

**Department of Homeland Security Response to
Senator Patty Murray and Others' September 18, 2025 Letter**

- 1. As of the date of receipt of this letter, how many women currently in ICE custody are known to be pregnant, postpartum, and nursing? Please provide totals for each category. For the purposes of defining “postpartum,” please use the number of women in the one-year period following the end of pregnancy. How many of those women currently are in their third trimester of pregnancy?**

Response: Please refer to the below chart for the number of postpartum and nursing women for U.S. Immigration and Customs Enforcement (ICE) Health Service Corps facilities. ICE Enforcement and Removal Operations (ERO) does not track postpartum or nursing information for all detention facilities. As such, the data below pertains to ICE Health Service Corps facilities only and does not reflect data for non-ICE Health Service Corps facilities or contracted facilities (also designated as Intergovernmental Service Agreement facilities):

ICE Health Service Corps-only Postpartum/Nursing Detainees for the period of January 1, 2025, through February 16, 2026		
Postpartum	Nursing (Subset of Postpartum)	Women Currently in 3 rd Trimester of Pregnancy
35	15	9

ICE does track the total number of pregnant detainees for all facilities (ICE Health Service Corps facilities and non-ICE Health Service Corps facilities): As of February 16, 2026, there were 86 detainees identified as pregnant.

- 2. Section 5.4 of the 2021 Pregnancy Directive requires that pregnant, postpartum, and nursing women receive weekly evaluations to determine whether continued detention is appropriate.**

What is the process for conducting these evaluations and what criteria are used? From January 1, 2025, to the date of receipt of this letter, how many pregnant, postpartum, and nursing women have been released pursuant to one of these screenings? Who is conducting these evaluations and are they reported to ICE headquarters? If yes, what office?

Response: Between January 1, 2025, and February 16, 2026, 498 pregnant, postpartum and nursing aliens were recorded as booked out of ICE custody.¹

Under ICE Directive 11032.4, *Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals*, generally, ICE should not detain, arrest, or take into custody for an

¹ Note: Book-outs may be classified as a final release from ICE custody or an interim book-out which occurs during the detention stay (such as for off-site doctor’s appointments).

administrative violation of immigration laws aliens known to be pregnant, postpartum, or nursing unless release is prohibited by law or exceptional circumstances exist. ICE officers and agents carefully weigh the decision to issue a detainer, arrest, or take into custody for an administrative violation of the immigration laws an alien who is known to be pregnant, postpartum, or nursing.

ICE Directive 11032.4 does not address whether removal proceedings should be initiated (i.e., the issuance of a charging document) against such aliens. Such decisions should be made in accordance with Department of Homeland Security (DHS) and ICE enforcement priorities and applicable guidance. The decision whether to detain should be made separately from the decision whether to initiate removal proceedings or take any other immigration enforcement actions.

In the limited circumstances in which detention is necessary and appropriate, ICE monitors aliens known to be pregnant, postpartum, or nursing detained in ICE custody for general health and well-being, including regular custody and medical reevaluation, to ensure appropriate pre- and/or post-natal and other medical and mental health care. ICE ensures that detained aliens known to be pregnant, postpartum, or nursing are housed in facilities suitable for their medical and mental health needs.

Additionally, the administrator responsible for the facility where a detainee is housed notifies the local ERO Field Office Director as soon as practicable but not later than 24 hours, of any alien who has been determined to be pregnant, postpartum, or nursing, so that a custody review redetermination can be completed, as appropriate.

From January 1, 2025, to the date of receipt of this letter, how many pregnant, postpartum, and nursing women have remained in ICE custody? Of those pregnant women who received determinations to remain in custody, how many were in their third trimester?

IHSC Response: As of February 16, 2026, there were **121** detainees identified as **pregnant, postpartum, and nursing. Nine of the pregnant aliens were in their third trimester.**

Between January 1, 2025, and February 16, 2026, 498 pregnant, postpartum and nursing aliens were recorded as booked out of ICE custody.²

- 3. Have any women given birth in ICE facilities from January 1, 2025, to the date of receipt of this letter, including both live and stillborn births? If so, how many live and stillborn births and in which facilities? In that same time frame, how many miscarriages have occurred?**

² Note: Book-outs may be classified as both, a final release from ICE custody or an interim book-out which occurs during the detention stay (such as for offsite medical appointments or court appearances).

