

Congress of the United States

Washington, DC 20515

October 13, 2026

David Venturella
Acting Director
U.S. Immigration and Customs Enforcement
500 12th St. SW
Washington, DC 20536

Dear Acting Director Venturella:

We write to raise our urgent concerns about the treatment of pregnant individuals in Immigration and Customs Enforcement (ICE) custody and the agency's failure to fully account for pregnancy-related medical outcomes within its detention system.

Recent reporting, supported by internal agency documents and firsthand accounts from detainees, raises significant questions regarding ICE's compliance with agency policy, the adequacy of prenatal and emergency medical care provided in detention facilities, and the agency's oversight of pregnancy-related health outcomes. Many individuals are detained in temporary holding and long-term detention facilities that can be overcrowded, and lack basic access to water and plumbing.¹ These reports suggest that pregnant individuals in ICE custody may have experienced delayed emergency treatment, barriers to specialty care, inadequate prenatal services, and difficulties obtaining medical records.²

Under ICE Directive 11032.4, "ICE should not detain, arrest, or take into custody for an administrative violation of the immigration laws individuals known to be pregnant, postpartum, or nursing unless release is prohibited by law or exceptional circumstances exist." Under this Directive, if a pregnant, postpartum, or nursing person is detained, the facility is required to provide them with access to certain forms of specialized medical care and is prohibited from using certain restraints.³ Records show that, despite this policy, ICE has detained more pregnant individuals than at any point in the preceding year. In October 2025 there were at least 87 pregnant women and adolescents in detention with that number increasing to 101 in November 2025.⁴

According to agency records, at least 18 women miscarried while in custody from January 2025 through October 3, 2025. Yet, despite these alarming and unprecedented numbers, ICE has failed to collect, maintain, or disclose data on miscarriages since the last report on October 3, 2025.⁵ As a result, a full year of pregnancy-related outcomes remain unaccounted for within a detention system for which your agency bears direct responsibility. This lack of transparency is deeply troubling, undermines meaningful oversight, and leaves Congress and the public unable to assess

¹<https://www.washingtonpost.com/immigration/interactive/2026/07/22/ice-officials-warned-dangerous-crowding-see-how-they-kept-packing-people/>

² <https://www.theguardian.com/us-news/ng-interactive/2026/sep/15/ice-detention-miscarriages-pregnancy>

³https://www.ice.gov/doclib/detention/11032.4_IdentificationMonitoringPregnantPostpartumNursingIndividuals.pdf

⁴ <https://www.theguardian.com/us-news/ng-interactive/2026/sep/15/ice-detention-miscarriages-pregnancy>

⁵ Ibid.

the safety, adequacy, and quality of medical care provided to pregnant individuals in ICE custody.

It is well documented that incarceration significantly worsens maternal health outcomes and increases risks for pregnancy loss, including miscarriages and adverse birth events, due to high stress, poor nutrition, and limited access to quality medical care.⁶ Firsthand accounts from detainees indicate they are struggling to access routine and emergency medical care, including not being scheduled for blood tests or an ultrasound to confirm a healthy pregnancy and not receiving prenatal vitamins.⁷ The agency has also reportedly denied repeated requests for medical records from detainees, leaving them in the dark about their medical history and the need for any additional follow-up care.⁸

ICE's inability to follow agency Directives, provide adequate medical care, and maintain accurate records of pregnancy-related medical outcomes is unacceptable. Please provide complete and timely responses to the following questions by November 6, 2026:

1. How many pregnant individuals has ICE detained since January 20, 2025? Please also provide how many of those individuals have been detained since October 3, 2025.
2. What criteria does ICE use to determine whether detention of a pregnant individual satisfies the "exceptional circumstances" standard referenced in ICE directive 11032.4?
 - a. How many pregnant individuals were released from detention pursuant to that directive since January 20, 2025? Please also provide how many of those individuals have been detained since October 3, 2025.
3. How many miscarriages, stillbirths, pregnancy-related hospitalizations, emergency medical transfers, and other serious pregnancy complications occurred among individuals in ICE custody since October 3, 2025?
4. If you cannot provide complete data regarding pregnancy outcomes during any portion of that period, please explain:
 - a. Why such data are unavailable;
 - b. What information was affected;
 - c. What steps have been taken to recover missing information.
5. On what date did ICE leadership first become aware of concerns regarding miscarriage reporting and deficiencies in agency tracking systems?
 - a. Please identify all briefings, memoranda, reports, or communications provided to senior ICE and DHS leadership concerning these matters and on what date those materials were sent.
6. How does ICE ensure timely access to prenatal, postpartum and OBGYN care, including but not limited to ultrasounds, laboratory tests, and prenatal vitamins?
7. Since October 2025, how many requests for outside obstetric care, specialist consultations, or hospital referrals were:
 - a. Approved;
 - b. Denied;
 - c. Delayed; or

⁶ <https://pmc.ncbi.nlm.nih.gov/articles/PMC8713614/>

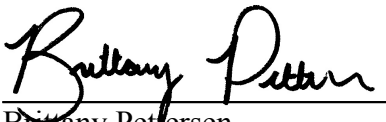
⁷ <https://www.theguardian.com/us-news/ng-interactive/2026/sep/15/ice-detention-miscarriages-pregnancy>

⁸ Ibid.

