housing, and safety precautions…"	" Pregnant detainees shall have access to prenatal and specialized care"	• "Prenatal care begins as early in pregnancy as possible and is easily accessible." • "Pregnant detainees are provided counseling and administering of recommended vaccines, to include influenza or Tetanus, Diphtheria, and Pertussis (Tdap) vaccinations, in accordance with national guidelines."
Medical supervision	" Upon confirmation by medical personnel that a female detainee is pregnant, she shall be given close medical supervision."	• "Clinical Director (CD)/Regional Clinical Director/Clinical Medical Authority (CMA) or designated physician…Ensures pregnant patients receive necessary and appropriate medical care while in custody." • "Physicians or Advanced Practice Providers (APP)…provide necessary medical support throughout pregnancy…and coordinate care with the obstetric provider throughout the pregnancy."	" Upon confirmation by health care practitioner that a detainee is pregnant, the detainee shall be provided close medical supervision." (2026, 2025, 2019)	"Access to pregnancy management services is available. Provisions of pregnancy management include…routine and high-risk prenatal care and obstetrical care"

Usually co-present at IHSC facilities

	PBNDS	FHSD	NDS	FPBDS
Intake health assessment	"Within 12 hours of arrival, during their initial medical screening, all female detainees shall receive information on services related to women's health care"	"Nurses… Perform pregnancy tests for female patients at intake and refer all pregnant patients to a physician or APP."	" As soon as possible, but no later than 12 hours after arrival, a health care practitioner shall provide detainees an initial medical, dental and mental health screening" (2026) "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening" (2025, 2019) 1. "Female detainees aged 18-56 will be offered a pregnancy test, and the results will be documented and provided to the detainee." (2026)	• "Intake screenings for detainees include pregnancy testing on all female detainees." • "Screening for mental health conditions during pregnancy…and treated, as needed."
Comprehensive medical assessment	"If the initial medical intake screening indicates the possibility of pregnancy, referral shall be initiated and the detainee shall receive a health assessment as soon as appropriate or within two working days." "All initial health assessments of female detainees…shall inquire about • pregnancy testing for detainees aged 18-56 and documented results" • "reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.)"	• "Health Assessment. The female initial health history and examination shall include the following: ◦ Pregnancy testing for female patients ages 10-56 and documented results. ◦ Reproductive history that includes number of pregnancies, number of live births, number of spontaneous or elective pregnancy terminations, and pregnancy complications." • " Physicians or Advanced Practice Providers (APP)… Perform all initial health assessments and periodic health assessments for female patients…"	" The facility will conduct and document a comprehensive health assessment for each detainee, including a physical examination and mental health screening, within 14 days of their arrival at the facility" (2026, 2025, 2019) "All comprehensive health assessments of female detainees shall be conducted by a qualified health care practitioner. In addition to the criteria listed on the health assessment form, the evaluation shall inquire about… Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.)" (2026) "All initial health assessments of female detainees shall be conducted by a qualified health care practitioner. In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following: • Pregnancy test for detainees aged 18-56 and deliver to the detainee and document the results; • Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.)" (2025, 2019)	"A comprehensive health appraisal for each detainee is completed by a qualified health care professional within 14 days after arrival at the facility."

