



Home Office

Detention Services Order 05/2016

Care and management of pregnant women in detention

June 2026



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Contents

Document Details	4
Instruction	5
Introduction	5
Initial detention	8
Non-residential STHFs	9
Transfer to a place of detention	9
Use of force on pregnant detained individuals	10
IRC reception	10
Pre-departure accommodation and residential short-term holding facilities	11
Healthcare reception	11
Induction	12
Care and management during general stay	13
Release/Removal discharge information	15
Release to the community	15
Removal	16
Auditing and Reporting	17
Revision History	17

Document Details

Process: To provide instructions and operational guidance for Home Office (HO) staff and contracted service providers (CSP) on the care and management of pregnant women in detention.

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Contains Mandatory Instructions

For Action: All Home Office staff and contracted service providers (CSP) operating in Immigration Removal Centres (IRCs), Residential and non-residential Short Term Holding Facilities (STHFs), pre-departure accommodation (PDA), in addition to escorting service providers.

For Information: N/A

Author and Unit: Akash Shourie, Corporate Operations and Oversight Team (COOT)

Owner: Michelle Smith, Head of Detention Operations

Contact Point: Jessica Hayson, Corporate Operations and Oversight Team (COOT)

Processes Affected: All processes relating to pregnant women being detained, entering detention and during detention.

Assumptions: All staff and CSPs will have the necessary knowledge to follow these procedures.

Notes: This DSO replaces DSO 05/2016 on pregnant women. This guidance supplements DSO 06/2016 on women in the detention estate.

Instruction

Introduction

1. This Detention Services Order (DSO) provides information and operational guidance for all Home Office (HO), CSP and healthcare staff working in IRCs, PDA and residential and non-residential STHFs where pregnant women are or may be detained, in addition to escorting staff. It outlines instructions on the care and management of pregnant women in detention.
2. For the purposes of care and management while detained an individual who makes a plausible claim they are pregnant, or who is suspected to be pregnant, must receive the same safeguards and provisions as a person with a confirmed pregnancy, until such time as the pregnancy can be confirmed. The Secretary of State must be satisfied that there is a confirmed pregnancy, as outlined in paragraph 10 below, for the restrictions contained in paragraphs 6 - 11 to apply.
3. Two different Home Office (HO) teams operate in IRCs:
 - Detention Services Compliance team (Compliance team)
 - Immigration Enforcement Detention Engagement team (DET)
 - The **Compliance team** are responsible for all onsite commercial and contract monitoring work. The **DETs** interact with detained individuals face-to-face on behalf of responsible officers within the IRCs. They focus on communicating and engaging with people detained at IRCs, helping them to understand their cases and detention.
 - There are no DETs at residential and non-residential STHFs or the Gatwick PDA. Functions which are the responsibility of the DET in RSTHFs are carried out by the CSP and overseen by the International and Returns Services (IRS) Escorting Operations Team (Escorting Ops). In the Gatwick PDA the role of engagement with detained individuals is covered by the local Compliance Team
4. This instruction does not apply to Residential Holding Rooms (RHRs).
5. For this guidance, “centre” refers to IRCs, PDA and STHFs. For the purposes of this DSO, “woman/women” refers to any person who can carry a pregnancy, including transgender individuals.

Pregnant women detained under the Immigration Act 2016

6. Whether a woman may be pregnant or not forms part of the referral to the Detention Gatekeeper. The case will be reviewed by the Detention Gatekeeper before it is

allocated out. That case would then be allocated to a Case Progression Officer who would complete their own review. Cases receive scrutiny at multiple points.

7. Section 60 of the Immigration Act 2016 states that a pregnant woman who is detained for removal or deportation cannot be detained for more than 72 hours, or not more than 7 days where the extension is authorised by the Secretary of State. Staff must ensure that the 72-hr clock starts as soon as the Home Office becomes aware of a pregnancy, this is for removal/deportation only and for example does not apply to a woman detained for examination at the border.

