“Project J-FIT” TEMPLATE

Please complete all information requested.

1) Toolkit name:  __Imprisoned and Pregnant: Evaluating the Use of Correctional Restraints

2) Project manager contact information
Name:  __Mallory Fox
Address:  __7848 Ingonish Place, Jacksonville, FL 32244
Phone number:  ___(931) 260 - 1898
Email address:  __mallory.fox@jax.ufl.edu

3) Team member names and email addresses:
   __Mallory Fox (Mallory.fox@jax.ufl.edu)
   __Kelly Best, MD FACOG (Kelly.best@jax.ufl.edu)

4) Objectives:
   The use of physical restraints in pregnant incarcerated patients is commonplace in many health care institutions. Restraints and shackles have been deemed not only unsafe but also demeaning and unnecessary for this special patient population. The American College of Obstetricians and Gynecologists, several individual state statutes, as well as many other national organizations have adopted position statements opposing the use of physical restraints in pregnant incarcerated patients. Despite this, many institutions still utilize physical restraints. My project aims to educate both health care providers and correctional guard staff on the current guidelines and practices. Furthermore, this project will serve as a platform to create and implement a hospital policy to ensure that proper guidelines and statues are followed in the future. Overall the project’s intentions are to safeguard intrapartum and postpartum care for the pregnant incarcerated patient.

5) Key words for searches:  __pregnant; incarcerated; shackles; physical restraints

6) Target Audience:  __Correctional guard staff employed by UF Health Jacksonville; Resident physicians, Attending physicians; nursing staff

7) Dates of project and timeline:
   __Project implemented August 20016 -November 2016, future educational seminars scheduled for Spring 2017

8) Venue:  __Educational seminar held in OBGYN conference room of UF Health Jacksonville. Future seminars planned at the Jacksonville Sheriff’s Office and correctional facility. Additionally, the project will be presented at the UF Health College of Medicine-Jacksonville OBGYN Thesis Day held at the
Epping Forrest Yacht Club in May 2017. This platform will serve to promote the project to surrounding OBGYN physicians, faculty members, residents, as well as medical students.

9) Contact Person email address (at venue):

___ Angela Mardany, Office Manager (angela.mardany@jax.ufl.edu) at UF Health Jacksonville

___ Chief Tammy Morris, Department of Corrections-Jail Division (tammy.morris@jaxsheriff.org) at Jacksonville Sheriff’s Office

(ACOG JF): ___ Mallory Fox (Mallory.fox@jax.ufl.edu) ACOG ID: 000684857I

10) Number of participants (approx): 50

11) List all supplies needed:

Venue equipped with PowerPoint technology, volunteers

12) Project Prep Time: 1-3 months

Number of volunteers needed: approximately 5

Delegation of projects/responsibilities:

- one volunteer to conduct literature search on current guidelines and the individual state statute
- one volunteer to contact the correctional facility(ies) to arrange a meeting
- one volunteer create PowerPoint or educational seminar to present to target audience

13) Advertisement (please include sample copies of flyers, emails, media):

Please see attachment for educational PowerPoint and media

14) Budget:

No costs were accrued during this project. Our team arranged seminars in the OBGYN conference room and local correctional facility for no cost.

15) Funding (source and amount): N/A

16) Summary: Please attach a detailed description of your project. Include an overall summary including positive points of the event, things to improve on, and impact on the community or women’s health. (Limit 750 words)
Summary

The number of incarcerated women is on the rise. According to the US Bureau of Justice Statistics, up to 10% of incarcerated women are pregnant. Despite position statements claiming the use of physical restraints is demeaning and harmful, it is still common practice in many healthcare facilities today. Educational awareness regarding this topic is very limited. Our goal with this project was to increase knowledge and safeguard the intrapartum and postpartum experience for the pregnant incarcerated patient. We planned to carry out our goal by creating and presenting educational seminars to the correctional facility guards as well as an audience of diverse healthcare providers.

The first step of the project was to perform a literature search and familiarize ourselves with position statements from ACOG as well as other national organizations including American Civil Liberties Union, American Correctional Association, Federal Bureau of Prisons, Amnesty International, and the National Commission of Correctional Health Care. Next, we researched our specific state statute and quickly learned that many of the practices at our institution did not align with current guidelines. A state-by-state directory can be found here, www.aclu.org/state-standards-pregnancy-related-health-care-and-abortion-women-prison-map.

