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SYMPOSIUM: MAKING FAMILIES

Making mothers in jail: carceral reproduction of normative motherhood

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Carolyn Sufrin, MD, PhD, is a medical anthropologist and obstetrician/gynaecologist at Johns Hopkins University, Baltimore, MD, USA. She has worked extensively on reproductive health issues affecting incarcerated women, from providing clinical care in jail, to research and advocacy. Her work is situated at the intersection of reproductive justice, health care and mass incarceration, which she examines in her book, *Jailcare: Finding the Safety Net for Women Behind Bars*.

Abstract The over-reliance on incarceration in the USA is a racialized phenomenon which has affected millions of families – disproportionately people of colour – reconfiguring kinship around the criminal legal system. Mass incarceration, then, disrupts conventional modes of reproduction and threatens reproductive justice, separates families and funnels children into foster care, diverts funds from social services into prisons, restricts women's access to abortion and adequate pregnancy care, shackles women in childbirth, and incarcerates people during their prime reproductive years. Beyond these obvious disruptions to reproduction, incarceration also cultivates certain ways of being a parent. Much of the critical literature on mass incarceration focuses on men, largely because of fewer women and masculinist assumptions of the carceral system. This paper looks specifically at how women's reproduction is experienced and managed by carceral institutions, and how mass incarceration itself is a reproductive technology. Based on ethnographic fieldwork at a women's jail, I explore pregnancy and motherhood behind bars. Certain types of mothering are foreclosed, while an idealized version of maternal identity is simultaneously promoted. For many incarcerated women, jail is the only place where they can experience this form of motherhood, as forces of structural violence outside of jail often limit their ability to parent, such as involvement of child welfare institutions, addiction and homelessness. The myriad ways in which incarcerated women's reproduction is suppressed and enabled is a critical lens through which to understand how institutions and forces of racial oppression reinforce idealized notions of motherhood while making them categorically unattainable.

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Mass incarceration as reproductive injustice (Roth, 2017)

Amid robust scholarly, advocacy and policy critiques of mass incarceration, the ways in which this phenomenon intimately

involves social and biological reproduction are largely eclipsed. Yet a closer look into some of the structural constraints of incarceration on people's abilities to reproduce and make families can lead us into an even deeper enquiry into the many ways in which incarceration is actually quite invested in reproduction. This paper considers the contradictions

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embedded in such investments, using intersectional insights from reproductive justice to illuminate how motherhood, in particular, is both actively promoted and foreclosed for women behind bars.

Mass incarceration has resulted from a complex and racially motivated set of policies and economic shifts that have reproduced the racial oppression that has characterized the USA since the days of slavery. The twinned depletion of the social safety net and the robust investment in prisons and jails has meant a carceral system that warehouses large numbers of humans, and which uses confinement as a central strategy for controlling and managing racial minorities and the poor (Irwin, 2004; Wacquant, 2009, 2014). The Bureau of Justice Statistics estimates that at the end of 2016, there were 2.2 million people behind bars; nearly 214,000 were women, a 1.5% increase from the previous year (Carson, 2018; Zeng, 2018). While the number of men behind bars has marginally declined in recent years, the number of incarcerated women continues to rise; they have been the fastest growing segment of the incarcerated population over the last four decades. Despite this statistical reality, women's experiences and reproductive labours behind bars have been largely overlooked. Seventy-four percent of women in prison are between the ages of 18 and 44 years – prime childbearing years (Carson, 2014) – and two-thirds of them are mothers and the primary caregivers to children aged <18 years (Glaze and Maruschak, 2008). Children of incarcerated parents are more likely to be incarcerated as adults, and are also at higher risk for developmental challenges (Annie E. Casey Foundation, 2016). Black women are imprisoned at twice the rate of white women (Carson and Anderson, 2016). Such statistics require an enquiry into what motherhood means for these women in the criminal legal system.

Reproductive justice is a framework – as well as a movement and vision for social change – for understanding the rights of all people to have children, to not have children, and to parent their children with dignity and in safety (Luna and Luker, 2013; Ross and Solinger, 2017). The framework grounds itself in human rights principles and structural forces that unequally shape people's abilities to realize these rights, disproportionately limiting the reproductive possibilities of women of colour. It emerged from communities of women of colour in response to the narrow version of rights espoused by the pro-choice, reproductive rights movement. These efforts to secure abortion and contraceptive rights, grounded in a sense of bodily autonomy and activated through legal means, resonated with the needs and social status of white, middle class women, but marginalized the larger intersecting racial, historical and class oppressions that shaped the reproductive experiences of women of colour (ibid). As Dorothy Roberts, among others, has elucidated, these power structures manifest as moral tropes, making the reproduction of certain groups into a 'social problem' – such as the stereotype of the poor black mother as a 'welfare queen' or the legal, forced sterilization of the 'feeble minded' (Roberts, 1997).

Reproductive justice advocates and scholars have articulated the myriad ways in which mass incarceration is a matter of reproductive injustice (Kraft-Stolar, 2015; Luna and Luker, 2013; Roberts, 1997; Ross and Solinger, 2017; Roth, 2012, 2017). First and foremost is the recognition that the USA disproportionately incarcerates people of colour, as discussed above. One need only enter a jail or prison in the USA to see these demographic statistics of race personified.

The racial and racist disproportionality in policing, convictions and who is incarcerated is an undeniable starting point for the ways in which mass incarceration prevents women and families of colour from realizing their reproductive goals. Despite legal precedent affirming that incarcerated women retain their constitutional right to abortion, many prisons and jails do not allow it, or require court orders and full self-payment that make it unattainable (Kasdan, 2009). Few jails allow women who were on contraceptives before incarceration to continue those methods while in custody, putting these women at risk for unwanted pregnancies when they get released (Sufrin et al., 2009). Moreover, incarcerating mothers, separating children from their parents, and siphoning resources toward prisons and away from resources to sustain safe, robust communities all contradict a central value of the reproductive justice vision that people should be able to raise their children in social and economic security (Ross and Solinger, 2017). We must also recognize that the injustices these women face exist prior to and after incarceration; it is not a simple matter of the experience of incarceration, but the broader intersecting forms of oppression that shape the lives of the women who also happen to be incarcerated. Incarceration, with its overdetermined power structures, magnifies these reproductive injustices.

