

Shackling Incarcerated Pregnant Women

An official position statement of the Association of Women's Health, Obstetric & Neonatal Nursing

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) values patient safety and quality health care for *all* women. As such, AWHONN opposes the practice of shackling incarcerated pregnant women. Shackling a pregnant woman should only take place if prison officials reasonably believe, after an impartial and thorough evaluation, that a particular individual may attempt to harm herself or others or presents a legitimate flight risk. Because the safety of registered nurses (RNs) and other health care personnel is essential, adequate correctional staff must be available to monitor incarcerated women during routine prenatal examinations, labor and delivery, and the postpartum recovery period. Shackles should not be used as a substitute for adequate correctional staff monitoring.

Background

More than 200,000 women are incarcerated in American jails and prisons (Sabol & West, 2009); the majority of female inmates are between 24 and 34 years of age (Sarteschi & Vaughn, 2010).

The presence of so many incarcerated women is a relatively new reality, and since the late 1970s, this number has increased by 832% (Women's Prison Association [WPA], 2009). More women are now behind bars than at any other time in U.S. history. The dramatic increase in the number of incarcerated women is largely associated with mandatory drug sentencing laws, and most of these women are non-violent offenders (National Women's Law Center, 2011).

Approximately 6%-10% of incarcerated women are pregnant (Clark et al., 2006). Pregnancies among incarcerated women are often high risk and unplanned. Prior to entering the criminal justice system, incarcerated women are less likely to receive prenatal care and are more likely to experience intimate partner violence, poor nutrition, chronic diseases, infectious diseases, mental ill-

ness, and drug and alcohol abuse when compared to the general population (Clarke & Adashi, 2011).

The Use of Shackles During Pregnancy

Some states prohibit the use of shackles for incarcerated pregnant women, but the laws of many states do not specifically address this issue. Furthermore, many hospitals either do not have formal policies that address the issue, or their policies do not require (or in some cases allow) the input of RNs and other health care providers before applying shackles to incarcerated pregnant women (National Women's Law Center, 2011).

The ostensible reason for shackling inmates is to prevent them from escaping, from harming correctional officers, and/or harming themselves. However, most incarcerated women are nonviolent offenders and escape attempts by pregnant women who were not shackled have not been reported (WPA, 2011).

Pregnant women have unique healthcare needs and require more regular contact with health care providers than other women. Shackles can put the health and life of the woman and fetus at risk. Shackles may also interfere with the ability of a RN or other health care provider to adequately assess or treat the incarcerated pregnant woman. In emergency situations, such as maternal hemorrhage or abnormal fetal heart rate patterns, shackles may cause unnecessary delays in the administration of potentially lifesaving measures.

Shackles and other physical restraints can also make the labor and birth process more difficult than it needs to be for the incarcerated pregnant woman. Research suggests that walking, moving or changing positions in labor can result in shorter labor, less severe pain and less need for pain medications (Lawrence, Lewis, Hofmeyr, Dowswell, &

Styles, 2009). Shackles inhibit a woman's mobility and may negatively affect birth outcomes.

A number of organizations oppose the use of shackles during labor, birth, and in the period immediately postpartum, including the American Medical Association (2010). Further, the American College of Obstetricians and Gynecologists (ACOG) (2011) and Amnesty International (2001) oppose the use of restraints for all incarcerated pregnant women.

The Role of the Nurse

RNs and other health care providers should be familiar with the laws in their states related to shackling incarcerated pregnant women. Many health-care facilities also maintain certain policies and procedures related to incarcerated women, and RNs should also be aware of these. In keeping with state laws and their health care facilities' policies, RNs should work directly with the pregnant woman, correctional officers and other stakeholders (e.g., social workers, mental health providers, patient advocates) to promote patient safety during pregnancy for incarcerated women.

RNs should also be aware of the special health care needs of incarcerated pregnant women. Many of these women have a history of sexual, physical and mental abuse. They are disproportionately sicker than the population at large and may have limited access to health knowledge and resources. RNs should work with other health care providers to develop action plans for issues such as child care and housing for women upon release (Guthrie, 2011).

AWHONN encourages state legislatures that have not already done so to prohibit shackling incarcerated pregnant women.

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