Verifying a Detained woman's claim to be pregnant

8. The restrictions apply only where the Secretary of State is satisfied that the detained woman is pregnant. A mere assertion by a detained individual that they are pregnant, unsupported by physical, medical or documentary evidence, is not sufficient to trigger the above restrictions. The evidence of pregnancy need not be medical or documentary - if the woman is visibly pregnant this should normally be accepted as evidence of a pregnancy, until the pregnancy has been confirmed which would be required to happen in a timely manner due to the limit on how long pregnant women can be held.
9. In accordance with [DSO 06/2016 Women in the immigration removal estate](#), women should be offered a free pregnancy test on arrival to the centre in a discreet manner, where possible by female staff, and in a language they understand. Although it will usually be in a detained individual's best interests to agree to a pregnancy test to confirm their pregnancy, they cannot be required to do so. If the detained individual does not wish to undertake a pregnancy test, the responsible caseworker, with support from the onsite DET (Compliance team in the PDA) and healthcare staff, should consider all available physical, medical or other documentary evidence to decide whether, at that point, they can be satisfied that the individual is pregnant.
10. Evidence which might allow the Secretary of State to be satisfied that an individual is pregnant may often emerge, or be provided, only after the individual entered detention regardless of whether they claimed to be pregnant before their detention started.
11. As indicated above, upon entry to the facility the individual should be asked about pregnancy and offered a pregnancy test. If the detained individual is claiming to be pregnant but is unwilling to submit to a pregnancy test to confirm that claim, and is not visibly pregnant, they should be treated as not being pregnant, and thus not subject to the above provisions, unless and until such evidence is provided. A negative decision should be kept under review, particularly if further evidence emerges or is provided subsequently.

Calculating the 72-hour time limit

12. Section 60(5) of the Immigration Act 2016 is clear that, for the purpose of calculating the 72-hour time limit a pregnant individual's detention starts from the point of:
- when an IO (Immigration Officer) was first satisfied that the individual was pregnant, or
 - the time at which their detention begins.

Where the Home Office does not know an individual is pregnant when she is first detained, the 72-hour detention "clock" will start from the time the Home Office first became aware that she was pregnant. If the individual is pregnant when she enters detention and an IO is aware of this, the clock starts from the time that detention begins.

Obtaining Ministerial authority to extend the detention of a pregnant individual beyond 72-hours

13. Ministerial authority to detain a pregnant individual for more than 72 hours and up to a total of 7 days may be sought before or after a pregnant individual is detained.
14. In the former case, such authority may be sought where it is known or believed in advance that the detained individual's planned detention will need to last for more than 72 hours. The extension sought should normally be for the additional period beyond the 72 hours needed in the particular circumstances of the case rather than automatically for the full 7-day period.
15. There will, however, be cases where the full 7-day period may be needed or appropriate. Extensions must not be sought as a matter of routine. They must not be sought for reasons of administrative convenience, nor must they be sought on a speculative, contingency basis. In the event that an extension is unavoidable, the caseworker must clearly set out the reasons why the extension is being sought when requesting ministerial authority.
16. In all cases ministerial authority must be in place before the 72-hour deadline is reached.
17. The Home Office's [guidance on the detention of pregnant women](#), is clear that the permission to extend the detention of a pregnant woman beyond 72 hours must only be sought in "exceptional circumstances". What constitutes "exceptional circumstances" is deliberately not defined. Where it is known or believed in advance that detention will exceed 72 hours, ministerial authority may be sought ahead of time. This may be appropriate, for example, where the earliest available return flight is scheduled to depart after the 72-hour limit, or where removal logistics mean that detention beyond 72 hours is unavoidable, but remains short term and removal is imminent.
18. Where circumstances beyond the Home Office's control arise after detention has begun, an extension may also be justified if unexpected factors occur, such as delays

to, or cancellation of, the return flight, the unavailability of escorts, or a late legal or practical barrier to removal. In such cases, the barrier should be expected to be resolved and removal should be expected to take place within the extended period.

19. Extensions must not be granted routinely, must not be sought for administrative convenience, and must not be speculative or contingency-based. They must also not be granted automatically for the full seven days; instead, any extension should be limited to the minimum additional time required to achieve removal.

