****

**The treatment of a pregnant or postpartum person in prison and county jail.**

**COMMITTEE: Health (HEA) RESOLUTION:** HEA-18-01

1. **WHEREAS**, the National Organization of Black Elected Legislative (NOBEL) Women
2. believe that being a prisoner involves day-to-day indignities, some of which are
3. inevitable, but for sheer harshness and senseless degradation, shackling of women who
4. are pregnant, in labor or caring for their newborns is a brutal, unnecessary and inhumane
5. practice;
6. **WHEREAS**, Shackling a pregnant person during labor demonstrates indifference to a
7. prisoner’s serious medical needs, a violation of long-established Supreme Court precedent
8. protecting prisoners’ 8th Amendment right to be free from cruel and unusual punishment, and
9. shackles and other restraints, such as handcuffs and ankle cuffs, are used to restrict the
10. inmate’s mobility by repressing her hands and feet**;**
11. **WHEREAS**, this procedure can be especially excruciating for pregnant women because
12. wrists and ankles may swell during pregnancy, and this practice is also a major health risk
13. because it interferes with normal labor and delivery, reports have noted that the loss of
14. movement from the shackles can increase the risk of blood clots, which is the main cause of
15. death in mothers in the US;
16. **WHEREAS**, according to the American College of Obstetricians and Gynecologists, “women
17. need to be able to move or be moved in preparation for emergencies of labor and
18. delivery…including urgent cesarean delivery” and it has been said that the shackling practice
19. may also inflict pain on women after birth;
20. **WHEREAS**, 39 states and the District of Columbia either prohibit or strictly limit
21. shackling during pregnancy, labor, childbirth and recovery, there are many states that
22. have no policies in effect banning or restricting the shackling of female inmates in labor,
23. or no statutory guidance on how correctional facilities restrain pregnant women;
24. **WHEREAS**, None of the jurisdictions that have prohibited or restricted the use of
25. shackling during pregnancy, labor, child, birth and recovery have reported any escapes or
26. threats to medical or correctional staff from pregnant prisoners since prohibiting
27. shackling;
28. **WHEREAS**, Regulations on the matter of shackling pregnant women have already been
29. adopted by the Federal Government, The American Correctional Association, The
30. Federal Bureau of Prisons, the Department of Homeland Security, the Department of
31. Justice, and the Immigration and Customs Enforcement;
32. **WHEREAS**, most women prisoners are in state, not federal, custody, so the practice of
33. shackling pregnant female prisoners prevails at the state level, while decisions or rules
34. are enforced by corrections officers, who don’t have the authority or the leeway to make
35. judgement decisions for the safety of the mother or unborn child.
36. **WHEREAS**, the [ACLU](https://www.aclu.org/files/assets/anti-shackling_briefing_paper_stand_alone.pdf) reports that about 12,000 (6 percent) of the 200,000 female inmates
37. in U.S. prisons and jails are pregnant at the time they are incarcerated, and in Milwaukee
38. County, Wisconsin over the past 2 years, more than 40 lawsuits were brought by women
39. inmates who were shackled during their pregnancies, labor and deliveries, which is indicative
40. of a much larger national problem;
41. **NOW, THEREFORE, BE IT RESOLVED**, by the 2018 Legislative Summit of the NOBELWomen, assembled in Birmingham, Alabama that NOBEL Women recognizes that the majority of imprisoned women are non-violent offenders who pose a low security risk,
42. especially during labor and postpartum recuperation, and that shackling pregnant and
43. birthing women is an infringement of domestic constitutional law and international
44. human rights;
45. **BE IT FURTHER RESOLVED**, that NOBEL Women supports legislation to ban Shackling
46. of pregnant inmates, or at the very least place stringent restrictions on the use of shackles and
47. physical restraints on a person known to be pregnant, while the person is being transported
48. and while giving birth.
49. **BE IT FURTHER RESOLVED** , that NOBEL Women support making it illegal to place a pregnant inmate in solitary confinement for any punitive purpose;
50. **BE IT FURTHER RESOLVED**, that NOBEL Women support legislation that allows
51. incarcerated women, who are pregnant or have recently given birth access to certain health
52. and emotional services through doula support, and that a doula is a trained professional who
53. provides continuous physical, emotional and informational support, but not medical care, to a
54. mother before, during, and shortly after childbirth;
55. **BE IT FURTHER RESOLVED**, that NOBEL Women recommend a review of a report by
56. Choices in Childbirth, a maternal health advocacy organization that notes that doula services
57. can reduce the need for caesarean births by 28 percent, and given that the additional cost to
58. Medicaid for each caesarean birth is $4,459—generally 50 percent more expensive than
59. vaginal births the support from doula services, along with the mitigated harm from shackling
60. can provide significant cost savings to state and local governments;
61. **BE IT FURTHER RESOLVED**, that NOBEL Women supports a requirement that every
62. woman in the custody of a correctional facility be offered testing for pregnancy, and, if
63. pregnant, be offered testing for sexually transmitted infections, and provided treatment of
64. STI’s such as HIV, which can be transmitted from mother to child:
65. **BE IT FINALLY RESOLVED**, that NOBEL Women send a copy of this resolution to the
66. President of the United States, members of Congress, state legislators, and regulatory
67. agencies.

**Introduced by: The Honorable Lena C. Taylor**

**Wisconsin State Senate**