



PRISON DOULAS

Alicia Roach, Program Manager, Oregon Prison
Birth Project

Erica Gerrity, Co-Founder of Minnesota Prison
Doula Project and Executive Director of the
Ostara Initiative

Dr. Rebecca Shlafer, Research Director for the
Minnesota Prison Doula Project and Associate
Professor at the University of Minnesota
Medical School

April 22, 2025



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1 in 25 incarcerated women is pregnant, a super majority
of these women will be separated from their infants



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Prison Doulas: a short history



alabama
prison
birth
project





What's a Prison Doula and How We Support Incarcerated Pregnant Women

01 Emotional Support

02 Physical Support

03 Informational Support

NEXT →

Scope of Practice, Trust, Mutual Accountability



Core Services

- Birth support and postpartum care, advocacy and informed decision-making, emotional support during separation, reentry planning and referrals, memory preservation through photography

Guiding Principles

- Nonjudgmental, client-centered care, trauma-informed, culturally responsive practice, strict confidentiality and professional boundaries, promotion of maternal and infant well-being

Ethics & Conduct

- Uphold integrity, respect, and reliability, maintain professional boundaries and privacy, engage in ongoing training and collaboration



Prison Birth with a Doula

- Continuous Birth Support: We will come when client is admitted and stay 3 hours after birth
- Emotional/Physical Comfort Measures
- Touch
- Photos
- Music
- Aroma Therapy
- Breastfeeding Support
- Separation Support





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Our Goals

01

Reduce negative birth outcomes: Morbidity & Mortality for Mothers and Infants

02

Provide education and support so women can make informed healthcare decisions.

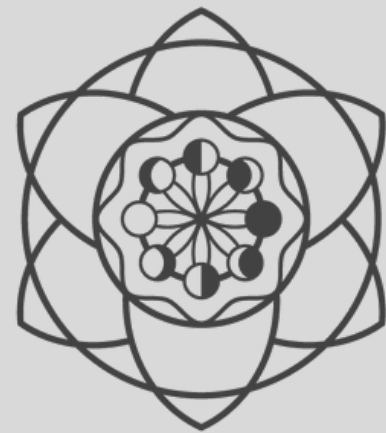
03

End the practice of incarcerated women giving birth alone

Prison Doula Project Outcomes

- 10% overall C-section rate
- 3% primary C-section rate (first-time mothers)—an 88.6% sustained reduction over 10 years
- 4.9% preterm birth, compared to Minnesota's premature birth rates of 13% (American Indian infants), 12.7% (Black), and 9.4% (white)
- 97% of infants born at a healthy weight
- 92% of postpartum clients initiated breastfeeding—compared to 80.8% among Minnesota's overall general Medicaid population





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Questions

