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Children of Incarcerated Parents: Considerations on Infant and Young Child Feeding

The International Baby Food Action Network (IBFAN) is a 32-year old rights-based network of 250 not-for-profit, non-governmental organizations in 166 developing and industrialized nations. IBFAN fights for the elimination of irresponsible marketing of breastmilk substitutes, and is thus committed to the implementation of the *International Code of Marketing of Breastmilk Substitutes* and the Convention on the Rights of the Child.

Since 1979, IBFAN has urged governments, through the World Health Assembly, to adopt and implement the strongest global measures to protect infant health. The 1981 WHO/UNICEF *International Code of Marketing of Breastmilk Substitutes* and its subsequent, relevant resolutions provide a key standard to protect, promote and support breastfeeding by eliminating intensive marketing practices for infant feeding products, including feeding bottles and teats.

This submission focuses on the implications that infant and young child feeding has with respect to the situation of children with incarcerated parents.

The submission is based on a desk research and a few direct experiences from IBFAN groups working at national level. It does not aim to give recommendations on whether infant and young children should be living in prison with their parents or not. It aims to highlight some aspects of the rights of the child with regards to optimal feeding practices, which should be taken into serious consideration when authorities decide upon the situation of incarcerated parents/mothers and their infants and young children.

Optimal infant and young child feeding

The current situation of prisons shows that there are more and more women who are detained in prisons, due to an increasing trend of criminalizing minor offences and punishing them with imprisonment. Also, the number of births by pregnant women in prison has increased, leading to an increasing number of babies and young children which are born and may live with their mothers in prisonⁱ. Hence, the situation of infant and young children up to 2 years of age with a parent in prison needs particular consideration.

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. Breastfeeding is key during this critical periodⁱⁱ.

Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This results in better health, even years after breastfeeding has ended. The scientific evidence is unambiguous: exclusive breastfeeding for 6 months followed by appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond, provides the key building block for child survival, growth and healthy developmentⁱⁱⁱ. Thus, this is also the practice recommended by the World Health Organisation (WHO)^{iv}.

The mother-child dyad

At the same time, breastfeeding is an essential part of women's reproductive cycle: it is the third link after pregnancy and childbirth. It is during the third part of the reproductive cycle - the post-partum period - that breastfeeding is established. It also entails great advantages for the health of women both in the short and long term.

Moreover, studies have shown the emotional and psychological importance of breastfeeding for both mother and child. Breastfeeding enables mother-child bonding which in turn may lead to a greater sense of security for the child and reduction of stress for the mother. It helps develop the mother's confidence in her physical and emotional capacities^v.

The fact of being able to take care of and properly feed their infants can have positive benefits for the reintegration and re-education of incarcerated women. It can reduce recidivism and have positive spillover effects on other women beyond imprisoned mothers^{vi}.

The health risks of artificial feeding

An artificially fed child is exposed to greater risks than a breastfed child. Artificial feeding is inferior to breastfeeding as it does not provide the child with all the passive and active immunological protection which is conferred through breastfeeding, and it increases the risks of exposing the child to pathogenic organisms and substances.

While parents and caregivers may know that they need to boil tap water and sterilise feeding bottles and teats when preparing baby milk to feed babies, few parents and caregivers know that powdered baby milks, even in unopened tins or packets, may contain harmful bacteria. These pathogenic bacteria thrive in warm milk, multiply rapidly and can result in serious illness such as meningitis, necrotising enterocolitis, septicemia and even death. This risk is greatest in areas of the world with hot climates, lacking refrigeration and adequate water and fuel to prepare the product as safely as possible^{vii}.

Institutions such as maternities and pediatric wards are likely to be aware of the conditions for the preparation of artificial feeding. However, this may not be the case for prisons, where the mother-baby dyad is institutionalized.

The following are our recommendations

1) General principles:

We recommend that every policy and plan which considers the infants and young children, whose parents are in prison, should follow the general principles deriving from the Convention on the Rights of the Child:

- The **best interest of the child** should always prevail.
- The **child is innocent** and is not a prisoner, thus the fulfilment of his/her rights, in particular the right to survival and development, the right to health and the right to adequate food should not be compromised.

