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MCH Innovations Database Practice Summary & Implementation Guidance

Minnesota Prison Doula Project

The Minnesota Prison Doula Project (MnPDP) provides trauma-informed, gender-responsive perinatal support to incarcerated pregnant women through services like doula care, prenatal education, and postpartum support with the goals of improving birth outcomes, reducing perinatal trauma, and promoting dignity and connection during pregnancy and parenting in custody.



Location	Topic Area	Setting
Minnesota	Access to Quality Healthcare; Birth Outcomes; Care Coordination; Family & Youth Engagement; Health Promotion & Communication; Mental Health & Substance Use; Reproductive Health; Workforce Development	Community



Population Focus	Date Added
Families & Caregivers; Infant; Life Course; Women & Medical	Spring 2025

Contact Information

info@mnprisondoulaproject.org; 612-440-9682
Rebecca Shlafer; University Minnesota; 612-625-9907; shlaf002@umn.edu

Section 1: Practice Summary

PRACTICE DESCRIPTION

The Minnesota Prison Doula Project (MnPDP) was created to address the significant gaps in care for pregnant incarcerated women. Incarcerated pregnant women face high levels of stress, trauma, and inadequate access to reproductive healthcare, which can negatively impact both maternal and infant health outcomes. Many prisons lack specialized support for pregnancy, childbirth, and postpartum recovery, leaving pregnant and postpartum women without critical emotional and physical care during these vulnerable times. The project aims to reduce these challenges and improve health outcomes by providing trauma-informed, gender-responsive support.

MnPDP primarily serves pregnant and postpartum women in correctional facilities, focusing on those who are incarcerated in Minnesota's women's prison and county jails. These participants often have lived through challenging experiences and have histories of substance use disorder. Many are also navigating the complexities of separation from their newborns after birth, making perinatal support essential for both physical and emotional well-being.

The project strives to:

- Provide **doula support** for incarcerated pregnant women, offering emotional, physical, and informational assistance before, during, and after childbirth.
- Improve **maternal and neonatal health outcomes** by ensuring access to compassionate, evidence-based care.
- Reduce **the trauma of incarceration** for both the mother and child, including advocating against harmful practices like shackling during labor.
- Support **bonding between incarcerated women and newborns**, particularly in the critical postpartum period.
- Advocate for **systemic changes** to improve maternal and infant outcomes and perinatal care in correctional settings and identify alternatives to incarceration.

CORE COMPONENTS & PRACTICE ACTIVITIES

The MnPDP provides comprehensive perinatal support to incarcerated pregnant women through a holistic, trauma-informed model. The program consists of five core components: training for prison doulas, group-based support, one-on-one support, continuous labor and delivery support, and lactation support. These components work together to ensure that incarcerated women receive emotional, physical, and informational support throughout pregnancy, childbirth, and the postpartum period. MnPDP's model is designed to improve birth outcomes, reduce perinatal trauma, and promote parent-infant bonding, while navigating the constraints of the correctional system. The following table outlines each core component, its associated activities, and key operational details.



Core Components & Practice Activities

Core Component	Activities	Operational Details
Training for prison doulas	<ul style="list-style-type: none"> • Provides specialized training for doulas to work in correctional settings. • Covers topics such as trauma-informed care, the impact of incarceration on pregnancy, and advocacy within prison systems. • Ensures doulas are equipped to offer emotional, physical, and informational support while navigating prison policies. 	<ul style="list-style-type: none"> • Doulas have training in another doula model (e.g., Childbirth International, DONA) • Training incorporates input from formerly incarcerated women and professionals in maternal health and corrections. • Doulas receive education on working with corrections staff and adapting care to the constraints of prison environments. • Emphasizes nonjudgmental, person-centered support tailored to the needs of incarcerated pregnant women.
Group-based support	<ul style="list-style-type: none"> • Offers prenatal education sessions inside facilities covering pregnancy, birth, postpartum recovery, and parenting. • Uses a peer-support model to foster community and reduce isolation among incarcerated pregnant women. • Covers topics such as infant care, nutrition, stress management, and birth planning. 	<ul style="list-style-type: none"> • Sessions are facilitated by trained doulas. • Groups meet regularly, typically weekly or biweekly, depending on facility rules and availability. • Participation is voluntary but encouraged, and efforts are made to create a safe, supportive environment.
1-on-1 supportive counseling	<ul style="list-style-type: none"> • Provides individualized doula visits tailored to each pregnant woman's needs. • Includes emotional support, birth preparation, and assistance with coping strategies. • May involve planning for separation from the infant and connecting to community resources for post-release support. 	<ul style="list-style-type: none"> • 30-minute individual supportive peer counseling sessions are scheduled based on facility allowances, often in private or semi-private spaces within the correctional facility. • Doulas work within security constraints but prioritize confidentiality and trust-building. • Support extends into postpartum when possible, depending on facility policies.