After gathering our data, a concise PowerPoint presentation was created. A brief meeting with nursing staff, other resident physicians and faculty took place to share anecdotes on the topic at hand. This meeting was especially helpful since seasoned nurses shared specific challenges of caring for a shackled patient from their perspective. It was important to tailor the lecture to those not conversant in healthcare in a way that correctional guards could understand. For example, time was spent explaining obstetric emergencies such as shoulder dystocia, eclamptic seizure, and postpartum venous thromboembolism and how restraints directly pose harm in these instances.

The next task was to phone our local county jail. We contacted directly the Chief of the Jail Division from Department of Corrections. I feel that this could be one of the more challenging aspects of the project. Suggestions to reach the appropriate contact person could include utilizing the hospital’s Risk Management Officer, the contracted physician at the local jail or through local guard staff. Fortunately, our mission was well received, especially given the good public relations exposure it would bring having the county jail and hospital working together for a common goal. We were then able to schedule educational sessions at both UF Health campus and at the correctional facility. In the coming months, this project will be presented at UF Health College of Medicine-Jacksonville Thesis Day. Here, the project will be presented to nearly 100 local physicians, faculty, and medical students.

In the short amount of time the project has been underway, we have seen an overwhelmingly positive reaction from both healthcare providers and correctional guard staff. We have already begun to see physical restraints being removed on labor & delivery as well as the postpartum units. Most notably, there have been accounts of incarcerated patients expressing their gratitude. There is always room for improvement in the future. Future goals include formulating a strict policy which mirrors the guidelines a state statutes. This policy would have an easily accessible communication tree to notify the appropriate persons if any issues arise. Further research is needed to know the true impact of this project. This could easily be accomplished by surveying the patients directly or the involved healthcare staff. Overall, we are very eager to see tangible change at our hospital and hope the momentum continues to improve the care of this special patient population.
17) Photography/Pictures (mandatory, limit 5). (Please Attach)

Photo 1: Dr. Kelly Best providing introduction for educational session. Photo 2: Dr. Mallory Fox presenting at UF Health Jacksonville. Photo 3: Audience. Photo 4: Audience. Photo 5: Phot including Chief Morris (second from left) Dr. Best, and Dr. Fox, and local Lieutenants.
The Incarcerated Pregnant Patient

- Increased Fall Risk (bottlenecks, modified lab requirements in jail)
- Majority are malnourished, underweight
- Poor nutrition
- Less likely to breastfeed
- Victims of domestic violence, mental illness, substance abuse
- Increased Risk of infectious disease (TB, HIV, HCV)
- Increased risk of postpartum depression
Correctional Restraints in the Pregnant Incarcerated Patient

Mallory Fox, MD
Kelly Best, MD
UF Health, Jacksonville
Department of Obstetrics & Gynecology
Conflicts of Interest

No conflicts of interest to declare.
Outline

- Prevalence
- Getting to know the patient
- ACOG Guidelines
- FL State Statute
- Supporting Associations
- BOTTOM LINE
- References
Purpose

- Education for the health care staff, correctional officers, and physicians in efforts to improve patient safety and outcomes
- Improve patient satisfaction and the intrapartum and postpartum patient experience
- Align our practices with current guidelines and statutes
- Open communication channels between guard staff and health care staff
Definitions/ Terms

- Physical restraint: any device used to control movement of a prisoner’s body or limbs
- ACOG: American College of Obstetricians & Gynecologists
- Venous thromboembolism (VTE): blood clot, usually in an extremity or lung
- Shoulder dystocia: obstructed labor when the infant’s shoulder cannot pass the pubic bone
- Preeclampsia/Eclampsia: Blood pressure disorder in pregnancy leading to multi-organ dysfunction and even seizure
- Preterm: less than 37 weeks gestation with 40 weeks being a term pregnancy
- Postpartum: defined as the 6 week period following delivery
- Third trimester: 28 weeks gestation and above with viability at ~24 weeks
Prevalence

- The number of incarcerated women increased 153% from 1999-2009.
- Approximately 6-10% of incarcerated women are pregnant.
- Among prisoners, approximately 4% were state and 3% were federal inmates.