Response: Between January 1, 2025, and September 23, 2025,³ there were zero live births and zero stillborn births ; therefore, there is no associated data to report. There were sixteen miscarriages in that same time period.

4. **All children born on U.S. soil, including at ICE detention facilities, are U.S. citizens. For any child born in ICE custody, what is the process for allowing their mothers to secure U.S. birth certificates and other vital documents? Have any women been deported before having an opportunity to seek and obtain a birth certificate for their child?**

Response: ERO is not aware that detained aliens are unable to obtain vital records for a child. Instructions to request a vital record for a child may be completed from any location or by an immediate family member through an application process, on paper or online.

5. **How many pregnant, postpartum, and nursing women have been deported since January 1, 2025? Please provide the monthly total.**

Response: Please refer to the following table. ERO notes that an alien can have multiple removals in the given time frame.

ICE Removals⁴	
From January 1, 2025 to February 16, 2025 of Pregnant, Postpartum, and Nursing Aliens	
Month	Total
Total	363
January	2
February	4
March	8
April	23
May	32
June	30
July	30
August	35
September	38
October	14
November	39
December	46
January	48
February	14

³ The date DHS received this letter.

⁴ Note: An alien may have multiple removals in the given time frame.

6. Section 2 of the 2021 Pregnancy Directive requires that pregnant, postpartum, and nursing women be detained in facilities that are suitable for their physical and mental health needs.

a. What ICE facilities currently detain pregnant, postpartum, and nursing women? Please provide a list by facility name and location.

Response: All detention facilities are governed by one of several sets of detention standards. All these standards require that pregnant detainees have access to prenatal and specialized care, and comprehensive counseling on topics including, but not limited to, nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, and lactation.

b. What are the criteria for determining if a facility is suitable for pregnant, postpartum, and nursing women? Of the pregnant, postpartum, and nursing women in ICE custody, how many were detained in facilities that have been deemed suitable according to these criteria from January 1, 2025, to the date of receipt of this letter? What ICE office determined those facilities were suitable and when was that determination made?

Response: All ICE Health Service Corps facilities that accept female patients are suitable to care for pregnant, postpartum, and nursing women. The ICE Health Service Corps Clinical Services Division determines the suitability of such facilities when the facility is initially assigned to accept female patients. For non-ICE Health Service Corps facilities, ICE National Detention Standards require that detention facilities assess and identify special needs for detainees, including pregnant, postpartum and nursing detainees, for the suitability of housing and other accommodations. ICE's detention facilities are governed by one of several sets of detention standards which all include standards on pregnancy, postpartum and nursing care.

Facilities are held accountable to comply with the standards, and corrective action is required when deficiencies are identified. To ensure compliance with each contract's terms and conditions and the applicable detention standards, ERO, ICE, and DHS employ a robust and multilevel oversight and compliance program. These multiple channels of oversight allow ICE to provide a high standard of care for the detained population.

c. How many women since January 1, 2025, have been transferred into a suitable facility once it is discovered that they are pregnant, postpartum, and nursing? How many of these transfers occurred because the woman was pregnant?

Response: All facilities are suitable for pregnant, postpartum, and nursing women. Transfers may be made to a more appropriate facility if needed, but that statistic is not tracked outside of manual tracking by field offices. As such, this information is unable to be statistically reported.

7. Since January 1, 2025, how many approved referrals for offsite obstetrics and gynecology services have been completed? How many inpatient hospitalizations related to active labor and birth for ICE detainees have occurred since January 1, 2025?

