Perinatal Care of Incarcerated Pregnant Women: Managing Conflicts between Nursing Ethics and the Law

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The United States has the highest female incarceration rate in the world. There are approximately 112,000 women in federal and state prisons and another 110,000 in jails. Accurate figures on the prevalence and incidence of incarcerated pregnant women are difficult to obtain given inconsistent pregnancy testing and reporting requirements. However, in 2015, it was estimated that 3-10% of women are pregnant when they enter prison or jail, and approximately 1400 babies are born to women in custody. In some states, pregnant incarcerated women are routinely shackled during pregnancy and postpartum recovery in hospital settings. Shackles can create life-threatening health risks for the mother and her unborn baby. The practice contravenes nursing ethics and international human rights norms. Currently, there are only twenty-two states and the District of Columbia that have legislation restricting the use of restraints on incarcerated pregnant women. Consequently, perinatal nurses in hospital settings may care for incarcerated pregnant women who are shackled during all or part of their stay. Even when nurses ask that the shackles be removed, correctional officers may refuse, leaving nurses with moral distress, frustration and powerlessness. Drawing on our advocacy and research on perinatal care for incarcerated pregnant women, this presentation will discuss successful nursing strategies for managing conflicts between nursing ethics and the law when providing care to this population. Having an understanding of these approaches will empower more nurses to adhere to ethical and safe nursing practice while addressing potential legal concerns of correctional officers.