Exhibit 1. Pregnant Women in Correctional Custody

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>TOTAL NO. OF FEMALES</th>
<th>PREGNANT AT INTAKE</th>
<th>No. of Intakes</th>
<th>Percent of Intakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jails</td>
<td>94,000</td>
<td>4,700</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>State prisons</td>
<td>101,300</td>
<td>4,052</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Federal prisons</td>
<td>13,700</td>
<td>411</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>209,000</td>
<td>9,163</td>
<td>4.4</td>
<td></td>
</tr>
</tbody>
</table>

Bureau of Justice Statistics Bulletin 2009
The Incarcerated Pregnant Patient

- Increased Fall Risk (bottom bunk; modified job assignments in the jail)
- Majority are nonviolent crime offenders
- Poor nutrition
- Less likely to breastfeed
- Victims of domestic violence, mental illness, substance abuse
- Increased Risk of infectious disease (STIs, TB, Hep C, HIV)
- Increased risk of postpartum depression
ACOG Guidelines

- Shackling increases the risk of falls and prevents ability to brace oneself during a fall
- Restraints can hinder timely examination of the pregnant patient with abdominal pain
- In the event of vaginal bleeding, shackling can delay diagnosis and proper treatment
- Should dystocia maneuvers cannot be executed safely in a restrained patient
- Patients at risk of seizure cannot be treated safely in restraints
- Postpartum patients need to ambulate to reduce risk of VTE
- Shackles can inhibit mother-child bonding in the postpartum period including breastfeeding
Florida State Statute

Title XLVII, Chapter 944.241 [9/1/2012]

“Restraints may not be used on a prisoner who is known to be pregnant during labor, delivery, and postpartum recovery, unless the corrections official makes an individualized determination that the prisoner presents an extraordinary circumstance”

“The physician may request that restraints not be used for documentable medical purposes”

“Under no circumstances shall leg, ankle, or waist restraints be used on any pregnant prisoner who is in labor or delivery.”
“If the officer determines there is an extraordinary public safety risk, the officer is authorized to apply restraints ...using the least amount of restraint possible”

“Written findings within 10 days after the use of restraints as to the extraordinary circumstance that dictated the use of the restraints. These findings shall be kept on file by the department or correctional institution for at least 5 years.”
Continued...

“If wrist restraints are used, they must be applied in the front so the pregnant prisoner is able to protect herself in the event of a forward fall.”

“If restrained in violation of this section [prisoners] may file a grievance with the correctional institution, and be granted a 45-day extension”
Project Goals

- 28 weeks gestation and beyond >> no restraints
- Viable pregnancies with medical emergencies (Preeclampsia, vaginal bleeding, evidence of fetal distress, sepsis, etc) >> no restraints
- Allowance for transportation to NICU if feasible
- Guards should be equipped with instruments to remove flex cuffs in event of emergency
- Maintain patient privacy and respect within the confines of safety
- Establish readily available protocol with chain of command and contact information
Supporting Organizations

- American Civil Liberties Union
- United States Marshals Service
- American Correctional Association
- Federal Bureau of Prisons
- American Public Health Association
- Amnesty International
- American College of Nurse Midwives
- American Medical Association
- The American Bar Association
- National Commission of Correctional Health Care
Legal Aspect

- “The use of such restraints in the absence of any security or flight risk is questionable from humanitarian, public relations, and litigation perspectives.“

- 21 States have a policy in place prohibiting shackling unless deemed extraordinary circumstances

- **8th Amendment**
  - Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted
    - Estelle vs. Gamble
    - Hope vs. Pelzer
    - Hale vs. Adams County Jail
    - Farmer vs. Brennan
Publicity

Voices from Solitary: Pregnant in Prison, Birth in Shackles

The New York Times
Sunday Review | OPINION

In Labor, in Chains
The Outrageous Shackling of Pregnant Inmates
By AUDREY QUINN  JULY 26, 2014

Pregnant prisoners are losing their shackles

Pregnant prisoners should not be in shackles
Maine is the only New England state that allows this practice.
Bottom Line

- Promote safety of the patient, infant, health care staff, and correctional officers
- Ensure a pleasant labor and delivery experience for ALL patients
- Challenge ourselves to stay current with guidelines and legislature
- Open communication channels between all members of the patient care team
- Future plans include creation of a new policy mirroring the guidelines and statues at UF Health
References


THANK YOU