Statement of Support regarding HB 2535
American College of Obstetricians and Gynecologists (ACOG)
February 23, 2023

My name is Dr. Carrie Miles and I am a physician licensed in Obstetrics and Gynecology. On behalf of myself, my patients and the 712 practicing ob-gyns of the Oregon Section of ACOG, we would like to express our support of HB2535. This bill establishes a doula program for pregnant/ postpartum adults in custody at Coffee Creek Correctional Facility and prohibits shackling of adults in custody during the birthing process.

Continuous one-to-one labor support by a companion or doula during labor and the birthing process is associated with improved outcomes for pregnant people. The presence of a doula may reduce cesarean births, help with pain relief, shorten labor times, and reduce negative childbirth experiences. Access to doula services should not be limited to resourced populations. The positive effects of one-to-one labor support may be especially meaningful for marginalized populations, including incarcerated individuals. Incarcerated women have limited contact with friends or family, and doulas are able to provide the physical, emotional, and informational support that would otherwise be lacking.

Additionally, unique to the role of doulas who support incarcerated women is their ability to provide emotional support when women return to prison and are separated from their infants. The one year of postpartum support required under HB2535 would be life-changing for these women. The postpartum period is a time of significant stress. We know that across the US, 1 in 8 women experience postpartum depression. Patients in custody are at an increased risk for peripartum mood disorders given the sanctioned separation of the mother-baby dyad, which makes this one year of postpartum support so valuable and needed.

Furthermore, the shackling of pregnant people during labor is a dangerous, inhumane practice and one that ACOG opposes. Physical restraints put both patients and their infants at risk by delaying diagnosis in an emergency, increasing risk of blood clots and interfering with normal labor and delivery. Twelve states already restrict the use of restraints throughout pregnancy, labor, delivery and postpartum, and 22 states and the District of Columbia give medical personnel the authority to have restraints removed. We urge the Oregon Legislature to bring our state in line with others who have already passed such legislation.

One resident physician reflects, “I have cared for many incarcerated women in labor as an obstetrician, but never with a doula at the bedside. Instead, corrections officers (sometimes multiple people, and sometimes men) accompany these women, which may further limit their sense of autonomy and choice during the labor process.” (Katie Hansen, MD)

Another resident physician recalls taking care of a woman on L&D who was incarcerated. “It was her first pregnancy and her first time in a hospital as an adult. She had limited support and only a basic understanding of the labor process. She was accompanied by two correctional officers. She had neither family nor a partner at her side. Her experience, despite the care team’s best efforts, was characterized by fear and uncertainty. The team wonders how this patient’s experience might have been different with the support of a labor doula.” (Ellie Schmidt, MD)

An experienced labor nurse emphasizes that, “People who are birthing are already at such a high risk of experiencing lack of decision making and lack of bodily autonomy. For this population of patients in custody, empowering them to have the birth that they desire should be placed at the highest priority when so much of their lives outside of the hospital is restricted. Having a doula there to counsel, support and advocate in an unbiased way would help these folks in so many incredible ways. It's not very often in life when you can have a support person who has no agenda other than making sure you are heard, supported and empowered, and that is something all people deserve no matter what.” (Maddie Olson, RN)

An experienced nurse midwife shares a patient story whose postpartum course she remembers vividly. She recalls that the deputies were present- one inside the room and one waiting outside. The patient had shackles off during labor, but postpartum, was a different story: the shackles were back on. To be able to hold her baby, the patient had to have special time coordinated when the shackles were off. This caused an undue burden. The postpartum shackling practice negatively impacted skin-to-skin bonding time, which has consequences for both maternal and neonatal health. It also caused the patient and her care team significant and unnecessary distress. The shackling of pregnant people during labor and postpartum is wrong, harmful, and inhumane.