



US state legislation governs the care and protections granted to pregnant incarcerated people

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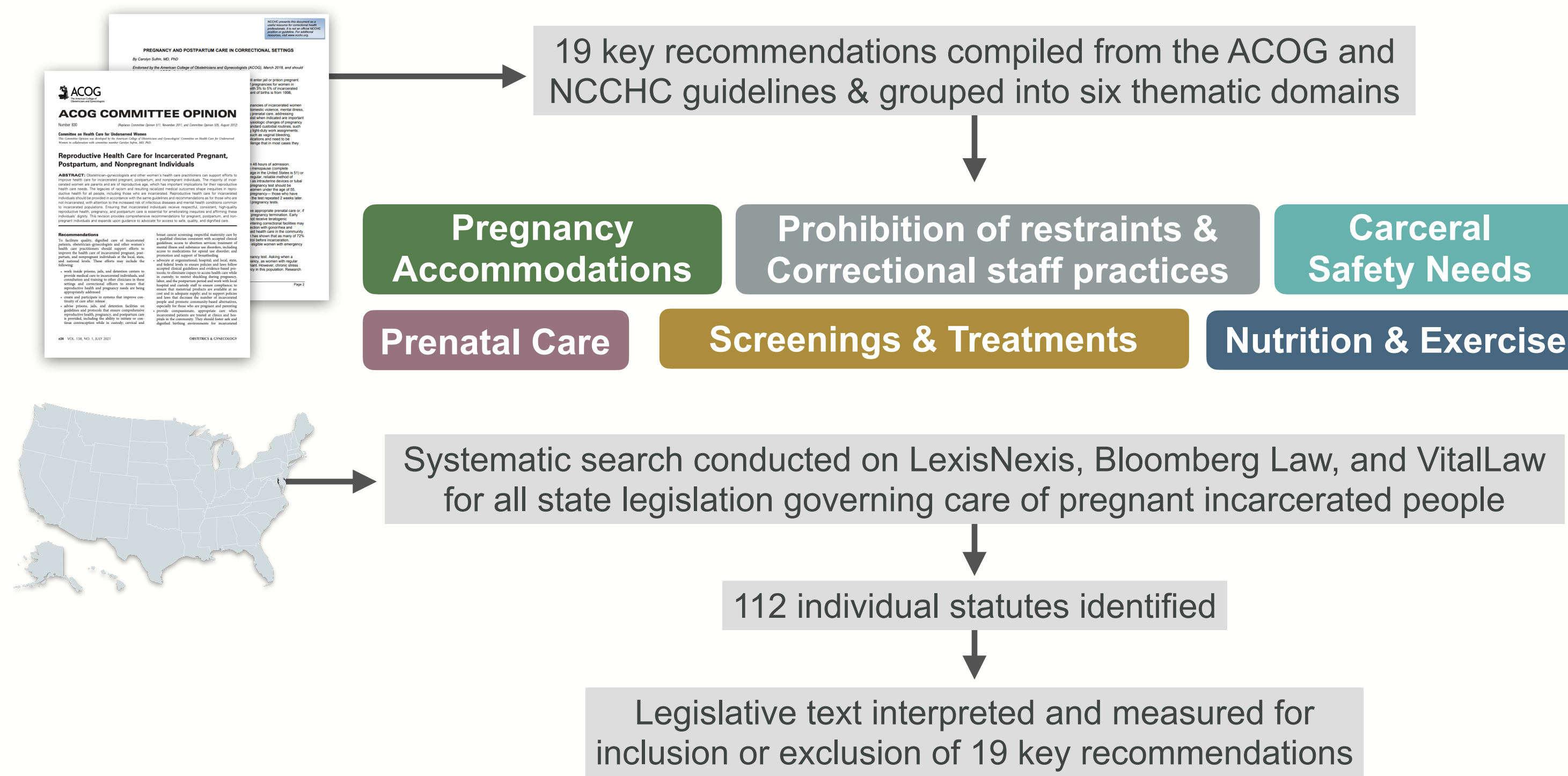
Introduction

Background:

- Pregnancy for people in prison is often high-risk & complicated.
- The ACOG and the National Commission on Correctional Health Care (NCCCHC) have issued guideline best practices for carceral pregnancy care.

Objective: Examine state laws addressing care and protections granted to pregnant incarcerated people, in order to identify trends, gaps in policy, and areas for future legislative action.

