

Expecting Justice:

The Status of Pregnancy and
Reproductive Health Care
Policies in Illinois County Jails



ACLU
Illinois

March 2024

This work represents a collaboration between the Women’s Justice Institute (WJI) and the American Civil Liberties Union (ACLU) of Illinois



About the Women’s Justice Institute (WJI)

The Women’s Justice Institute (WJI) is a dynamic, national “think and do tank,” based in Chicago, that collaborates with a wide range of stakeholders in innovative ways to address women’s mass incarceration, reduce harm to impacted women, their children, families and communities, and improve health, well-being and outcomes among them. The WJI’s team of experts, co-led by currently and formerly incarcerated women, works across sectors to confront the false narratives that fuel the mass incarceration of women and build transformative solutions.

About the American Civil Liberties Union (ACLU) of Illinois



The American Civil Liberties Union (ACLU) of Illinois has been the principal protector of constitutional rights in the state since its founding in 1926. The ACLU of Illinois, and its affiliated Roger Baldwin Foundation, are non-partisan, non-profit organizations dedicated to protecting the liberties guaranteed by the U.S. Constitution, the state Constitution, and state/federal human rights laws. The ACLU of Illinois accomplishes its goals through litigating, lobbying, and educating the public on a broad array of civil liberties issues.

SUGGESTED CITATION: Mansfield, A. & Werth, E. (2024, March). Expecting Justice: The Status of Pregnancy and Reproductive Healthcare in Illinois County Jails. Chicago, IL: Women’s Justice Institute (WJI) and ACLU of Illinois.

Table of Contents

About this Report	1
Introduction	2
Shawna’s Story	5
Alliyah’s Story	7
Methodology	9
Christina’s Story	14
Paige’s Story	15
Legal Requirements	17
Latyra’s Story	21
Jonya’s Story	23
Best Practices	24
County FOIA Responses	26
Policies and Procedures Regarding Reproductive Healthcare	27
Policies and Procedures Regarding Pregnancy, Childbirth and Postpartum in Custody	32
Katie’s Story	37
Abigail’s Story	39
Recommendations	40
Emiaya’s Story	43
Jalyn’s Story	45
Taylor’s Story	45
Appendix A: County Summaries	46
Acknowledgements	107

About this Report

This report was produced as a joint effort of the Women’s Justice Institute (WJI) and the American Civil Liberties Union (ACLU) of Illinois. It is the most comprehensive report in state history to document policies and practices throughout all county jails. Both organizations recognized the need for a deeper evaluation of the often overlooked conditions for those who are pregnant or postpartum, and others needing reproductive health care, in county jails across the state of Illinois.

Notably, this effort comes on the heels of WJI’s historic 2021 report, entitled “Redefining the Narrative”¹, which included a groundbreaking analysis of women’s justice pathways before, during and after incarceration, as well as a strategy to reduce the women’s prison population by “50%+ and Beyond.” The report, which centered on the accounts, expertise and recommendations of hundreds of currently and formerly incarcerated women and gender expansive individuals, as well as their children and families, identified significant gaps in information related to the treatment and conditions impacting pregnant and postpartum individuals in the custody of county jails statewide.

While Chicago Legal Advocacy for Incarcerated Mothers (CLAIM) previously surveyed restraint policies for pregnant people in county jails in 2013, there has been no comprehensive study of relevant policies and procedures, nor an updated look at restraint policies in particular. Through this report, both the WJI and ACLU of Illinois hope that there will be more attention to understanding the policies impacting reproductive health and the treatment of those who are pregnant or postpartum in jails across Illinois, as well as determining what steps should be taken to improve conditions.

¹ Benos, D. & Benedict, A. (2021, April). *Redefining the Narrative*. Chicago, IL: Women’s Justice Institute (WJI).

INTRODUCTION

Introduction

Throughout the history of jails and prisons in the United States, policies and facilities have been designed by and for men. The reality is that most rules and procedures for incarceration have been created to address the detention of cisgender men, with little thought given to the often unique needs of cisgender women and transgender people.² These practices are generally “gender-neutral” rather than “gender-responsive.” For example, if men are always restrained during the provision of outside medical care, so too are pregnant people by default, even though it may create risks for their health and well-being. However, this blanket application of policies designed for cisgender men fails to consider the adverse consequences of restraining people during pregnancy and childbirth and the fact that these conditions may make someone less of a flight or security risk.

Without any national tracking mechanism, it is impossible to know the exact number of people who are pregnant in county jails annually. According to a study by Carolyn Suffrin, a medical anthropologist and OB/GYN at Johns Hopkins University and the author of *Jailcare: Finding the Safety Net for Women Behind Bars*, approximately 5% of women entering U.S. jails from 2016 to 2017 were pregnant. While this study is the most comprehensive look at statistics for people who are pregnant in jail or prison, it still only collected data for 5% of women in jails during this time period. The reality is that evaluation of the experiences and conditions for individuals in jails is extremely difficult.

In 2000, Illinois became the first state to ban the shackling of people in labor in jails and state prisons. In the following years, some additional laws have been enacted, such as laws concerning education and housing for people who are pregnant while incarcerated, and the release of pregnant defendants from pretrial custody. However, it has been difficult to determine whether and how these laws have been implemented, or whether these laws are even sufficient to provide appropriate, supportive, and humane care for people in Illinois jails.

Although Illinois was the first state to ban the shackling of people in labor in 2000, since then 40 states have now passed laws restricting shackling, with many going much further than the Illinois law which currently applies to the majority of county jails (outside Cook County).

² “Transgender” describes people whose gender identity differs from the sex they were assigned at birth. “Cisgender” describes people whose gender identity is aligned with the sex they were assigned at birth. “Nonbinary” describes people whose gender identity falls outside the binary categories of “man” and “woman”.

In this report we generally use terms such as “pregnant and postpartum individuals” to reflect the fact that not all persons in the custody of county jails who can get pregnant identify as women, and that people who experience pregnancy and childbirth while incarcerated may be transgender men or non-binary individuals. However, when discussing a particular pregnant individual or quoting a report or policy directly, we may use gender-specific language such as “woman”.

In the state of Illinois alone there are 102 counties, though some counties house detained individuals in other counties. The result is that there are 92 jails across the state, each with their own policies and procedures. Each county jail largely operates independently, with practices varying widely. Illinois law has established the Jail and Detention Standards Unit, overseen by the Illinois Department of Corrections, to monitor and develop standardized practices in detention facilities. However, this Unit does no specific monitoring of the care and policies that impact reproductive health and/or pregnant or postpartum individuals.

