

# Policy Development Addressing the Use of Law Enforcement Restraints on Pregnant, Incarcerated Individuals

Allison Ogawa BA, Veronica Yu MD, Jessica Meyer MD  
University of Rochester School of Medicine and Dentistry

## Background

Shackling of pregnant individuals with law enforcement restraints poses undue health risks to the individual and the pregnancy, such as increased falls and embolic events, longer and more painful labor, and delayed provision of timely, appropriate medical intervention.

Anti-shackling legislation was introduced in New York State in 2009 and expanded in 2015 (S983A) to prohibit shackling of incarcerated individuals who are pregnant or postpartum up to 8 weeks during transport, labor, delivery, and recovery.

However, there have been reports of anti-shackling law violations in the Rochester community by the Police Department and in clinical settings at URMC by correctional officers. Despite the state law, there is no existing policy at these institutions to address this matter.



Moreover, data is lacking on how often inappropriate shackling is occurring and how widely known the state law is among clinicians and community members. This project aims to address the gaps in familiarity with and enforcement of this issue.

## Objectives

1. **Research** local, regional, national anti-shackling policy
2. **Align** URMC policy with New York State Corrections Law
3. **Empower** URMC staff to advocate for incarcerated patients
4. Support the anti-shackling initiatives of local community organizations

## Community Partners

- URMC Department of Obstetrics & Gynecology;
- Women & Justice Project: Advancing the leadership and power of women who are currently & formerly incarcerated to transform the criminal legal system;
- Rochester Police Accountability Board: independent, community-led agency working to bring accountability and transparency to the Rochester Police Department

## Policy Change: Methods and Results

### Methods:

#### Phase I: Information Gathering

- a) Gather input from key stakeholders via formal meetings
- b) Administer survey to clinical staff to assess need for hospital policy and education

#### Phase II: Policy Amendment

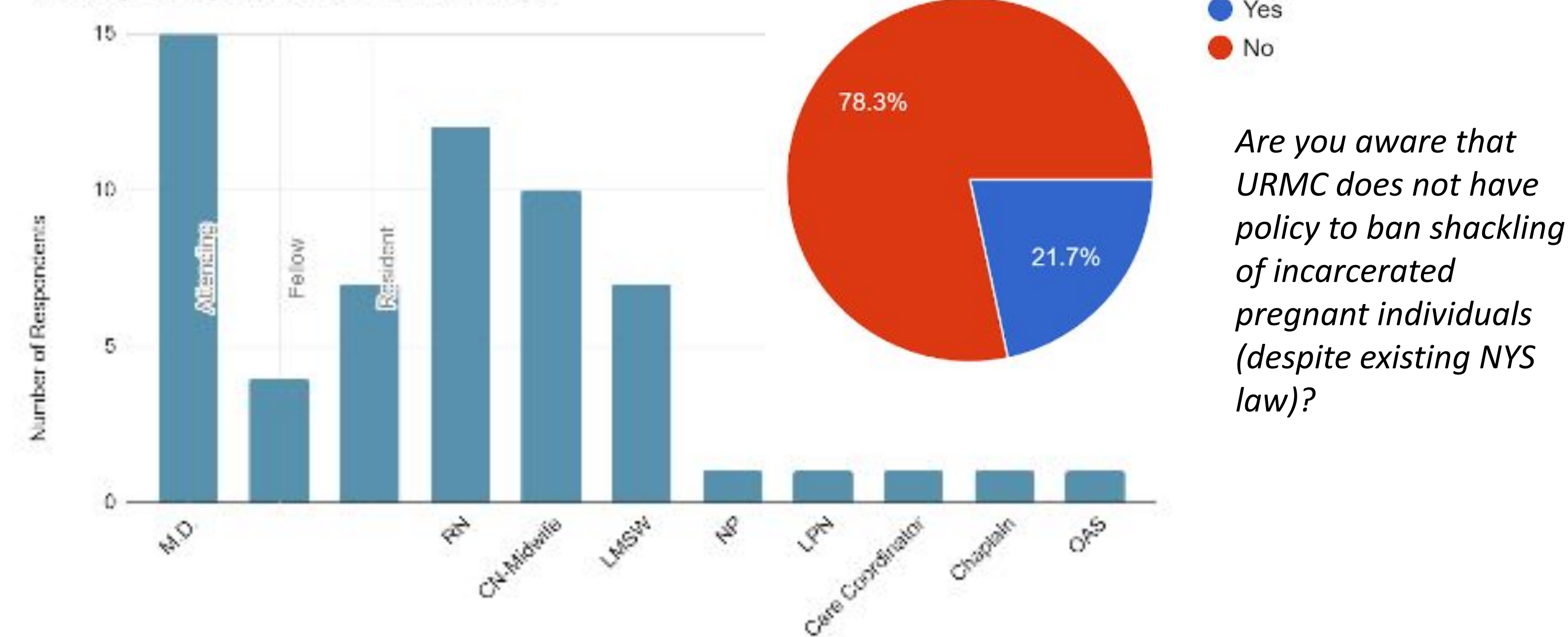
- c) Review federal, state, hospital, correctional facilities and national health organizations policies
- d) Draft and propose policy amendment with Dept. of Ob/Gyn, QI and Office of Counsel at URMC

