

GAO Highlights

Highlights of [GAO-25-106404](#), a report to congressional requesters

Why GAO Did This Study

According to HHS, the U.S. has one of the highest maternal mortality rates among high-income nations, increasing rates of complications from pregnancy or childbirth, and persistent racial disparities in such outcomes. The U.S. also incarcerates women at the highest rate in the world, and the vast majority reside in state prisons or local jails.

GAO was asked to review maternal health care in state prisons and local jails. This report describes, among other issues, (1) available data on incarcerated pregnant women, (2) available federal support, and (3) challenges to providing care to this population and opportunities to enhance care.

GAO reviewed (1) existing available data on pregnant women incarcerated in state prisons and local jails, (2) federal grant information, and (3) relevant studies and peer reviewed articles. GAO also interviewed officials representing 9 state prisons and 9 local jails from a nongeneralizable sample of 12 states about maternal health care in their facilities. GAO visited prisons and jails in 3 states and interviewed 27 incarcerated pregnant and postpartum women about the care they received.

View [GAO-25-106404](#). For more information, contact Gretta L. Goodwin, 202-512-8777, GoodwinG@gao.gov

October 2024

PREGNANT WOMEN IN STATE PRISONS AND LOCAL JAILS

Federal Assistance to Support Their Care

What GAO Found

Comprehensive national data on pregnant women incarcerated in state prisons and local jails do not exist. For example:

- Limited data reported by the Department of Justice (DOJ) indicates that about 4 percent of women in state prisons in 2016 and 5 percent of women in local jails in 2002 were pregnant at the time of admission. DOJ did not report on the demographics—such as race or ethnicity—or pregnancy outcomes of these women.
- The Department of Health and Human Services (HHS) collects near national-level data on maternal health and pregnancy outcomes, but none of these efforts have systematic indicators to identify incarcerated pregnant women.
- Additionally, officials representing selected state prisons and local jails told GAO that they collect some information on pregnant women, such as pregnancy status at admission. However, the data are limited due to challenges they face with collecting, analyzing, and reporting data.

However, DOJ currently has an effort underway to collect more data through a voluntary survey of state prisons and expects to issue a report in 2025. The survey will request the count of women tested for pregnancy at admission and the number of those tests that are positive, among other things.

According to HHS and DOJ officials, five HHS and 10 DOJ grant programs could be used to support maternal health care in state prisons and local jails during fiscal years 2018 through 2023, the most recent data available at the time of GAO's review.

- The purposes of HHS's five grant programs include providing health and education services to pregnant women and children, among other purposes. According to HHS officials, at least 23 of its grant awards were used to provide maternal health care in state prisons or local jails during this time. For example, one HHS grant recipient reported using grant funds to support its prison nursery, where eligible incarcerated mothers reside with their babies until the mother's release from incarceration, up to 36 months.
- The primary purpose of DOJ's 10 grant programs is to enhance substance use and other behavioral health treatments and improve reentry outcomes for people leaving prisons and jails. DOJ officials were not aware of, and GAO found no indication that, any of its grant funds were used to support maternal health care in state prisons and local jails.

Challenges and opportunities exist for providing maternal health care in state prisons and local jails. For example, officials representing three prisons reported and two peer reviewed articles GAO reviewed identified challenges with coordinating transportation for medical appointments for pregnant women that occur outside their facilities, which can delay or impede women's access to maternal health care. Relevant literature also identified opportunities to address challenges, such as expanding program offerings to support pregnant women. Examples of such programs include mental health treatment, lactation, and mother-infant bonding programs.