Moreover, the **imprisonment of pregnant women and mothers** of infants and/or young children should be considered a **last resort**.

Optimal infant and young child feeding practices contribute to the fulfilment of **the right of the child to the highest attainable standard of health** (Article 24 of the CRC), including the **right to adequate food**, and to **the right to survival and development of the child** (Article 6 of the CRC). The incarceration of parents, especially of women, can interfere with these rights.

We, thus, recommend that State parties should make **specific efforts** to ensure that incarcerated pregnant and lactating women are guaranteed conditions for adequate antenatal care, delivery and care for their infants and young children.

2) Specific recommendations:

Antenatal care and delivery:

- Pregnant imprisoned women should have access to quality ante-natal care, including counselling on optimal infant and young child feeding practices to make informed decisions about how to feed their child. Institutions should not impose routine artificial feeding because they may judge it more easily fitting into prison schedules.
- Pregnant imprisoned women should be able to access assisted births like non incarcerated women, including immediate skin-to-skin and early initiation of breastfeeding (within one hour from birth).
- Imprisoned mothers should be able to benefit from all occasions to bond with their infant, including rooming-in while in maternity hospital.

Infant and young children living in prisons:

- Optimal duration of breastfeeding should be an important element in deciding on policies which stipulate how long the child should be living with their mother.

- Whenever the general environment in the prison would not result in infringement of the other child's rights, he/she should be allowed to stay with the mother to allow for 6 months exclusive and 24 months continued breastfeeding.
- Prisons should have special mother and baby units with qualified staff.
- Mothers should receive breastfeeding support by trained counsellors.
- Those incarcerated mothers who, for health or other reasons, have to resort to artificial feeding, should receive full support for safe and adequate preparation.
- Prisons should adopt and implement the WHO Guidelines for the safe preparation, safe storage and handling of powdered infant formula (PIF)^{viii}.
- Quality food should be available for all new mothers, including breastfeeding mothers.
- Children 6-24 months should be ensured access to adequate complementary foods.
- Mothers, who are temporarily or long-term separated from their young children, should be provided with adequate conditions for expression and storage of their breastmilk. Collaboration between the prison and the milk bank (if it exists) could be envisaged.
- For HIV infected pregnant or lactating women, the national policy implementing the WHO guidelines should be followed regarding infant nutrition^{ix}.

ANNEX: The case of the Alouette Correctional Facility (Canada)

“Maternal and child rights – closure of the mother-baby program at Alouette imposes extra burden on mothers and children “

INFACT Canada/IBFAN North America, January 2009

In 2008, the mother-baby program at the Alouette Correctional Facility in Maple Ridge, BC (Canada), raised some fundamental human rights concerns. This facility is unique in that it is exclusively for women and during four years (2004-2008), incarcerated women with small children have been permitted to care for their children while in prison. The program had been operating on an experimental basis and BC Correctional officials decided to terminate it citing “safety concerns” for the infants.

Keeping mother and child together is seen as mutually beneficial for mother and child, including the rest of the prison community. Social worker Alison Granger-Brown was so angered by the closure that she decided to leave the Alouette facility. "I perceived they were taking us away from rehabilitation and therapeutic programming and deeper into policy that was more about containment," she said. Adding that there were obvious benefits to the program of mothers nursing and bonding with their babies. But there was an added bonus: Other women in the Alouette Correctional facility connected with the children. "Women didn't use bad language around the children. They were gentle," she said. "It just changed the culture."

The termination of the mother-baby program also inflicts a two-fold denial of rights – the inmate’s maternal rights but also her child’s rights. Separating a mother and infant is a far greater act of “punishment” than the act of incarceration of an inmate. The intrinsic relationship between a mother and child is by nature a continuum of her reproductive role and to sever this relationship entails an increased burden on her as a woman.

Imposing the additional burden of separation from her child on a woman, who is already serving a sentence, is intrinsically an act of discrimination on the basis of gender. Only women as mothers find themselves in these situations, hence only women are vulnerable to this additional form of punishment.