Mothers behind bars

'Jail brings me back to what being a mother is.' Karen said this to me wistfully, nostalgically, and with a smile as we sat in a glass-walled classroom in jail. Karen was a mother to three sons, and had a grandchild on the way. She had not raised any of her children because, she explained, of her struggles with addiction. But she was excited to be a grandmother now and wanted to be involved. 'What I got out of parenting [class in jail], a lot of communication skills, I really did. That's what I got out of parenting [class], and also learning how to deal with children and stuff. But I'm really grateful.' While in jail, a place of punishment and limitation, she nonetheless felt connected to a notion of motherhood.

Kima, already a mother to two other children, was pregnant and in this same jail.¹ She had been in and out of jail over 80 times in her adult life, including during previous pregnancies and twice previously during her current pregnancy. She gave birth to a baby girl at the nearby hospital while still in custody at this jail. Although she and her baby went to separate places after her hospital stay – Kima back to jail and baby Koia into a temporary foster home – the jail facilitated three visits per week between Kima and her newborn in jail. For 2-h visits, Kima cooed and snuggled her baby, tried to breast feed, and changed nappies, all under the watchful eye of a jail guard.

Karen's gratitude for jail for accessing her maternal self and Kima's enactment of typical postpartum maternal activities

¹ In the course of this research, neither Karen nor Kima explicitly discussed their sexual identities. Karen described that she had sex with men, and Kima mentioned, in passing, that she had sex with both men and women. But for neither were their sexual practices a salient source of identity either in general or in their parenting. In not delving into their sexual identities in this paper, I do not intend to erase their sexualities nor to make them representative of all mothers in jail.

in jail are full of intersecting contradictions. Gratitude and incarceration? Breast feeding in jail? Motherhood and carcerality? These somewhat troubling contradictions raise broad, urgent questions about the myriad ways in which mass incarceration in the USA shapes kinship and, in particular, the types of motherhood that are and are not available to people confined in jail. The profound and intrinsic racialization of mass incarceration, and the basic physical separation of incarceration signal the core reproductive justice concerns that are central to these maternal contradictions of mass incarceration.

In this paper, I argue that mass incarceration disrupts reproduction and motherhood, while simultaneously promoting an idealized, normative motherhood – one that is largely unattainable for the people being shuffled in and out of prisons and jails. Incarceration unequivocally restricts direct forms of parenting. At the same time, it creates a set of carceral-specific familial practices and aspirations. Such tensions exemplify the notion that parenthood and parental identities are phenomena whose meaning and making cannot be singularly assumed; an insight made foundationally clear by queer kinship studies and studies of assisted reproductive technology (ART). Beginning with this fundamental recognition that parenthood, normative and non-normative, is made through cultural assumptions, social institutions, laboratory techniques and other forces, we can then think more broadly about mass incarceration itself as a reproductive technology. Mass incarceration's reproductive tools are not the Petri dish or embryo transfer catheter, but are the iron bars of jail cells, prison medical systems, institution-sponsored parenting classes, and the policies that preferentially incarcerate the poor and people of colour (Mason, 2016). Thinking more broadly about the carceral system as not simply restricting reproduction and kinship, but as managing and crafting them in particular ways is an important lens through which to understand the robust connections between laboratory reproductive technologies, non-normative kinship, sociopolitically emergent reproductive technologies and reproductive justice.

Methods

The material for this paper is drawn predominantly from ethnographic research I conducted at the women's jail in San Francisco from 2012 to 2013, where I also practised as an obstetrician/gynaecologist from 2007 to 2013. In this dual capacity, I conducted participant observation among incarcerated women, jail guards and healthcare staff in housing units, the jail's clinic and other spaces throughout the jail. I also conducted semi-structured interviews with over 30 of these individuals as part of a larger project (Sufirin, 2017); this paper draws on a subset of material collected for this larger project. The study was approved by the Committee on Human Research (which serves as the institutional review board) at the University of California, San Francisco, as well as the Jail Health Services of the San Francisco Department of Public Health and the San Francisco Sheriff's Department. While I provided clinical care in the jail at the same time as I conducted research, the research subjects were not my patients at the time when they participated in the research (Sufirin, 2015, 2017). I have explored the ethical and methodological complexities of simultaneous research and

practice elsewhere (ibid). Over two-thirds of women at this jail were black women; a profound disproportionality in a city where, at the time of the research, 6% of the residents were black. The women whose narratives comprise the data for this paper were all women of colour. They do not represent all women of their demographic, but signal how the stakes of carceral reproduction are integrally shaped by race.

The larger project was focused on the ways in which care emerges in a space of punishment, and how jail has become integral to the social and medical safety net (Sufirin, 2017). In this paper, I build on this research to focus specifically on motherhood, pregnancy and reproduction inside jail. The ethnographic and interview data in this paper are complemented by publically available curriculum materials for parenting classes that are used in some prisons and jails across the USA.

Mass incarceration as reproductive disruption

Baby Koia was the third child that Kima had delivered. Her other two children were also born while she was in custody at the jail, so she had never had the experience of going home from the hospital with a newborn baby, settling into the routine of sleeplessness, day–night confusion, and the steady stream of dirty nappies and feeding. When Kima gave birth to Koia, she only had the standard 2-day hospital postpartum stay to bond with her new baby before returning to jail. Two weeks later, Kima would be starting a residential drug treatment programme designed for mothers and babies. Her other two children were being raised by extended kin in the area. Child Protective Services (CPS) were heavily involved in Kima's life, having determined that she could not have custody of her older children. So, in the hospital after Koia's birth, a CPS worker, Jennifer, came by to help adjudicate where Koia would go, before the plan of the residential drug treatment programme after jail release. Kima had selected one of her sisters, who had agreed to care for the newborn. Jennifer soon learned that Kima's sister had an open CPS case herself, so she did not authorize baby Koia to be cared for by the sister. It was a bureaucratic protective gesture for the infant.