Initial detention

20. It is essential that centres and escorts are informed in advance of an individual with a suspected, claimed or confirmed pregnancy being transferred into the immigration removal estate irrespective of the place of initial detention.
21. In accordance with [DSO 09/2012 Searching Policy](#), all individuals are given a level A rub down search on admission, removal and transfer. As for all women, pregnant women must only be searched by female staff, taking into consideration any needs and physical limitations of the detained individual and privacy must be given to the individual being searched.
22. Where detention of a pregnant individual is being planned or is being requested by Border Force or ICE (Immigration, Compliance and Enforcement) teams, the Detention Gatekeeper (DGK) must be notified and included in the planning. For those being pre-planned, the DGK would expect a pre-verification referral in order to assess the case before detention occurs. For Border Force cases, Notification of Departure would need to have been set for removal within 72 hours for acceptance to be granted. The DGK would require details of the date of the planned removal if the detention is being pre-planned. Any details will be provided by the relevant team making the referral for the individual who is to be removed.
23. At the point of detention, either service of the IS91 or acceptance by the DGK, the responsible caseworker must open a 'person alert' on ATLAS confirming that the HO is satisfied that the detained individual is pregnant. The 'DS: Pregnant' flag can be chosen from the drop-down list. The start date must be entered, and in the notes field, the exact time of detention must be entered along with details of evidence provided to confirm pregnancy. The detaining casework officer must ensure that all relevant detained individual records (Person Escort Record; movement order; and IS91 risk assessment) are updated immediately. It is important to note though that the 'person alert' should not be opened until pregnancy is confirmed. Referring teams are required to complete a healthcare referral which is to be sent to DEPMU for healthcare units to confirm they can manage the individual's needs.
24. In cases where an individual confirmed to be pregnant is detained without their pregnancy medical records or medication, all efforts should be made to ensure that they are able to get these items as a matter of urgency. If the individual is unable to

make such arrangements on initial detention, assistance should be provided on arrival at the IRC or STHFs by the welfare officer and/or healthcare team to support the detained individual in making any necessary arrangements.

Non-residential STHFs

25. No known pregnant individuals should be routed to STHF due to limited provision of healthcare services provided in STHFs. STHFs do not provide access to a GP on site and policy states every individual with suspected, claimed or confirmed pregnancy must be offered an appointment with a GP within 24 hours which cannot be facilitated at STHFs. In cases where an individual confirmed to be pregnant is detained without their pregnancy medical records or medication, detainee custody officers (DCOs) in non-residential STHFs should ensure that there are adequate and readily accessible provisions to address the needs of pregnant individuals, including food and drink, and maternity clothing where practicable. Extra pillows and blankets should be provided if this would make seating more comfortable for a pregnant individual. There should also be easy access to a toilet.

Transfer to a place of detention

26. When planning the transfer of a detained individual with a suspected, claimed or confirmed pregnancy, the escorting CSP must ensure that the wellbeing of the pregnant individual is considered at all stages of the journey. The timing of the journey and route should be arranged to limit the impact on the detained individual, wherever possible. Pregnant individuals will be prioritised and the journey planned to minimise the journey time when there are other detained individuals being escorted from other locations. The most direct route should be used wherever possible, with frequent comfort breaks and food and drink provided en-route. Inter-centre transfers at night should be avoided.
27. A detained individual with a suspected, claimed or confirmed pregnancy should always have at least one female escorting officer. Staff must also review and consider the physical and mental condition of the detained individual as part of the dynamic risk assessment process. A multidisciplinary call can be held to cover factors not addressed in the risk assessment i.e. increased risk factors and this would determine whether a medic is required. Where a medical escort is required, the CSP will contact their relevant third-party supplier to arrange for the transport. In case of a medical emergency, escorts should be aware of hospital locations, with maternity facilities, on the journey route. The escorting CSP should make appropriate consideration to the particular needs of a pregnant individual before and during the journey. Additional blankets and pillows should be provided if required.

Use of force on pregnant detained individuals

28. Force, or the use of restraints, must not be used on a pregnant detained individuals unless it is necessary to prevent them from harming themselves or any other person. In addition, pregnant detained individuals should not be placed at physical risk when force is used on another person. Force must not be used on a pregnant detained individual for the sole purpose of securing compliance. [DSO 07/2016 'Use of restraints for escorted moves'](#) sets out in more detail the limits to any use of restraints on a pregnant detained individual.
29. In the case of spontaneous uses of force on a detained individual who is known or suspected of being pregnant, all staff involved must comply with the specific techniques detailed in the Use of Force training manual. In these situations, force must only be used when other methods have been repeatedly tried and failed, or are judged unlikely to succeed, and action needs to be taken as there are no other reasonable options to resolve the situation. Please refer to [DSO 11/2025 Use of Force](#) for additional guidance.

