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## NATIONAL SHERIFFS' ASSOCIATION SUPPORTS ACCESS TO EVIDENCE-BASED MATERNAL HEALTH AND OTHER WOMEN'S HEALTH CARE IN OUR NATION'S JAILS

**WHEREAS**, our nation's Sheriffs oversee the vast majority of local jails and, as such, have the responsibility to maintain the safety and security of the facility for all who live and work within; and,

**WHEREAS**, there are more than 1.7 million arrests of females who pass through our nations jails annually;<sup>1</sup> and

**WHEREAS**, women in jail have distinct and often time-sensitive health care needs that includes access to: pregnancy and postpartum care; contraception methods for those who want to avoid pregnancy upon release; screening and treatment for sexually transmitted infections; an adequate supply of menstrual products; trauma informed care; mental health care; substance use disorder treatment;<sup>2</sup> and

**WHEREAS**, sixty percent of incarcerated women are mothers and primary care givers to young children;<sup>3</sup> and

**WHEREAS**, incarceration of mothers has been defined as an adverse childhood experience (ACE), putting their children at increased risk of poverty, trauma, poor education, and future incarceration;<sup>4</sup> and

**WHEREAS**, family-friendly and frequent visitation between mothers and children, especially when they are infants, helps to maintain important bonds that may reduce the risk of adverse outcomes for children; and

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<sup>1</sup> Federal Bureau of Investigation, "Crime in the United States: Crime Data Explorer," January 20, 2026, <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/arrest>.

<sup>2</sup> American College of Obstetricians and Gynecologists, "ACOG Practice Bulletin No. 830: Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant Individuals," *Obstetrics and Gynecology* 138, no. 1 (2021): e24–34, <https://doi.org/10.1097/AOG.0000000000004429>.

<sup>3</sup> Laura M. Maruschak et al., *Parents in Prison and Their Minor Children: Survey of Prison Inmates, 2016*. NCJ 252645, NCJ 252645 (US Department of Justice, Bureau of Justice Statistics, 2021), <https://bjs.ojp.gov/library/publications/parents-prison-and-their-minor-children-survey-prison-inmates-2016> (NCJ 252645), <https://bjs.ojp.gov/library/publications/parents-prison-and-their-minor-children-survey-prison-inmates-2016>.

<sup>4</sup> Luke Muentner et al., "Parental Incarceration in the United States: 2016-2021," *Pediatrics* 152, no. 6 (2023): e2023062420, <https://doi.org/10.1542/peds.2023-062420>.

**WHEREAS**, from 2016-2017 it was estimated that there are 55,000 admissions of pregnant women to U.S. jails;<sup>5</sup> and

**WHEREAS**, some of these women will give birth, have miscarriages, abortions, and other pregnancy outcomes while they are in custody;<sup>6</sup> and

**WHEREAS**, there are no comprehensive, accurate, or updated data available on the number of pregnant or postpartum women in our nation's jails and what the outcomes of those pregnancies are; and

**WHEREAS**, the U.S. has the highest rate of maternal mortality of any high-income country;<sup>7</sup> and

**WHEREAS**, more than half of maternal deaths occur in the post-partum period (i.e., up to 12 months after delivery<sup>8</sup>), when some women are still incarcerated; and

**WHEREAS**, most maternal deaths are preventable when there is access to timely and appropriate health care;<sup>9</sup> and

**WHEREAS**, pregnant and postpartum women in jail have numerous high risk medical and psychosocial conditions that put them at increased risk of adverse outcomes; and

**WHEREAS**, providing pregnant and postpartum women in jail with access to comprehensive prenatal care and to emergency pregnancy care by qualified providers helps to ensure safe outcomes for mothers and infants; and

**WHEREAS**, untreated mental health conditions and drug overdose are leading causes of maternal mortality;<sup>10</sup> and

**WHEREAS**, seventy percent of women in jails have a mental health condition; and

**WHEREAS**, seventy percent of women in jails have a substance use issue, with at least 16% of pregnant women in jails having opioid use disorder;<sup>11</sup> and

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<sup>5</sup> Carolyn Sufrin et al., "Pregnancy Prevalence and Outcomes in U.S. Jails," *Obstetrics and Gynecology* 135, no. 5 (2020): 1177–83, <https://doi.org/10.1097/AOG.0000000000003834>.

<sup>6</sup> Sufrin et al., "Pregnancy Prevalence and Outcomes in U.S. Jails."

<sup>7</sup> Gunja Z. Munira et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (2024), <https://doi.org/10.26099/cthn-st75>.

<sup>8</sup> Susanna Trost et al., *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019* | CDC (Centers for Disease Control and Prevention, 2022), [https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html?CDC\\_AAref\\_Val=https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html](https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html).