In collecting the stories of women who had been pregnant in county jails for this report, several themes emerged. Fundamentally, these stories of those who have experienced pregnancy in county jails show that in many places the actual care provided does not even comply with the minimal requirements set out in state law.

Themes repeated throughout conversations with women with lived experiences included a lack of appropriate medical care and the dismissal of requests for assistance, the use of restraints throughout pregnancy, a lack of sufficient nourishment, dehumanizing comments, and being isolated. Unfortunately, without any ongoing monitoring of conditions for pregnant and postpartum people in custody in Illinois, it is impossible to truly know how pervasive these issues are.



So, there I was. Still in tears, both from being happy and also in pain, with my first born in my arms, an officer still on the couch and my feet shackled to the hospital bed, all the time knowing that in less than 48 hours my daughter would be taken from my arms and I would be driven back to the prison, handcuffed and shackled the entire ride.

I cried the whole drive back to the prison after I was pulled away from my daughter. I closed my eyes and just tried to keep seeing her face.

– Keeley Schenwar, in custody of Cook County Jail and Illinois Department of Corrections while pregnant in 2013



*Originally published in Truthout in 2021

Shawna

LaSalle County and Rock Island County

2019

In 2019, after I was arrested for two drug-related cases, I was given a bail they knew I couldn't pay. I was pregnant and had no history of violence or of not coming to court, but I wasn't allowed out. I was held in Rock Island County Jail and LaSalle County Jail. In Rock Island, every time I had a prenatal appointment for my baby, they would charge me \$20. I didn't have any money, so that meant my commissary fund was negative, even if someone wanted to give me money so I could buy snacks or something to make me more comfortable.

I was always handcuffed when they transported me. One of my worst memories is of when I got my baby's ultrasound.



The ultrasound tech asked the guard to undo my handcuffs so that they could scan my belly. The guard refused and said he didn't have to take off my handcuffs if he didn't want to. I was pregnant, laying on an ultrasound table, and I had never been a danger to anyone. After he refused, the tech had to have my cuffed arms held above my head so that he could do the scan. It was uncomfortable and humiliating.

When I was in Rock Island, they told me my placenta was dangerously close to my cervix. Doctors said that I should see a specialist.



The jail told me that they didn't have to send me to a specialist, because I was only entitled to the minimum level of care, and they could send me wherever they wanted, whether I was pregnant or not.

They ended up sending me to a midwife, not even a doctor or an obstetrician. She did not deal with high-risk pregnancies, and I never got the medical care the emergency room doctor had said I needed in a written letter.

After seeing the midwife, she wrote a letter saying that I needed an extra mattress and blanket, because I was so bruised from the mat they provided and the pressure on my hips from the pregnancy. The jail finally agreed to give me an extra blanket, but they wouldn't give me an extra mattress. The jail said, "You're just pregnant—you aren't dying or anything." They said the blanket could only be used between my legs. One time I put it under my head when I had a cold to elevate my head, and the guard came in and took away the blanket because she said I was only allowed to use it to relieve the pressure in my legs and never gave it back. To this day, I have to see a chiropractor because my hips hurt so much. When it was almost time for me to give birth, the judge released me on furlough for a month.



They said they

didn't want to have to pay for me to have the baby, so I could go home for the month, have the baby, and then turn myself back in to the jail. I don't know why I couldn't get bail before or why I had to always be handcuffed, since they trusted me to go home for a month and come back.

Leaving my baby that last day was horrible. The very next day, they sentenced me to prison, and I was sent to Logan. Because I had already had my baby a few weeks before and wasn't pregnant anymore, I didn't get to go to Moms and Babies and be reunited with my son. I thought about him every moment of every day I was in prison.



ALLIYAH

Will County

2020

When I got to jail, I was only four weeks pregnant. Pregnancy is hard as it is, but they treat you like shit in jail. I slept on a very thin mat on a concrete slab, and I did not get a second mat. It hurt a lot and I often wasn't able to sleep. I would wake up with bruises on my hips from sleeping on my side.

“ I lost 67 pounds while I was pregnant, but no one seemed alarmed.”

The OBGYN was helpful, but at the jail they were putting me on lots of medications that I was not supposed to be taking. They had me taking Trileptal or Lithium and I was also taking ibuprofen every day. I was taking this for the first few months of pregnancy and I wasn't supposed to be.

One time they told me that my daughter was underweight during an ultrasound. I was losing weight, and the stuff they were serving me was making me sick. I was five to six months pregnant at that point. After that,



There were a few times they were supposed to give me bloodwork, but we ended up skipping the tests because the jail driver did not want to wait for the appointment. They said it would take an hour and that we would do it next time. They kept promising next time, but it never got done.

I went to five different doctor visits, and the jail never let me get the bloodwork. Even my doctor was mad about it. I only got bloodwork done once in my entire pregnancy.

One time I went to take a shower and I didn't know everyone was on lockdown. They called the emergency response team on me, and I was handcuffed in the back. I kept saying that I was pregnant while I was being handcuffed. They said that they couldn't tell I was pregnant because I was so fat. They pushed my stomach into the wall in the elevator. At one point I thought they were going to push me on the floor.

I was also really scared of getting COVID for the baby. They were about to put a sick lady in my room, but I refused because I didn't know what she was sick with. They were going to slam me into the floor for that.

They used handcuffs on me five or six times. But the worst was when they used belly chains.



The first few times they were handcuffing me, I said I was pregnant and they called me a liar and said I was just fat. They did shackles and handcuffs. Then I started bringing my own medical records to court to prove that I was pregnant. That is when they started using the belly chains.

I didn't know the belly chain was worse for the pregnancy, no one said anything. They used the belly chain every time I went to the doctor or court, over 20 times. In the transport van, I used to go from the seat and use my butt to jump to the floor of the van. And from there, I would jump down onto the concrete.

After spending eight months of my pregnancy in jail, they let me out on medical furlough to give birth. After I was released for a month to give birth and be with the baby, I had to turn myself back in. I don't understand why if I wasn't considered a risk or dangerous for the month and they trusted me to turn myself back in, why they kept me in jail for my entire pregnancy and always used handcuffs.



METHODOLOGY

Methodology

The information in this report is primarily based on the responses we received to requests made under the Illinois Freedom of Information Act (FOIA) to all 102 counties in the state. In addition, we collected narratives from several individuals who volunteered to share their experiences about being pregnant while detained in county jails. These narratives are shared as they were reported to us, and we did not independently verify any of the information reported.

In the summer of 2021, we submitted a standard FOIA request to each county seeking records and information about the provision of reproductive health care to individuals in the custody of any county jail and/or detention center facilities.

