

Shackling during Pregnancy in Pennsylvania

Nationwide, legislation has been enacted to prohibit the shackling of pregnant inmates. This ban is broadly supported by professional organizations, including the AMA, ANA, APHA and ACOG. Pennsylvania was the 8th state to ban shackling.

The statute was unanimously approved in the Senate and House, and signed into law on July 2, 2010.



State laws can have a direct impact on health care practices. Yet it is difficult to understand how information about changed policies get to the level of direct services. Beyond anecdotal reports, little is known about how passage of the revised law on shackling law has impacted the care of incarcerated pregnant women in Pennsylvania.

Current Law

“.....a correctional institution shall not apply restraints to a prisoner or detainee known to be pregnant during any stage of labor, any pregnancy-related medical distress, any period of delivery, any period of postpartum, as defined in subsection (e), or transport to a medical facility as a result of any of the preceding conditions or transport to a medical facility after the beginning of the second trimester of pregnancy.”



Public Act 45 of 2010: Healthy Birth for Incarcerated Women Act

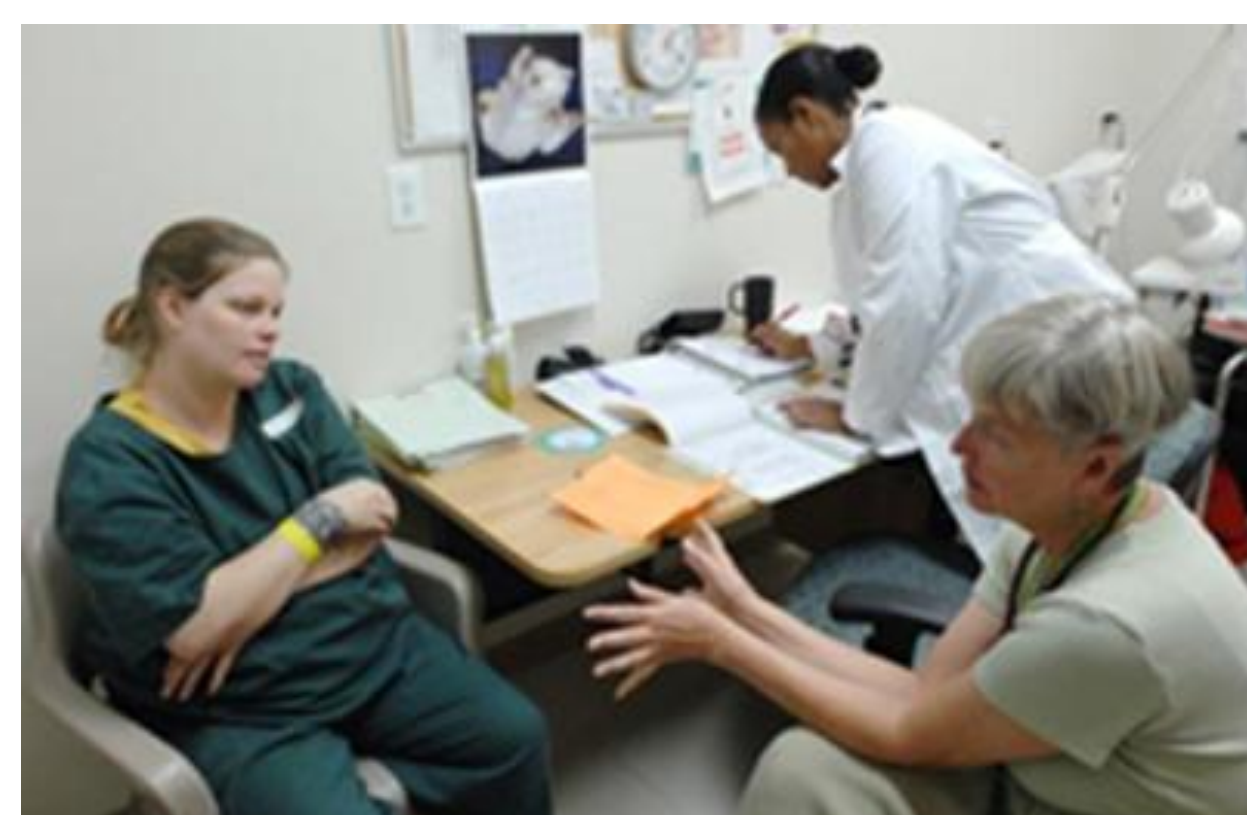


Study Purpose and Methods

The purpose of this study was to explore the impact of recent legislation on healthcare practices. Health providers across Pennsylvania participated in the multi-site study. This poster summarizes the findings collected at one site.