Usually co-present at IHSC facilities

	PBNDS	FHSD	NDS	FPBDS
Counseling	"Pregnant detainees shall have access to...comprehensive counseling inclusive of, but not limited to: nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation, family planning, abortion services and parental skills education."	" the physician or APP refers a pregnant patient to a provider qualified to provide prenatal care, including...comprehensive counseling..."	"Pregnant detainees shall have access to...comprehensive counseling on topics including, but not limited to, nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation, family planning, abortion services and parenting skills." (2026, 2025, 2019)	• "In accordance with national standards, pregnant detainees are given comprehensive counseling and care based on their expressed desires regarding their pregnancy." • "Provisions of pregnancy management include...counseling on refraining from eating foods with listeria risk"
Postpartum and lactation-related care	" A pregnant detainee in custody shall have access to pregnancy services including... • postpartum follow up • lactation services..."	• "the physician or APP refers a pregnant patient to a provider qualified to provide prenatal care, including...postpartum follow-up, and lactation services." • "The physician or APP...provides and documents postpartum care."	"If a detainee is currently lactating, appropriate accommodations will be provided." (2026)	• "Access to pregnancy management services is available. Provisions of pregnancy management include...postpartum follow up." • "Intake screenings for postpartum detainees include depression assessment and breastfeeding status." • "Education about breastfeeding and providing lactation support and accommodations for postpartum detainees to provide breastmilk for their infants" • "Screening...for postpartum depression after delivery and treated, as needed."
External medical care	" A detainee who is determined to require health care beyond facility resources shall be transferred in a timely manner to an appropriate facility."	"Health service staff must transfer pregnant patients to the proper facility and community resources when a physician or APP refers patients for health needs beyond what the facility or local community can provide."	• "Facilities shall employ sufficient medical staff to perform basic exams and treatments for all detainees. The HSA will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility. These arrangements will include appropriate custodial officers to transport and remain with the detainee for the duration of any off-site treatment or hospital admission." (2026, 2025, 2019) • "Pregnant detainees will be referred to medical specialists as necessary." (2026)	"Detainees who require health care beyond the capacity of the facility, as determined by the responsible physician, are transferred, under appropriate security, to a facility where such care is available (All non-emergency outside care of USMS detainees require pre-authorization by the USMS to ensure consistency with USMS detainee health care standards)."
High risk pregnancies	" If a pregnant detainee has been identified as high risk, the detainee shall be referred, as appropriate, to a physician specializing in high risk pregnancies."	" The physician or APP... coordinates specialty care for patients with a high-risk obstetric specialist, when indicated..."	" If a pregnant detainee has been identified as high risk, the detainee shall be referred to a physician specializing in high-risk pregnancies." (2025, 2019)	" Access to pregnancy management services is available. Provisions of pregnancy management include...high-risk prenatal care"

Usually co-present at IHSC facilities

	PBNDS	FHSD	NDS	FPBDS
Facility transfer			" In cases where a detainee has medical or mental health needs that exceed the capabilities of the facility, the facility shall notify ICE and request a transfer of the detainee. The facility will make the request as early as possible to allow ICE time to find an appropriate placement for the detainee." (2026)	
Reproductive choice	• "In the event continued detention is necessary and appropriate, and consistent with the practice of our federal partners, if the life of the mother would be endangered by carrying a fetus to term, or in the case of rape or incest, ICE will assume the costs associated with a female detainee's decision to terminate a pregnancy." • "In this instance, or in a situation where a female detainee opts to fund the termination of her pregnancy, ICE shall arrange for transportation at no cost to the detainee for the medical appointment and, if requested by the detainee, for access to religious counseling, and nondirective (impartial) medical resources and social counseling, to include outside social services or women's community resources groups."	• "Emergency Contraception (EC): Patients have access to emergency contraception at intake." • "Provide patients with impartial advice and consultation about family planning and contraception upon request; where medically appropriate, prescribe and dispense medical contraception." • "Termination of Pregnancy. The physician or APP refers pregnant patients who desire to terminate the pregnancy to a qualified provider to ensure access to pregnancy termination services within two business days of a health encounter. The physician or APP transfers pregnant patients to the proper facility and community services for continuity of care." • "ICE assumes responsibility for the cost of pregnancy termination if continued detention is necessary and appropriate, if carrying a fetus to term would endanger the life of the mother, or when the pregnancy resulted from rape or incest."	• "Under applicable federal law, in the event continued detention is necessary and appropriate, and consistent with the practice of ICE/ERO's federal partners, if the life of the mother would be endangered by carrying a fetus to term, or in the case of rape or incest, ICE/ERO will assume the costs associated with a female detainee's decision to terminate a pregnancy. In this instance, ICE/ERO will arrange for transportation at no cost to the detainee for the medical appointment and, if requested by the detainee, for access to religious counseling, and non-directive (impartial) medical resources and social counseling, to include outside social services or women's community resources groups." (2026) • "In the event continued detention is necessary and appropriate, and consistent with the practice of ICE/ERO's federal partners, if the life of the mother would be endangered by carrying a fetus to term, or in the case of rape or incest, ICE/ERO will assume the costs associated with a female detainee's decision to terminate a pregnancy." (2025, 2019) • "In this instance, or in a situation where a female detainee opts to fund the termination of her pregnancy, ICE/ERO will arrange for transportation at no cost to the detainee for the medical appointment and, if requested by the detainee, for access to religious counseling, and non-directive (impartial) 4.3 Medical Care 126 National Detention Standards Revised 2025 medical resources and social coun-	"Counseling and assistance are provided and documented in accordance with the pregnant detainee's expressed desires regarding the pregnancy, whether she elects to keep the child, use adoptive services, or have an abortion."

