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## **REASONS TO SUPPORT THE ANTI-SHACKLING BILL (S 0165/H 5257)**

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For the following reasons we strongly support **S 0165/H 5257** which forbid the use of restraints on incarcerated women during labor, delivery and postpartum recovery, and restricts the use of restraints during the second and third trimester, as well as transport to and from the hospital.

### **Using restraints during pregnancy, labor or after birth puts the health and lives of women and babies at risk.**

- Handcuffs and ankle shackles can prevent a pregnant woman from breaking a fall if she trips or loses her balance and impede her ability to protect her stomach if she is jostled around in a prison van driving quickly to the hospital. Restraints can harm a fetus and increase the likelihood of women losing their balance.
- Restraints of any kind can be painful and prohibit women in labor from positioning themselves properly and comfortably; they can interfere with and delay the provision of critical medical care and result in serious health problems for the mother and baby. Using restraints after delivery may prevent mothers from effectively healing and breastfeeding.
- Shackling cannot be justified as a measure necessary to prevent escape: women cannot run with any significant level of speed during labor or recovery after delivery.

### **Restricting the use of restraints will not jeopardize the safety of correctional or medical staff.**

- The vast majority of female prisoners are non-violent offenders who pose a low security risk—particularly during labor and postpartum recovery.
- Among the ten states that have restricted shackling of pregnant inmates (CA, CO, IL, NM, NY, PA, TX, VT, WA, and WV) – three of those laws being in effect for several years – none have documented instances of a woman in labor or delivery escaping or causing harm to themselves, the public, security guards, or medical staff.
- Since 1990, New York City’s jail has restricted the use of restraints on pregnant women admitted for delivery. These policies – the result of a consent decree – have been in effect for 20 years without incidents of escape or harm to staff.
- In 2000, Illinois enacted a law prohibiting restraints during transport for delivery and labor. The law has not resulted in any security breaches or difficulty maintaining the safety of medical or correctional personnel.
- The proposed bills allow for the use of the least restrictive restraint necessary in cases where the woman is at serious risk of harm to herself or others, or if she poses a serious flight risk.

### **National and international groups oppose shackling pregnant inmates.**

- The nation’s leading experts in maternal, fetal and child health care, the American College of Obstetricians and Gynecologists (ACOG), have clearly stated their opposition to the practice of shackling. According to ACOG, shackling interferes with the ability of physicians to safely practice medicine and is “demeaning and unnecessary.”
- The American Correctional Association’s policy prohibits the use of restraint during labor and delivery. It is also their policy to refrain from using any form of restraint that can do harm to the mother or fetus at any time prior to labor.
- International organizations such as the United Nations’ Human Rights Committee and the Committee Against Torture, as well as Amnesty International, have recommended an end to shackling women during pregnancy and postpartum recovery.

**We urge you to vote for S 0165/H 5257, a critical step toward ensuring the health and safety of pregnant women and their babies in Rhode Island.**