

Fact Sheet: Shackling of Women in Labor in Wisconsin*

The Issue:

- Since 2011, 40 women in Milwaukee County alone have been shackled while giving birth. (reporting is inconsistent or nonexistent in other counties.)
- Shackling, which includes the use of belly-chains, during labor creates health risks for both mother and child and is opposed by leading medical groups such as the American Medical Association.
- Wisconsin's policies are out of step with national trends: at least 21 states and numerous federal agencies have policies that restrict shackling of pregnant women.



Senate Bill 393, with Taylor/Wanggaard Amendment:

- Creates statutory guidelines that states that correctional officers may only shackle women in labor when there is a reasonable health or safety risk, as determined by the correctional officer.
- Provides certain maternal support services through doula care. Doula care can reduce the need for caesarean births by 28 percent, providing a cost savings to Medicaid of \$4,459 per avoided caesarean section. Under the bill, doula care is provided through donated services or is paid for by the incarcerated individual.
- Expands STI testing that DOC is already offering. According to a DOC fiscal estimate, "the DOC has policies in line with many of the provisions of this bill, so the fiscal impact is anticipated to be minimal."

SB 393 will:

- restore dignity for pregnant individuals who are incarcerated,
- improve health outcomes, and
- **save taxpayer dollars** by:
 - (1) reducing the number of lawsuits and settlements resulting from city or county shackling practices,
 - (2) creating savings for Medicaid by reducing the number of costly interventions such as caesarean sections and instrument assisted births, and
 - (3) reducing long-run costs to Medicaid and public services from the early detection and treatment of STIs such as HIV, which can be transmitted from mother to child.

* From Senator Lena Taylor's office