

The policy issue is the mistreatment of women who are incarcerated and pregnant. The Vermont code 801 Pregnant inmates focuses on when shackling and restraints should not be permitted on pregnant women past their first trimester. The Northern states are among the highest percentage of prisons in the United States that still use shackling as a method of restraint while women are in active labor. Because shackling is still frequently utilized in these prison systems, pregnant incarcerated women are treated inhumanely (Kelsey, Medel, Mullins, Dallaire, & Forestell, 2017). Vermont has implemented this policy to protect the health and wellbeing of women and their newborn infants. The safety of the community is also protected by a section in the law that allows for shackling in order to protect the security and safety of all those involved. When restraints are used, the circumstances and reasoning must be documented ("Vermont Laws," n.d.). The state of Vermont took the initiative to protect their pregnant women from restraints that could threaten the health of them and their children.

A gap in this policy is the lack of prenatal care that incarcerated pregnant women do not receive while they are in prison. One participant of a qualitative study stated that she had filled out a slip requesting to have medical personnel talk to her psychologist and psychiatric doctor; however, the incarcerated woman did not receive her medication (Rodda & Beichner, 2017). The incarceration system is obligated to provide medical care to their inmates; however, the services provided and the amount who actually receive these services is low and varies from location (Ahrens, 2015).

The failure to acknowledge pregnancy can result in not receiving any prenatal care, nutritional education, or support, and labor may be consistent without any change (Ahrens, 2015). When these at-risk mothers request services to see a gynecologist or a physician, they can be denied and not receive the proper care. If incarcerated pregnant women were granted critical prenatal care, they would have a better chance of having a successful pregnancy (Ahrens, 2015). It is not the unborn child's fault for the decisions the mother made. So impairing their normal growth patterns should not be a punishment.

References:

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