POSITION STATEMENT

Restraint of Pregnant Inmates

Introduction

Pregnant inmates present special concerns for both the correctional administrator and health authority. Pregnancy is a medically complex time where neither the expectant mother nor fetus should be exposed to unnecessary risks of falls or injury, particularly if security restraints are applied. Obstetrical emergencies arise unpredictably and medical staff must be able to evaluate and treat the expectant mother and fetus without interference. Of course, pregnant inmates should receive medically appropriate prenatal, intrapartum, and postpartum care and treatment, including special diets, and these issues are addressed in the National Commission on Correctional Health Care’s Standards. This position statement provides additional guidance.

Position Statement

Restraint is potentially harmful to the expectant mother and fetus, especially in the third trimester as well as during labor and delivery. Restraint of pregnant inmates during labor and delivery should not be used. The application of restraints during all other pre-and postpartum periods should be restricted as much as possible and, when used, done so with consultation from medical staff and in the least restrictive means possible. Custody staff should be available and required to remove restraints upon request of medical personnel. To maintain privacy, custody staff should be positioned outside the patient’s room. For the most successful outcome of a pregnancy, cooperation among custody staff, medical staff, and the patient is required. To maximize cooperation, facilities should distribute copies of this position statement to partnering clinics and hospitals (especially emergency departments and labor and delivery units). Facilities should be aware of state laws and local statutes addressing this issue. All uses of restraints in pregnant inmates must be documented and reviewed.

Antepartum

1. If restraint is necessary, it should be done by the least restrictive means necessary and in a way that mitigates adverse clinical consequences.

2. Abdominal restraints that directly constrict the area of pregnancy should not be used.

3. Wrist restraints, if used, should be applied in such a way that the pregnant inmate may be able to protect herself and the fetus in the event of a forward fall.

4. Pregnant inmates should not be placed in a facedown position or in four-point restraint.

5. Leg and ankle restraints should not be used because they increase the risk of a forward fall.

6. Pregnant inmates should not be chained to other inmates.

Intrapartum

7. Restraints during transport to the hospital or during labor and delivery should not be used, except where necessary due to serious threat of harm to self, staff, or others.
Postpartum

8. Restraints should be avoided if possible during this period, because labor and delivery can result in exhaustion, dehydration, difficulty in urination or defecation, and complications such as hemorrhage. Necessary bed rest and rapid response to medical emergencies should also be taken into account, particularly for cesarean section births.

9. If restraints are required, they should allow for the mother’s safe handling of her infant and mother-infant bonding, which is beneficial and very strong during the postpartum period.

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