Methods



Results

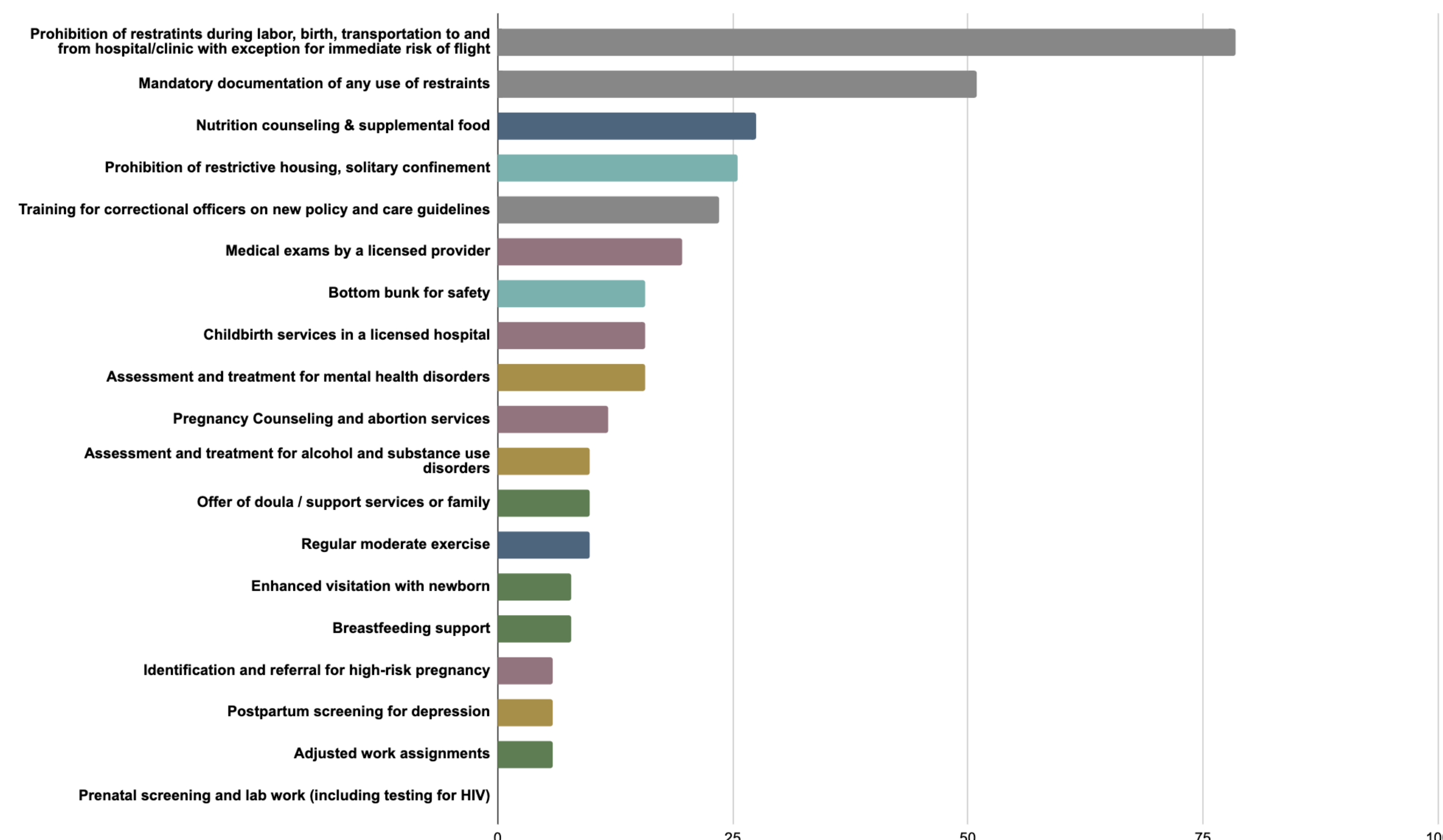


Figure 1. Percent of US states and the District of Columbia with legislation governing key elements of carceral pregnancy care, according to ACOG and NCCCHC guidelines (N=51)

Map Results



Figure 2. Maps of US state laws governing the rights and protections of incarcerated pregnant people, grouped by domain

Key Takeaways



Prohibition of Restraints

- 39 states (& DC) ban the use of restraints on pregnant incarcerated people
- Many of these laws include language provided by the AMA, the ACOG and NCCCHC
- All bans include exceptions for extraordinary circumstances



Meeting Basic Needs

- 14 states mandate providing supplemental food & nutrition counseling
- 13 states prohibit solitary confinement
- 12 states mandate training for correctional officers
- 10 states mandate medical exams by a licensed provider



Legislative Gaps & Need for Future Action

- Very few states provide for "Pregnancy Accommodations" or "Screenings and Treatments"
- 9 states without any legislation addressing the needs of pregnant people experiencing incarceration (including Oregon).
- West Virginia repealed their restraint ban in 2018.

Conclusion

This is the first investigation into the prevalence of carceral pregnancy care guidelines enshrined in US state law. A vast majority of states now ban restraints on pregnant people, and increasingly ensure other aspects of appropriate prenatal care are provided. Additional state legislative changes are necessary to drive shifts in the health inequities faced by pregnant people experiencing incarceration.

References

- ACOG Committee Opinion No. 511: Health care for pregnant and postpartum incarcerated women and adolescent females. (2011). *Obstetrics and gynecology*, 118(5), 1198–1202. <https://doi.org/10.1097/AOG.0b013e31823b17e3>
- Carson EA, Sabol WJ. Prisoners in 2011 (NCJ 239808). 2012. <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4929>. Accessed November 19, 2022.
- Sufrin, C., Beal, L., Clarke, J., Jones, R., & Mosher, W. D. (2019). Pregnancy Outcomes in US Prisons, 2016-2017. *American journal of public health*, 109(5), 799–805. <https://doi.org/10.2105/AJPH.2019.305006>
- Sufrin, Carolyn. National Commission on Correctional Health Care. (2018). *Pregnancy and Postpartum Care in Correctional Settings*. Retrieved from <https://www.ncchc.org/wp-content/uploads/Pregnancy-and-Postpartum-Care-2018.pdf>. Accessed October 1 2022.

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