



Tennessee Department of Children's Services

Protocol: Best Practice in the Use of Restraints with Pregnant Youth

Supplemental to DCS Policy: 31.19, Use of Mechanical Restraints for Youth

Risks to a pregnant youth and the unborn child are present throughout pregnancy, labor, delivery, and after the baby is delivered. Signs of danger in pregnancy can be subtle. Obstetrical emergencies are unpredictable and can occur at any point. Physical changes to be aware of during pregnancy are numerous and include:

- Nausea /vomiting leading to dehydration
- Increased risk of blood clots
- Alterations in blood pressure

- Change in center of gravity which increases the risk of falls

Use of Restraints

Beginning on the date on which a pregnancy is known and confirmed by a healthcare professional and ending at the conclusion of postpartum recovery, a pregnant youth may only be restrained using wrist restraints placed solely in front of the body during internal escort or at any time outside the facility, absent extraordinary circumstances.

Extraordinary Circumstances Exceptions

Other restraints may only be used on pregnant youth in the following extraordinary circumstances which present a substantial flight risk or other extraordinary mental health or security circumstance. Any restraints used pursuant to these two exceptions must be the least restrictive type necessary to prevent harm to the youth, unborn child, or others, or to prevent the risk of escape.

1. A responsible facility staff member (Superintendent/Facility Manager, Administrator, Security Manager or Shift Supervisor) determines the youth is an immediate and credible flight risk or poses an immediate and serious threat of harm to self, the unborn child, or others that cannot reasonably be prevented by other means, such as an increased number of staff to monitor the youth.
 - Upon request of a healthcare professional responsible for the health and safety of the youth, facility staff must refrain from using restraints or remove restraints.
2. A healthcare professional responsible for the health and safety of the pregnant youth determines that the use of restraints is appropriate for the medical safety of the youth or the unborn child.

Prohibited Restraints Under Any Circumstances The following types of restraints are prohibited:

- Restraints around the ankles, legs or waist of a youth who is in labor or delivery
- Restraining the hands of the youth behind the back

- Restraints attaching one youth to another youth

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Documentation of Extraordinary Circumstances Use of Restraints

If restraints are used on a pregnant youth in extraordinary circumstances that are outside of restricted movement in the facility environment, the facility staff shall, within seventy-two (72) hours, document in writing (Incident Report) the extraordinary circumstances that dictated the use of the restraints to ensure the safety and security of the youth, the unborn child, the staff of the placement facility or medical facility, other youth, or the public.

See DCS Policy [31.19, Use of Mechanical Restraints for Youth](#) Section D for Incident Reporting requirements.

See DCS Policy [31.19, Use of Mechanical Restraints for Youth](#) Section C for requirements regarding monitoring and assessing a youth in restraints.

Notification to Pregnant Youth Potentially Affected by this Protocol

Upon admission to the facility and when known to be pregnant, notification must be given within 48 hours in a separate, clear, and concise writing of the requirements of this protocol. Refer to DCS form [CS-4240, Notification to Pregnant Youth About the Use of Restraints](#)

Definitions- for Purposes of this Section:

“Restraints” means a physical or mechanical device used to control the movement of a youth’s body, limbs, or both.

“Labor” means the period of time before a birth during which contractions are of sufficient frequency, intensity, and duration to bring about effacement and progressive dilation of the cervix.

“Postpartum recovery” means the 12-week period, or longer as determined by the healthcare professional responsible for the health and safety of the youth, following delivery, and shall include the entire period the youth is in the hospital or infirmary.

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