<p>Continuous labor & delivery support</p>	<ul style="list-style-type: none"> • Doulas provide continuous emotional and physical support during labor and delivery. • Doulas document the birth through pictures the mother receives. • Techniques include guided breathing, massage, position changes, and advocacy for the birthing woman's needs. • Helps reduce birth trauma and increase positive experiences in hospital settings. 	<ul style="list-style-type: none"> • Doulas are allowed to attend births based on agreements with correctional facilities and hospitals.
<p>Lactation support</p>	<ul style="list-style-type: none"> • Educates incarcerated women on breastfeeding, pumping, and infant nutrition. • Supports breastfeeding initiation when possible, including skin-to-skin contact. • Provides assistance with milk expression and storage for transport when infants are placed outside the facility. 	<ul style="list-style-type: none"> • Lactation support varies by facility; some allow breastfeeding while others only permit pumping. • Efforts are made to coordinate with caregivers outside the prison to facilitate getting the breastmilk to the infant. • Addresses the emotional impact of separation while helping mothers maintain lactation if desired.

COMMUNITY WELLNESS

The MnPDP provides trauma-informed, gender-responsive care to incarcerated pregnant women, a population that faces significant health challenges. Many come from low-income backgrounds, have limited healthcare access, and experience high rates of trauma, mental health conditions, and substance use disorders. Incarceration further exacerbates these challenges, making perinatal support critical for improving health outcomes.

Key Ways MnPDP Works To Improve Health Outcomes:

- **Providing Essential Perinatal Care:** Offers consistent doula support, childbirth education, and lactation assistance to ensure incarcerated pregnant women receive the same level of care as those outside the prison system.
- **Improved Maternal and Infant Health Outcomes:** MnPDP participants had low rates of adverse neonatal birth outcomes (i.e., low birthweight, preterm birth, NICU admission)¹. 64% of MnPDP participants initiated breastfeeding² despite systemic challenges that typically prevent lactation support in correctional settings.
- **Supporting Healthier Parent-Child Bonds:** Helps parents maintain connections with their newborns through education and lactation support, reducing stress and improving outcomes for both parent and child.
- **Addressing Systemic Challenges:** Works to ensure access to healthcare, parenting resources, and post-release support, helping to break cycles of poverty, incarceration, and poor health.
- **Advocating for Best Practices:** Collaborates with medical professionals and policymakers to promote evidence-based, nonpartisan improvements in correctional healthcare. Collaborations with correctional



facilities, public health agencies, and community partners continue to drive positive changes in perinatal healthcare.

- Policy and Systemic Changes: MnPDP has helped reduce the use of shackling during labor and increase awareness of perinatal needs in prisons. The program has influenced expanded lactation support policies, making it more available for incarcerated women^{4,5}.
- Workforce Strengthening: MnPDP has prioritized hiring doulas with the shared experiences of other incarcerated women and expanding Native and Spanish-speaking doulas to better serve its population.

Evaluation Data Demonstrating Impact:

- Maternal and neonatal health outcomes – Studies on MnPDP show better birth outcomes, increased breastfeeding rates, and high levels of maternal satisfaction among participants.
- Systemic change – Policies on perinatal care in Minnesota correctional facilities have shifted toward more evidence-based, humane approaches due to MnPDP’s advocacy and research.

MnPDP’s work aligns with efforts to improve maternal and infant health, reduce negative outcomes in perinatal care, and provide evidence-based support within correctional settings. By offering compassionate, structured services, the program helps mitigate the unique challenges faced by incarcerated pregnant women.