#### Phase III: Foundations for Advocacy

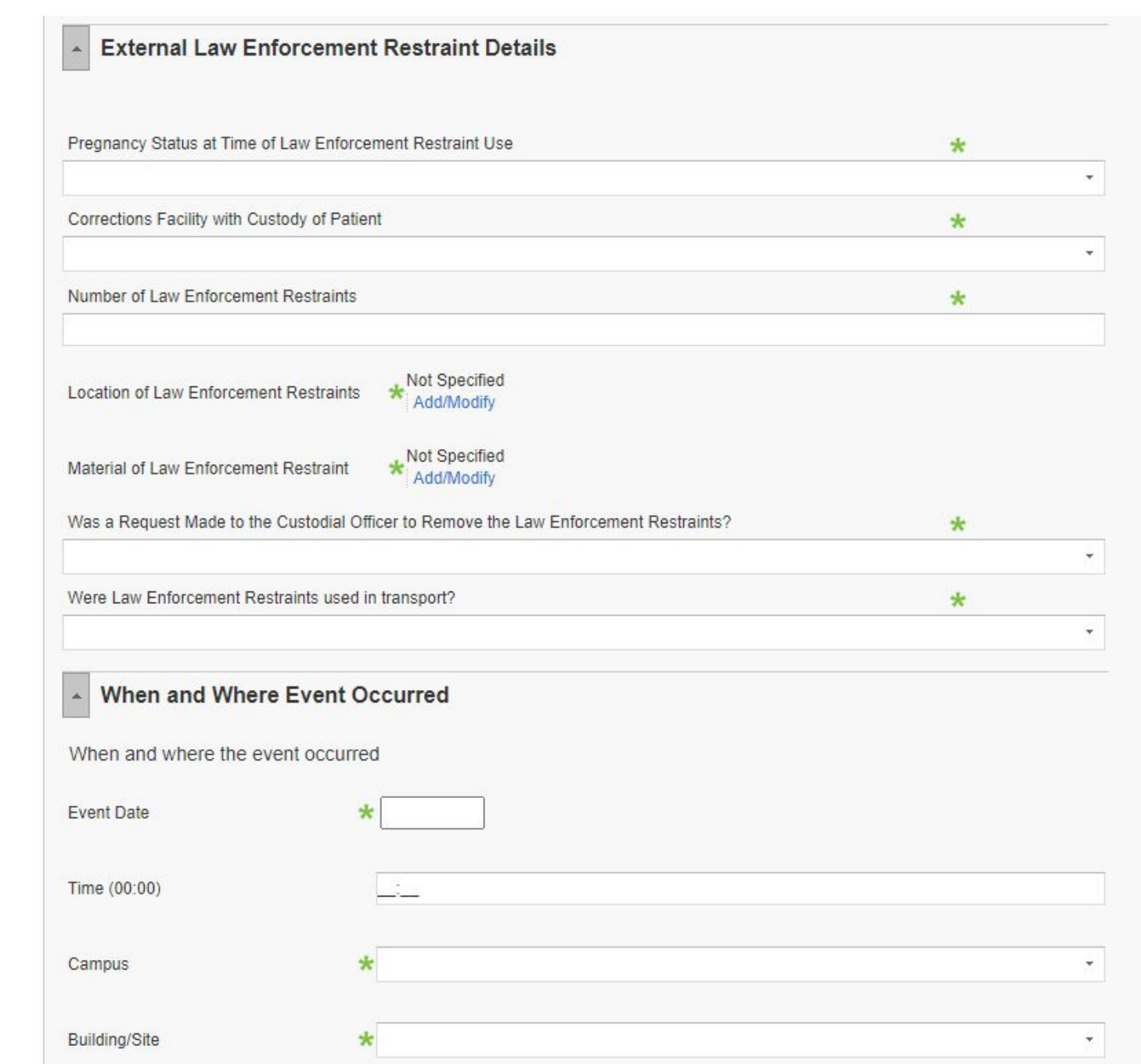
- e) Design and implement reporting system in RL solutions with direct input from staff and community partners
- f) Construct educational module for clinical staff who work with pregnant individuals