IRC reception

30. Upon arrival to the IRC, the CSP should prioritise any detained individual with a suspected, claimed or confirmed pregnancy during the admissions process and ensure that they are managed ahead of all non-pregnant, or other detained individuals to ensure their wait is as short as possible. For reasons of safety and security a DCO will undertake a Level A rub down search of all detained individuals on admission to an IRC as set out in DSO 09/2012 'Searching policy'. Pregnant or suspected pregnant detained individuals must be searched only by female staff and privacy must be given while they are being searched. Details of all searches must be recorded, including details of any item that was found. These records must be made available to the onsite Compliance team on request. As standard, any search must take into consideration any needs and physical limitations of the detained individual.
31. With the consent of the individual, as part of the arrival process a personalised care plan and individual health and welfare risk assessment should be drawn up. Staff should refer to [DSO 06/2013 Reception and induction checklist and supplementary guidance](#). This should include consideration of suitable accommodation within the centre, for example on the ground floor if necessary to avoid use of several flights of stairs.
32. Where an individual's pregnancy comes to light after admission to detention, during office hours (Monday to Friday) the responsible HO caseworker should be notified of the pregnancy immediately using an IS91RA Part C form. This notification should be undertaken by the onsite DET or ECMT respectively (or Compliance Manager for all PDA cases) who will also follow up with a telephone call to the case owner to ensure that the information has been noted.

33. Outside of office hours (after 18.00hrs until 09.00hrs, and at weekends/bank holidays) the responsible HO caseworker should be notified of the pregnancy using an IS91RA Part C form as above. In addition, the IRC CSP should immediately contact the local Compliance on-call manager with the relevant details. The local Compliance Manager on call should then immediately inform the Detention Services on-call senior manager, who will notify the on-call duty officer for the relevant case working team.

Pre-departure accommodation and residential short-term holding facilities

34. In certain cases, pregnant women may be detained in Pre Departure Accommodation (PDA) (as part of a family group undergoing ensured return), or in residential STHFs (noting the restrictions as detailed in paragraph 25), which have more limited facilities available. Within 2 hours of arrival a detained individual with a suspected, claimed or confirmed pregnancy will be screened by the onsite healthcare team. Access to ante-natal supplies such as maternity clothing will be provided on a case-by-case basis and whenever required.
35. On notification of a suspected pregnancy, healthcare providers at either the RSTHF or PDA will offer the detained individual a voluntary pregnancy test to confirm pregnancy. Following confirmation of a detained individual's pregnancy, the onsite healthcare team must notify International and Returns Services (IRS), ECMT and the CSP of the pregnancy using an IS91RA Part C **only** if the detained individual consents. See paragraph 36 for further information. Upon receipt of the IS91RA Part C, Escorting Operations will open a 'DS: Pregnant' person alert on ATLAS. The exact start date of when the pregnancy was confirmed must be logged, and in the notes field the exact start time of when the pregnancy was confirmed must be entered along with details of evidence provided to confirm pregnancy.
36. If the detained individual does not provide consent to inform others of their pregnancy, healthcare staff should undertake the same process but complete the IS91RA Part C stating that the detained individual is on a medical hold and force should not be used on them other than to prevent harm to themselves or others. The pregnant individual should receive information about the risks and benefits of the decision to withhold consent from a healthcare professional in a format and language she understands, and this should be recorded fully in the detained individuals' healthcare notes. [DSO 01/2016 'Medical Information Sharing'](#) provides more detail on dealing with confidential medical information.

Healthcare reception

37. Detained individuals who arrive late in the evening will be screened at the earliest opportunity. For detained individuals who do not wish to have a full medical screening

late at night they should receive a basic screening within 2 hours of arrival to ensure first night safety, with a full screening the next day (and within 24 hours).