Kima was disappointed but not surprised by this regulatory intrusion. She was accustomed to this from her own childhood, and from when she first became a mother 10 years prior. But what followed caused Kima deep anguish. Jennifer instituted a 'police hold' on the baby to ensure that no one would kidnap the baby from the hospital. This meant that Kima could no longer be with her baby in her hospital room, as is typical for postpartum mothers. Instead, Kima could only hold her baby, could only breast feed her, by being escorted to the hospital's nursery. And, since Kima was still in custody, she had to be handcuffed the entire time. This was the start of Kima's relationship with her new baby: a state-sponsored, punitive disruption to Kima's immediate ability to feed, see and interact with her hours-old child.

'Reproductive disruptions', Marcia Inhorn and Janis Jenkins, have argued, occur when the standard linear narrative of conception, birth, heterosexual parenting and propagation of the next generation is interrupted by any number of intersecting political, cultural, social and economic forces (Inhorn, 2009). Phenomena that disrupt this

Western conventional narrative of reproduction reveal the norms that have been naturalized in this taken-for-granted sequence by labelling divergences as failures, exceptions or alternatives. Incarceration of a mother, through its most basic conditions of confinement, is an obvious reproductive disruption. Incarceration, by separating women from male sexual partners (at least consensual ones), precludes procreation and, by separating mothers from their children, precludes physically present parenting. There are also non-incarcerated mothers with children behind bars, which disrupts their usual maternal labours and, in some cases, transforms maternal practice into antiprison activism (Gilmore, 2007).

For people who are pregnant in custody, incarceration often comes with inadequate, sometimes harmful, prenatal care and nutrition, and being shackled during childbirth (Sufrin et al., 2015). There can hardly be a more flagrant disruption of reproduction than the coercive sterilization of incarcerated people. From 2006 to 2012, over 100 unlawful sterilizations were performed on women in Californian prisons, and as recently as 2017, a county sheriff and judge in Tennessee were actively incentivizing sterilization for incarcerated males and females by reducing their sentence by 30 days if they agreed to be sterilized (Dwyer, 2017; Johnson, 2013). The officials involved believed that they were acting out of compassion for these undesirable reproducers, to aid them in their re-entry out of jail, but the implicit message was population control. Such practices to permanently ablate a person's capacity for biological reproduction through their subjugated position as a prisoner are in direct historical continuity with slavery's management of black women's reproduction, and with 20th century eugenics campaigns to eliminate immigrants, the 'feeble-minded' and other institutionalized persons from the gene pool.

In all of these reproductively specific and structurally violent ways in which the normative sequence of reproduction is disrupted, mass incarceration must be understood through the lens of reproductive justice. This framing calls our attention to the reproductive vulnerability of all people without institutional power.

Mass incarceration as a reproductive technology

I had just removed my surgical gown and gloves after completing a surgical case at the county hospital (on a non-incarcerated patient) when my pager went off. It was the Medical Director at the jail. He started the call with, 'You do this long enough, you start seeing things you never thought you would.' A woman had just come into custody that morning, he told me, and she said she was in the middle of an in-vitro fertilization (IVF) cycle.

The Medical Director was somewhat incredulous. He had been in this role for over 20 years and IVF had never come up. Behind his incredulity was the stratified reproduction that is implicit to IVF cost and insurance coverage structures in the USA, that it is classically unavailable to those who are poor and un- or underinsured. Since most of the women cycling through jail are poor and uninsured, it would never occur to those making healthcare decisions in jail to think that IVF would be relevant. Would a jail provide expensive

ovarian stimulation medications? Would it arrange for daily laboratory tests and ultrasound monitoring during the cycle, and transport for the egg retrieval? There are no searchable policies, scholarly analyses, medical case reports or lawsuits involving access to IVF treatment while incarcerated. It would be fair to surmise, based on the ways in which incarcerated pregnant women in need of maternity and childbirth care are treated, that jails and prisons would not pro-actively seek out ways to provide IVF to imprisoned women, or to continue IVF cycles for those incarcerated in the midst of a cycle.

In the case I describe, the local county hospital had recently started a low-cost IVF programme to make it available to residents in the city who otherwise did not have the financial means or insurance coverage for IVF. The woman entering jail was part of that programme, along with her male partner. The Medical Director at the jail had a longstanding commitment to social justice and to providing patients in jail with community standard of care. So once I confirmed that this woman had already had the embryo transfer, and that all she needed now was progesterone injections and a pregnancy test, the Medical Director went to great lengths to ensure that these happened.

ART has, as a robust body of critical scholarship has demonstrated consistently, destabilized heteronormative assumptions about biological relatedness, disarticulating the steps of procreation in ways that make kinship possible through a myriad of ways. Likewise, for some people building their families, ART forces them to perform an 'ontological choreography' geared towards reaffirming traditional gendered norms and notions of relatedness (Thompson, 2005). This core and extraordinarily productive tension in ART destabilizes, recreates and renaturalizes Western kinship relations. The tension is an apt heuristic for thinking about making mothers in jail, and thus thinking about incarceration itself as a set of reproductive technologies. What does this woman entering jail in the midst of an IVF cycle, and the jail health staff's response to it, signal about carcerality's orchestration of reproduction?

