Where Does Your State Stand on Shackling of Pregnant Incarcerated Women?

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The United States has the highest incarceration rate of women in the world, with approximately 112,000 women in federal and state prisons (Maruschak, Berfzosky, & Unangst, 2015) and another 110,000 in jails (Vera Institute of Justice, 2016). These figures do not account for the number of women who are housed in private correctional facilities. Accurate figures on the prevalence and incidence of pregnant women behind bars are difficult to obtain given inconsistent reporting requirements and inconsistent pregnancy testing when women enter jail or prison (Dignam & Adashi, 2014). However, it is estimated that 6% to 10% of women

Abstract Pregnant incarcerated women have been identified as a particularly high-risk group and among the most vulnerable women in the United States. The use of shackling or restraints poses health risks to pregnant women and their fetuses. Currently, only 22 states have legislation prohibiting or limiting the shackling of pregnant women. Here we provide an overview of the potential negative health outcomes that can result from shackling pregnant women, especially during labor and birth, and suggest strategies for nurses who wish to promote optimal health care for incarcerated women and to advocate for anti-shackling legislation in their states. https://doi.org/10.1016/j.nwh.2017.12.005

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Commentary

All women deserve the right to a safe, healthy, and dignified childbirth experience

are pregnant when they enter prison or jail and that approximately 1,400 newborns are born to women in custody (Sufrin, 2014).

Women in the criminal justice system are among the most vulnerable in our society. Pregnant women are a particularly high-risk group (American College of Obstetricians and Gynecologists [ACOG], 2011; Sufrin, 2014). The health of these women is often compromised by lack of prenatal care, poor nutrition, sexually transmitted infections, history of sexual abuse, intimate partner violence, untreated or undertreated chronic medical and psychiatric illness, and drug and alcohol dependence (Bronson & Berzofsky, 2017; Carson, 2015; Lynch et al., 2014; Sufrin, 2014).

Shackling and Restraints

In 1999, Amnesty International published an alarming report about the use of shackles and restraints with pregnant incarcerated women in the United States. The practice of shackling (also called restraints) includes the use of a mechanical device (e.g., ankle cuffs, belly chains, soft restraint, hard metal handcuffs) that is used to limit the movement of an inmate (U.S. Department of Justice, 2012).

Since 1999, there have been persistent efforts by a number of human rights organizations and lobbyists resulting in anti-shackling legislation in a number of states. Despite public outcry, currently only 22 states and the District of Columbia have some form of anti-shackling legislation. States vary in their legislation. For example, some ban the use of shackles while women are transported to medical facilities, during childbirth, and in the immediate postpartum period. Other states ban shackling only during labor and birth. Even in states that do have anti-shackling legislation, it has been difficult to monitor implementation of laws, largely because of the absence of strict reporting requirements.

According to Amnesty International (1999), the use of restraints with pregnant incarcerated women is a cruel and inhumane practice. It is a violation of a woman's civil rights and is potentially harmful to the woman and her fetus. In 2016, the Federal Court of Appeals for the Ninth Circuit in the United States stated, "Shackling while in labor offends contemporary standards of human decency such that the practice violates

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