Among other things, these FOIA requests sought all county jail and/or detention center policies concerning the availability of reproductive health care to individuals in custody, including specifically any policies related to:

- Access to menstrual products
- Routine gynecological care
- Testing and treatment of sexually transmitted infections (STIs) and HIV/AIDS
- Access to contraception
- Pregnancy testing
- Access to abortion
- Treatment of pregnant individuals with substance use disorder
- Prenatal and postpartum care
- Labor and delivery care

We also sought policies related to other issues important to the well-being of pregnant and postpartum individuals in custody and their children, including specific policies related to:

- Dietary adjustments for pregnant and postpartum people
- Education about pregnancy and childbirth
- Use of restraints on pregnant and postpartum people
- Use of solitary confinement
- Time spent with a newborn following birth
- Accommodations for lactation and for storing/transporting breast milk

We ultimately received responses to our FOIA requests from 98 of the 102 counties in Illinois, with the reporting counties representing approximately 98% of the population of Illinois.³

We then reviewed the materials we received, identified those that were responsive to our specific requests, and summarized the policies and other information that we obtained. This report presents the results of that review.

³The counties of Cumberland, Knox, Sangamon, and Wabash did not respond.

Snapshot of County FOIA Responses

In this report, we look at nine categories regarding reproductive health care and treatment of pregnant and postpartum individuals by county jails. Out of the 102 counties in Illinois:



28 counties did not provide written policies or other information related to the nine categories.



No counties provided written policies related to all nine categories, and only one county provided written policies or other information related to all nine categories.



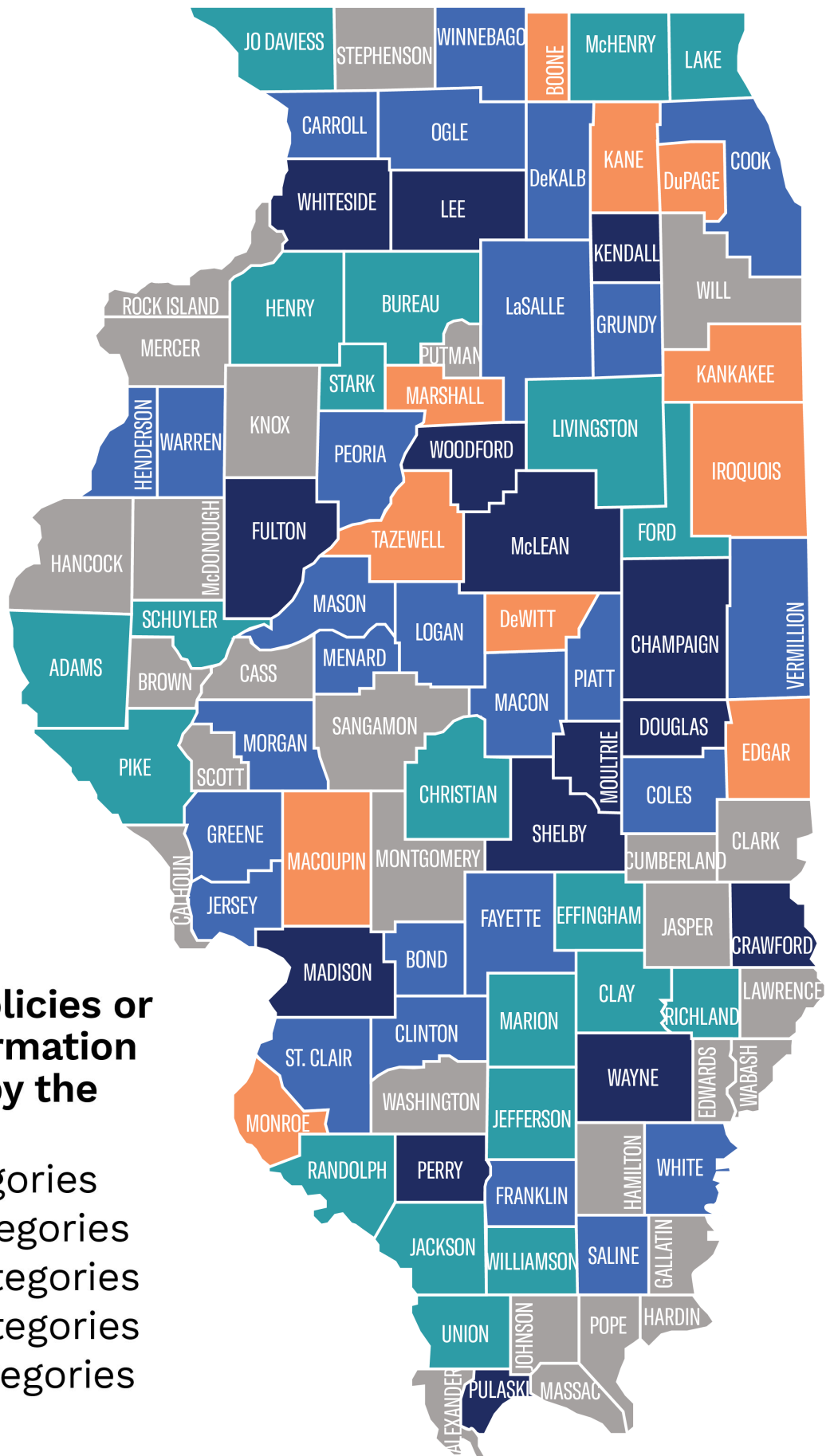
Only 11 counties provided written policies or other information related to at least seven of the nine categories.



The categories where the largest number of counties provided written policies or other information were prenatal and postpartum care (60 counties) and use of restraints during pregnancy/postpartum (66 counties).



The categories where the fewest number of counties provided written policies or other information were the use of solitary confinement during pregnancy/postpartum (6 counties), contraception access (17 counties), and lactation (18 counties).



Written policies or other information provided by the county:

- 0 categories
- 1-2 categories
- 3-4 categories
- 5-6 categories
- 7-9 categories

About the Data

The data in this report is based on the information each county that responded to our FOIA requests self-reported. We were not able to independently confirm whether the responses we received constitute the entirety of each county's relevant policies and procedures. Further, we were not able to confirm the extent to which, in practice, each county jail or detention center is actually following their purported policies.

In addition, we do not reach any conclusions as to whether any county's self-reported policies and procedures as described below satisfy its legal obligations and/or represent good practices with regard to the provision of reproductive health care and treatment of pregnant/postpartum individuals in the county jail or detention center.

Nevertheless, this analysis provides important insights into the preparedness of county jails and detention centers to meet the reproductive health needs of individuals in their custody consistent with legal standards and best practices. Counties should have formal, written policies to memorialize the standards that guide the conduct of correctional officers, medical staff, and others who have a role in providing reproductive health care and interacting with pregnant/postpartum people.