To answer these questions requires an understanding of the premise of health care for incarcerated persons in the first place. The 1976 Supreme Court case *Estelle v. Gamble* established that prisoners have a constitutional right to health care; that is, for a carceral institution to show 'deliberate indifference to the serious medical needs of prisoners' is cruel and unusual punishment (*Estelle v. Gamble*, 429 U.S. 97, 1976). Yet while *Estelle* created a constitutional mandate for carceral institutions to provide health care, no mandatory standards for what those healthcare services must be exist. Thus, every jail and prison creates its own policies for what medical care it provides. The decisions of what care to make available or unavailable are shaped by the tension in interpretation of the state's responsibility to care for those it has chosen to confine, and of jailers' assessments of health-related deservingness of allegedly criminal bodies (Sufrin, 2017). Within such a matrix of moral judgement, health care surrounding women's reproductive capacities is contested, partly through being neglected as not a 'serious medical need'. Abortion access for prisoners is often denied because it is deemed to be an 'elective' procedure (Kasdan, 2009). Pregnant women give birth in chains – shackling in labour is legal in 24 states as of August 2018, and still occurs in states where it is prohibited by law (<http://www.acog.org/>

[About_ACOG/ACOG_Departments/State_Legislative_Activities/Shackling_of_Incarcerated_Pregnant_Inmates](#); Kraft-Stolar, 2015) – because the carceral system envisions the default prisoner to be male and views all prisoners, including women in labour, as threats to public safety. Women's reproductive capacities are seen multiply as nuisances, a vulnerability of the institution to lawsuits, and a non-serious medical need that can be deferred until release (Sufirin, 2017). Far from passive neglect, what these practices against incarcerated pregnant people demonstrate is how the carceral system pursues policies that actively degrade pregnant women and other reproductive bodies: reproductive governance at its finest (Morgan and Roberts, 2012).

These machinations on prisoners' reproduction also entail a management of futurity. Incarceration intimates a future after release, and reproduction suggests a future of parenting a child. When these temporalities intersect for women in the criminal legal system, even their imagined reproductive futures are carcally structured – procreation timing contingent upon release, reconnecting with their children, and the threat of re-incarceration. Importantly, what is implicit in discussions of reproductive practices on incarcerated women is a heterobiological foundation of motherhood. That is, the functional aspect of reproduction is discussed, whether it is a pregnant woman in need of prenatal care, or a woman giving birth, but how she came to be pregnant and to be reproducing is presumed to be from heterosexual sex. The Medical Director's surprised response to an enjoined woman's IVF cycle reveals the pervasiveness of this assumption. For how could anyone fathom ART for prisoners?

This particular incarcerated IVF patient was married to a man, but the ART involved also intimates the unfathomability of non-heteronormative reproduction: a lesbian incarcerated mother? Transgendered pregnant person in jail? Amid the limited attention to carceral reproduction and families, the family and reproductive rights of lesbian, gay, bisexual, transgender and queer (LGBTQ) families are not addressed, nor is access to ART in general. What this foreclosure of LGBTQ reproduction by incarceration reveals more broadly is the failure of carceral systems to imagine that there is value to non-normative reproduction, to the reproduction of bodies that social norms have deemed deviant, due to sexuality, criminality or both. In short, the jail as a set of reproductive technologies actively erases the existence of or desire for queer parenthood for incarcerated persons. Sigrid Vertommen (2016) similarly argues that incarceration can be used as a reproductive technology in the project of nation building. She describes how Palestinian political prisoners in Israel are intentionally denied conjugal visits that might enable them to reproduce. Such a prohibition promotes state-sponsored stratified reproduction, as with the elisions of LGBTQ reproductive possibilities in prison in the USA. Here, the prison and jail bars serve well to materially restrict the types of reproduction that are valued and enabled.

So when the Medical Director at the jail called me about the newly arrested woman in the middle of an IVF cycle, there was no protocol, no clear set of actions for how to deal with this. The National Commission on Correctional Health Care, which accredits health facilities in prisons and jails that voluntarily follow its standards, makes no mention whatsoever of any ART (National Commission on Correctional Health Care, 2018). The absent pre-planned response signals that, by default, ART – and

the biological reproduction of prisoners – is not considered a 'serious medical need'. This non-concern for promoting procreation of people behind bars is undergirded by the tension between the prison's obligation to provide health care and prisoners' deservingness of health care. It also overlaps with the moral dimension of who is considered fit to reproduce. As analyses of the infertility industry and disparate access to it have shown, ART is available to those whose reproductive futures are considered to matter (Twine, 2017). Incarcerated bodies do not meet that culturally crafted criterion – a reproductive injustice.

This also signals the ways in which incarceration precludes the breadth of family-making opportunities enabled by ART for LGBTQ or straight cis-gender incarcerated individuals. Yet for a woman in prison, who might be serving a long sentence that extends through her 20s and 30s, ART could offer the possibility of biological reproduction that is generally precluded by the forced separation from a woman's male partner (conjugal visits are only rarely allowed).

But what if, in addition to examining the ways in which incarceration precludes, disrupts and disregards incarcerated women's abilities to create and sustain families, we look more to the productive aspects of carceral power (Foucault, 1975)? If we use IVF in jail as a 'looking glass' to understand a broader notion of technologies of reproduction (Franklin, 2013: 152), then we can see how mass incarceration itself is a reproductive technology.

Technology is commonly understood as a set of practices, often involving mechanical means and tools, which enable the making of something. As Foucault has argued, technologies can also come in the form of social and political projects that seek to regulate individual and group behaviour to cultivate particular social orders, especially through the regulation of sexuality and reproduction (Foucault, 1978). The robust literature on ART practices has expanded our understandings of kinship itself as a technology, for the complex ways in which ART practices enable social reproduction via the numerous configurations of biological substances and ultimately reveal the contingency of biological relatedness (Franklin, 2013; Gell, 1988; Lévi-Strauss, 1969; Strathern, 1992). Queer families, single parents and heteronormative families – all made possible through adoption, gestational carriers, placing a single sperm inside a single egg in an embryology laboratory, among other practices – shed light on the ways in which identity, gender and sex roles, and relatedness are intentionally cultivated and passively experienced. In being so productive, 'IVF substantiates a new ground state of reproductivity' (Franklin, 2013: 155). Furthermore, social programmes can also operate as technologies in crafting specific forms of familial relatedness and reproduction. Katherine Mason, for instance, demonstrates how the women, infant and children food assistance programme demands and reinforces – in common with many welfare programmes in the USA – an idealized, normative, self-reliant motherhood (Mason, 2016).

