

Delivering Dignity for Incarcerated Women

by Kerianne Crockett, MD



In July 2019, I took care of a patient who was in detention at an area jail during her pregnancy. She was restrained with ankle and wrist cuffs during her labor, delivery and several hours post-partum. She also suffered the devastating loss of her infant. In the months that followed, I grappled with my own grief over her loss and thought nonstop about how her difficult and heartbreaking experience was turned into a traumatic one by the shackles she was forced to wear.

In my efforts to better understand what happened, I learned that the policies that guide the treatment of incarcerated pregnant individuals vary widely across North Carolina's 100 counties and are separate from the policies that guide care of pregnant individuals in the custody of the NC Department of Public Safety (NCDPS) and the state prison. I spoke to medical and law enforcement leaders in my community. I poured over the American College of Obstetricians and Gynecologists (ACOG)

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Committee Opinion on Ob/Gyn care in the setting of incarceration. I learned about the National Commission on Correctional Health Care (NCCHC) and their position statements on pregnancy in the correctional setting. The consensus from both ACOG and NCCHC is that restraints in the context of pregnancy, delivery and post-partum pose significant risks and are often unnecessary to maintain safety and order. It became evident to me that we needed a single set of rules for all incarcerated pregnant individuals in North

Carolina, which would be more consistent with the evidence-based recommendations from organizations like ACOG and NCCHC, so no patient should have to endure the trauma and indignity that my patient did.

I shared my patient's story with my fellow members of the NC Obstetrical and Gynecological Society's (NCOGS) executive committee, and we considered how we might be able to affect change. NCOGS lobbyist **Rob Lamme** and NCOGS Executive Director **Alan Skipper** developed a strategy and we ultimately joined with several other groups advocating for the piece of legislation which would become **HB608 - Dignity for Women Who are Incarcerated**. The bill includes limits on the use of restraints from the second trimester of pregnancy until six weeks postpartum, important pregnancy-specific nutritional requirements, access to menstrual products, facilitation of maternal-infant bonding and limitations on invasive body cavity searches.



Rob Lamme and I on one of our visits to the Legislative Building to speak with legislators.

In March of this year, I met with several legislators over Zoom to share my patient's story and ask for their support of the bill. One of those legislators, NCMS member Rep. **Kristin Baker, MD** (R-Cabarrus), would go on to become one of the bill's primary sponsors. I also met with the leadership of the NC Sheriff's Association to share my concerns and hear theirs. In the weeks following, I contacted all of North Carolina's 100 county sheriffs individually to share the text of the bill and ask for their input on whether it would be feasible in their counties. This led to productive and meaningful conversations with sheriffs across the state. By April 20, the bill was ready for introduction at the general assembly with the support of the Sheriff's Association and it immediately received broad bipartisan support. It passed the house unanimously on May 10. I visited



Me pictured with Rep. Kristin Baker, MD (center) and NC Ob/Gyn Society president Velma V. Taormina, MD, MSE, FACOG.



Governor Roy Cooper signs HB608 into law.

the General Assembly with Rob on June 29 and met with members of the Senate Health committee. By early August, the bill started moving through committees in the Senate and passed unanimously there on August 25. It returned to the House for a concurrence vote and AGAIN passed unanimously on August 31. FINALLY, it was signed into law by Governor Roy Cooper on September 10!

I realized long ago that there is nothing I can do to replace what my patient lost but that I could and should try to prevent what happened to her from happening again. The NCOGS and the NC Medical Society allowed me to channel my grief into productivity and action, and for that I will be forever grateful.



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