Usually co-present at IHSC facilities

	PBNDS	FHSD	NDS	FPBDS
			seling, to include outside social services or women's community resources groups." (2025, 2019) • "Upon request, appropriately trained medical personnel within their scope of practice shall provide detainees with non-directive (impartial) advice and consultation about family planning and contraception, and where medically appropriate, prescribe and dispense medical contraception." (2026, 2025, 2019)	
Restraints	" A pregnant woman or woman in post-delivery recuperation shall not be restrained absent truly extraordinary circumstances that render restraints absolutely necessary as documented by a supervisor and directed by the on-site medical authority. This general prohibition on restraints applies to all pregnant women in the custody of ICE, whether during transport, in a detention facility, or at an outside medical facility. Restraints are never permitted on women who are in active labor or delivery." " Restraints should not be considered as an option, except under the following extraordinary circumstances:" • Medical reasons as directed by medical officer • Credible, reasonable grounds demonstrating immediate and serious threat of harm to self or others • Reasonable grounds demonstrating immediate and credible escape risk " In the rare event that one of the above situations applies, medical staff shall determine the safest method and duration for the use of restraints and the least restrictive restraints necessary shall be used."	" Restraints during pregnancy. The general prohibition on restraints applies to all pregnant women in ICE custody, whether during transport, in a detention facility, or at an outside medical facility." " Health service staff must not restrain a patient during pregnancy or post-delivery recuperation except for extraordinary circumstances that render restraints absolutely necessary, as directed by the onsite or off-site medical authority." " Health service staff must not use restraints, unless one or more of the following applies:" • "Physicians and APPs direct the use of restraints for medical reasons" • Reasonable grounds demonstrating immediate and serious threat of hurting self or others • Reasonable grounds demonstrating immediate and credible escape risk " Restraints are never permitted on women in active labor or delivery." " Physicians and APPs determine the safest restraint method and duration using the least restrictive restraints necessary, limited to handcuffs in the front for pregnant or post-partum patients."	" Restraints are never permitted on pregnant women who are in active labor or delivery...A pregnant woman or woman in post-delivery recuperation shall not be restrained absent extraordinary circumstances that render restraints absolutely necessary, as documented by a supervisor and directed by the on-site medical authority (i.e., documented approval and guidance)... Pregnant detainees or detainees in post-delivery recovery shall not be restrained including during transport, in detention facilities, or at outside medical facilities unless extraordinary circumstances render restraints absolutely necessary. " (2026) " A pregnant woman or woman in post-delivery recuperation shall not be restrained absent truly extraordinary circumstances that render restraints absolutely necessary, as documented by a supervisor and directed by the on-site medical authority. This general prohibition on restraints applies to all pregnant women in the custody of ICE, whether during transport, in a detention facility, or at an outside medical facility. Restraints are never permitted on women who are in active labor or delivery." (2025, 2019) "Restraints shall not be considered, except under the following extraordinary circumstances" (2026)	"The use of restraints on pregnant and postpartum women is prohibited unless the detainee poses an immediate and credible flight risk that cannot reasonably be prevented by other means; poses an immediate and serious threat of harm to themselves or others that cannot reasonably be prevented by other means; or a healthcare professional responsible for the health and safety of the detainee determines use of restraints are appropriate for the medical safety of the detainee." • "Upon authorized use, the facility immediately notifies the agency of jurisdiction no more than 24 hours after use authorization." • "The facility administrator ensures the immediate notification to the agency of jurisdiction of serious incidents including, but not limited to:...Pregnant or postpartum women placed in restraints"