This understanding of social and material technologies makes it possible then to see mass incarceration itself as cultivating new ground states of reproductivity. For mass incarceration disrupts the typical narrative of reproduction, as detailed above, and both creates and forecloses how women in the criminal legal system can reproduce and participate in familial relatedness. In this way, carcerality makes the lexicon of 'reproductive choice' irrelevant, for

such individualized reproductive agency is not accessible to women who try to parent behind bars. They can only mother in certain ways, under the coercive cloak of incarceration. Mass incarceration thus produces and activates particular forms of reproductivity that differentially value incarcerated women's reproduction. Like ART, mass incarceration critiques the naturalized assumptions ascribed to human reproduction, assuming that it is prior to social life. Mass incarceration manages the very sociality of families, particularly black families whose members are incarcerated or live under the threat of incarceration and constant policing (Coates, 2015). Drawing on a variety of technical practices that form substrates for relatedness, mass incarceration makes and remakes families in a myriad of ways.

Carcerally crafted gestational carriers

For women like Kima and others I met during my fieldwork, mass incarceration shaped their own understandings of what types of mothers they could be. These understandings are also informed by the broader social imagination of these women's reproductive worthiness. The default assumption was that pregnant women who gave birth in custody would not go home from the hospital after childbirth with their babies, and that having relationships with their biologically gestated offspring requires work and reproductive governance from institutions such as jails, child welfare systems, family and drug courts, and hospitals. Kima knew what to expect while giving birth when incarcerated: a guard outside her room at all times, and only her 2-day postpartum recovery hospital stay to bond with her baby. But the 'police hold' that the CPS worker placed on her baby was a new intrusion. It was also procedurally unnecessary: Kima was guarded at all times and could not abscond with her baby. However, her reproduction as a black woman in the criminal legal system was already so policed, her maternal criminality already presumed, that the CPS worker invoked the 'police hold' with ease. While Kima expected to leave the hospital, back to jail, without her baby, she did not expect this additional layer of policing. She was devastated, and I sat with her as she weiled for nearly an hour as the nurse removed her baby from her room. The next morning, settled into the familiar, internalized assumption that her mothering was always controlled, she cooed tenderly as she held her baby, with one of Kima's arms handcuffed to a rocking chair, in the nursery.

Another woman, Evelyn, was also in jail several times during her pregnancy. She gave birth a few days after her release from jail. She was in a residential drug treatment programme designed for mothers with substance use disorder and their babies (Haney, 2010). Despite being part of this intensely supervised programme that would both help with her addiction and enable her to be with her baby, CPS did not permit her to take her baby from the hospital to the programme with her; she had not, they claimed, been there long enough to demonstrate her commitment to her own recovery. While Evelyn was disappointed, she was not surprised as she was accustomed to this state-sponsored orchestration of her parenting. The other two babies she had given birth to were swiftly removed from her – one was fast-tracked into adoption, circumventing her legal rights, and the other was being raised in the custody of a

family member – as Evelyn was deemed unsuitable to parent. She hoped to change that with her third baby, so she dutifully attended group therapy and showed up to the CPS-sponsored visiting centre for visits with her newborn baby, who was in foster care. A CPS worker sat in the corner of the bland room where Evelyn had 2 h to bond with her newborn, taking notes on how Evelyn interacted with and held her baby, ensuring that this visit was intended as a performance of worthy motherhood.

Kima had similar experiences at such programmes designed for mothers struggling with addiction and their babies. The tease of being at such a place but not being allowed to have her baby cultivated in her anger, frustration and resignation. As she told me one day when she was back in jail:

So even when I do go [to a programme], I just really wish that they'd just give me my baby. I don't care. I don't care. I mean, who cares? I mean, I'm not saying, 'Oh, give her to me because I'm on crack and I'm stealing cars and I'm doing all these bad things, so give her to me.' That's not what I'm saying. But give me my baby, because if I had my baby I wouldn't do – I wouldn't have time to do it and I wouldn't do it. But they're not giving her to me.

Kima and Evelyn thus had internalized expectations that their motherhood was adjudicated, and that nurturing or having any type of relationship with their children was conditional on the state's judgement of their worthiness.

Their patterned reproduction of getting pregnant, giving birth, then having their babies removed and placed with other state actors makes their reproductive roles seem like they are, by default, gestational carriers. That is, whether it is the jail cell, family court or CPS that prevents these women from parenting, such institutions make these women's reproductive experiences limited to carrying a pregnancy for someone else. They have little hope of actually raising the children they gestate and birth because of these various disciplinary, carceral institutions that govern their lives. And so they get pregnant, gestate and give birth, but do not parent their children. I should note that in my fieldwork at the San Francisco jail and in my national level activities working with prison and jail administrators and organizations, I have not encountered any policies or instances of incarcerated women working as paid surrogates.

This perspective on incarceration creating a de-facto gestational surrogacy must be understood in the context of the reproductive labours that make incarcerated mothers' children available to the state and to potential non-biological parents (Briggs et al., 2010). Rather than being framed through issues of the transactional, market-based concerns of traditional gestational surrogacy, carcerally crafted carriers must be understood through a reproductive justice framing. That is, women who are disproportionately women of colour and women whose lives are affected by economic insecurity are conscripted into a non-consensual arrangement that entices them with motherhood, only to lead their children to other parents through the surveillance and control of carcerality. There is a deeper violence in the normalized expectation held by some of these women they will not be permitted to raise their children, that they are just producing another baby.