38. In line with the procedures in place for all detained individuals, every detained individual with a suspected, claimed or confirmed pregnancy must be offered an appointment with a GP and local maternity service within 24 hours of arrival at an IRC, which should include consideration of any medical requirements to enable removal to take place as planned. The IRC must ensure that access to urgent medical care outside the centre is facilitated when required, as determined by the onsite healthcare team.

Induction

39. The CSP and onsite DET must prioritise detained individuals with a suspected, claimed or confirmed pregnancy through their induction processes (in the PDA this will be the responsibility of the Compliance team). Centre staff and healthcare staff must work together to undertake a risk assessment of the detained individual as soon as possible, and within a maximum of 24 hours after arrival at reception. The risk assessment should include consideration of any pregnancy-related medical concerns and risks under the vital interests of the person and be completed on an IS91RA Part C form. The form should be sent to Escorting Operations who will enter the details on ATLAS. The DET will forward a copy of the IS91RA Part C to the responsible case-workers generic inbox. If the IS91RA Part C is sent out of hours, the DET will send to the caseworker the following morning.
40. During the IRC CSP induction process, the detained individual will be provided with information that sets out the IRC's specific provisions for pregnant individuals, including details of available ante-natal supplies that the IRC will provide on request, such as a pregnancy pillow and maternity clothes. Pregnant detained individuals may ask centre staff or detained women's welfare groups for help in understanding the support available to them. The IRC welfare team can assist with the following:
- Assisting with accessing the individual's property and medical records, for example by contacting a landlord and asking for belongings to be collected and forwarded.
 - Assistance with financial matters (e.g. closing bank accounts), with contacting friends and family overseas via the Red Cross Tracing Service, with the process of obtaining the detained individual's previous medical records and by arranging for the provision of maternity clothing when necessary.
41. Staff must ensure that any pregnancy-related issues are considered when undertaking the room sharing risk assessment ([DSO 12/2012 Room Sharing Risk Assessment refers](#)) for the pregnant individual. A pregnant detained individual should be allocated a single room on request, where available.

42. There are no specific provisions for pregnant detained individuals in C&C (Care and Custody) operated STHF (residential and non-residential); the procedures outlined in [DSO 08/2016 Management of adults at risk in immigration detention](#) would apply.

Care and management during general stay

43. If staff witness any changes to the physical or mental health of a detained individual who is confirmed or suspected to be pregnant which may impact on the decision to detain, the responsible HO caseworker should be notified as a matter of urgency. This will include pregnancy-related events such as a suspected miscarriage and any concerns regarding the unborn baby.
44. If, during their stay, a detained individual informs IRC staff that they are pregnant or suspects that they are pregnant, the member of staff should notify healthcare staff, the onsite Compliance teams and the DETs as soon as possible. On notification, healthcare staff should offer the detained individual a pregnancy test to confirm the pregnancy. If the detained individual does not wish to undertake a pregnancy test, the responsible HO caseworker, with support from the onsite DET (Compliance team in the PDA) and healthcare staff, should consider all available physical, medical or other documentary evidence to decide whether, at that point, they can be satisfied that the detained individual is pregnant. A negative decision should be kept under review, particularly if further evidence emerges or is provided subsequently.
45. Following confirmation of a detained individual's pregnancy, healthcare staff should notify the onsite Compliance and the DETs **only** if the individual consents, unless Rule 35(1) Detention Centre Rules 2001 applies (or Rule 32 of the Short-term Holding Facility Rules 2018) in which case the medical practitioner (or nurse in a residential STHF) is under a duty to report their concerns about the individual's health to the Home Office in line with the established procedures for doing so.
46. The pregnant individual should receive information about the risks and benefits of the decision to withhold consent from a healthcare professional in a format and language she understands, and this should be recorded fully in the detained individuals' healthcare notes. [DSO 01/2016 'Medical Information Sharing'](#) provides more detail on dealing with confidential medical information. If the individual still does not wish to consent, the time limit on detention will not start until the Home Office is aware of the pregnancy. This is defined by the time in which the responsible caseworker is satisfied that the detained individual is pregnant. This could include consideration of other physical, medical, or documentary evidence. If the detained individual does not provide consent, healthcare staff should complete an IS91RA Part C stating that the detained individual is on a medical hold and force must not be used other than to prevent harm.
47. Once consent is provided the onsite healthcare team must raise an IS91RA Part C and submit this to Escorting Operations, with a copy provided to the centre CSP

and/or ECMT, and both the onsite Compliance and DETs. Upon receipt of the IS91RA Part C, Escorting Operations will open a 'DS: Pregnant' person alert on ATLAS.

