NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

Nonuse of Restraints for Pregnant and Postpartum Incarcerated Individuals

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. The National Commission on Correctional Health Care recommends avoiding custody restraints during pregnancy and the postpartum period.

Antepartum

1. Avoid restraints when it is known the person is pregnant and apply them only when there is a serious safety and/or security concern involving risk of harm to self or others.
2. If restraint is deemed necessary, do so by the least restrictive means necessary and in a way that mitigates adverse clinical consequences:
    a. Never apply abdominal restraints, which directly constrict the uterus.
    b. Apply wrist restraints only in front of the body, in such a way that the person may be able to protect themself and the fetus in the event of a forward fall.
    c. Do not place pregnant individuals in a facedown position or in four-point restraint. These positions increase risk of poor pregnancy outcomes and injury to the fetus.
    d. Do not apply leg and ankle restraints because they increase the risk of a forward fall.
    e. Do not restrain pregnant individuals by attachment to other incarcerated individuals.

Intrapartum

3. Do not apply restraints during transport to the hospital, except when necessary because of imminent threat of harm to self or others.
4. Never use restraints during labor and delivery.

Postpartum

5. Avoid restraints during the first 12 weeks of the postpartum period.
6. If restraints are applied, they should allow for the mother's safe handling of their infant and mother–infant bonding, which has well-recognized benefits for the newborn and mother.

Definitions

The *antepartum period* is the time during pregnancy before labor begins.

The *intrapartum period* includes labor and birth.

The *postpartum period* refers to the initial 12 months after birth, with the first 12 weeks being the highest risk period for postpartum complications.

Discussion

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 apply as they would for nonincarcerated pregnant people.

Pregnancy, birth, and the postpartum period in custody present special concerns for health and well-being. Pregnancy is a medically complex time when neither the pregnant person nor fetus should be exposed to unnecessary risks. Restraints can increase 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 their infant. Obstetrical emergencies during pregnancy, labor, birth, and the 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. For these reasons, multiple health care professional societies, including the American Medical Association, the American College of Obstetricians and Gynecologists, and the American Public Health Association, strongly recommend against the use of restraints in pregnancy and postpartum.

Pregnant individuals should receive medically appropriate prenatal, intrapartum, and postpartum care, including appropriate nutrition; these issues are addressed in the National Commission on Correctional Health Care's *Standards for Health Services*.

Restraints must not be used during labor and delivery, including during transport to the hospital for labor. As the default, avoid the application of restraints during all other points of pregnancy and the 12-week postpartum period and use them only when necessary to address a serious security concern. Health care and custody staff must also comply with relevant local, state, and federal laws regarding the application and documentation of restraints during this period.

When restraints must be applied to a pregnant or postpartum person, use the least restrictive means possible. Custody staff should be immediately 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.

Restraints should be avoided during the first 12 weeks of the postpartum period because labor and delivery can result in energy depletion, 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.

For the most successful outcome of a pregnancy and to ensure a dignified birth experience, collaboration among custody staff, facility health care 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 need to comply 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.

Adopted by the National Commission on Correctional Health Care Board of Directors: October 10, 2010
2015 – reaffirmed with revision
2020 – reaffirmed with revision
2025 – reaffirmed with revision by the National Commission on Correctional Health Care Governance Board

Resources

- American College of Obstetrics and Gynecology. (2022). Health care for incarcerated women [Policy priorities]. https://www.acog.org/advocacy/policy-priorities/health-care-for-incarcerated-women
- American Medical Association Council on Science and Public Health. (2025). Shackling of pregnant patients in labor H-420.957 [Health policy]. https://policysearch.ama-assn.org/policyfinder/detail/shackling?uri=%2FAMADoc%2FHOD.xml-0-3700.xml
- American Public Health Association. (2023). A call to stop shackling incarcerated patients seeking health care (Policy No. 20233). https://www.apha.org/getcontentasset/0a3b2704-a7f7-4431-af13-5a5b1f0527bf/7ca0dc9d-611d-46e2-9fd3-26a4c03ddcbb/20233_stopshacklingincarceratedpatients.pdf
- Association of Women's Health, Obstetric and Neonatal Nurses. (2012). Shackling of incarcerated pregnant women. *Nursing for Women's Health, 16*(1), 83–84. https://doi.org/10.1111/j.1751-486X.2012.01705.x
- Haber, L. A., Pratt, L. A., Erickson, H. P., & Williams, B. A. (2022). Shackling in the hospital. *Journal of General Internal Medicine, 37*(5), 1258–1260. https://doi.org/10.1007/s11606-021-07222-5
- Kao, L., Parayil, T., Sommers, E., Lulseged, B., Moss, A. R., Thomas, K., Kramer, C., & Sufrin, C. (2024). Anti-shackling legislation and resource table. Johns Hopkins University School of Medicine Department of Gynecology and Obstetrics, Advocacy and Research on Reproductive Wellness of Incarcerated People. https://arrwip.org/anti-shackling-laws
- Kramer, C., Thomas, K., Patil, A., Hayes, C. M., & Sufrin, C. B. (2023). Shackling and pregnancy care policies in US prisons and jails. *Maternal and Child Health Journal, 27*(1), 186–196. https://doi.org/10.1007/s10995-022-03526-y
- National Commission on Correctional Health Care. (2025). *Standards for health services in jails; Standards for health services in prisons.* Relevant standards are as follows:
    - F-05 Care of the Pregnant and Postpartum Patient
    - G-01 Restraint and Seclusion