- d. Otherwise not completed.
- 8. Please provide the number of requests for medical records submitted since October 25th by pregnant detainees or their legal representatives.
 - a. What was the average response time for fulfilling those requests?
 - b. If applicable, please provide the number of complaints filed alleging delayed, denied, or incomplete access to medical records.
- 9. How many complaints, grievances, incident reports, or allegations concerning pregnancy-related medical care have been filed since October 2025?
 - a. How many resulted in formal investigations?
 - b. How many investigations substantiated violations of policy, medical standards, or contractual requirements?

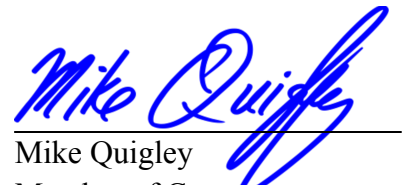
We look forward to your prompt response.

Sincerely,


Brittany Petersen
Member of Congress

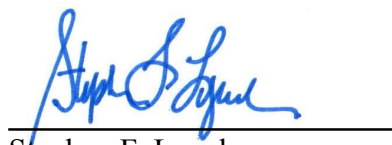

Joyce Beatty
Member of Congress

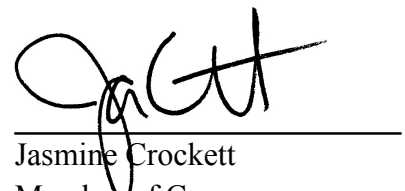

Robin L. Kelly
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Mike Quigley
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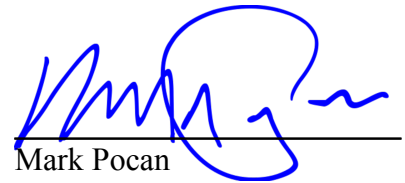

Bonnie Watson Coleman
Member of Congress

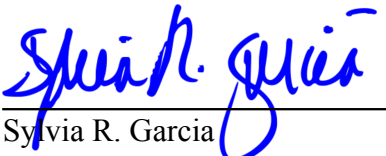

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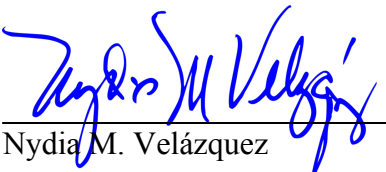

Jasmine Crockett
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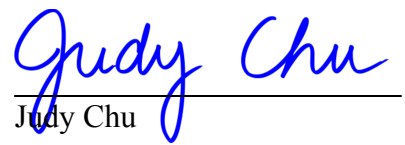

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Sylvia R. Garcia
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Henry C. "Hank" Johnson, Jr.
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Nydia M. Velázquez
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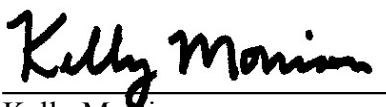

Judy Chu
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André Carson
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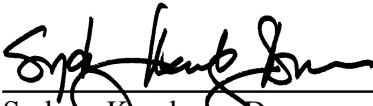

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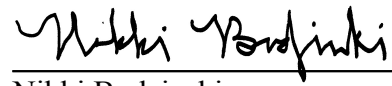
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Analilia Mejia
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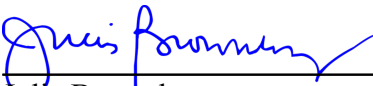
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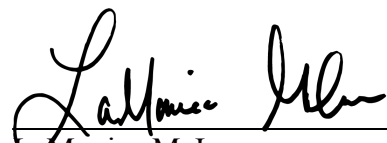
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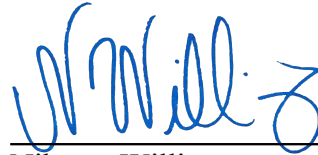
Dan Goldman
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Dina Titus
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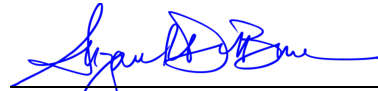
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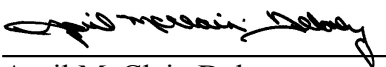
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Seth Moulton
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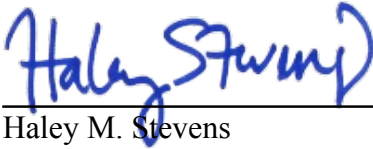
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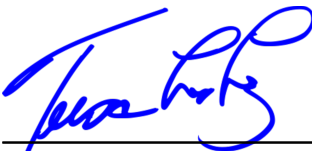
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