

Impacts of Heightened Immigration Enforcement on U.S. Citizens' Birth Outcomes

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Introduction

Immigration policy in North Carolina in which enforcement discretion is enacted at a local level decreases access to prenatal care and results in adverse effects on infant health. The effects can be long lasting and have harmful impacts on U.S.-born citizens of foreign-born mothers. The federal government's transition to a more liberal administration provides an opportunity for North Carolina and its local governments to reevaluate their relationships with Immigration and Customs Enforcement (ICE) and to reevaluate their responsibilities to mitigate the harm done to immigrant families and their U.S.-born children.

Background

Over the last decade, immigration enforcement has increased dramatically in the United States, with a large number of individuals experiencing detention and removal.¹ One of the main instruments of this increase in immigration enforcement is federal/local partnerships, known as 287(g) programs. Under 287(g) programs, local law officers are deputized to act as ICE agents. In practice, these partnerships give local law officers the authority and discretion to question individuals about immigration status and, if necessary, hold them in detention and begin deportation proceedings.² The 287(g) programs were reinvigorated under the Trump administration; the number of programs across the country has more than doubled since 2017.³ Currently, there are 150 of these programs in 20 states.⁴

Actions by ICE contribute to the psychological, social, and economic stresses faced by immigrant families, resulting in harmful effects on their physical health.⁵ Pregnant women are particularly vulnerable to these stressors, and their fetuses can be affected by the stressful environment. Conditions during pregnancy impact infants' lifelong health and well-being. Increasing levels of

Key Takeaways:

- Harsher immigration law enforcement by U.S. Immigration and Customs Enforcement leads to decreased use of prenatal care for foreign-born mothers and declines in birth weight.
- The uptick in ICE activities under the Trump administration may have long-lasting, harmful effects on U.S.-born citizens.
- Sheriffs and local governments should terminate their 287(g) agreements with ICE or allow them to expire.
- Educating immigrant communities on their rights may help protect immigrant families from enduring abuse from ICE and possibly lead to less stressful encounters with immigration authorities.

maternal stress are harmful, as they can negatively impact the behavioral and physiological development of infants while in utero.⁶ ICE activity through 287(g) programs has long-term consequences for the health and well-being of U.S. citizens born to foreign-born mothers by both increasing levels of maternal stress, leading to maladaptive pregnancy behaviors, and curtailing access to medical care.

North Carolina has experienced a large increase in its immigrant population in the last three decades and has seen a significant rise in the number of births to foreign-born mothers.⁷ Mecklenburg County, home to the state's most populous city, Charlotte, has the largest immigrant population (~148,000) of North Carolina's counties.⁸ Mecklenburg was one of the first counties in the country to adopt the 287(g) program in 2006. Its 287(g) program was the first instance in the country of the so-called "universal" enforcement approach of this policy, in which alleged noncitizens could be asked about their authorization status, regardless of their criminal record. Mecklenburg's approach was soon adopted by other geographies and became a model for those jurisdictions wanting to adopt 287(g).

Data

To evaluate the impact of the 287(g) programs on birth outcomes, long-form birth certificate data from the North Carolina Detailed Birth Records database between 2004 and 2006 were analyzed. The data encompasses all North Carolina births and contains information on parental demographics, infant health, and geographic identifiers. The birth outcomes of both non-foreign-born and foreign-born mothers,⁹ subdivided by level of education, from before and after the implementation of 287(g) programs were measured. Infant health and maternal prenatal care use was of primary interest. This brief summarizes the findings of the study and offers recommendations for improving infant health amongst immigrant families in North Carolina.

Impact: Reduced Access to Prenatal Care and Poorer Child Health at Birth

Findings from this study indicate that heightened ICE activity may reduce foreign-born mothers' access to medical care. Foreign-born parents reported reduced rates of adequate access to prenatal care. Increased immigration enforcement may make foreign-born mothers more reluctant to engage with medical institutions. In accordance with results from this study, previous studies have demonstrated that, under increased enforcement, foreign-born mothers are less likely to enroll in public insurance, receive public benefits, or obtain adequate prenatal care.¹⁰ Similarly, these findings support evidence from previous observations illustrating that ICE activity also leads to "chilling effects," in which feelings of fear, anxiety, and mistrust prevent immigrants from seeking out services to which they would otherwise be entitled.¹¹

The implementation of the 287(g) program worsened birth outcomes for less educated foreign-born parents;¹² infants of these parents weighed less and were more likely to be small for gestational age (SGA). Results indicate that the introduction of the 287(g) program reduced birth weight on average by 58.54 grams and increased the incidence of SGA births by 2.29 percentage points. These adverse effects of the 287(g) program are about the same as the beneficial effects of participating in a food assistance program such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).¹³

Lower birth weight and small gestational age are linked to worse outcomes in both childhood and adulthood. Being born small for gestational age is linked to poorer performance in school and being more likely to be recommended for special education.¹⁴ Lower birth weight has also been linked to worse self-reported health and measures of socio-economic status in adulthood.¹⁵ Adults who were small for their gestational age report height deficits, are less likely to work in a professional or managerial job, and have significantly lower levels of weekly income.¹⁶

Recommendations to Improve Outcomes for U.S. Citizen Births

While the following recommendations go beyond what was specifically tested and found in the present study, they provide viable and practical mechanisms to reduce the harm done to foreign-born families and their U.S.-born children.

- **Sheriffs and local governments should terminate their 287(g) agreements with ICE or allow them to expire.** In 287(g) jurisdictions, terminating this program is an essential first step in disentangling local law enforcement from immigration authorities. This action would lessen the stress and fear foreign-born parents experience due to threatened deportation, thus mitigating the risk for U.S.-born children and their foreign-born mothers.
- **End North Carolina's ban on sanctuary cities.** North Carolina currently restricts any city or municipality from refusing to cooperate with federal immigration and customs enforcement officials.¹⁷ However, statistics show that sanctuary cities positively impact well-being in the undocumented immigrant population.¹⁸ Residing in a sanctuary city may reduce foreign-born mothers' fears of deportation and make them more willing to use health services that are critical to their baby's well-being.
- **Educate immigrant communities on their rights.** Outreach through trusted organizations and individuals with strong ties to immigrant communities should target educating immigrants on their rights, such as reasonable notice of charge, representation by a lawyer, what questions they have to/don't have to answer from authorities, and competent interpretation for non-English speaking immigrants. Education and outreach may help protect immigrant families from enduring abuses from ICE and possibly lead to less stressful and confrontational encounters with immigration authorities.

Conclusion

Partnerships between local law enforcement and Immigration and Customs Enforcement have a harmful impact on infant health. Heightened ICE activity through 287(g) programs may reduce foreign-born mothers' access to medical care, resulting in poorer birth outcomes for their U.S.-born children. As prior research has shown, these effects persist past infancy, as lower birth weight and small gestational age are linked to worse outcomes later in life. Measures aimed at easing foreign-born mothers' fears of deportation are necessary to minimize the harm done to their U.S.-born children.

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