It is, indisputably, also the children of incarcerated women who are deprived of their fundamental right to be fully nurtured by their biological mother. Separation denies her child the nurturing bon of maternal care and the importance of being breastfed. Thus, both her rights as a mother and the rights of her child to be nurtured by its own mother are violated. The closure of the “mother-baby program” necessitates alternative forms of care-giving such as foster parents or extended family members who may reside a considerable distance from the mother’s prison. Limiting contact severely compromises the critical mother-baby relationship, which the World Health Organization has defined as “an inseparable biological and social unit”. Separation severely compromises the capacity for normal maternal-child behaviours. The simple acts of breastfeeding, eye-to-eye contact, physical closeness, emotional bonding, are all considered essential for optimal child development.

Although the Alouette prison authorities cited safety concerns as a reason for closure, critics have disputed this. Twelve mother and child pairs have been cared for at the facility and all reports have been positive.

Alouette workers report a strong incentive among the mothers to not re-offend. Research also verifies positive maternal behaviours when an infant-mother pair is able to breastfeed. A recent Australian longitudinal study tracking mothers and their children and using reports of maltreatment from the Department of Child Safety found mothers who breastfed were less likely to neglect their children. According to researcher Dr. Lane Strathearn, "Mothers who didn't breastfeed were almost four times more likely to be reported for maternal neglect than mothers who breastfed for four or more months," he said. Undoubtedly, as other researchers have verified, facilitating the mother-baby contact with all its intricate physical and hormonal interactions have profound implications for mental health and optimal cognitive development.

Ultimately we all benefit when society values and supports the mother-baby relationship, regardless of the circumstances. Creating environments to enable the full potential for all participants in society is a right and we are all the better for it when that right is respected. Reinstating the mother-baby program at Alouette would be a small step for society with enormous payback.

ⁱ North J, *Getting it Right? Services for pregnant women, new mothers and babies in prisons*, <http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/prisonsreport.pdf> (accessed 27.09.2011)
Bastick M and Townhead L, *Women in prison: A commentary on the UN Standard Minimum Rules for the Treatment of Prisoners*, <http://www.guno.org/geneva/pdf/humanrights/women-in-prison/WiP-CommentarySMRs200806-English.pdf> (accessed 27.09.2011)

ⁱⁱ The Lancet 2003, *Special Series*, Volume 361, Number 9351, http://www.who.int/child_adolescent_health/documents/pdfs/lancet_child_survival_world_forgotten.pdf (accessed 27.09.2011)

ⁱⁱⁱ IBFAN, *What Scientific Research Says?*, <http://www.ibfan.org/issue-scientific-breastfeeding.html> (accessed 27.09.2011)

^{iv} WHO 2002, *Global Strategy on Infant and Young Child Feeding*, <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html> (accessed 27.09.2011)

^v Unvas-Moberg K 1996, Breastfeeding: psychological endocrine and behavioral adaptations caused by oxytocin and local neurogenic activity in the nipple and mammary gland, *Acta Paediatrica*, 5(5):525-30.
Ainsworth MA 1973, The development of infant-mother attachment. In Caldwell BM, Ricciuti HN (eds): *Review of Child Development Research*, University of Chicago Press, Chicago.
Fergusson DM, Woodward LJ 1999, Breast feeding and later psychosocial adjustment. *Paediatr Perinatol Epidemiol* 13: 144-157.

^{vi} Please refer to ANNEX for an example of positive effects claimed by the mother and baby program in the Alouette Correctional Facility in Canada.

^{vii} IBFAN, *Written submission to the stakeholder meeting of joint FAO/WHO Expert Meeting to review toxicological and health aspects of Bisphenol A*, http://www.ibfan.org/art/Written_Submission_by_IBFAN_stakeholder_meeting_WHO_FAO.pdf (accessed 27.09.2011)

^{viii} WHO 2005, *Guidelines for the safe preparation, storage and handling of powdered infant formula (PIF)* <http://www.who.int/foodsafety/publications/micro/pif2007/en/> (accessed 27.09.2011)

^{ix} WHO 2010, *Guidelines on HIV and infant feeding*, http://www.who.int/child_adolescent_health/documents/9789241599535/en/index.html (accessed 27.09.2011)