



Testimony in support of LD 1013 An Act to Prevent the Shackling of Pregnant Prisoners

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Good morning Senator Rosen, Representative Fowle, and members of the Joint Standing Committee on Criminal Justice and Public Safety. My name is Danielle Salhany, D.O., and I am writing in support of LD 1013, An Act to Prevent the Shackling of Pregnant Prisoners. I am an Obstetrician in Augusta and have witnessed this inhumane practice on numerous occasions. This type of restraint not only unnecessarily restricts the Mother's freedom of movement during labor and birth, but directly interferes with my ability to properly care for her during her labor. The American Congress of Obstetricians and Gynecologists opposes this practice, for good reason, stating, "Physical restraints have interfered with the ability of physicians to safely practice medicine by reducing their ability to assess and evaluate the physical condition of the mother and fetus; thus, overall putting the health and lives of the women and the pregnancy at risk.

To put it more simply, when I am assisting a pregnant mother in labor, she is often in great physical discomfort. We are working with nursing staff to apply the fetal monitors to the pregnant abdomen to make sure that the baby is safe, while I am trying to conduct a vaginal exam to assess how far dilated she might be. Picture trying to do this while the woman is writhing in pain, chained to the bed.

Not only is this technically difficult for me, the physician, but many of these women have been sexually abused ; an invasive vaginal exam is uncomfortable under the best of circumstances. Imagine the horror that this mother is now feeling, in pain and chained to the bed. An additional challenge this poses to me is trying to establish trust and rapport with this patient, an integral part of the physician/patient relationship, especially in Obstetrics when situations change and can become high risk very quickly. I need to have this mother trust me and my recommendations for management.

For example, if the fetal monitor shows that the baby's heart rate starts to drop, signaling that there is a decrease of oxygen to the brain, we need to move quickly to reposition the mother on her side or in a hands and knees or knee-chest position. Shackling directly impacts my ability to do this. In the event of a shoulder dystocia, an obstetrical emergency where the head is born but the baby's shoulders are stuck, I have 4 minutes to deliver this baby without severe significant neurological deficit or death. The first maneuver that is standard of care is McRobert's Maneuver which requires that the hips be maximally

flexed toward the mother's chest. Shackling directly impairs my ability to perform this maneuver. In the case of an emergency cesarean birth, we are moving very quickly and minutes matter. Fumbling to unlock a metal restraint wastes precious time and can have a very negative impact on the health and wellbeing of the baby.

Shackling is detrimental to pregnant women in less dramatic situations as well. Ambulation and freedom of movement in labor are very important in achieving a vaginal birth and avoiding a cesarean. A shackled mother has limited ability to walk, squat, use the birthing tub, or utilize position changes that are helpful in labor. Many will choose an epidural, which itself has risks, basically because they have no other choice. This practice is detrimental for the laboring mother and her child in countless other ways, including interfering with maternal/newborn bonding and breastfeeding. Post-partum women are at increased risk of blood clots; we strongly encourage ambulation in the post-partum period to help prevent this. Shackling directly interferes with this and also increases the risk of trauma due to falls.

The last instance that is not often discussed but to me is critical in promoting healthy birth outcomes is antepartum care. Adequate prenatal care is of paramount importance in helping the mother achieve a healthy birth, bond with her baby, and decrease postpartum depression. This is the time when we build relationships with our pregnant patients, help them to stop smoking, not use drugs, optimize their nutritional status, and plan for parenthood. We do a lot of education and support. When a pregnant prisoner is shuffled in to our office in chains accompanied by a guard, she is humiliated and ashamed. She sees the other mothers and their babies. She is being stared at. She is being talked about. She is being judged. She does not want to be here. This is not the safe supportive environment it needs to be to take proper care of her and her pregnancy. As a result these patients typically are not very engaged, do not ask questions and do not get the education they need to be good parents. Most of these women are serving short sentences for minor offenses or drug related, nonviolent crimes. They will be released. When they are they are woefully inept at caring for their children and then the cycle continues.

There are so many more examples I could give. I thank you for your time. I am sorry that I am not able to testify in person but hope that my experience, which is not unique, can persuade you to please consider outlawing this inhumane practice, one that most other states have already recognized clearly increases risk of harm much more than it prevents. For these reasons I ask you to vote LD 1013 "Ought to Pass."

Respectfully submitted,

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