Although having written policies does not always guarantee that they will be followed in practice, nor does it guarantee the quality of these policies, it does make it more likely that there will be a reasonable standard of care by setting out clear expectations and procedures. It is critical that all counties maintain these written policies, and that all personnel are knowledgeable of the existence and significance of these policies in order to be able to implement them properly.

CHRISTINA

Kane County and Kendall County

2023

I was in jail for over three months.

The whole time I kept asking when am I going to see a doctor, and they said they couldn't tell me because of security. But then I just never went. I never saw an obstetrician at all.

I didn't even get an ultrasound until I got to IDOC, and then I was already 30 weeks along.

In Kane County, they always handcuffed me when I went to court. Sometimes they cuffed me in the front, but other times they did it in the back. Whenever I went to Kendall County for court, they would put leg shackles on me and a metal belly band on.

In jail, there were no materials or education about being pregnant. I haven't had a baby in 20 years and really wanted information. Every time something hurt, I would try to ask all the other women, "Is this normal?" because I couldn't remember, and there were no materials to help me know. I was so scared.



PAIGE

Winnebago County

2021

I was pregnant in jail for over 8 months. A few weeks before going to jail, I had been shot. They were shooting near my car, and I got hit. I had stitches, and it took the jail weeks to take them out. They were supposed to come out much sooner, and my skin had grown over the stitches. I am a medical assistant, so I knew that they had to take my stitches out earlier, but no one was listening to me.

I knew I had a high-risk pregnancy, and because I had three previous C-sections it was risky for me to continue the pregnancy.



When I found out that I was pregnant, I asked the jail about getting an abortion through the electronic messaging system. Their only reply to my request for an abortion was to send me back a message with a frowny face like this “ :(”. They never gave me any information or allowed me to seek an abortion.

It was my right to ask for an abortion, for my own health and safety. After that, I was kept in jail until it was time for me to give birth. The judge wouldn't give me bond either, even though it was a drug case and I had never been to prison.

The placenta for this pregnancy was attached to the scar tissue, and there was a chance the placenta would grow too far up or erupt. But they weren't taking me to my doctor's appointments. When I went to appointments, I was not given a coat. I had to go outside in the Illinois wintertime with no hat, no coat, and only shower shoes.



When I started having contractions, I was brought to the hospital in restraints. I knew I wasn't supposed to be, and I asked them to take them off but they wouldn't.



When I got to the hospital, I found out I was not dilated enough so they brought me back to the jail. In the jail, I had contractions for two days and then was finally brought back to the hospital. I had a C-section, but I was almost forced to have a very dangerous vaginal birth because I was brought in so late.

LEGAL REQUIREMENTS

Legal Requirements

County jails in Illinois have a number of legal obligations when it comes to reproductive health care for the people in their custody and how they treat pregnant and postpartum people.

Since 1976 the United States Supreme Court has recognized that people in custody are entitled to adequate medical care under the United States Constitution, and the 14th Amendment guarantees this right to adequate medical care to people who are detained in jails prior to conviction. This medical care includes care related to reproductive health.

The Illinois Reproductive Health Act guarantees every person in the state certain fundamental rights regarding reproductive health care and decision-making. 775 ILCS 55/1-1 to 1-97. Every person has the right to make autonomous decisions about their own reproductive health, including whether to continue a pregnancy, have an abortion, or to use or refuse reproductive health care. The government cannot deny, restrict, interfere with, or discriminate against any person's exercise of these fundamental rights. The Illinois Reproductive Health Act explicitly states that these rights and protections apply to people who are incarcerated in the state. 775 ILCS 55/1-20.



Illinois State Laws

There are also several state laws that specifically dictate how county jails in Illinois must treat pregnant and postpartum people in their custody. These include the following legal requirements:



Every correctional officer employed at a facility where women are incarcerated or any other employee whose duties might involve contact with pregnant people must receive training related to medical and mental health care issues for pregnant persons. This training must also include information about the potential impact on a pregnant person and their fetus of use of restraints, placement in segregation, and invasive searches. 730 ILCS 125/17.6; 55 ILCS 5/3-15003.7.



Each pregnant person in custody must receive educational programming related to pregnancy and parenting, including instructions regarding prenatal care and hygiene, the effects of prenatal substance exposure, parenting skills, and medical and mental health issues for children. 730 ILCS 125/17.7; 55 ILCS 5/3-15003.8.



A person who is pregnant cannot be assigned to sleep in a bed that is elevated more than 3 feet above the floor. Also, a person cannot be placed in administrative segregation (i.e. “solitary”) while pregnant, or for 30 days after giving birth, unless this is necessary to prevent the person from harming themselves or another person or attempting to escape. 730 ILCS 125/17.9; 55 ILCS 5/3-15003.10.



When a pregnant person is brought from a county jail to a hospital for the delivery of a baby, there can be no handcuffs, shackles, or restraints of any kind used during transport to the medical facility. Leg irons or shackles and waist shackles can never be used on any pregnant person who is in labor. 730 ILCS 125/17.5.



For 72 hours after giving birth, a person who is incarcerated in county jail must be allowed to have their infant child remain with them unless medical personnel determines this creates a health or safety risk, and they must have access to any nutritional or hygiene products they need to care for their infant. 730 ILCS 125/17.8; 55 ILCS 5/3-15003.9.

Additional Laws Governing Cook County Jail

Illinois law imposes certain additional requirements specific to Cook County. These include that if a person is in the custody of the Cook County Jail, no security restraints can be used on a person at any point during pregnancy, or while in postpartum recovery at a medical facility, unless there is an individualized determination that a person is a flight risk or other extraordinary circumstances dictate the need for restraints for safety or security.

In such cases, restraints must be immediately removed at the request of medical personnel. Any restraints used must be the least restrictive possible to ensure safety and security. Leg irons or shackles and waist shackles can never be used on any pregnant or postpartum person, and no restraints can be used during labor except for if needed for therapeutic reasons.

Once the pregnant person enters a hospital room, a correctional officer must be posted immediately outside unless medical personnel request their presence in the room. If the correctional officer must enter the hospital room to conduct a prisoner safety assessment, this cannot be done during medical examination or the delivery process.

Upon discharge from a medical facility, a postpartum person can only be restrained with handcuffs in front of the body during transport back to the jail. 55 ILCS 5/3-15003.6.

LATYRA

St. Clair County

2021-2022

I was already four months pregnant when I got to jail, and I knew I had a high-risk pregnancy. This was my ninth pregnancy, and it was the first time I had made it past the first trimester without miscarrying. I was already on high alert looking for a placenta tear or any type of issue that had happened previously.