Usually co-present at IHSC facilities

	PBNDS	FHSD	NDS	FPBDS
			" Restraints should not be considered as an option for pregnant women, except under the following extraordinary circumstances:" (2025, 2019) • Medical reasons as directed by medical officer • Credible, reasonable grounds demonstrating immediate and serious threat of harm to self or others • Reasonable grounds demonstrating immediate and credible escape risk (2026, 2025, 2019) " In the rare event one of the above situations applies, medical staff shall determine the safest method and duration for the use of restraints and the least restrictive restraints necessary shall be used." (2026, 2025, 2019)	
Segregation	1. "Women who are pregnant, who are post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy should as a general matter not be placed in an SMU [Special Management Unit]." 1. "In very rare situations, a woman who is pregnant, is postpartum, recently had a miscarriage, or recently had a terminated pregnancy may be placed in an SMU as a response to behavior that poses a serious and immediate risk of physical harm, or if the detainee has requested to be placed in protective custody administrative segregation and there are no more appropriate alternatives available. Even in such cases, this decision must be approved by a representative of the detention facility administration, in consultation with a medical professional, and must be reviewed every 48 hours." 2. Written notification within 72 hours to Field Office Director required	"The facility administrator, in consultation with the CMA [Clinical Medical Authority], reviews and decides SMU placement initially and every 48 hours. The facility administrator may not place female patients who are pregnant, post-partum, or breastfeeding, or have recently miscarried, terminated pregnancy, or experienced any other complications related to childbirth, into a SMU."	• "Women who are pregnant, postpartum, or who recently experienced a miscarriage or terminated pregnancy shall generally not be placed in an SMU. In exceptional circumstances, placement may occur if the individual's behavior poses a serious and immediate risk of physical harm to themselves or others, or if the detainee requests protective custody and no suitable alternatives are available. Such decisions must be approved by the facility administrator or designee, in consultation with a medical professional, and reviewed every 48 hours." (2026) • "Women who are pregnant, who are post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy should as a general matter not be placed in an SMU. In very rare situations, a woman who is pregnant, is postpartum, recently had a miscarriage, or recently had a terminated pregnancy may be placed in an SMU as a response to behavior that poses a serious and immediate risk of physical harm to self or others, or if the detainee has requested to be placed in protective custody administrative segregation and there are no	"Detainees who are pregnant, who are postpartum, who recently had a miscarriage, or who recently had a terminated pregnancy are not placed in restrictive housing. If a detainee in this category is placed in restrictive housing, the decision is approved at the facility administrator level and in consultation with the clinical director and facility physician. This review is completed within 24-hours of the initial placement and reviewed every 24- hours thereafter. Upon authorized placement, the facility immediately notifies the agency of jurisdiction within 24 hours of authorization."

Usually co-present at IHSC facilities

	PBNDS	FHSD	NDS	FPBDS
			more appropriate alternatives available. Even in such cases, this decision must be approved by a representative of the detention facility administration, in consultation with a medical professional, and must be reviewed every 48 hours." (2025, 2019) • Written notification to ICE within 72 hours required (2025, 2019) for all segregation placements (2026)	
Housing	• Special consideration for pregnant detainees as special vulnerabilities for custody and housing classification • "The medical provider will identify any special needs (e.g...housing....) and inform all necessary custody staff and facility authorities."	" The physician or APP generates the orders and treatment plans, documenting clinically indicated...housing..."	• Special consideration for pregnant and nursing detainees as special vulnerabilities for custody and housing classification (2026, 2025, 2019) • "A health care practitioner will identify any special needs (e.g....housing...) and inform all necessary security staff and facility authorities." (2026, 2025, 2019)	• "Facilities provide pregnant and postpartum detainees special accommodations due to physiological changes. Special accommodations may include: • Housing (including lower bunk assignment)"
Nutrition	• Doctor may order snacks or supplemental meals based on the need to increase protein or calories for pregnancy • "The medical provider will identify any special needs (e.g. diet...) and inform all necessary custody staff and facility authorities." • Comprehensive counseling includes nutrition and prenatal vitamins	• "The physician or APP generates the orders and treatment plans, documenting clinically indicated...nutrition..." • "Pharmacists [p]rocure and stock prenatal vitamins...at the IHSC-staffed medical clinic and after-hours cabinet, per the IHSC formulary."	• "A health care practitioner will identify any special needs (e.g., diet...) and inform all necessary security staff and facility authorities." (2026, 2025, 2019) • "Pregnant detainees may also have additional nutritional and caloric requirements." (2026, 2025, 2019) • Comprehensive counseling includes nutrition and prenatal vitamins (2026, 2025, 2019)	"Special diets to include supplemental meals for...pregnant detainees...are nutritionally certified and prescribed through medical. Pregnant detainees also receive prenatal vitamins that contain folic acid supplementation and iron if indicated, as well as counseling on refraining from eating foods with listeria risk."
Other accommodations	" The medical provider will identify any special needs (e.g....or other accommodations such as the provision of additional pillows) and inform all necessary custody staff and facility authorities."	" The physician or APP generates the orders and treatment plans, documenting clinically indicated levels of activity...and safety precautions..."	" A health care practitioner will identify any special needs (e.g....other accommodations such as the provision of additional pillows) and inform all necessary security staff and facility authorities." (2026, 2025, 2019)	"Facilities provide pregnant and postpartum detainees special accommodations due to physiological changes. Special accommodations may include: • Work or program assignments • Transportation outside the facility • Special clothing"