EVIDENCE OF EFFECTIVENESS

Quantitative Outcomes:

- Birth Outcomes: MnPDP participants had low rates of adverse neonatal birth outcomes (i.e., low birthweight, preterm birth, NICU admission)¹.
- Breastfeeding Initiation: 64% of MnPDP participants initiated breastfeeding, a prevalence higher than expected in correctional settings, where systemic challenges often prevent breastfeeding. MnPDP participants who discussed breastfeeding with their doulas were seven times more likely to initiate breastfeeding than women who did not discuss breastfeeding with their doula².

Qualitative Outcomes:

- Positive Feedback from Participants: Participants reported high rates of emotional support and a high level of satisfaction with the continuous doula support³.
- Policy and Practice Improvements: MnPDP’s work has contributed to reducing the use of shackling during labor and increasing awareness of the importance of perinatal care in correctional settings.^{4 5}
- MnPDP influenced expanded lactation support in some facilities, making it more available for incarcerated women and increasing infants’ access to their mothers’ breastmilk.

¹ Shlafer, R., Saunders, J.B., Boraas, C. M., Kozhimannil, K. B., Mazumder, N., & Freese, R. Maternal and neonatal outcomes among incarcerated women who gave birth in custody. *Birth*. 2021; 48, 122–131. <https://doi.org/10.1111/birt.12524>

² Shlafer, R., Davis, L., Hindt, L., Goshin, L., & Gerrity, E. (2018). Intention and Initiation of Breastfeeding Among Women Who Are Incarcerated. *Nursing for Women’s Health*, 22(1), 64-78.

³ Shlafer, R., Davis, L., Hindt, L., & Pendleton, V. (2021). The benefits of doula support for women who are pregnant in prison and their newborns. In *Children with Incarcerated Mothers* (pp. 33-48). Springer, Cham.

⁴ Shlafer, R. J., Gerrity, E., Norris, C., Freeman-Cook, R., & B Sufirin, C. (2022). Justice for Incarcerated Moms Act of 2021: Reflections and recommendations. *Women's Health*, 18, 17455057221093037.

⁵ Wilson, S. H., Marsh, L. N., Zielinski, M., Corbett, A., Siegler, A., & Shlafer, R. (2022). Enhanced perinatal programs for people in prisons: A summary of six states' programs. *Journal of Criminal Justice*, 101965.



- **Growing the Doula Workforce:** To better serve their intended population, MnPDP has increased hiring of doulas with the experience of different communities like Native American doulas and Spanish-speaking doulas, ensuring care from doulas who have shared experiences with incarcerated women.

Due to the relatively small number of incarcerated pregnant women, it has been difficult to generate large-scale studies to test for statistically significant differences on birth outcomes and breastfeeding rates. This makes it challenging to determine causal relationships between MnPDP participation and improved health outcomes. Tracking participants post-release is difficult as many may experience housing instability and other challenges, limiting the ability to follow participants to measure long-term health and parenting outcomes.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

Ostara leads a monthly standing board meeting. MnPDP staff also engage with these and other collaborations via both formal and informal processes. For example, the MnPDP is continuously engaging community partners and funders to inform program operations. Members of MnPDP staff have been appointed to a DOC Task Force on Female Offenders and are part of other community-based coalitions that also inform program services and strategic direction.

Practice Collaborators and Partners			
Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder come from a community impacted by the practice?
Department of Corrections (DOC)	The DOC sets the protocol for policies around doulas in the prisons, including approving access to the facilities. Program staff must be vetted by the DOC as volunteers to provide programming.	Facility access for doulas; supports policy changes regarding perinatal care; helps coordinate services within the prison system	n/a



University of Minnesota	Leads evaluation and decision-making related to research and evaluation; engaged around programmatic challenges as needed	Closely partner with DOC; conducts research on maternal and infant health outcomes in prison, evaluates program impact, and provides academic support for advocacy efforts; facilitates community research council.	Yes
Ostara (includes Alabama and Oregon prison birth projects)	Non-profit infrastructure and operational home of MnPDP; decision-making around day-to-day program operations including hiring and staffing	Connection to other prison birth projects; collaboration on best practices, program models, advocacy, and training for doulas in correctional settings	Yes
Community research council (part of Univ. of MN)	Advises on research, evaluation, dissemination, and advocacy activities	Assists in data collection, helps set direction for research and evaluation activities	Yes, all members were pregnant or parenting at time of incarceration
Department of Health	n/a	Resource and information supports	n/a
National Institutes of Health	n/a	Funding support	n/a
Philanthropic organizations	n/a	Funding and programmatic support	n/a



REPLICATION

The MnPDP model has been adapted in multiple locations, with ongoing efforts to assess its effectiveness in new settings.

