Wisconsin Alliance for Women's Health
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TO: Senate Committee on Judiciary and Public Safety
FROM: Sara Finger, Executive Director, Wisconsin Alliance for Women's Health
RE: Testimony in Support of SB 393 – Restricting shackling and addressing maternal health care of pregnant women who are incarcerated
Date: October 19, 2017

Chairman Wanggaard and members of the Senate Committee on Judiciary and Public Safety, thank you for the opportunity to share this written testimony in support of SB 393, which is much needed legislation to address the often demeaning and harmful practice of shackling pregnant women who are incarcerated in Wisconsin. SB 393 also addresses other important maternal health issues that are important for the wellbeing of women who are incarcerated. The Wisconsin Alliance for Women's Health (WAWH) thanks Senator Taylor and Representative Subeck for championing these often overlooked issues that affect some of our state's most vulnerable women.

WAWH is largely supportive of the substantive provisions contained in SB 393 as they pertain to the shackling of pregnant women who are incarcerated. The bill makes important strides to restrict the use of restraints on pregnant women. Some other states, such as Illinois[1], have taken a more direct approach to restricting the use of specific types of shackling that could be harmful to maternal or fetal health by prohibiting the use of any restraints that do not promote a medically therapeutic purpose as directed by medically trained staff while a woman is in labor. While WAWH certainly defers to the expertise of established medical organizations regarding what constitutes medical best practices in such circumstances, we believe that the more detailed approach taken by states like Illinois in this regard might be worth exploring as SB 393 may provide too much individual discretion to correctional staff regarding whether shackling is warranted. I mention these potential alternatives simply as suggestions for committee members to consider, as WAWH supports the genuine progress this bill would represent if passed into law.

SB 393 would also greatly restrict the placement of pregnant women in solitary confinement, which is a particularly troubling practice that can be used to punish pregnant women. Solitary confinement is especially dangerous for pregnant women because it often restricts their access to necessary obstetrical care and limits their access to exercise and movement that is necessary to support a healthy pregnancy. Solitary confinement also exacerbates mental health stressors that can be associated with pregnancy, such as anxiety and depression. In addition to being inhumane, isolating pregnant women in a small prison cell for 23 hours a day increases their risk of preterm labor, miscarriage, and low birth weight babies[2]. Simply put, the imposition of solitary confinement on pregnant women as a form of punishment should be prohibited and we applaud the bill authors for addressing this critical issue.

Finally, SB 393 also addresses other important maternal health issues that are of particular importance to women and adolescent girls who are incarcerated, such as access to mental health treatment,

[1]See here: http://www.ilga.gov/legislation/ilcs/documents/005500050K3-15003.6.htm
[2]See here: http://solitarywatch.com/2015/02/16/women-in-new-york-state-prisons-face-solitary-confinement-and-shackling-while-pregnant-or-sick/

pregnancy and STI testing, continuity of care for opioid addiction treatment, access to doula services, and the ability of postpartum women to maintain an active supply of breast milk. WAWH believes that these are all laudable policies that, if enacted, would go a long way towards improving the health and promoting the dignity of women and adolescent girls who are incarcerated.

One technical change that the authors and committee should consider making to the bill relates to the provision that mandates continuity of care for opioid addiction treatment on page 3, lines 3-4. WAWH supports the overall intent of this section of the bill, but believes that the legislation should not limit the section's applicability to only methadone treatment regimes, as there is a wider category of opioid addiction tapering medications that can be prescribed beyond just methadone. This is particularly true for pregnant women. WAWH would suggest that the bill be amended to use a medically appropriate term that refers to the general category of opioid tapering medications that would encompass all of the medications that medical best practices would suggest be used for pregnant women who are receiving opioid addiction treatment.

Thank you again for taking the time to consider our thoughts on this important legislation.