The jail was horrible. On my first day, I was placed in a cell with a maximum-security roommate. I was technically not supposed to be with a maximum-security person, but they did not care. My roommate at the time was detoxing and she started swinging at me out of nowhere.



I was severely bleeding and had intense abdominal pain. I continued to cramp and bleed, and no one checked on me. They said I could not go to the hospital because I had court the next morning.

A month later I was finally taken to St. Mary's hospital where they did an ultrasound. I found out that my baby had a birth defect. I was so angry. I believe that if I had the ultrasound earlier and had not been hit by my roommate, this would not have happened.

I asked for education about my pregnancy, but I did not get anything. I had no control over my medical records or appointments. Once, when I had COVID, the guard told me not to tell anyone I was positive. At some point, for a week or two, they stopped giving me a prenatal vitamin.

For my meals, I was given raw baloney often, which I knew I wasn't supposed to eat during pregnancy. Then I was placed in the infirmary and was given no exercise time at all. I was mainly sitting and laying down all day, because the infirmary is so small and there is nowhere to walk. The only walking I did was to and from the bathroom.



There was one guard who was particularly horrible to me, especially during the birthing process. She wouldn't close the door while I was naked, and the guards were at every appointment saying that the door had to be open, even though I was not dressed. This guard stood over me the entire time I was in labor. She would only half shut the door when I was in labor so she could watch me the whole time.

I had to be put under for an emergency C-section.



When I woke up, the same guard was there, laying down a full set of shackles right in front of me, like she wanted it to be the first thing I saw when I opened my eyes.

I was in the bed, and she laid the shackles across the couch, plugged in her laptop, and sat in the armchair next to me.

After I gave birth, because of the baby's birth defect, he was immediately airlifted and transferred to another hospital. Once I was able to walk a few days after the birth, I was handcuffed and transferred to the other hospital to be with my son. I was cuffed even though I could barely walk and I was only a few days postpartum.

This guard also wouldn't let me contact my mom when I was in labor. My son was admitted to the hospital as John Doe, and I needed my mom to come and pick the baby up or else he was going to go into foster care. The guard would not let me call my mom to tell her I was even having the baby. Thankfully, another woman inside the jail called my mom so she could come get the baby.

Right after giving birth, before I was transferred to the next hospital, they kept trying to force me to walk, even though I couldn't. I needed a wheelchair, and they kept shackling me. The same female guard kept coming over and grabbing me, and a male guard had to intervene and take the cuffs off.

The postpartum process was horrible. The jail didn't have a freezer for breast milk, so my mom had to come every three days to get fresh milk. I was the only person in the facility pumping milk.



The whole process forces detachment with you and your child. It makes you want to give up.

JONYA

McHenry County

2022

When I first got to the jail, I found out I was six weeks along and then spent eight months there.

There were a few officers who treated me with care, but most didn't. I was handcuffed and shackled all the time until I was in labor. They used leg chains on me and handcuffed me in the front and at the bottom of my feet.

I did not get any extra mats to sleep on or any extra food to eat.



My baby survived on chips and candy because there was no pregnancy diet provided at all.

When I asked for extra food, I never got any. I was given a prenatal vitamin every day, but I did not get any other health care in the jail. I was taken to an OB/GYN every three to four weeks, but no one was helpful at the jail. One time I hit my foot on the bed and it was bleeding and swelling, and they didn't care and just said to wrap it. They also didn't let me keep an asthma pump on the unit, so I always had to wait 20-30 minutes to get the pump when I needed it.



When I started having contractions, I was put in a wheelchair, and I was handcuffed during transportation to the hospital on my hands and feet. There were other officers who were saying that I didn't need to be shackled, but the officer did it anyway. Being pregnant in jail was a horrible experience.



BEST PRACTICES

Best Practices

The following resources offer guidance to county jails in ensuring they are both meeting their legal obligations and implementing best practices for providing reproductive health care and serving pregnant and postpartum people in their custody:

- American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women, Committee Opinion Number 830: Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant Individuals,
<https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2021/07/reproductive-health-care-for-incarcerated-pregnant-postpartum-and-nonpregnant-individuals.pdf>

- National Commission on Correctional Health Care
 - * Position Statement on Women’s Health Care in Correctional Settings,
<https://www.ncchc.org/wp-content/uploads/Womens-Health-Care-in-Correctional-Settings-2020.pdf>

 - * Position Statement on Nonuse of Restraints for Pregnant and Postpartum Incarcerated Individuals,
<https://www.ncchc.org/wp-content/uploads/Nonuse-of-Restraints-for-Pregnant-and-Postpartum-Incarcerated-Individuals-2020.pdf>

 - * Position Statement on Breastfeeding in Correctional Settings,
<https://www.ncchc.org/wp-content/uploads/Breastfeeding-in-Correctional-Settings-rev2018-1.pdf>









Both the American College of Obstetricians and Gynecologists and the National Commission on Correctional Health Care recommend that restraints not be used during any point of pregnancy or the postpartum period unless necessary to address a compelling security concern or flight risk, and never during labor and delivery.

























































Use of restraints on pregnant and postpartum individuals creates a number of serious risks including: injuries to the pregnant person and/or the fetus from falls; impaired evaluation, diagnosis, and treatment of pregnancy complications; pain and skin damage in swollen extremities; blood clots due to limited mobility; interference with normal labor and delivery; and interference with safe handling of and bonding with a newborn infant.

COUNTY FOIA RESPONSES

COUNTY FOIA RESPONSES:

Policies and Procedures Regarding Reproductive Healthcare

-  =  Provided a written policy
-  =  Provided additional information but not a written policy
-  =  Nothing provided
-  =  Reported that they do not have a jail/detention center or do not house women in their jail/detention center

County	Menstrual products access policy	STI testing/treatment policy	Contraception policy	Abortion access policy	
Adams					
Alexander					County reported that it does not have a jail/detention center, and that detainees are housed by Pulaski County.
Bond					
Boone					
Brown					County reported that it does not have a jail/detention center.
Bureau					County reported that it does not currently house women, and that female detainees are housed by LaSalle County. However, county reported building a new facility where it planned to house women.
Calhoun					County reported that it does not have a jail/detention center, and that detainees are housed in several surrounding counties (“whoever has room”).
Carroll					
Cass					County reported that it does not have a jail/detention center.
Champaign					
Christian					
Clark					
Clay					
Clinton					