Usually co-present at IHSC facilities

	PBNDS	FHSD	NDS	FPBDS
Travel	• "This general prohibition on restraints applies to all pregnant women in the custody of ICE, whether during transport, in a detention facility, or at an outside medical facility." • "The detainee's medical needs shall be taken into account prior to any transfer of the detainee to another facility. Alternatives to transfer shall be considered, taking into account the disruption that a transfer will cause to a detainee receiving medical care."	" Travel During Pregnancy." • "Ground travel for removal or transfers for all pregnant patients requires medical case review and approval by the CD/RCD and/or an OB/GYN." • "Air travel for removal or transfers: ◦ Air travel for all pregnant patients up to and including the 26th week (26 weeks and 6 days) requires medical case review and approval by the CD/RCD [Clinical Director/Regional Clinical Director] and/or an OB/GYN for domestic and international flights. ◦ Air travel for all pregnant patients in the 27th week up to and including the 35th week (35 weeks and 6 days) requires medical case review and approval by an OB/GYN for domestic and international flights. ◦ IHSC does not recommend air travel for any pregnant patient at 36 weeks (36 weeks through term)."	• "Pregnant detainees or detainees in post-delivery recovery shall not be restrained including during transport, in detention facilities, or at outside medical facilities unless extraordinary circumstances render restraints absolutely necessary." (2026) • "This general prohibition on restraints applies to all pregnant women in the custody of ICE, whether during transport, in a detention facility, or at an outside medical facility." (2025, 2019) • "The facility will establish separate procedures for transporting detainees whose physical or mental health conditions preclude prolonged travel." (2026, 2025, 2019)	"Pregnant/ and postpartum detainee restraint restrictions apply to transportation."
Monitoring	• "The facility administrator shall ensure that the FOD is notified as soon as practicable of any female detainee determined to be pregnant, but no later than 72 hours after such determination." • "Pregnancy management and outcomes shall be monitored, quarterly, through a continuous quality improvement process."	• "Health Services Administrator: Notifies the facility Enforcement and Removal Operations (ERO) field operations staff when health service staff identify a patient as pregnant, breastfeeding, postpartum or the patient pursues pregnancy termination." • Tracks all pregnant, postpartum and breastfeeding patients in IHSC systems	" The facility administrator shall ensure that ICE/ERO is notified as soon as practicable of any pregnant detainee, but no later than 72 hours after such determination." (2026, 2025, 2019)	"The facility administrator ensures the immediate notification to the agency of jurisdiction of serious incidents including, but not limited to:... Pregnant or postpartum women placed in restraints and/or in restrictive housing."

Appendix B: ICE Detention Facilities with Demonstrated Deficiencies in Caring for Detained Pregnant Women

The records provided to the Women's Refugee Commission (WRC) by US Immigration and Customs Enforcement (ICE) contain information on approximately 70 different detention facilities where pregnant women were detained during the period covered by the records. Of those facilities, several were particularly notable, due to a higher concentration of pregnant women, records of inadequate health care, or recorded complaints.

This appendix spotlights five facilities, in addition to the three featured in the report, for which there were large numbers of pregnant women, records of inadequate health care, or complaints. It covers a range of facility types, including intergovernmental service agreement (IGSA) facilities, ICE Health Service Corps (IHSC) facilities, county jails, and the family detention facility in Dilley, Texas. The facilities documented here are also intended to be spotlights; *they do not comprise an exhaustive list of facilities where these concerns appear in the record*.

Richwood Correctional Center, Monroe, Louisiana

The Richwood Correctional Center (Richwood) is a dedicated ICE facility under an IGSA contract arrangement, operated by the private prison corporation LaSalle Corrections. It has a 1,129-bed capacity and a guaranteed minimum of 677 beds.

