I. **AUTHORITY:** Bureau of Correctional Healthcare Services (BCHS)

II. **PURPOSE:** Guidelines for application and use of restraints for pregnant offenders.

III. **APPLICABILITY:** All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.

IV. **DEFINITIONS:**

(a) "Restraints" means any physical restraint or mechanical device used to control the movement of a prisoner or detainee’s body and/or limbs, including, but not limited to, flex cuffs, soft restraints, hard metal handcuffs, a black box, Chubb cuffs, leg irons, belly chains, a security (tether) chain, bandit, stun belt or a convex shield.

(b) "Labor" means the period of time before a birth during which contractions are of sufficient frequency, intensity, and duration to bring about effacement and progressive dilation of the cervix.

(c) "Postpartum recovery" means, as determined by her physician, the period immediately following delivery, including the entire period a woman is in the hospital or infirmary after birth.

(d) "Correctional institution" means any facility under the authority of the Department of Correction (DOC).

(e) "Corrections official” means the official responsible for oversight of a correctional institution, or his/her designee.
"Prisoner or detainee" means any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, violations of criminal or the terms and conditions of parole, probation, pretrial release, or diversionary program. Included is any person detained under the immigration laws of the United States at any DOC facility.

"Extraordinary circumstance" means a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the prisoner or detainee, the staff of the correctional institution or medical facility, other prisoners or detainees, or the public.

V. **POLICY:** Restraining a pregnant woman may pose an undue health risk to the woman and her unborn fetus. This is especially critical during labor, delivery, and postpartum recovery after delivery. Restraints on a pregnant woman can interfere with the medical staff's ability to appropriately assist in childbirth or to conduct sudden emergency procedures. This policy sets forth the limitations on such restraints as the policy of the Department.

a. 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. For the most successful outcome of a pregnancy, cooperation among custody staff, medical staff, and the patient is required. The correctional officer may make an individualized determination that the prisoner or detainee presents an extraordinary circumstance, except:

i. If the doctor, nurse or other health professional treating the prisoner requests that restraints not be used, the corrections officer accompanying the prisoner or detainee shall immediately remove all restraints; and

ii. Under no circumstances shall leg or waist restraints be used on any prisoner or detainee who is in labor or delivery.
Any individualized determination of extraordinary circumstance made by the correctional officer must give notification to the Warden via telephone immediately.

b. If restraints are used on a prisoner or detainee pursuant to subsection (a):
   i. The type of restraint applied and the application of the restraint must be done in the least restrictive manner necessary; and
   ii. The correctional officer shall make written findings by the end of that shift as to the extraordinary circumstance that dictated the use of the restraints. These findings shall be kept on file by the correctional institution for at least 5 years.

Approval:

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<th>Date of Policy/Revision</th>
<th>BCHS Bureau Chief, James Welch, RN, HNB-BC</th>
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<th>DOC Medical Director, Spencer Epps, MD, MBA</th>
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I have reviewed this policy and it is scheduled for revision.

Acting BCHS Bureau Chief
Vincent F. Carr, DO, FACP

Date: 6/15/15