### Results:

Survey Respondent Clinical Roles



**SMH Policy 9.10 Obstetrics**  
Once a patient who is incarcerated or in custody is in labor, is admitted to the hospital for delivery including termination of pregnancy and pregnancy loss, regardless of gestational age, or is recovering after these events, no law enforcement restraints (such as handcuffs or shackles) shall be used. No law enforcement officers shall be present in the delivery room during the birth. 2



External Law Enforcement Restraint Details

Pregnancy Status at Time of Law Enforcement Restraint Use: \*

Corrections Facility with Custody of Patient: \*

Number of Law Enforcement Restraints: \*

Location of Law Enforcement Restraints: Not Specified \*

Material of Law Enforcement Restraint: Not Specified \*

Was a Request Made to the Custodial Officer to Remove the Law Enforcement Restraints?: \*

Were Law Enforcement Restraints used in transport?: \*

When and Where Event Occurred

When and where the event occurred

Event Date: \*

Time (00:00): \*

Campus: \*

Building/Unit: \*

Proposed RL Solutions Reporting Form

## Conclusions

The care of incarcerated pregnant individuals has been negatively impacted by ongoing use of law enforcement restraints in healthcare settings. Internal hospital policy can provide an avenue for accountability and recourse for violations of patient rights. The policy passed as a result of this initiative works to re-empower clinical staff to advocate for patient rights while laying a foundation for further advocacy.

There is overwhelmingly shared motivation to address this issue. However, differing interpretations of state corrections law complicate the path forward. More detailed data is needed in order to advocate for increased monitoring and enforcement at both the state and hospital levels. This project was limited by reliance on previously collected stories of pregnant incarcerated individuals. Future work should directly engage these individuals in the policy-making process via a trauma-informed manner.

## Sustainability and Impact

### Sustainability:

- Policy incorporated into hospital PolicyStat
- Instructional module aims to empower staff to operationalize hospital policy amendment
- Data collection platform promotes advocacy

### Impact:

- Hospital policy amendment lays groundwork for further protections for incarcerated patients
- URMC has power and responsibility to influence the Rochester Police Department's shackling practices re: pregnant individuals

## REFERENCES

- 1: Correctional Association of New York. *Reproductive Injustice: The State of Reproductive Health Care for Women in New York State Prisons*. 11 Feb. 2015.
- 2: Ottman, Ann. *SMH Hospital Policy 9.10 – Patients who are Incarcerated or In Custody*. 30 March 2022.