48. During office hours (Monday to Friday) the responsible HO caseworker should be notified immediately by email using an IS91RA Part C form. This notification should be undertaken by the onsite DET who will also follow up with a telephone call to the responsible caseworker to ensure that the information has been noted. With the agreement of the individual, a care plan should then be put in place by healthcare and IRC CSP staff jointly within 4 hours to ensure that the wellbeing of the pregnant individual is safeguarded.
49. Outside of office hours (after 18.00hrs until 09.00hrs, and at weekends/bank holidays) the responsible HO caseworker should be notified as soon as possible using an IS91RA Part C form. In addition, the CSP should immediately contact the local HO Compliance Team with the relevant details. The local HO Compliance Team should then immediately inform the Detention Services on-call senior manager, who will notify the on-call duty officer for the relevant case working team. Simultaneously, with the agreement of the individual, a care plan should then be put in place jointly by healthcare and CSP staff to ensure that the wellbeing of the pregnant detained individual is safeguarded.
50. The responsible caseworker should have regard to the pregnant detained individual's welfare when determining whether to authorise continued detention. Responsible caseworkers must inform the onsite Compliance and DETs of any Ministerial extension to the detention time limit.
51. Each IRC that holds women must have a pregnancy liaison officer (PLO), or an officer whose functions include that of a PLO. The PLO should be a female officer where possible. The PLO, with support from healthcare staff, will be responsible for the development of a welfare plan for the management of a pregnant detained individual's care while they are in detention. They are also responsible for providing ante-natal supplies on request, including pregnancy pillows and maternity or other specific clothing, e.g. support stockings. Access to pregnancy related hygiene supplies, vitamin supplements and additional dietary requirements should be arranged by the PLO in consultation with healthcare. Additional food and drink should be made available outside of usual mealtimes.
52. In addition to routine healthcare support from the centre, pregnant detained individuals will receive ante-natal care in line with [NICE](#) guidelines (or [SIGN](#) guidelines in Scotland), where possible. The decision to prescribe specific medication to enable removal to take place as planned is a matter for healthcare.
53. If, during their stay, a detained individual informs STHF staff that she is pregnant or suspects that she is pregnant, CSP staff must notify ECMT via the established Part C process, who in turn, will inform the relevant casework area. Healthcare staff may

consider a Rule 32 report and submit that to ECMT, who will log this along with the Rule 35 (IRC) team and update ATLAS accordingly.

The DETs are responsible for forwarding the IS91RA Part C by email to the relevant dedicated casework generic inbox and to DEPMU. DEPMU are responsible for uploading the form onto ATLAS via 'Manage Documents'.

54. Within C&C operated STHF (residential or non-residential), there are no PLOs; The detained individual would be managed as an 'adult at risk' and a Vulnerable Adult Care Plan (VACP) would be opened in line with the Adults at Risk (AAR) policy.

Release/Removal discharge information

55. Prior to a detained individual's release or removal, the CSP must complete the relevant discharge paperwork in full and the onsite DET should update the ATLAS person notes outlining the discharge information. Once the detained individual has either been removed, released, or is no longer pregnant, the caseworker must close off the 'DS: Pregnant' person alert on ATLAS, entering the closure date and updating the notes field to include the time that detention ended.
56. A pregnant individual who is released from detention may be released from detention unconditionally or granted immigration bail, subject to appropriate conditions in line with guidance set out in Immigration bail.docx (sharepoint.com). Healthcare information to be provided on release: [Healthcare entitlements for non-UK detainees being released into the community - GOV.UK](#)