For instance, Kima's experiences of gestating pregnancies and birthing children that she expected to be taken from her led her to have a trial approach to her reproduction. When

baby Koia was still only 5 months old, she gave up on fighting for custody, feeling as though that battle was already lost. Instead, she told me, she was already trying to get pregnant again with several men she casually knew on the streets:

Oh, yes, I did. I tried that. I tried to get pregnant because I – ‘cause I’m going to have a baby and they’re not going to take it. . . . The social worker told me that if I don’t – if I’m not in jail and I’m not using, they can’t take a baby from me. . . . If I was pregnant right now, I would be happy because – not saying that I can forget about my other children. I mean, that’s not what it is, but just try to have one that I can keep, so that I can keep it.

Kima’s outlook on her reproduction had been shaped by a lifetime of state involvement in her reproduction, and conditioned her to approach her own ability to procreate as a ‘reproductive lottery’ that she could just try again and see if this one gave her the reward of being able to keep her baby.

Incarceration, and the maternal expectations and experiences it cultivates for women like Kima and Evelyn, is central to how the women ensnared in the criminal legal system manage their fertility (Bledsoe, 2002). It is a contingency view of their fertility, based not on a sense of procreative capacity that declines with age, but on traumatic reproductive experiences that the jail – and other similar disciplinary institutions – has orchestrated for their lives. Their fertility status as gestational carriers is not characterized by traditional concerns of surrogacy arrangements, such as the potential exploitative economic arrangements, the transactional nature of reproduction and the known permutations of kinship substance (Teman, 2010). Instead, understanding how their reproductive bodies had become default gestational carriers underscores the ways in which mass incarceration, overlapping with the longstanding policies and moral discourses that devalue the reproduction of poor women and women of colour, operates as a reproductive technology.

Reaffirming normative motherhood through incarceration

At the same time that mass incarceration is a reproductive disruption, carceral institutions simultaneously promote normative motherhood inside. Prisons and jails are not completely bereft of parenting opportunities, and initiatives at some individual prison and jail sites actively try to cultivate normative motherhood and kinship ties through and around the institutional walls. One example is ‘prison nursery’ programmes that exist in at least nine state prisons and one large county jail in the USA. These are special designated wings of the facility for mothers and the babies they birth while in custody to be together for a finite period of time, ranging from 6 weeks to 3 years (Elmalak, 2015). The oldest nursery programme, in New York State, has been in continuous operation since 1901 (Gilad and Gat, 2011). Although each nursery programme has its own configuration, generally there are brightly coloured playrooms, paediatricians who come to care for the babies, parenting classes, cribs and strollers, and other trappings that make it seem less like a prison. Documentaries feature testimonials from women who describe, through tears, how being able to bond

with their babies despite, or in some cases in spite of, being in prison changed their lives, helped them parent and gave them confidence (McShane, 2011). Research studies have reported that women in these programmes have lower recidivism rates (Goshin et al., 2014). Such reports project a synergism and idealism in the ability of parenting and incarceration to assist a mother in transformation to someone who is an upstanding citizen and a ‘worthy’ mother. In some cases, incarcerated women’s maternal practices may be experienced as an act of resistance to convey themselves as ‘good mothers’, despite a system that judges them otherwise (Granja et al., 2015).

The nested spaces of prison nurseries are actively designed to cultivate the culturally romanticized versions of motherhood, where devotion to one’s baby, under the watchful carceral eyes, can be a woman’s path to redemption. Putting aside the complexities of a child beginning its life in prison, these nursery programmes are hypermaternal spaces that actively promote normative mothering.

At the San Francisco jail, where there is no nursery, motherhood is promoted in numerous ways. For example, the jail facilitated several visits each week for Kima (and other mothers) to spend with her newborn baby. She condensed as much maternal practice as possible into those 2-h visits in a windowless classroom in the administrative wing of the jail. From changing dirty nappies, to cooing and cuddling, to giving her baby a bottle (she had tried to breast feed, even pumping breast milk in the jail to maintain her supply, but the baby could not latch to Kima’s breast). In fact, the jail had a robust protocol in place to allow nursing mothers to pump breast milk, storing it in the clinic’s freezer and facilitating delivery to the baby’s caregiver. Every Mother’s Day, there was a celebration in the jail – bittersweet as while it acknowledged the incarcerated women’s status as mothers, it also reminded them of separation from their children. A volunteer group came to the jail periodically so that women could tape record messages that would be sent to their children, although I wondered how any of those children would find an actual cassette tape player in this digital age.

These activities make Karen’s wistful statement, ‘Jail brings me back to what being a mother is’, understandable. In jail, Kima lived (usually with three other women) in a cell with three walls. When she was released from jail after giving birth to baby Koia, she went to a local copy store and made photocopies of photographs I had taken of her and baby Koia in the hospital after she was born. As she told me, she handed those copies out to friends on the street, and she also sent some to women she knew who were still in jail. When she was re-arrested and returned to jail several weeks later, she hung some of the photocopied pictures she had sent on her jail cell wall. In her precarious life on the streets, she did not have walls on which to hang these photographs. Jail enabled the mundane act of posting a photo of her child on the wall, to gaze at, to contemplate. The seemingly normative act of displaying a baby photo involved emotional and reproductive labour that was shaped both by her ensnarement in the criminal legal system and the precarity of her life outside of jail. Creating and displaying such family photographs in jail can assert familial notions of belonging, often creating ties that may not have existed pre-incarceration (Fleetwood, 2015).