County	Menstrual products access policy	STI testing/treatment policy	Contraception policy	Abortion access policy	
Coles	●	●	●	●	
Cook	●	●	●	●	
Crawford	●	●	●	●	
Cumberland	●	●	●	●	County did not respond at all to FOIA.
DeKalb	●	●	●	●	
DeWitt	●	●	●	●	
Douglas	●	●	●	●	
DuPage	●	●	●	●	
Edgar	●	●	●	●	
Edwards	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by White County.
Effingham	●	●	●	●	
Fayette	●	●	●	●	
Ford	●	●	●	●	
Franklin	●	●	●	●	
Fulton	●	●	●	●	
Gallatin	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by Saline County.
Greene	●	●	●	●	County reported that it does not house pregnant individuals close to their expected due date.
Grundy	●	●	●	●	
Hamilton	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by White County.
Hancock	●	●	●	●	
Hardin	●	●	●	●	County reported that it does not house pregnant individuals, and pregnant detainees are housed by Saline County.
Henderson	●	●	●	●	
Henry	●	●	●	●	









County	Menstrual products access policy	STI testing/treatment policy	Contraception policy	Abortion access policy	
Iroquois	●	●	●	●	County reported that it does not house pregnant individuals long term, and is in the process of creating a policy for incarcerated pregnant persons.
Jackson	●	●	●	●	
Jasper	●	●	●	●	
Jefferson	●	●	●	●	
Jersey	●	●	●	●	
Jo Daviess	●	●	●	●	
Johnson	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by Massac County or Saline County while juveniles are housed by Mississippi County in Missouri.
Kane	●	●	●	●	
Kankakee	●	●	●	●	
Kendall	●	●	●	●	
Knox	●	●	●	●	County did not respond at all to FOIA.
Lake	●	●	●	●	
LaSalle	●	●	●	●	
Lawrence	●	●	●	●	
Lee	●	●	●	●	
Livingston	●	●	●	●	
Logan	●	●	●	●	
Macon	●	●	●	●	
Macoupin	●	●	●	●	
Madison	●	●	●	●	
Marion	●	●	●	●	
Marshall	●	●	●	●	
Mason	●	●	●	●	
Massac	●	●	●	●	
McDonough	●	●	●	●	



















































County	Menstrual products access policy	STI testing/treatment policy	Contraception policy	Abortion access policy	
McHenry	●	●	●	●	
McLean	●	●	●	●	
Menard	●	●	●	●	
Mercer	●	●	●	●	County reported training requirements for personnel related to reproductive health care for detainees but provided no further detail/documentation.
Monroe	●	●	●	●	
Montgomery	●	●	●	●	
Morgan	●	●	●	●	
Moultrie	●	●	●	●	
Ogle	●	●	●	●	
Peoria	●	●	●	●	
Perry	●	●	●	●	
Piatt	●	●	●	●	
Pike	●	●	●	●	
Pope	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by Massac County or Saline County.
Pulaski	●	●	●	●	
Putnam	●	●	●	●	
Randolph	●	●	●	●	
Richland	●	●	●	●	
Rock Island	●	●	●	●	
Saline	●	●	●	●	
Sangamon	●	●	●	●	County did not respond at all to FOIA.
Schuyler	●	●	●	●	
Scott	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by Massac County or Saline County.
Shelby	●	●	●	●	
St. Clair	●	●	●	●	
Stark	●	●	●	●	County reported it does not house pregnant individuals and will either release or arrange with another county to accommodate them.

County	Menstrual products access policy	STI testing/treatment policy	Contraception policy	Abortion access policy	
Stephenson	●	●	●	●	
Tazewell	●	●	●	●	
Union	●	●	●	●	County reported that it does not house detainees, and that detainees are housed by Jackson County.
Vermillion	●	●	●	●	
Wabash	●	●	●	●	County did not respond at all to FOIA.
Warren	●	●	●	●	County reported that it does not house women, and that female detainees are housed by Mercer County.
Washington	●	●	●	●	
Wayne	●	●	●	●	
White	●	●	●	●	
Whiteside	●	●	●	●	
Will	●	●	●	●	
Williamson	●	●	●	●	
Winnebago	●	●	●	●	
Woodford	●	●	●	●	

COUNTY FOIA RESPONSES:

Policies and Procedures Regarding Pregnancy, Childbirth and Postpartum in Custody

-  =  Provided a written policy
-  =  Provided additional information but not a written policy
-  =  Nothing provided
-  =  Reported that they do not have a jail/detention center or do not house women in their jail/detention center

County	Prenatal and postpartum care policy	Labor and delivery policy	Lactation policy	Restraint policy for pregnant/postpartum individuals	Solitary policy for pregnant/postpartum individuals	
Adams						
Alexander						County reported that it does not have a jail/detention center, and that detainees are housed by Pulaski County.
Bond						
Boone						
Brown						County reported that it does not have a jail/detention center.
Bureau						County reported that it does not currently house women, and that female detainees are housed by LaSalle County. However, county reported building a new facility where it planned to house women.
Calhoun						County reported that it does not have a jail/detention center, and that detainees are housed in several surrounding counties (“whoever has room”).
Caroll						
Cass						County reported that it does not have a jail/detention center.
Champaign						

County	Prenatal and postpartum care policy	Labor and delivery policy	Lactation policy	Restraint policy for pregnant/postpartum individuals	Solitary policy for pregnant/postpartum individuals	
Christian	●	●	●	●	●	
Clark	●	●	●	●	●	
Clay	●	●	●	●	●	
Clinton	●	●	●	●	●	
Coles	●	●	●	●	●	
Cook	●	●	●	●	●	
Crawford	●	●	●	●	●	
Cumberland	●	●	●	●	●	County did not respond at all to FOIA.
DeKalb	●	●	●	●	●	
DeWitt	●	●	●	●	●	
Douglas	●	●	●	●	●	
DuPage	●	●	●	●	●	
Edgar	●	●	●	●	●	
Edwards	●	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by White County.
Effingham	●	●	●	●	●	
Fayette	●	●	●	●	●	
Ford	●	●	●	●	●	
Franklin	●	●	●	●	●	
Fulton	●	●	●	●	●	
Gallatin	●	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by Saline County.
Greene	●	●	●	●	●	County reported that it does not house pregnant individuals close to their expected due date.
Grundy	●	●	●	●	●	
Hamilton	●	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by White County.