Release to the community

57. In the case of release from an IRC to the community, the IRC healthcare provider, where possible, will inform the relevant healthcare provider in the community and refer to Reconnect services for continuity of care. This should include the provision of all necessary medical and healthcare information about the individual and their unborn baby, subject to the individual providing consent. The PLO should ensure that the detained individual is adequately prepared on release so that health and wellbeing is safeguarded on the journey to her destination address. This information should be set out on the relevant discharge paperwork. If the individual upon release has stated that they have no fixed abode, a Multi-Disciplinary Team meeting (MDT) will be conducted in order to address and implement adequate safeguards before release is agreed, as outlined in [DSO 08/2016 – Management of adults at risk in Immigration Detention](#), in the "Release to the community" section.
58. This should include sufficient money if required to enable travel to her destination, a supply of sufficient medication for the journey (and until an alternative supply can be arranged), a copy of her medical records where appropriate, assistance with heavy luggage, and a travel warrant. Releases should be facilitated during daytime where possible, to ensure that the individual can reach her destination without late night

travel, unless she is being collected by friends or family or for other significant operational reasons that mean that release at other times would be unavoidable. Night releases should be exceptional, and the reasons must be fully documented. This must include consideration of the individual's safety.

59. In the case of release from a STHF to the community, this would be managed in line with [DSO 01/2018 Release of Detained Individuals from Immigration Detention](#).

The CSP should complete an IS91 Part C and submit to Escorting Operations, the Compliance team manager, DET managers and to the DET inbox. The DET team are responsible for sharing the document with Escorting Operations and the responsible caseworker team. It is Escorting Operations responsibility to upload a copy of the Part C to ATLAS via 'Manage Documents'. Both Escorting Operations and the Compliance team will forward this information onto the Family Returns Unit (FRU).

60. In the case of release from the PDA, detention should normally be authorised for a maximum of up to 72 hours for families. In exceptional circumstances, and with the authorisation of the Secretary of State, detention may be extended for a maximum of up to 7 days. Case progression will be overseen by the FRU, and prior to discharge, individuals will be seen by the healthcare team who will raise any concerns regarding their release with the FRU.

Removal

61. All removals involving pregnant individuals should be treated as a complex removal, unless medical evidence indicates otherwise. To plan a safe and successful removal the IRC CSP should hold a multi-disciplinary meeting to agree the removal plan and risk assessment. Attendees should include, as a minimum, the onsite HO Compliance and DET Manager/Deputy Manager, IRC and escort service providers, healthcare service providers and a responsible caseworker. The IRC healthcare clinician should be invited to attend, where available. During the meeting consideration should be given to whether the individual is deemed fit for travel, and any requirement for a medical escort.
62. IRC CSP staff should inform the escorting service provider of any pregnancy-related needs for safe removal of the pregnant detained individual, which may include back support cushions and blankets for travel, more frequent comfort breaks, consideration of alternative means of transport and any particular dietary needs (e.g. mitigating nausea). In addition to standard procedures on removal, the IRC CSP will provide the detained individual with an individual travel pack before leaving the IRC. This pack should contain food and drink for the journey (in alignment with any external restrictions such as liquid prohibition at airports), support stockings, sufficient medication for the journey and, until alternative supplies can be arranged in the destination country, other specialised equipment such as mosquito nets, where appropriate.

Auditing and Reporting

63. Where a pregnancy is identified in an IRC, DET staff should update the “Pregnant detained individual Statistics” spreadsheet promptly. The spreadsheet records the detained individual’s details, the date and time the pregnancy was confirmed, extensions to detention beyond 72 hours, and the cumulative time in detention after pregnancy was confirmed.
64. An annual self-audit of this DSO is required by CSP to ensure that the processes are being followed. This audit should be made available to the Home Office on request.
65. Subject to exemptions, the Freedom of Information Act (FOIA) gives the public a general right to access recorded information held by the Home Office. The process involves making a written request, which the authority must respond to within a specific timeframe, typically 20 working days.

Revision History

Review date	Reviewed by	Review outcome	Next review
June 2026	Akash Shourie	<ul style="list-style-type: none">• Standardised changes applied to DSO• Policy updates as required• Equality considerations• Input from NHS and College of Midwifery adding procedural context to the DSO• Clarification on DET’s responsibility as pertains to Part C• Added context with regards to wording from ECHR, IMA and the Equality Act and the treatment of pregnant individuals	June 2028