The jail also provided a structured curriculum of parenting classes to mothers and fathers – the classes that moved Karen to say ‘jail brings me back to what being a mother is’. The

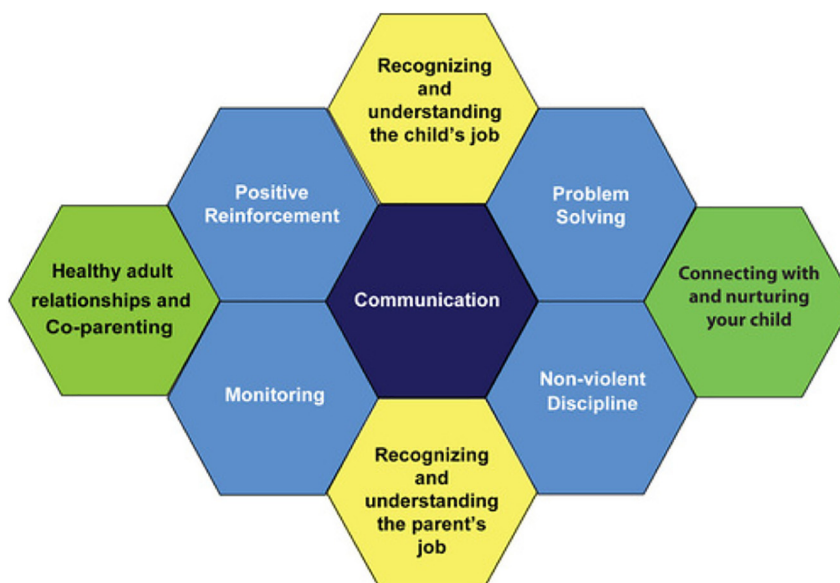


Fig. 1 Model of concepts on 'Parenting Inside Out' curriculum description page: <http://www.parentinginsideout.org/curriculum/>.

curriculum used in the jail was based on the 'Parenting Inside Out' curriculum (<http://www.parentinginsideout.org>). 'Parenting Inside Out' is an evidence-based, cognitive-behavioural parent management skills training programme created for incarcerated parents, designed by psychologists, policy makers, instructional designers and people working in prisons, with adaptations for jail and community settings (ibid). The website extols its success in the currency of 'evidence-based science'; participants have lower re-arrest rates, substance abuse, lower depression, lower parental stress scores and, as reported among fathers, less use of 'poor discipline practices' compared with parents who did not participate in the curriculum (ibid).

Testimonials from participants dot the website:

Amy's story: 'In PIO [Parenting Inside Out] I accomplished something each week. Those little successes gave me the confidence to keep going.. . Now I am part of my children's lives. I am their mom. When I go home my mom will still be important to my children, but she will be able to be their grandmother, not their substitute mom.' Amy is now successfully parenting her children in the community. (ibid).

Parenting Inside Out, and programmes like it, have surely helped many mothers like Amy. No programme could be expected to 'work' for everyone, but a closer examination of the content of the curriculum and of the assumptions of success reveals a model of kinship based on relationships that are isolated from broader structural realities that differentially determine what types of kinship are even available to mothers and families whose lives are organized by the criminal legal system. Fig. 1 was taken from the curriculum's website, and depicts the conceptual model that organizes the sessions.

Communication skills, discipline strategies, managing one's own and others' emotions, building relational bonds, understanding childhood development, and doing this in the context of prison or jail visits and preparation for release are some of the core skills and frameworks that the curriculum is structured

around developing. The lesson plan of the prison curriculum solidifies the focus on relationship building (see Table 1).

The curriculum is not limited to communication skills with one's children, for it also explores issues with the child's primary caregiver, and with parole officers, child welfare workers and others who are part of the network of extended kin and institutional regulation that determine the conditions of an incarcerated participant's parenting. But the content is uniquely designed with certain aspects of confinement in mind – prison visitation, preparing for release, interacting with agents of institutions – and there is a notable absence of structural forces. That is, there is no mention of institutionalized racism, poverty, lack of access to mental and medical health care, sentencing laws, or other sociopolitical factors that have contributed to the mass incarceration of parents over the last four decades. Lesson 3.1, 'Bonding through play and reading', presumes parental literacy and access to books. However, this is not the material reality for some incarcerated parents.

There is no lesson on the cultural stereotypes and policies that have vilified, in particular, black mothers who are over-represented in prisons and jails. The caricature of the 'welfare queen' mother and the myth of the 'crack baby', with their implicit racial prejudice of these discursive strategies to devalue black women's reproduction, are absent. The weight of society's expectations of ideal mothers are implicit, but the moral judgements against drug-using mothers are not explicitly addressed. The constant barrage of such cultural messages and judgements are frequently internalized into incarcerated mothers' own conceptions of their ability to parent. Kim's and Evelyn's experiences and assumptions of their motherhood, as highlighted earlier, are certainly inflected with these judgements.

Connecting infertilities

While the occurrence of human reproduction behind bars may seem incongruous, the lens of reproductive justice has helped

Table 1 'Parenting Inside Out' lesson plan.

<p>Topic 1 Creating a Collaborative Learning Environment</p> <p>Lesson 1.1 Getting Acquainted</p> <p>Lesson 1.2 Effective Speaking Skills</p>	<p>Topic 7 Parenting Children as Individuals</p> <p>Lesson 7.1 Nurturing your Child's Temperament</p> <p>Lesson 7.2 Your Child's Love Language</p>
<p>Topic 2 Communication and Problem Solving</p> <p>Lesson 2.1 Effective Listening Skills</p> <p>Lesson 2.2 Effective Problem-solving Skills</p>	<p>Topic 8 Parenting Through Family Challenges</p> <p>Lesson 8.1 The Family System</p> <p>Lesson 8.2 Your Values and a Plan for Parenting</p> <p>Lesson 8.3 Your Legacy and your Future</p>
<p>Topic 3 Connecting with your Child</p> <p>Lesson 3.1 Bonding Through Play and Reading</p> <p>Lesson 3.2 Letters, Calls and Visits</p> <p>Lesson 3.3 Bonding Through Emotion Coaching</p>	<p>Topic 9 Child Guidance</p> <p>Lesson 9.1 Directions and Encouragement</p> <p>Lesson 9.2 Rules, Rewards and Consequences</p>
<p>Topic 4 Human Development</p> <p>Lesson 4.1 Introduction to Human Development</p> <p>Lesson 4.2 The Child's Job and the Parent's Job</p> <p>Lesson 4.3 Brain Development</p>	<p>Topic 10 More Child Guidance</p> <p>Lesson 10.1 Time Out and Privilege Removal</p> <p>Lesson 10.2 Parenting Adolescents</p> <p>Lesson 10.3 Advocating for your Children</p>
<p>Topic 5 Healthy Families</p> <p>Lesson 5.1 Adult Stage Development</p> <p>Lesson 5.2 Family Meetings and Family Fun</p> <p>Lesson 5.3 Building Family Identity</p>	<p>Topic 11 Transitioning to the Community and Parenting Practice</p> <p>Lesson 11.1 Reintegrating Into the Community</p> <p>Lesson 11.2 Going Home: your Children and You</p> <p>Lesson 11.3 Dealing With Behaviour Challenges</p>
<p>Topic 6 Parenting More than One Child</p> <p>Lesson 6.1 Sibling Relationships</p> <p>Lesson 6.2 Managing Sibling Rivalry</p>	<p>Topic 12 Wrap-up and Graduation Preparation</p> <p>Lesson 12.1 Building Healthy Partner Relationships</p> <p>Lesson 12.2 Wrap-up and Graduation Preparation</p>