According to the data provided to WRC, **approximately 40 pregnant women were detained at Richwood between January 2025 and April 2026, with an average time in custody of 45 days.** Records provided to WRC from ICE's Detention Reporting and Information Line (DRIL) contain numerous complaints from pregnant women detained at Richwood.[122]

Notable records include the following:

- One woman expressed concerns about extreme weight loss (a reported 21 pounds during her time in custody) and about stomach pain and possible contractions that lasted 15 days without being given medical help.[123]
- Three pregnant women sought voluntary departure while detained at Richwood, citing concerns about access to health care and detention conditions.[124]
- Two detained women reported severe sanitary issues in January 2026, including lack of access to clean drinking water for the pregnant women detained at Richwood. Both women also reported suspected retaliation by facility staff for raising concerns.[125]

Dilley Immigration Processing Center, Dilley, Texas

The Dilley Immigration Processing Center is a dedicated ICE facility under an IGSA contract, operated by the private prison corporation CoreCivic. It currently serves as the country's sole facility for detaining families with minor children, as well as single adults. It has a 2,400-bed capacity and a guaranteed minimum of 2,000 beds.

Between April 2025, when the facility was reopened, and April 2026, approximately 60 pregnant women were detained in Dilley.[126] More than 50 percent of the pregnant women who were detained at Dilley were in their second trimester, with more than 20 percent either remaining in or entering detention in their third trimester.[127]

Although ICE does detain single adults at Dilley, the significant number of pregnant women detained at Dilley over the period covered by the records suggests that at least some pregnant women were detained with their minor children.

Detention conditions at the Dilley Detention Center have been particularly noteworthy, including reports of insufficient potable water, insect-infested food, and other poor conditions. Congressional oversight reports,[128] as well as media outlets like ProPublica,[129] have documented the impact of these detention conditions on both parents and children.

Montgomery ICE Processing Center, Conroe, Texas

The Montgomery ICE Processing Center is a contract ICE detention facility, operated by the private prison corporation GEO Group. It is listed as one of the 17 facilities in which IHSC provides direct medical services and is governed by the detention and health care standards for IHSC facilities.[130] (For more information on standards, please see Appendix A.) It has a 1,314-bed capacity and a guaranteed minimum of 750 beds.

The records indicate that **40 pregnant women were detained at the Montgomery facility between January 2025 and March 2026.**[131] They also reflect concerning gaps in access to health care for these women, including a failure to triage the four women with known high-risk pregnancy conditions into a higher level of care. **The records also reveal the detention of a pregnant woman with hyperthyroidism and a history of cerebral aneurysm, classified as having a high-risk pregnancy, for more than 160 days.**[132]

Eloy Detention Center, Eloy, Arizona

The Eloy Federal Contract Facility is a dedicated ICE facility under an IGSA contract arrangement, operated by the private prison corporation CoreCivic. It has a 1,500-plus-bed capacity and a guaranteed minimum of 900 beds. Eloy is a facility where IHSC provides direct medical services and is governed by the detention and health care standards for IHSC facilities.

The records show approximately **28 pregnant women detained in Eloy between January 2025 and April 2026.**[133] The records contain several concerning features, including failing to triage any of the five women whom ICE classified as high risk or identified as having high-risk pregnancy conditions into a higher level of care.[134]

Some of the most concerning records from Eloy pertain to high numbers of women detained into late-stage, third-trimester pregnancy. According to the limited number of records for which trimester information was provided, **at least eight women were detained at Eloy into their third trimester of pregnancy.** One of these women, whom ICE identified as having prior experience of preeclampsia but who was not triaged into a higher level of care, was detained for 97 days, until week 37 of pregnancy.[135]

Greene County Jail, Springfield, Missouri

The Greene County Jail, operated by the Greene County Sheriff's Office, contracts with ICE to detain ICE detainees under a US Marshals Service (USMS) IGSA contract arrangement, meaning that the county jail also holds federal USMS and local inmates. It has a total 1,242-bed capacity, with the ICE population making up around 300 to 400 detainees. As with the Grayson County Jail spotlighted in the report, the Greene County Jail is governed by the USMS's Federal Performance-Based Detention Standards (FPBDS).[136]

The records ICE released under the Freedom of Information Act (FOIA) indicate that at least four pregnant women were detained at Greene between April 2025 and February 2026.[137] At least one woman classified as "high-risk" remained detained for 52 days, without being triaged into a higher level of care.[138]

Records from ICE's DRIL also suggest that a fifth pregnant woman, detained at Greene, withdrew her asylum application and accepted removal because she feared losing her pregnancy in detention.[139]

Endnotes

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4. US Immigration and Customs Enforcement, "Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals," ICE Directive 11032.4, July 1, 2021, https://www.ice.gov/directive-identification-and-monitoring-pregnant-postpartum-or-nursing-individuals.

