



## Maryland Section

TO: The Honorable William C. Smith, Jr., Chair  
Members, Senate Judicial Proceedings Committee  
The Honorable Jill P. Carter

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
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DATE: February 7, 2024

RE: **SUPPORT** – Senate Bill 71 – *Correctional Services – Pregnancy and Postpartum Support (Prevention of Forced Infant Separation Act)*

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The American College of Obstetricians and Gynecologists, Maryland Section (MDACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, **supports** Senate Bill 71.

Senate Bill 71 provides an alternative to separating newborn babies and their incarcerated mothers. Currently, newborns born to incarcerated mothers are separated from their mothers as soon as the mother is discharged from the hospital and placed with a secondary caregiver or placed into the foster care system. This is traumatic for both mothers and babies and disrupts the formation of a healthy bond between them. It has been proved to increase maternal depression, grief, and detachment. The babies have an increased likelihood of not forming an attachment to their caregiver, often resulting in long term negative outcomes, such as academic difficulties, PTSD, delinquency, and risky behaviors. As women of color are disproportionately likely to be imprisoned, the impact of the current policy also disproportionately impacts minority communities and, thereby, exacerbates existing social and economic disadvantages for these families.

Senate Bill 71 establishes a program to facilitate strong, healthy bonds between incarcerated women and their newborns. In the proposed program, incarcerated women who have earned pre-release status would transfer to the women's pre-release unit where they would remain for up to 1 year after delivery with their infants. It also establishes an evidenced-based Healthy Start Bonding Program to support healthy parenting and attachment between the mother and child and strengthen other supportive family ties by facilitating frequent visitation by fathers or secondary caregivers.

Similar programs have been established in a number of states and are considered to be a best-practice model. The programs have reduced costs associated with foster care and have been shown to have significant positive impacts on the infant's ability to develop secure attachments and enhanced well-being. The women who participate have also demonstrated lower recidivism rates. Maryland should adopt this best-practice model to keep families together. A favorable report is requested.

**For more information call:**

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