<sup>9</sup> Trost et al., *Pregnancy-Related Deaths*; Yingxi Chen et al., "Pregnancy-Related Deaths in the US, 2018-2022," *JAMA Network Open* 8, no. 4 (2025): e254325, <https://doi.org/10.1001/jamanetworkopen.2025.4325>.

<sup>10</sup> Chen et al., "Pregnancy-Related Deaths in the US, 2018-2022."

<sup>11</sup> Jennifer Bronson et al., *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009*. *NCJ 250546*, no. NCJ250546 (U.S. Department of Justice, Bureau of Justice Statistics, 2017),

**WHEREAS**, there are maternal deaths, stillbirths, and infant deaths in jails when pregnant women's urgent symptoms and health care need are not addressed;<sup>12</sup> and

**WHEREAS**, providing pregnant women in jail with timely access to comprehensive pregnancy and postpartum care by a qualified provider and with emergency referral when there are "urgent maternal warning signs" contributes to positive outcomes for them and their babies and can reduce the risk of death;<sup>13</sup> and

**WHEREAS**, pregnant individuals with OUD have distinct needs, including: avoiding opioid withdrawal due to the maternal and fetal harms; access to continuation and initiation of MAT/MOUD in custody during pregnancy and postpartum with methadone and buprenorphine (naltrexone is not used in pregnancy); and care that is specialized to their needs, all of which are necessary to optimize outcomes for pregnant individuals and their babies;<sup>14</sup> and

**WHEREAS**, breast milk has numerous established health benefits for infants and mothers, is safe for infants of mothers stable on MAT/MOUD, and is feasible to provide in jail settings;<sup>15</sup> and

**WHEREAS**, female staff working in jails who are pregnant may have pregnancy emergencies and staff who are postpartum may need accommodations for pumping breastmilk; and

**WHEREAS**, jails, especially those in rural areas, may have limited resources and training to address the needs of and collect data about pregnant, postpartum, and non-pregnant women in jail;

**NOW, THEREFORE, BE IT RESOLVED**, the National Sheriffs' Association (NSA) supports the provision in all jails, regardless of size or location, of comprehensive routine and urgent pregnancy, postpartum, care, care for mental illness, care for opioid use disorder, support for breast feeding, family-friendly visitation with children, contraceptives, and other women's health care needs, such as menstrual supplies at no cost to women, in line with recommendations of the National Commission on Correctional Health Care, U.S. Department of Justice, American Society for Addiction Medicine, and the American College of Obstetricians Gynecologists;

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<https://bjs.ojp.gov/library/publications/drug-use-dependence-and-abuse-among-state-prisoners-and-jail-inmates-2007-2009> (NCJ250546); Carolyn Sufrin et al., "Opioid Use Disorder Incidence and Treatment Among Incarcerated Pregnant Women in the United States: Results from a National Surveillance Study," *Addiction* 115, no. 11 (2020): 2057–65, <https://doi.org/10.1111/add.15030>.

<sup>12</sup> Mackenzie Mays and Jon Schuppe, "Pregnancy Behind Bars Proves Deadly for Women and Their Babies," November 20, 2025, <https://news.bloomberglaw.com/us-law-week/pregnancy-behind-bars-proves-deadly-for-women-and-their-babies>.

<sup>13</sup> AGOG, "Urgent Maternal Warning Signs | AIM," accessed November 30, 2022, <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>; American College of Obstetricians and Gynecologists, "Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant Individuals."

<sup>14</sup> ACOG, "Opioid Use and Opioid Use Disorder in Pregnancy - American College of Obstetricians and Gynecologists Committee Opinion 711," *Obstetrics and Gynecology* 130 (2017): e81-94.

<sup>15</sup> National Commission on Correctional Health Care, *Breastfeeding in Correctional Settings (2023) | National Commission on Correctional Health Care*, Position Statement (2023), <https://ncchc.org/position-statements/breastfeeding-in-correctional-settings-2023/>.

**BE IT FURTHER RESOLVED,** the NSA supports the collaboration of jails with local public health agencies as well as state and federal agencies to collect maternal health outcomes data on pregnant and postpartum women in jail;

**BE IT FURTHER RESOLVED,** the NSA supports the collaboration of jails with local public health agencies, women's health care providers, and relevant community organizations to provide qualified pregnancy care and other support services for pregnant women and mothers in jail;

**BE IT FURTHER RESOLVED,** the NSA supports training of frontline staff to recognize potential signs of labor and other pregnancy emergencies, using tools such as the CDC's "Urgent Maternal Warning Signs" rubric, and refer those with such emergencies for appropriate care.