Response: Referrals that are approved and result in healthcare procedures are documented via medical claims data. Please note that medical claims information is dynamic due to the natural processing time delay regarding all medical claim types. Please refer to the information and table provided below. This information is current as of September 23, 2025.⁵

Paid Claims for OBGYN Visits Related to Pregnancies, Labor, and Birth from January 1, 2025, through September 23, 2025.			
Specialty Visit⁶	Distinct Count of Claim Total	Total Amount Paid (To Provider)	Total Billed (By Provider)
Gynecology	12	\$2,274.41	\$8,576.67
Obstetrics (OB) - Gynecology	11	\$1,694.51	\$4,397.72
Grand Total	23	\$3,968.92	\$12,974.39

Please note that there is no data associated with Active Labor or Birth.

8. Please describe pregnant women’s access to prenatal and postnatal health care in all ICE facilities that detain pregnant women, including routine medical examinations, treatment for pregnancy complications, and access to medical specialists such as OB/GYNs.

Response: Pregnant detainees benefit from numerous services at no cost to themselves. During their initial medical screening, detained women receive information on services related to women’s healthcare as required in ICE’s detention standards. If the initial medical screening indicates the possibility of pregnancy, a referral is made to an OBGYN. Detained woman receives a health assessment as soon as practicable but often within 72 hours after referral.

All initial medical screenings are conducted by a trained and qualified health provider. The evaluation obtains information on several factors, including pregnancy testing for eligible women aged 10-56, and documented results; if the detained woman is nursing; use of contraception; reproductive history (number of pregnancies, number of live births, pregnancy complications, etc.); menstrual cycle; personal and family history of breast or gynecological problems; and any history of physical or sexual victimization and when the incident occurred. A pelvic and breast exam, Papanicolaou test, baseline mammography, and

⁵ The date DHS received this letter.

⁶ Gynecology vs. OB-Gynecology: Gynecology focuses on the health of the female reproductive system, whereas OB-Gynecology focuses on medical and surgical care of a female during pregnancy and birth.

sexually transmitted disease testing are offered and provided by the medical provider, if clinically indicated.

The medical provider identifies any special needs (e.g., diet, housing, or other accommodations) and informs all necessary custody staff and facility authorities. If a pregnant woman is identified as high-risk, the woman is referred to a physician specializing in high-risk pregnancies.

9. Please describe the provisions for ensuring safe labor and delivery, including an opportunity for mother and child to bond immediately after birth.

Response: IHSC refers detainees for evaluation to outside medical facilities and hospitals as clinically indicated, including if experiencing signs of labor.

10. Current law (Section 528 of P.L. 118-47) and Section 2.3 of the 2021 Pregnancy Directive severely curtails the use of restraints on pregnant women at any time and prohibits them entirely during active labor and delivery. If restraints are used, documented medical approval is required. Since January 1, 2025, have any pregnant women been placed in restraints? If yes, how many and at which locations have restraints been used on pregnant women?

Response: In accordance with ICE Directive 11032.4, *Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals*, ICE personnel and contractors are generally prohibited from using restraints on detained aliens who are pregnant or in post-delivery recuperation. This general prohibition on restraints applies to all pregnant aliens in ICE custody whether during transport, in a detention facility, or at an outside facility.

In the rare event that an extraordinary circumstance occurs, medical staff must determine the safest method and duration for the use of restraints, and the least restrictive restraints necessary must be used. Restraints are never permitted on aliens who are in active labor or delivery. ICE does not statistically track the use of restraints on pregnant women.

11. Please describe any provisions for ensuring that pregnant, postpartum, and nursing women have access to a diet that meets the U.S. government recommended dietary guidelines for pregnant, postpartum, and nursing women, which includes including fruits, dairy products, vegetables, to support a healthy pregnancy and ensure their safety after birth.

Response: Upon confirmation by a healthcare practitioner that a detainee is pregnant, the detainee shall be provided close medical supervision. Pregnant detainees shall have access to prenatal and specialized care, and comprehensive counseling on topics including, but not limited to, nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation. A health care practitioner will identify any special needs (e.g., diet, housing, and other accommodation such as the provision of additional pillows) and inform all necessary security staff and facility authorities.