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shed light on how such maternal processes unfold in a broader context of stratified reproduction and contradictory narratives of reproductive expectations. Understanding how carceral reproduction acts as a set of technologies that simultaneously disrupt normative forms of reproduction and promote idealized versions of motherhood also draws our attention to the resonances between queer kinship studies and reproductive justice. Taking queer kinship in a fundamental sense as non-normative and disruptive of conventional heteronormative expectations of reproductive relatedness (Warner, 1993), we can see its connections with the ways in which carceral technologies enable and foreclose certain forms of reproduction. Queer kinship creates families bound by ties that disrupt standard biological forms of consanguinity, instead enabling forms of reproduction that merge social, caregiving, biological and other forms of relatedness into familial forms (Borneman, 1997). ART has enabled some versions of queer families to re-imagine and re-inscribe biological relatedness in non-normative families. However, such possibilities have been eclipsed by various denials of the right of LGBTQ individuals to parent – whether through unequal access to ART, legal restrictions and other constraints – and these foreclosures have been inflected through the moral lens of devaluing queer reproduction (Goodfellow, 2015).

Carceral reproduction thus promotes a heteronormative and stratified model of reproduction that values certain idealized aspects of incarcerated people's reproduction while devaluing other dimensions. Such technological and institutional contradictions are similar to those of carceral reproduction, where parenting classes and visits promote normative

motherhood, while the bars of the jail and unequal access to resources outside of jail prohibit it. When reproductive justice analytics overlap with these notions of queer kinship, they further illuminate the moral anxieties precipitated by various reproductive technologies, through emergent discussions of who can and should have the access to high-tech reproduction to circumvent biological or social infertility (Luna and Luker, 2013; Ross and Solinger, 2017). If both queer kinship and reproductive justice shed critical light on stratified reproduction and the moral anxieties that give rise to it, reproductive justice also reminds us that family building does not begin and end with the act of becoming parents (whether through adoption, ART, conventional conception and birth, or other means). Rather, it is also about the right to raise children with dignity and safety; such possibilities are disrupted by structural and institutional forces, including racism, economic insecurity and mass incarceration. Seeing incarceration as a reproductive technology highlights connections between reproductive justice and queer kinship, reminding us of the political stakes of the contradictory possibilities and foreclosures of both.

What these elisions of structure, political economy and cultural stereotypes in how motherhood is actively promoted in carceral settings accomplish is to perpetuate a neoliberal emphasis on the individual responsibility of creating a normative family. Such an emphasis on the individual, the disregard for structural forces of oppression, and valorization of choice are at the core of reproductive justice's critique of the narrow reproductive rights movement. Both Evelyn and Kima told me how they saw their returns to jail, and that it was their own

fault that they were not raising their children due to their inability to stay clean from drugs. The success of the dual neoliberal narratives of criminality in the age of mass incarceration and maternal responsibility appears to diagnose their and society's understandings of their reproductive failures. Instead, these dual neoliberal forces should be seen as diagnosing the failures of a society unable to imagine the value of incarcerated women's reproduction.

Here, in these limited versions of motherhood that are possible through imprisonment and because of reproductive injustices that characterize the broader context of mass incarceration, we come back to the notion that mass incarceration itself is a set of reproductive technologies – deftly crafting forms of kinship that are simultaneously destructive and, at least on the surface, enabling. All reproductive technologies reproduce idealized families, even as they make new forms of relatedness possible (Franklin, 1997). Ultimately, the limited version of motherhood that is possible because of incarceration and its surrounding injustices precludes sustainability of the very normative mothering that it promotes. The labour that incarcerated mothers and the jail undertake to cultivate maternal identity and practice, combined with the ways in which mass incarceration is a reproductive disruption and cultivates specific forms of reproduction, makes incarceration itself a reproductive technology.

While expensive ART may not be available to women cycling through the criminal legal system, incarceration is nonetheless imposed as a set of reproductive technologies on economically marginalized communities and communities of colour to ensure that their reproduction is governed, disrupted and even given the tempting rouse of normativity. Amid this critique of ways in which mass incarceration destroys and recreates kinship, amid the structural violence of unavailable reproduction, and the neoliberal parenting promotion, incarcerated reproduction helps us understand the connections between forms of accessible parenting for various types of infertilities. These range from biological limits on ovarian function, to social constraints of same sex couples wanting to parent, to the political preclusion of reproduction via incarceration. The intersections of these fertilities and the inequities that shape them become glaringly apparent when understood through the lens of reproductive justice. When viewed in connection with other reproductive technologies' and infertilities' family-making effects, it becomes impossible to ignore the reproductive labours achieved and foreclosed by mass incarceration. Jail is a set of reproductive technologies that make queer parenthood invisible, and creates a double bind of promoting a form of motherhood it makes unattainable, offering carceral insight into the broader junctures of gender, sexuality, race and class in stratified reproduction.

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