# **SENATE . . . . . . . . . . . . . . . . No. 1171**

### The Commonwealth of Massachusetts

PRESENTED BY:

Karen E. Spilka

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to prevent shackling and promote safe pregnancies for female inmates.

#### PETITION OF:

NAME:	DISTRICT/ADDRESS:
Karen E. Spilka	Second Middlesex and Norfolk
William N. Brownsberger	Second Suffolk and Middlesex
John W. Scibak	2nd Hampshire
Martha M. Walz	8th Suffolk
Sal N. DiDomenico	Middlesex and Suffolk
Chris Walsh	6th Middlesex
Michael J. Barrett	Third Middlesex
Kenneth J. Donnelly	Fourth Middlesex
James B. Eldridge	Middlesex and Worcester
Denise Provost	27th Middlesex
Patricia D. Jehlen	Second Middlesex
Thomas P. Conroy	13th Middlesex
Denise Andrews	2nd Franklin
Michael O. Moore	Second Worcester
Sean Garballey	23rd Middlesex
James J. O'Day	14th Worcester
Thomas M. McGee	Third Essex
Anthony W. Petruccelli	First Suffolk and Middlesex

Gale D. Candaras	First Hampden and Hampshire
Sheila C. Harrington	1st Middlesex
Alice Hanlon Peisch	14th Norfolk
John F. Keenan	Norfolk and Plymouth

FILED ON: 1/16/2013

## **SENATE . . . . . . . . . . . . . . . No. 1171**

By Ms. Spilka, a petition (accompanied by bill, Senate, No. 1171) of Karen E. Spilka, William N. Brownsberger, John W. Scibak, Martha M. Walz and other members of the General Court for legislation to prevent shackling and promote safe pregnancies for female inmates. Public Safety and Homeland Security.

### The Commonwealth of Alassachusetts

In the Year Two Thousand Thirteen

An Act to prevent shackling and promote safe pregnancies for female inmates.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 127 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking out section 118 and inserting in place thereof the following:—

Section 118. (a) All female inmates, upon admission to a correctional facility when awaiting trial or sentenced, shall be screened and assessed for pregnancy by a nurse and shall be informed of any medical tests administered in connection with such screening. Pregnant inmates shall receive nondirective counseling and written material, in a form understandable by each inmate, on issues including but not limited to pregnancy options and correctional facility policies and practices regarding care and labor for pregnant inmates. The correctional facility shall ensure that at least one member of the medical and nursing staff is trained in pregnancy-related care, which shall at a minimum include knowledge of prenatal nutrition, high-risk pregnancy, addiction and substance abuse during pregnancy, and childbirth education.

Pregnant and postpartum inmates shall be provided regular prenatal and postpartum medical care at the correctional facility in which they are housed, periodic health monitoring and evaluation during pregnancy, and postpartum screening for depression. Regular prenatal care shall include the opportunity for a minimum of one hour of ambulatory movement each day and a diet containing the nutrients necessary to maintain a healthy pregnancy, including prenatal vitamins and supplements. The Department of Correction shall, in consultation with the Department of Public Health, develop appropriate standards of care for pregnant and postpartum inmates, which shall reflect, at a minimum, the standards set forth by the National Commission on Correctional Health Care and the American Dietetic Association. If pregnant inmates require

medically necessary, specialized care that is unavailable at the correctional facility, they shall have access to such care at a supporting medical facility with appropriate expertise. If a postpartum inmate is determined to be suffering from postpartum depression, she shall have regular access to a mental health clinician. Postpartum inmates shall not be subject to isolation absent an individualized, documented determination that the inmate poses a serious risk of harm to herself or others.

All pregnant inmates shall be offered weekly prenatal classes or, when not practicable, written information, regarding prenatal nutrition, maintaining a healthy pregnancy, and childbirth, and shall have the opportunity to discuss this information with the medical personnel trained in these matters. Pregnant and postpartum inmates shall be provided appropriate clothing, undergarments, and sanitary materials during pregnancy and postpartum, including maternity clothes, athletic support bras, sanitary pads, and breast pads.

Prior to release, correctional facility medical personnel shall provide pregnant inmates counseling and discharge planning in order to ensure continuity of pregnancy-related care, including uninterrupted substance abuse treatment.

(b) Pregnant inmates shall have access to labor and delivery care in an accredited hospital and shall not be removed to another penal institution for giving birth. An inmate who has been transferred to a hospital for labor and delivery care shall be permitted to stay in such hospital for a minimum of forty-eight hours after delivery, provided however that in no case shall an inmate be removed to the correctional facility until the hospital physician certifies she may be safely removed.

Except in extraordinary circumstances, no restraints of any kind may be used on inmates after the first trimester of pregnancy or immediately postpartum, whether during transportation to and from visits to medical providers and court proceedings, during labor and delivery, or during postpartum recovery at the hospital. Pregnant and postpartum inmates shall be transported to and from visits to medical providers and court proceedings in cars with seatbelts.

For purposes of this section, "extraordinary circumstances" exist where a corrections officer makes an individualized determination that restraints are necessary to prevent a pregnant or postpartum inmate from escaping, or from seriously injuring herself, medical or correctional personnel, or others. Any time restraints are permitted to be used on a pregnant inmate, the restraints must be the least restrictive available and the most reasonable under the circumstances. In no case shall leg or waist restraints be used on any pregnant or postpartum inmate. In the event the corrections officer determines that extraordinary circumstances exist and restraints are used, the corrections officer must fully document in writing the reasons that he or she determined such extraordinary circumstances existed, the kind of restraints used, and the reasons those restraints were considered the least restrictive available and the most reasonable under the circumstances. If the doctor, nurse, or other health professional treating the pregnant inmate

requests that restraints not be used, the corrections officer accompanying the pregnant inmate shall immediately remove all restraints.

Nothing in this section affects the use of hospital restraints requested by treating physicians for the medical safety of a patient.

No correctional personnel shall be present in the room during the pregnant inmate's physical examinations, labor, or childbirth, unless specifically requested by medical personnel. If the employee's presence is requested by medical personnel, the employee should be female.