

MIGRANT MATERNITIES

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For the last three years, I have been working on a project about the intersection of migration and reproductive justice at the Mexico-U.S. border, specifically the experience of pregnant migrating people encountering U.S. immigration enforcement. I am a nurse-midwife, a participant in U.S.-based movements for migrant justice, and a doctoral student. This project (my dissertation) was inspired by women I met in southern Arizona who had been detained by the Border Patrol and/or ICE while they were pregnant. In 2019 and 2020, I immersed myself in academic literature, journalism, and legal documents to try to better understand the situation for pregnant migrants. Preparing the literature review took me on a [transfeminist](#) journey, from [American Black feminist writing](#) on the history of reproductive oppression of women of color in the United States, to “crimmigration” scholarship on the [criminalization of migrant motherhood](#), to [Latin American feminist critique](#) of necropolitical theory. I have an article forthcoming in the [International Feminist Journal of Politics](#) that brings these streams of scholarship together and applies them to understanding how pregnancy – a unique biological and social capacity and vulnerability – is entangled with migration, from the decision to leave one’s home to the encounter with immigration officials at the border and beyond.

Last year, I began interviewing people with direct experience encountering U.S. immigration enforcement while pregnant, or vicarious experience supporting pregnant migrants. I have interviewed 2 directly impacted women and 16 others so far, including immigration lawyers, detention visitors, migrant shelter workers, migrant sponsors, healthcare workers, and activists. As I begin to analyze the interview data, notice emerging themes that both confirm and complicate the findings of my literature review. At this stage of analysis, four key themes have emerged.

Theme 1: Poor Detention Conditions

My participants confirm what has been documented by journalists, activists, and legal advocates: conditions in both Border Patrol and ICE facilities are poor, with specific deficits that relate to pregnant people. In so-called Border Patrol [hieleras](#), pregnant people, like others, are often kept in frigid temperatures with inadequate clothing and blankets, given small quantities of unappetizing and sometimes spoiled food, and crowded together with many other people and little privacy, even for toileting. Men and women are separated from each other, including pregnant women from their partners. When pregnant women are taken to medical facilities for evaluation, their children are sometimes left in the care of other women in the *hielera* – strangers – even if their fathers are present. Border Patrol agents frequently confiscate prescription medications along with people’s belongings (including their identification), including essential medicines for diabetes, hypertension, and psychiatric conditions. Medical neglect is common in both ICE and Border Patrol detention. Pregnant women do not receive adequate prenatal care and stories of officials taking days to respond to pregnant women’s complaints of pain or bleeding

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are common. Abortion services are unavailable unless a pregnant detained person goes to extraordinary lengths to obtain one (this usually involves [outside legal advocacy](#)).

Theme 2: Inconsistency

Pregnant women arriving at the U.S.-Mexico border over the last 5 years (the timeframe of the study) have experienced a striking variety of conditions, depending on a range of factors including shifting U.S. immigration policies, the timing and location of their arrival, their personal characteristics, and even the individual immigration officials they encountered. Depending on when she crossed, a pregnant woman might have been subject to [increased risk of ICE detention in 2018](#), denied entry to the United States under [MPP](#) in 2019, or, since March 2020, [rapidly expelled under Title 42](#). If she crossed during a large migration surge, she was more likely to have been detained in an emergency “overflow” facility, where conditions tend to be much worse than average. If she was a minor under age 18, she would enter a completely different system of [“shelters” run by the Office of Refugee Resettlement](#), where care is arguably more humane than in adult detention, and efforts are made to reunite unaccompanied teens with their families.

If a woman was apprehended by immigration officials visibly pregnant in her third trimester or obviously experiencing medical complications, she would be more likely to be admitted into the United States and taken to a healthcare facility than if she was early in pregnancy. If she gave birth while in custody, she was more likely to be released on humanitarian parole. Even if she was released, if she was traveling with a partner, he was likely to be detained or deported. The only thing consistent in the interview data is inconsistency – even down to the behavior of individual ICE and Border Patrol officers, some of whom show kindness and a willingness to make accommodations for pregnant people and some of whom are indifferent, or even cruel. There is virtually no way for a pregnant person undertaking a migration journey to the United States to know what to expect.

Theme 3: Pregnancy Entangled with Every State of Migration

When I began collecting interviews for this project, I expected to hear accounts of sexual assault and pregnancies conceived via rape. Unfortunately, this expectation was confirmed by the interviews, which included many accounts of sexual assault. Sometimes the assault was part of the gender-based violence that prompted a woman to leave her home (sexual assaults described in the interviews include instances of political persecution, extortion by criminal syndicates, intimate partner violence, and anti-LGBT violence). Some women were assaulted during the journey, during attacks on buses or trains or more commonly, by traffickers. Assaults also happened while women were living precariously in northern Mexico, after being excluded from the U.S. under MPP or expelled under Title 42. The prevalence of assault and conception via rape make forced pregnancy an inescapable feature of the migration experience, complicated by barriers to contraceptive and abortion access for migrants in both Mexico and the United States.

The interviews also contained some themes that I did not expect. For example, multiple interviewees talked about the pregnancy itself motivating them to leave home. A woman or couple may have been considering migrating for some time due to a variety of difficult conditions, but the pregnancy serves as a reason to leave *now*. Even women with older children described a

sense that this was something they could do for *this* baby: offer them a different life. Another emergent finding was the impact of MPP and Title 42 on reproductive outcomes. Migrant women waiting in northern Mexico have difficulty accessing reproductive health services, including contraception and abortion. It is not uncommon for women to experience unplanned pregnancies under these circumstances, sometimes going through an entire pregnancy and giving birth while waiting in Mexico.

Theme 4: “Returned to Harm”

A strong theme emerging from my interviews of healthcare workers was the [moral distress](#) they felt when caring for patients in immigration custody, especially around hospital discharge. Hospital workers are trained to think in terms of “discharge planning” – is the patient stable enough to go home, and are they returning to a safe environment that can facilitate their healing? Several healthcare workers interviewed for this project felt great distress and internal conflict knowing that their patient would be discharged back into the custody of immigration officials, who might send them back to the unsafe conditions of Border Patrol or ICE detention, or expel them into Mexico. The interview data contains many stories of pregnant women returned to dangerous conditions, including pregnant women and women with newborns expelled into Nogales or the red-light district of Juarez late at night, women expelled in unstable medical condition, women returned to sites where they had previously been kidnapped or abused, and postpartum women with newborns returned to freezing cold *hieleras*.

[SisterSong](#), a leading Black feminist reproductive justice organization, defines reproductive justice as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.” Migrant women impacted by U.S. immigration enforcement are prevented from planning their pregnancies, exposed to dangerous conditions that include the risk of conception via assault, denied access to contraception and abortion, *and* denied the support and care needed for a healthy, thriving pregnancy. The doors to reproductive freedom and autonomous decision-making are closed at every turn. In my forthcoming article, I describe the reproductive oppression of pregnant migrating people as gendered necropolitical violence. More recently, I encountered the work of Amy Reed-Sandoval, whose work on maternity and migration describes the Mexico-U.S. border as a site of *intimate violence*. Drawing in part on [Andzaldúa’s seminal work](#) describing life for racialized women in the borderlands as “intimate terrorism,” Reed-Sandoval argues for a [feminist theory of “intimate borders”](#) that privileges the private and asks what borders *should* be protected: the intimate borders of the autonomous self.