

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

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## INTRODUCTION

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.

## 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

## COMMUNITY HEALTH IMPROVEMENT PROJECT

### Aims:

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

### 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

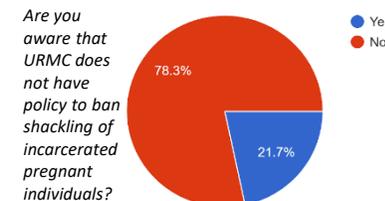
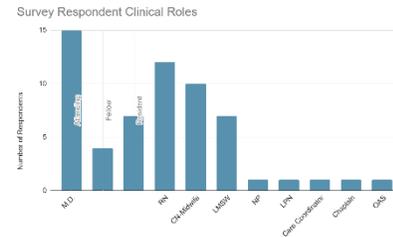
- a) Review federal, state, hospital, correctional facilities and national health organizations policies
- b) Draft and propose policy amendment with Dept. of Ob/Gyn, QI and Office of Counsel at URMC

Phase III: Foundations for Advocacy

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

**SMH Policy 9.10, Section B.2:**  
*Securements (shackles, handcuffs) for security purposes are to be determined, instituted, and maintained by the Law Enforcement staff or agency. Law Enforcement Staff and nursing should work together to determine appropriate placement of securements.*

### Results:



### Proposed RL Solutions Reporting Form

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

Material of Law Enforcement Restraint

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/Site

## CONCLUSIONS

The care of incarcerated pregnant individuals is negatively impacted by the ongoing use of law enforcement restraints in healthcare settings. At URMC, we lack a structured process to address this issue, and clinical staff lack the tools to routinely advocate for patients during instances of inappropriate shackling. There is overwhelmingly shared motivation to address this issue. However, current hospital policy and 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.

## IMPACT AND SUSTAINABILITY

### Next steps:

- Formalize hospital policy amendment
- Collect feedback and finalize RL solutions form
- Construct and launch instructional module

### Sustainability:

- 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 RPD'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 – Prisoner Patients*. 10 Oct 2019.