5. Women's Refugee Commission and National Immigration Law Center. *What ICE's Data on Pregnant, Postpartum, and Lactating Women in ICE Detention Really Shows*.

6. Summary data on the total number of pregnant women detained each month between January 2025 and April 2026 and detained data on approximately 773 pregnant women starting February 2025. We flagged records as potential duplicates if the records had identical first dates of last menstrual period, custody start dates, and citizenship. For any set of records that matched on these indicators, if the records also matched on the detention facility, we assumed the records were for the same individual and we only retained the record with the latest record modified date. For any set of records with non-matching detention facilities, we conducted a manual review of dates of last assessments, relevant medical histories, data modification dates, and custody release dates to determine whether the pattern appeared to describe the same individual (who was presumably transferred between multiple facilities). This analysis yielded 17 rows of data (out of 816 total rows) that exactly matched other rows (*i.e.*, definite duplicates) and 66 rows of data that closely matched other rows (*i.e.*, likely

duplicates). Based on this analysis, we treated 733 rows of data as relating to unique individuals. (Total of 733 pregnant women booked into custody.) ICE FOIA Case Number 2026-ICLI-00004, Second Interim Release, May 29, 2026, dataset on file with the author.

7. ICE FOIA, Second Interim Release; ICE FOIA Case Number 2026-ICLI-00004, Third Interim Release, July 27, 2026, dataset on file with the author.

8. U.S. Department of Homeland Security, U.S. Immigration and Customs Enforcement, *Pregnant, Postpartum, and Lactating Individuals in Immigration Detention: Fiscal Year 2022, Semiannual 1*, Fiscal Year 2022 Report to Congress, August 5, 2022, https://www.dhs.gov/sites/default/files/2022-10/ICE%20-%20Pregnant%2C%20Postpartum%2C%20and%20Lactating%20Individuals%20in%20Immigration%20Detention%20-%20FY%202022%2C%20Semiannual%201.pdf.

9. ICE FOIA, Second Interim Release; ICE FOIA, Third Interim Release.

10. ICE FOIA, Second Interim Release.

11. US Immigration and Customs Enforcement, "Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals," ICE Directive 11032.4, July 1, 2021, https://www.ice.gov/directive-identification-and-monitoring-pregnant-postpartum-or-nursing-individuals.

12. In the relevant part, the directive states, "Generally, ICE should not detain, arrest or take into custody for an administrative violation of the immigration laws individuals known to be pregnant, postpartum, or nursing unless release is prohibited by law or exceptional circumstances exist." It further defines exceptional circumstances to "exist only in the following circumstances: (1) the individual poses national security concerns; or (2) the individual poses an imminent risk of death, violence or physical harm to any individual." U.S. Immigration and Customs Enforcement, "Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals," Secs. 2, 3.4.

13. Kyle Cheney, "Judges Decry Treatment of Nursing and Pregnant Detainees in ICE Custody," *Politico*, February 18, 2026, https://www.politico.com/news/2026/02/18/pregnant-nursing-ice-detainees-00784683.

14. Women's Refugee Commission, Detention Pregnancy Tracker, https://detentionpregnancytracker.com/; Women's Refugee Commission and National Immigration Law Center, "What ICE's Data on Pregnant, Postpartum, and Lactating Women in ICE Detention Really Shows," Women's Refugee Commission, April 2, 2026, https://www.womensrefugeecommission.org/research-resources/what-ices-data-on-pregnant-postpartum-and-lactating-women-in-ice-detention-really-shows/; National Immigration Law Center, "Know Your Rights: Pregnant, Postpartum, and Nursing People Facing Immigration Enforcement," November 4, 2026, https://www.nilc.org/resources/know-your-rights-pregnant-postpartum-and-nursing-people-facing-immigration-enforcement/; and Center for Reproductive Rights, "What's Happening to Pregnant, Postpartum, and Nursing Women in ICE Custody?" February 13, 2026, https://reproductiverights.org/news/pregnant-postpartum-nursing-women-ice-custody/.

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16. See, e.g., Maanvi Singh et al., "Revealed: ICE lost count of miscarriages, while detaining a record number of pregnant women," *The Guardian*, September 15, 2026, https://www.theguardian.com/us-news/ng-interactive/2026/sep/15/ice-detention-miscarriages-pregnancy; "Policy: ICE And The Pregnant Women It's Detaining," *1A*, NPR, September 29, 2026, https://www.npr.org/2026/09/29/nx-s1-5985085/policy-ice-and-the-pregnant-

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21. ICE FOIA Case Number 2026-ICLI-00004, Third Interim Release, July 27, 2026, dataset on file with the author.

