

## Nonuse of Restraints for Pregnant and Postpartum Incarcerated Individuals

### Introduction

Pregnant incarcerated women present special concerns for those responsible for their health and well-being. Pregnancy is a medically complex time where neither the pregnant person nor fetus should be exposed to unnecessary risks. Restraints can increase a pregnant person's risk of falls or injury throughout pregnancy, cause harm during the processes of labor and delivery, hinder the ability to provide emergency obstetrical care, and interfere with postpartum recovery, including the mother's ability to safely hold and breastfeed her infant. Obstetrical emergencies during pregnancy, labor, childbirth, and postpartum period arise unpredictably and medical staff must be able to evaluate and treat the pregnant person and fetus without interference from restraints and without delay. Pregnant individuals should receive medically appropriate prenatal, intrapartum, and postpartum care, including appropriate nutrition, and these issues are addressed in the National Commission on Correctional Health Care's *Standards for Health Services*. This position statement provides guidance regarding the nonuse of *custody restraints* with pregnant individuals. It does not address the use of medical restraints, as standard clinical and ethical practices would apply as they would for nonincarcerated pregnant people.

### Position Statement

Restraint is potentially harmful to the pregnant individual and the fetus throughout pregnancy and the postpartum period, and especially during labor and delivery. Restraints must not be used during labor and delivery, including transport to the hospital for labor. The application of restraints during all other points of pregnancy and the 6-week postpartum period should be avoided as the default and used only when necessary to address a compelling security concern or flight risk.

When restraints must be used on a pregnant or postpartum person, they should be the least restrictive means possible. Custody staff should be available and required to remove restraints upon request of health care personnel, whether at the correctional facility or an off-site health care facility. To maintain privacy for the pregnant person, custody staff should be positioned outside the patient's clinic or hospital room, or at a minimum, behind a curtain.

For the most successful outcome of a pregnancy and to ensure dignified maternity care, collaboration among custody staff, facility medical staff, and community clinic or hospital personnel is required. To optimize cooperation, facilities should distribute this position statement and their facility's policy to partnering clinics and hospitals (especially emergency departments and labor and delivery units) and discuss these protocols with relevant clinic or hospital personnel (e.g., hospital security, labor and delivery leaders). Facilities should be in compliance with state laws and local statutes addressing this issue. Correctional administrators should have systems to document and review all uses of restraints in pregnant individuals and address instances of inappropriate restraint.

# POSITION STATEMENT

[ncchc.org/position-statements](http://ncchc.org/position-statements)



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## ***Antepartum***

1. Restraints should be avoided throughout pregnancy when it is known the patient is pregnant and used only when there is a compelling security concern.
2. If restraint is deemed necessary, it should be done by the least restrictive means necessary and in a way that mitigates adverse clinical consequences:
  - a. Abdominal restraints, which directly constrict the area of pregnancy, should not be used.
  - b. Wrist restraints, if used, should be applied only in the front of the body, in such a way that the pregnant person may be able to protect herself and the fetus in the event of a forward fall.
  - c. Pregnant individuals should not be placed in a facedown position or in four-point restraint.
  - d. Leg and ankle restraints should not be used, because they increase the risk of a forward fall.
  - e. Pregnant individuals should not be chained to other incarcerated individuals.

## ***Intrapartum***

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

## ***Postpartum***

5. Restraints should be avoided during this period because labor and delivery can result in exhaustion, dehydration, difficulty in urination or defecation, and complications such as hemorrhage. Necessary mobility to reduce the risk of postpartum blood clots and rapid response to medical emergencies should also be taken into account.
6. If restraints are required, they should allow for the mother's safe handling of her infant and mother–infant bonding, which has established benefits for the newborn and mother.

*Adopted by the National Commission on Correctional Health Care Board of Directors: October 10, 2010  
October 18, 2015 – reaffirmed with revision  
November 1, 2020 – reaffirmed with revision*

## **Resources**

Relevant NCCHC standards from the *Standards for Health Services* (2018) for jails and prisons:

- F-05 Counseling and Care of the Pregnant Inmate
- G-01 Restraint and Seclusion