



# POSITION STATEMENT

## **Shackling/Restraint of Pregnant Women who are Incarcerated**

The American College of Nurse Midwives (ACNM) affirms the following:

- Restraint or shackling of pregnant inmates carries significant health risks and negative consequences for the pregnant inmate and her fetus or newborn.
- The use of restraints should occur only as an exception and not by default during the prenatal, intrapartum, and postpartum periods and only as needed to prevent harm to the mother, her infant, or medical providers. Risk of escape should be realistically appraised when this is a consideration.
- Women should not be restrained during labor. Labor itself is a restraining condition. Impairment of movement should be avoided to prevent injury and to aid the medical staff in providing care and facilitating position changes necessary for labor and birth.
- Consistent with our philosophy of care and our position on promotion of safe, healthy, normal, physiological birth, incarcerated women should have access to evidence-based care to promote optimal maternal and newborn outcomes unless medical, high risk conditions prevent a high touch, low risk approach.
- In the postpartum period, restriction of mobility places a woman at substantial risk of thromboembolic disease and postpartum hemorrhage.
- Promoting, rather than restricting, the mother's contact with the newborn is critical in establishing attachment in what is often a limited period of hospitalization. This is a vitally important stage in maternal-infant bonding, which sets the stage for optimal newborn development.<sup>1</sup>

ACNM is in agreement with organizations who oppose the practice of shackling incarcerated women, including American College of Obstetricians and Gynecologists (ACOG), Association of Women's Health, Obstetric, and Neonatal Nurses, The Rebecca Project for Human Rights, Amnesty International, American Civil Liberties Union, and National Organization for Women.

### **Background**

According to Bureau of Justice statistics, in 2010 approximately 18% of the 7 million individuals under correctional jurisdiction or custody were women,<sup>2</sup> 200,000 women are incarcerated in jails and prisons,<sup>3</sup> 75%-85% of incarcerated women are mothers, and 6% of women in correctional custody are pregnant.<sup>3</sup> Most female inmates are incarcerated for nonviolent crimes and pose little risk to themselves or to others. Women are a special population within the correctional system, and their unique health care needs have historically been inadequately identified.

The population of incarcerated women reflects the social, economic, and medical disparities seen today in American society in general. Female inmates are more frequently minorities, have lower income and educational levels, a higher incidence of untreated or undertreated chronic

medical or psychiatric illness, addiction or substance abuse, and traumatic histories. Midwives frequently provide care for underserved women and families and are in a position to advocate for practices and policies that facilitate optimal pregnancy outcomes, humane treatment, emotional well-being, maternal-infant attachment, and healthy parenting skills.

Individual states have proposed legislation to ban or limit the use of shackles in pregnancy. Correctional agencies, including the National Commission on Correctional Healthcare (NCCHC) and the American Correctional Health Services Association (ACHSA), have recommended that restraints be used in the least restrictive manner possible, with consideration of adverse clinical consequences. The American Public Health Association (APHA) and ACOG have advocated for policies that eliminate or decrease use of restraints in pregnancy. Finally, the use of shackles is prohibited by international law.<sup>4-6</sup>

Humane policies for individuals in the criminal justice system, including adequate health care while incarcerated, community sentencing programs as an alternative to incarceration, increased availability of treatment for addiction, and repeal of statutes that permanently revoke parental rights based on time served, would serve to disrupt intergenerational effects of incarceration. Consistent with ACNM's philosophy, midwives can serve as advocates for humane care and comprehensive services for women within the criminal justice system.<sup>7</sup> Women's health and women's rights are intrinsic facets of human rights. ACNM recognizes the burden of risk on women when these rights are violated.

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## RESOURCES

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