County	Prenatal and postpartum care policy	Labor and delivery policy	Lactation policy	Restraint policy for pregnant/postpartum individuals	Solitary policy for pregnant/postpartum individuals	
Hancock	●	●	●	●	●	
Hardin	●	●	●	●	●	County reported that it does not house pregnant individuals, and pregnant detainees are housed by Saline County.
Henderson	●	●	●	●	●	
Henry	●	●	●	●	●	
Iroquois	●	●	●	●	●	County reported that it does not house pregnant individuals long term, and is in the process of creating a policy for incarcerated pregnant persons.
Jackson	●	●	●	●	●	
Jasper	●	●	●	●	●	
Jefferson	●	●	●	●	●	
Jersey	●	●	●	●	●	
Jo Daviess	●	●	●	●	●	
Johnson	●	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by Massac County or Saline County while juveniles are housed by Mississippi County in Missouri.
Kane	●	●	●	●	●	
Kankakee	●	●	●	●	●	
Kendall	●	●	●	●	●	
Knox	●	●	●	●	●	County did not respond at all to FOIA.
Lake	●	●	●	●	●	
LaSalle	●	●	●	●	●	
Lawrence	●	●	●	●	●	
Lee	●	●	●	●	●	
Livingston	●	●	●	●	●	
Logan	●	●	●	●	●	
Macon	●	●	●	●	●	

County	Prenatal and postpartum care policy	Labor and delivery policy	Lactation policy	Restraint policy for pregnant/postpartum individuals	Solitary policy for pregnant/postpartum individuals	
Macoupin	●	●	●	●	●	
Madison	●	●	●	●	●	
Marion	●	●	●	●	●	
Marshall	●	●	●	●	●	
Mason	●	●	●	●	●	
Massac	●	●	●	●	●	
McDonough	●	●	●	●	●	
McHenry	●	●	●	●	●	
McLean	●	●	●	●	●	
Menard	●	●	●	●	●	
Mercer	●	●	●	●	●	County reported training requirements for personnel related to reproductive health care for detainees but provided no further detail/documentation.
Monroe	●	●	●	●	●	
Montgomery	●	●	●	●	●	
Morgan	●	●	●	●	●	
Moultrie	●	●	●	●	●	
Ogle	●	●	●	●	●	
Peoria	●	●	●	●	●	
Perry	●	●	●	●	●	
Piatt	●	●	●	●	●	
Pike	●	●	●	●	●	
Pope	●	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by Massac County or Saline County.
Pulaski	●	●	●	●	●	
Putnam	●	●	●	●	●	
Randolph	●	●	●	●	●	
Richland	●	●	●	●	●	
Rock Island	●	●	●	●	●	

County	Prenatal and postpartum care policy	Labor and delivery policy	Lactation policy	Restraint policy for pregnant/postpartum individuals	Solitary policy for pregnant/postpartum individuals	
Saline	●	●	●	●	●	
Sangamon	●	●	●	●	●	County did not respond at all to FOIA.
Schuyler	●	●	●	●	●	
Scott	●	●	●	●	●	County reported that it does not have a jail/detention center, and that detainees are housed by Massac County or Saline County.
Shelby	●	●	●	●	●	
St. Clair	●	●	●	●	●	
Stark	●	●	●	●	●	County reported it does not house pregnant individuals and will either release or arrange with another county to accommodate them.
Stephenson	●	●	●	●	●	
Tazewell	●	●	●	●	●	
Union	●	●	●	●	●	County reported that it does not house detainees, and that detainees are housed by Jackson County.
Vermillion	●	●	●	●	●	
Wabash	●	●	●	●	●	County did not respond at all to FOIA.
Warren	●	●	●	●	●	County reported that it does not house women, and that female detainees are housed by Mercer County.
Washington	●	●	●	●	●	
Wayne	●	●	●	●	●	
White	●	●	●	●	●	
Whiteside	●	●	●	●	●	
Will	●	●	●	●	●	
Williamson	●	●	●	●	●	
Winnebago	●	●	●	●	●	
Woodford	●	●	●	●	●	

KATIE

Montgomery County

2019

I was 22 weeks pregnant when I was incarcerated at Montgomery County Jail. I spent five months there. It was horrible.

There was very limited medical care at the jail. A nurse came on the unit, but she was not specialized in pregnancy. She prescribed prenatal vitamins and I got one of those a day, but other than that my medical care was the same as everyone else who wasn't pregnant. I saw her once when I came in, and I didn't see her again until the time I left. I did not get any other prenatal care until I went to prison five months later.

In terms of diet, I got one extra glass of milk. That is all I got extra for being pregnant. A couple of times I said something about the food they were giving us, because I was pregnant and not supposed to eat lunch meat.

All we got for supper was a baloney sandwich. When I said something, the officer said, "You act like you're eating for two, fatass."

They made comments like that, hateful comments. You're in jail, but you're still a human being, and I had another human being inside of me that was not in trouble.

For living accommodations, they did give me two mats but they were the flattest mats that they had. It evened out into one mat. Half of the time I was sleeping on the floor because the jail was overpopulated. The sleeping area I was in was equipped to hold four people, and at one point there were twelve of us there.

They used flex cuffs on me for court dates and for visits. It was so uncomfortable and painful. Other than that, we did not leave the cells. I didn't get any exercise at all. There was absolutely no time to be outside.

We didn't even have windows to see outdoors.

There was no one to ask questions to. When I had questions about different pains, I had no one to ask if it was normal, or if something was wrong. At one point I was bleeding, and the staff wouldn't answer my questions. I just sat there and continued to bleed. I had no idea what was normal.





Even when I was bleeding, it was tough because I would ask for pads, and they wouldn't give it to me because they said since I was pregnant I didn't need pads.

They have no sympathy in jail. They are all guys, all of the officers, and they don't know what it's like to be pregnant. They don't know the answers to any questions, and most women are not comfortable asking them anyway. In the future, I would like to see someone go in there if there is a pregnant person and to speak for them. They need a female with medical knowledge there who people can talk to, someone to check on pregnant women and see how their health is in private.




ABIGAIL

McDonough County, Knox County, Greene County


2021-2022

McDonough County confirmed I was pregnant with a pregnancy test, but then they still gave me a top bunk bed assignment. They did not give me a prenatal vitamin, and I never saw a doctor or had any medical appointments. Maybe because they thought I would stay longer, they just never made me any appointments. They did not give me a special pregnancy diet, and I did not get any extra food. Even though I did not have any particularly negative interactions with staff, I was shackled often and I had a waist chain put on me around three or four times.


At Knox County, I was on a low bed. But again,

 ***I never saw a doctor. The county would make appointments and then cancel them because there would be no staff to take me to them. I ended up missing four appointments.***

I also had bad spotting and cramping, and when I told someone about it, they only told me to sign up for sick call. When I went to sick call, they did not do anything for me at all. I was initially given an extra mat, but after a week they took the mat away from me. I had a lot of trouble sleeping, because the mat I had was so thin, it was basically like sleeping on the floor.

