

September 13, 2018

The Honorable Karen Bass
2241 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Mia Love
217 Cannon House Office Building
Washington, D.C. 20515

The Honorable Katherine Clark
1415 Longworth House Office Building
Washington, D.C. 20515

Dear Representatives Bass, Love, and Clark,

The undersigned organizations would like to express our gratitude for your leadership in introducing the *Pregnant Women in Custody Act* and to express our support for your ongoing work to support the health and well-being of pregnant women and girls in the justice system.

The number of incarcerated women has risen dramatically in recent years, as has the proportion of girls in the nation's juvenile justice systems. Most incarcerated women and girls are non-violent offenders, and the vast majority of them report a history of trauma prior to incarceration. Incarcerated women have pregnancies that often are high risk, experience a lack of adequate prenatal care, and have elevated rates of mental health disorders, HIV infection, and substance abuse, all of which can contribute to poor birth outcomes.

Gender-specific issues deserve greater attention in the national conversation about criminal justice reform, and the use of restraints on incarcerated women and girls during pregnancy, labor, and recovery warrants immediate action. The practice compromises the health and human rights of the mother and child and raises serious concerns over legal liability of correctional facilities and personnel. There is growing consensus at the state and national levels about the need for far-reaching restrictions on the practice. The need remains, however, for stronger federal leadership to limit the use of restraints on incarcerated women and girls during pregnancy, labor, and recovery to only exceptional circumstance, after the clinician providing care has considered any potential health effects.

This use of restraints during pregnancy and the postpartum period carries serious health and safety concerns. It limits the ability of medical care providers to assess and evaluate their patient and increases the likelihood of falls, inability to break a fall, life-threatening embolic complications, and impediments to epidurals, emergency caesarean section, and other emergency obstetrical interventions, which may also affect the fetus. Given that most incarcerated women's backgrounds include domestic and sexual violence, trauma, and mental health problems, restraint during this period of increased physical, mental, and emotional vulnerability risks retraumatization and worsening symptoms. Many women also experience nausea and vomiting during early pregnancy and restraining women suffering from these symptoms is cruel and inhumane. Finally, medical authorities report that restraint after childbirth can interfere with a mother's ability to bond with and safely handle her infant, with potential negative effects on the infant's health.

Recent actions by federal agencies, state governments, and national organizations reflect a growing consensus about the need to set very broad restrictions on using restraints on incarcerated women and girls during pregnancy, labor, and postpartum recovery. The U.S. Bureau of Prisons (BOP), Immigration and Customs Enforcement (ICE), U.S. Marshals Service and several states maintain policies that provide

at least some level of restriction on the practice, though these policies vary widely in their comprehensiveness. In addition, the 2012 consensus document [Best Practices in the Use of Restraints with Pregnant Women and Girls Under Correctional Custody](#) reflects a high degree of concurrence on the issue. The organizations that developed this report represented criminal justice, corrections, health, and human rights organizations and recommended: “The use of restraints on pregnant women and girls under correctional custody should be limited to absolute necessity. The use of restraints is considered absolutely necessary only when there is an imminent risk of escape or harm (to the pregnant woman or girl, her fetus/newborn, or others) when these risks cannot be managed by other reasonable means (e.g., enhanced security measures in the area, increased staffing, etc.).”

Our organizations are grateful to see these policies reflected and codified in your bill. We also support the requirement for data collection which will allow for a greater understanding of the issues faced by women who are pregnant while incarcerated; and we further support the incentive for states that have already adopted these policies to offer training and technical assistance to correctional staff.

We extend our deepest thanks to you for your leadership on this issue and look forward to working with you to further address the health and well-being of all justice-involved people.

Sincerely,

American Group Psychotherapy Association
American Psychological Association
Association for Ambulatory Behavioral Health
Black Mamas Matter Alliance
Families USA
March of Dimes
NAACP
National Association of Social Workers
National Council of Juvenile and Family Court Judges
National Crittenton
Rights4Girls
The Sentencing Project