The research used a descriptive survey design and convenience sample to examine staff's self-reported experiences and opinions. Invitations to participate were extended to about 50 hospitals in Pennsylvania that provide obstetrical care to incarcerated women.

This poster describes the data collected from Geisinger clinicians.



Methods

Following receipt of GIRB approval, invitations to participate were sent to nurses and physicians in the Geisinger Women's Health Service Line.

The survey was developed by the larger study team. The 25 items were specific to prenatal through postpartum care for incarcerated women, responded with ratings, force-choice and open comments; the survey required 10- 15 minutes to complete. Submission of a completed survey implied consent.



Participants

Surveys were completed by 38 participants

- ❖ 25 (66%) nurses: RN, LPN
- ❖ 8 (21%) providers: physician, midwife, physician assistant
- ❖ 5 (13%) ancillary staff (lab technician, sonographer)

Among ancillary staff, the frequent use of 'unsure' suggested limited interaction with incarcerated women. This summary of finding reflects only data provided by clinician participants.

		Nurse	Provider	All Clinicians
Gender	Male	1	3	4 (12%)
	Female	24	5	29 (88%)
Professional experience	0-5 yrs	6	3	9 (27%)
	6-10 yrs	1	1	2 (6%)
	>10 yrs	18	4	22 (66%)
Pregnant inmates cared for, past year	1 - 5	8	2	10 (30%)
	6 -15	6	1	7 (21%)
	> 15	11	5	16 (48%)
Clinical areas, interactions incarcerated women	Clinic and Birth Center	1	4	5 (15%)
	Clinic	9	2	11 (33%)
	Birth Center	15	2	17 (51%)
	Methadone Clinic	3	1	4 (12%)



We gratefully acknowledge the support for this project provided by the Geisinger Women's Health Service Line.

Findings

Clinicians reported diverse views about shackling.

		Nurse	Provider	All Clinicians
Familiar with Act	No	1	7	8 (24%)
	Yes	4	0	4 (12%)
	Unsure	5	1	6 (18%)
Support ban on shackling	No	10	2	12 (36%)
	Yes	5	2	7 (21%)
	Unsure	10	4	14 (42%)
Shackle-related problems, past 12 months	No	20	6	26 (79%)
	Yes	0	0	0
Comfort caring for female inmates	Not/Somewhat	3	1	4 (12%)
	Mostly	9	2	11 (33%)
	Completely	13	5	18 (55%)
Safety concerns when providing care	Never	15	5	20 (61%)
	Sometimes	9	2	11 (33%)
	Frequently/Always	1	1	2 (6%)
Experienced safety threat	No	25	8	33 (100%)
	Yes	0	0	0

Participants were evenly split regarding their comfort addressing the use of shackles with the corrections officer (CO).

Most reported that they had not spoken with CO about security issues.

One-third reported that shackling is strictly a matter for the CO to decide.

No clinician reported that a CO mentioned the new shackling law.



Next Steps

Future plans pertain to all Women's Health Service Line employees, including providers, nurses and ancillary staff:

- ❖ Education Sessions – Information providing, role playing, and clarifying procedures
- ❖ Safety – Increase staff awareness of the “simple” measures to minimize risk and injury (ex: no lanyards or stethoscopes around neck)
- ❖ Ongoing evaluation – Assess staff's knowledge and comfort level when providing care to incarcerated women
- ❖ Policies – Review for accuracy with current law
- ❖ Orientation process – Integrate care of the incarcerated pregnant women into education packet