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Giving Birth in Captivity

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In the early, still-dark hours of a winter morning in 2004, I was in a hospital room preparing to catch the baby of a pregnant woman in the final stages of labor. I was a first-year ob/gyn resident physician at the time. Amid IV poles and monitors, nurses and doctors, and a woman pushing with contractions, it was by most accounts a typical hospital delivery-room scene. Except for one element: the mother-to-be was handcuffed to the hospital bed. She was incarcerated at the local jail.

In that moment, I felt a convergence of constraints, one surely felt more deeply by the pregnant woman herself: the constraints of a biomedicalized birth, represented in the tethering of IV tubing and fetal-monitoring cables, and the constraints of imprisonment, represented by the handcuffs. It would be easy to read this event—and, unfortunately, many more like it occurring in [twenty-eight states where shackling pregnant women in labor is legal](#)—as exemplary of captivity, understood as the confinement of bodies through powerful means to keep them under control. It is hard to imagine a more graphic image of repressive state power than shackling a pregnant woman who is about to give birth. Beyond the common-sense logic that a laboring woman is unlikely to escape, shackling in labor is medically dangerous; it has elicited the condemnation of the [United Nations Human Rights Commission](#) and major medical professional societies, as published in [this committee opinion](#) by the American College of Obstetricians and Gynecologists. This kind of captivity demands ethical attention and action. Indeed, for my part, I have spoken out against shackling and

lobbied for laws, as in [this opinion piece](#) for the *San Francisco Chronicle*.

Yet the captivity of a reproductive body in chains is more than just the surface story of extraordinary physical constraint. For when we look beyond the actual chains themselves, we see the complexities and contradictions of what captivity can mean and how people react to it. After all, the pregnant woman is carrying a fetus, an entity that has been imbued with a range of subject positions and cultural meanings, as anthropologists and others have long explored (e.g., Taylor 2008). The fetus is, in a sense, captive in the woman's womb, constrained in the physical limits of her uterus; but, the fetus is also nurtured in the womb, the placenta providing oxygen and nutrients which make it grow.

What about the incarcerated pregnant woman? Is her fetus also incarcerated? Does the fetus mark an incarcerated pregnant woman's body as worthy of special protection, or, because the woman is presumed a criminal and therefore violating norms of feminine passivity, of excess punishment? These are questions I explore in more detail in my forthcoming book, *Jailcare: Finding the Safety Net for Women Behind Bars* (Sufrin 2017).

That we even need to discuss the shackling of pregnant women, that there need to be laws to prevent it, signals the implicit gendering of the U.S. carceral system, which presumes males to be the default prisoners. The debates reveal two competing risk-management discourses. From the carceral perspective, all prisoners are seen as

dangerous, and thus must be confined and controlled. From the medical side, the fetus and, to a lesser degree the pregnant woman, is at risk for harm by things done to or by the maternal body. What emerges in these tensions are not only questions of captivity, but also questions of care.

The medical risk perspective is open to the well-established critique of biomedicalized birth, where medications, equipment, and cesarean sections constrain and discipline the female reproductive body in a web of technological controls (Wendland 2007; Morgan and Roberts 2012). In my advocacy against shackling, I cite the need for providers to engage these very interventions at unpredictably emergent moments as a reason why shackling is dangerous. I also draw upon stereotyped, romanticized notions of the innocent fetus and motherhood, strategically essentializing gender and fetal norms so as to sway policymakers to care, to prevent this mode of fetal and maternal captivity of birthing in chains—even though such discourses are also tied to ideological forms of gendered captivity that still constrain many women through reproductive expectations (Ginsburg and Tsing 1992).

Even when the shackles are removed, when this disturbing version of captivity is banned, these women are still incarcerated. Their newborns are still caught in a thicket of carceral connections. When the mothers are released from prison or jail, they are still captive under the surveillance of parole, probation, or child welfare services, which constrain the ways they can be free in the world as mothers or otherwise.

Captivity in the form of shackling pregnant women is more than just shocking and disruptive to our expectations of childbirth. It also exists in the quotidian rhythms of the guards and incarcerated women interacting inside a jail. One day at the jail where I did my fieldwork, a guard put cuffs around the wrists and ankles, as well as a belly chain around the stomach, of a pregnant woman in preparing to transport her to the hospital for an appointment. When another guard saw this, he apologized, remarking: “You know, we shouldn’t be cuffing a pregnant woman like that.” He promptly removed everything except the handcuffs, and loosened them to make sure they were as comfortable as handcuffs could be. That act of kindness and the apology were exceptional and meaningful to the woman, as she later told me; it made her feel cared for. The shackling of a pregnant woman created the possibility for the chains to be removed, and the removal was experienced as a moment of care amid her captivity.

Captivity can be experienced through many physical, psychic, spatial, and relational processes. Most of these modes of captivity demand ethical attention, as with ending the shackling of pregnant women. But they also require inquiry into the possibilities such captivity may paradoxically open up. While it may be unsettling to confront, we must also look to the ways that captivity, even when it is as harsh as chaining a pregnant woman in childbirth, can cultivate ambiguous forms of care.



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