22. U.S. Immigration and Customs Enforcement, "Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals," Secs. 2.1, 5.1. Additional detail on the directive can be found in Appendix A.

23. American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine, "Levels of Maternal Care," Obstetric Care Consensus No. 9, Obstetrics & Gynecology 134, no. 2 (August 2019): e41–55; and American Academy of Pediatrics and American College of Obstetricians and Gynecologists, "Organization of Perinatal Health Care," in Guidelines for Perinatal Care, 8th ed., ed. Sarah J. Kilpatrick, Lu-Ann Papile, and George

A. Macones (Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American College of Obstetricians and Gynecologists, 2017), 1–39.

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26. US Immigration and Customs Enforcement, *Pregnant, Postpartum, and Lactating Individuals in Immigration Detention Fiscal Year 2022, Semiannual 1*, August 5, 2022 https://www.dhs.gov/sites/default/files/2022-10/ICE%20-%20Pregnant%2C%20Postpartum%2C%20and%20Lactating%20Individuals%20in%20Immigration%20Detention%20-%20FY%202022%2C%20Semiannual%201.pdf.

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28. This data comes from monthly snapshots that ICE provided in its FOIA record, which included data on pregnant detainees organized by month for each month from January 2025 to March 2026. ICE FOIA, Second Interim Release; ICE FOIA Case Number 2026-ICLI-00004, Third Interim Release, July 27, 2026, dataset on file with the author.

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31. ICE FOIA, Second Interim Release.

32. The share of people booked in to ICE detention who had criminal convictions increased from 20 percent to 35 percent across the two time periods. Assuming a similar increase in the criminality rate among pregnant women, the vast majority of pregnant women in ICE detention in 2025-2026 would still be subject to the directive's presumption in favor of release.

33. US Government Accountability Office, *Immigration Detention: Urgent Planning Needed to Avoid Further Waste of Taxpayer Dollars*, GAO-26-108663, September 24, 2026, https://www.gao.gov/assets/gao-26-108663.pdf.

34. Deportation Data Project, homepage, accessed November 23, 2026, https://deportationdata.org/index.html.

35. Aaron Reichlin-Melnick, "New ICE Arrest Statistics Shed Light on Who the Agency is Targeting in American Communities," *American Immigration Council*, April 17, 2026, https://www.americanimmigrationcouncil.org/blog/ice-arrest-statistics-americans-noncriminals/.

36. US Immigration and Customs Enforcement, *ICE Directive 11032.4,* Secs. 2, 5.1, and 5.4.

37. ICE FOIA, Second Interim Release. Calculated using book-in dates and release dates.

38. Given the relatively close proximity of the initial book in date of the 176 women for whom custody release date was not provided to the end of the record period, it is likely that many if not most of the women for whom we lack custody release information were still detained at the time ICE transmitted the record to WRC. However, without confirmation, it is also possible that data is missing for some or all of these women.

39. ICE FOIA, Second Interim Release.

40. ICE FOIA, Second Interim Release.

41. ICE FOIA, Second Interim Release.

42. ICE FOIA, Second Interim Release.

43. Department of Homeland Security, U.S. Immigration and Customs Enforcement Budget Overview, Fiscal Year 2025 Congressional Justification at ICE – 5, https://www.dhs.gov/sites/default/files/2024-04/2024_0308_us_immigration_and_customs_enforcement.pdf.

44. ICE FOIA, Second Interim Release.

45. ICE FOIA, Second Interim Release.

46. Due to data deficiencies, including a lack of depersonalized individual identifiers, this estimate is a deduplicated approximation of the number of individual records of pregnant women ICE detained between January 2025 and April 2026 that reflect explicit or implicit high-risk pregnancy conditions. ICE FOIA, Second Interim Release; ICE FOIA, Third Interim Release.

47. ICE FOIA, Second Interim Release; ICE FOIA, Third Interim Release.

48. ICE FOIA, Second Interim Release; ICE FOIA, Third Interim Release. These estimates are based on WRC's best possible analysis of the data provided by ICE, including rigorous analysis to de-duplicate entries across multiple productions. However, inconsistencies in the record ICE provided to WRC may have led to missed or duplicated records.

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