Replication Sites and Adaptations:

- Alabama Prison Birth Project – Modeled after MnPDP with additional components such as bringing in meals for participants, a robust lactation support program, and a structured process for shipping breast milk.
- Oregon Prison Birth Project – In early implementation stages, working to adapt MnPDP’s group and individual support models.
- Ostara’s Federal Adaptation – Under a contract with the Federal Bureau of Prisons, Ostara is working to adapt MnPDP’s programming for pregnant women in federal prisons.

Evaluation Data on Replication Efforts:

- While MnPDP has been well-studied, limited formal evaluation data is available for replication sites.
- However, early findings suggest similar positive impacts, including:
 - Increased maternal support and reduced birth trauma
 - Stronger lactation support in some replication sites (e.g., Alabama’s formal breast milk shipping process)
 - Ongoing policy and programmatic adaptations based on feedback and facility-specific needs

Comparison to the Original MnPDP Model:

- Core principles remain consistent, including trauma-informed doula support, prenatal education, and postpartum care.
- Some replications offer additional services, such as prenatal yoga, enhanced support for breastfeeding, nutritious meals, and postpartum support.
- Challenges vary by location, with facility-specific policies influencing access to doulas, hospital partnerships, and postpartum follow-up.

INTERNAL CAPACITY

There are several key personnel needed to support and implement the MnPDP. These include:

- Doulas: Trained to provide physical, emotional, and informational support during pregnancy, labor, and postpartum. Doulas emphasized the need for training in trauma-informed care, working within the prison system, and addressing the specific needs of incarcerated individuals.
- Program coordinators and facilitators: Responsible for scheduling visits, managing logistics with correctional staff, and supporting doulas in their work.
- Training and support needs: Doulas reported the importance of preparation around institutional constraints (e.g., restricted movement, lack of privacy) and the emotional complexity of working in prisons. They also identified peer support and debriefing with other doulas as important for sustaining the work.

Partnerships with correctional staff were essential to program delivery, including access to participants and coordinating care inside facilities. Collaborative relationships and buy-in from the prison system were also critical to the program’s success.



There are some unique internal capacities that would be helpful to support this work. For example, doulas struggled with the emotional toll of the work and often faced ambiguity about their role within the prison system. As such, it is important to make sure there is ongoing supervision, emotional support, and clear organizational protocols in place.

PRACTICE TIMELINE

For more information on this practice's timeline and specific practice activities, please contact Rebecca Shlafer directly at shlaf002@umn.edu.

PRACTICE COST

For more information on this practice's startup costs and budgets, please contact the Ostara Initiative directly at info@ostarainitiative.org.

LESSONS LEARNED

- **Doula support improves birth experiences** – Participants report feeling less isolated and more empowered during labor and postpartum, highlighting the importance of continuous emotional and physical support.
- **Education and advocacy lead to policy changes** – MnPDP's work contributed to reducing the use of shackles during labor, an important step toward more humane perinatal care.
- **Community collaboration strengthens impact** – Partnerships with researchers, healthcare providers, and correctional staff help bridge gaps in care and support evidence-based interventions.
- **Improved maternal and neonatal health outcomes** – Research suggests that doula support leads to better birth outcomes, increased breastfeeding rates, and reduced birth complications.
- **Institutional challenges limit care access** – Prisons and jails have strict security policies which can make it difficult to provide continuous support or ensure proper postpartum care.
- **Staff buy-in is critical but inconsistent** – While some correctional staff support the program, others view it as non-essential, creating variability in implementation.
- **Separation from infants remains a major challenge** – Despite increased support, many incarcerated women still face immediate separation from their newborns, which has long-term emotional and developmental effects.
- **Systemic funding and sustainability concerns** – Relying on grants and philanthropic funding means the program must continuously advocate for resources to maintain and expand services. Formalizing the MnPDP training curriculum and standard operating procedures makes it easier for new doulas and correctional staff to adopt best practices.

NEXT STEPS

MnPDP is practicing thoughtful sustainability. It is difficult to describe contextual constraints and power dynamics in trying to deliver this work where the program and its staff don't have power and control. Prisons and Departments of Corrections have the power and leaderships change, making it challenging to maintain these relationships.



RESOURCES PROVIDED

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