Talking Points for State Legislation

ISSUE: Restricting the use of restraints on incarcerated pregnant women

ACOG POSITION: Supports state and federal legislation to restrict shackling of incarcerated women and adolescents during pregnancy and the postpartum period.

△ Shackling of incarcerated pregnant women is demeaning and rarely necessary.
  • Correctional facility restraint and shackling policies were designed to prevent the escape of violent, male offenders. In most cases, they have not been re-designed for the female prison population.
  • Most incarcerated women are nonviolent offenders -- jailed for nonviolent crimes including drug and property offenses.
  • There are no reported escape attempts among pregnant incarcerated women who were not shackled during childbirth. This demonstrates that it is possible to preserve women’s dignity and provide compassionate care.
  • Nausea and vomiting are common symptoms of early pregnancy. Shackling women already suffering is cruel and inhumane.
  • The use of shackles during labor compromises a woman's ability to deliver her baby in privacy.
  • After delivery, shackling may prevent or inhibit mother-child bonding.

△ Incarcerated pregnant women are at high-risk for pregnancy complications.
  • Pregnancies among incarcerated women are often unplanned and high risk.
  • Poor nutrition, domestic violence, mental illness, and drug and alcohol abuse are typical.
  • High rates of HIV infection and substance abuse among incarcerated women can contribute to poor birth outcomes.
  • In most state and local prisons, adequate prenatal care, appropriate maternal nutrition, and nutrition counseling are not available, or required.

△ Physical restraints interfere with safe medical practice.
  • Restraints limit the ability of medical care providers to assess and evaluate the mother and the fetus.

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• If a woman has abdominal pain during pregnancy, a number of tests to evaluate for conditions such as appendicitis, preterm labor or kidney infection may not be performed while a woman is shackled.
• Shackling can delay prompt diagnosis of vaginal bleeding which may pose a threat to the woman or the fetus.
• Hypertensive disease occurs in approximately 12-22% of pregnancies and is directly responsible for 17.6% of maternal deaths in the US. Preeclampsia can result in seizures which may not be safely treated in a shackled patient.
• Women should never be shackled during evaluation for labor.
• During pregnancy and up to 6 weeks postpartum, shackling should occur only in exceptional circumstances after the clinician providing care has considered the health effects of restraints.
• Correctional officers should be available and required to remove shackles immediately upon the request of medical personnel.

⚠️ Shackling interferes with normal labor and delivery and puts at risk the health of the pregnant woman and her fetus.

• Pregnant women are more likely to experience balance issues and are at greater risk for falls. Shackling increases this risk and hinders a woman's ability to protect herself and her fetus if she does fall.
• During labor, shackling interferences with a woman's ability to ambulate -- important for adequate pain management, successful cervical dilation and successful vaginal delivery.
• Women need to be able to move or be moved in preparation for emergencies of labor and delivery, including shoulder dystocia, hemorrhage, or abnormalities of the fetal heart rate requiring intervention, including urgent cesarean delivery.
• After delivery, shackling may prevent or inhibit mother-child bonding and interfere with the mother’s safe handling of her infant.

**ACOG Resources:**
ACOG Committee Opinion #511, *Health Care for Pregnant and Postpartum Incarcerated Women and Adolescents*, November.