 ***I remember one corrections officer telling me that “you should not be pregnant in county if you want to be treated with respect.”***

On the first day in Greene County, I was given a top bunk even though they knew I was pregnant. They took me to the doctor twice, but I did still miss a glucose test and another appointment. At Greene County jail, they did not use foot shackles, but they did use a belly chain and handcuffs any time I left, which was about six times. The staff was nice, but they said that is what they had to do in custody.

 ***Sometimes the Sheriff’s wife would give me extra fruits and vegetables, because she said they were supposed to serve more food, but they didn’t.***



RECOMMENDATIONS

Recommendations

After evaluating more than 30,000 pages of documents from the 98 responding counties, it is evident that jails across Illinois are vastly inconsistent when it comes to their written policies about the provision of reproductive health care and treatment of pregnant and postpartum individuals. While it seems that a few counties may be going above the specific requirements currently in the law and they should be commended for these actions, when the responses to the FOIA requests are combined with the stories shared by impacted women, it is clear that significant changes are needed for the majority of county jails in Illinois to comply with existing laws, much less best practices. It is strikingly apparent that urgent steps must be taken to protect access to reproductive care and the health, dignity, and well-being of pregnant and postpartum individuals in the custody of county jails.

All counties must ensure that they are complying with their legal obligations under both federal and state law regarding the provision of reproductive care and the treatment of pregnant and postpartum people in their custody.

Furthermore, the Illinois Department of Corrections should ensure that its Jail and Detention Standards Unit – which routinely inspects county jails for compliance with the Department’s County Jail Standards – has regulations and protocols in place to collect and assess information regarding compliance with state laws concerning reproductive health care and treatment of pregnant and postpartum individuals during its inspections of county jails.

Ultimately, the large number of county jail facilities across the state and the lack of transparency around their policies and practices makes it difficult to assess all that is needed to produce comprehensive change that ensures access to reproductive health and safety and dignity for pregnant and postpartum individuals in custody.

More specific data and investigation are needed to understand for each county jail, for example, how many individuals are detained while they are pregnant or postpartum, what prenatal care individuals are receiving, how many individuals give birth while in custody and how often their labor is induced, how often and under what circumstances restraints are used on individuals during pregnancy or birthing or when they are postpartum, how often and under what circumstances solitary confinement is used for individuals who are pregnant or postpartum, how many individuals seek abortion care, and how many individuals seek to pump breastmilk, among many other important questions.

In the immediate term, there are two critical stopgap measures that the Illinois General Assembly should enact to address current harms and determine solutions to ongoing issues:

Address Harmful Use of Restraints

The unnecessary use of restraints on individuals who are pregnant or postpartum should be banned in all jails and prisons statewide. While a state law already bars this practice for Cook County Jail, that law does not currently apply to any other counties or the Illinois Department of Corrections. This statute, which provides for an individualized safety determination and is already used by the largest jail in the state, should be expanded to apply to all jails and prisons throughout the state, ensuring that pregnant and postpartum people are treated with dignity and in a way that protects their health and the health of their pregnancies.

Establish a Reproductive Health & Pregnancy in Custody Task Force

Illinois should establish a Reproductive Health and Pregnancy in Custody Task Force to examine reproductive health care and the treatment of people who are pregnant or postpartum in the custody of county jails. This task force should consist of systems stakeholders, people with lived experience, advocates, medical professionals, birth workers, and legislative representatives. All counties should be required to submit ongoing data to the Task Force concerning the treatment of pregnant and postpartum individuals, access to reproductive health care, and compliance with existing laws. Using this information, the Task Force should create recommendations for best practices and further legislative action.



In jail, you are treated like your child is a mistake and that because you're in jail, you're going to be a horrible mother. People who are pregnant in jail deserve to be treated with dignity and respect. Our health, and the health of our babies, should matter. We are humans, not animals.

– Toni Tranchita, detained while pregnant at Cook County Jail in 2012

EMIAYA

DuPage County and Cook County

2022

I was pregnant in DuPage and Cook County jails. Being pregnant in jail was really bad. When I first got to Cook County, I was four months pregnant. They put me in the medical unit where they keep pregnant women. I was not able to get commissary because they don't let pregnant people order commissary. I was really hungry, but otherwise it wasn't so bad.

When I was in DuPage jail, they put me in a unit that was already positive for COVID. They knew the unit was positive and people had COVID, and they knew I was pregnant, but they put me there anyway. I got COVID right away, and I was throwing up blood. I was so scared something was wrong with my baby. They wouldn't bring me to the hospital, because they said you don't go to the hospital for COVID. So I had to make a big deal about being in pain and pretending to have contractions. The hospital told me I was dehydrated. When I got back to the jail, they said because I lied about having contractions, they were putting me in segregation for seven days and I got a write up. I did what I had to do to protect my baby.






I was kept by myself for six months at DuPage. I was in a depressed state, and it felt like I was being punished for being pregnant. When I started having contractions for real, I was completely by myself with no one to help. The guards didn't check on me very often. I tried to call for them, but no one could hear me.

JALYN

Jackson County

2022

I was at Jackson County Jail for about five months of my pregnancy. Throughout that time, they kept me by myself in a room. They didn't call it solitary confinement, but it felt like it. Because I was by myself, there was no one to see when one of the guards raped me again and again. I think that's why I was in a room by myself, so that he could do that. The sexual assaults were really painful, and I frequently had to go to the hospital.

 ***After a few months, even though I was negative when I first went to the OB/GYN, I tested positive for syphilis. No one at the jail thought to check on why I suddenly had an STI that I didn't have before jail. It's like they knew about the rapes and didn't care.***


One day I thought I was in labor because I was in so much pain. It was bad. I told the officers that I was in pain. One of the officers said back to me, "I'm just telling you, I don't care how much pain you're in, even if it's true, if you go to the hospital, I'm sending you straight to the hole when you get back." She scared me so much that I decided not to go to the hospital.

TAYLOR

Saline County

2022

I was shocked to learn I was pregnant when I got to Saline County jail. The jail was generally an ok experience, except that I was in handcuffs while being taken to the OB/GYN.

 ***I was cuffed in front of me, just around the arms. But when I was transferred to IDOC, I was handcuffed and belly chained.***

At that point, I was three or four months pregnant, and the belly chain was tight. It was a three-hour drive. The county blamed it on IDOC. I tried to argue, but they said the belly chain was not their policy. I don't know if it is really an IDOC policy, but the jail definitely believed it was. No matter whose policy it is, it really needs to change.



APPENDIX A

COUNTY SUMMARIES

Appendix A - County Summaries

Below are brief summaries of the information we received from each county (see About the Data at the end of this section). We grouped the responses as follows:



Policies and procedures regarding reproductive health care (i.e. menstrual products access, STI testing/treatment, contraception, and abortion access)



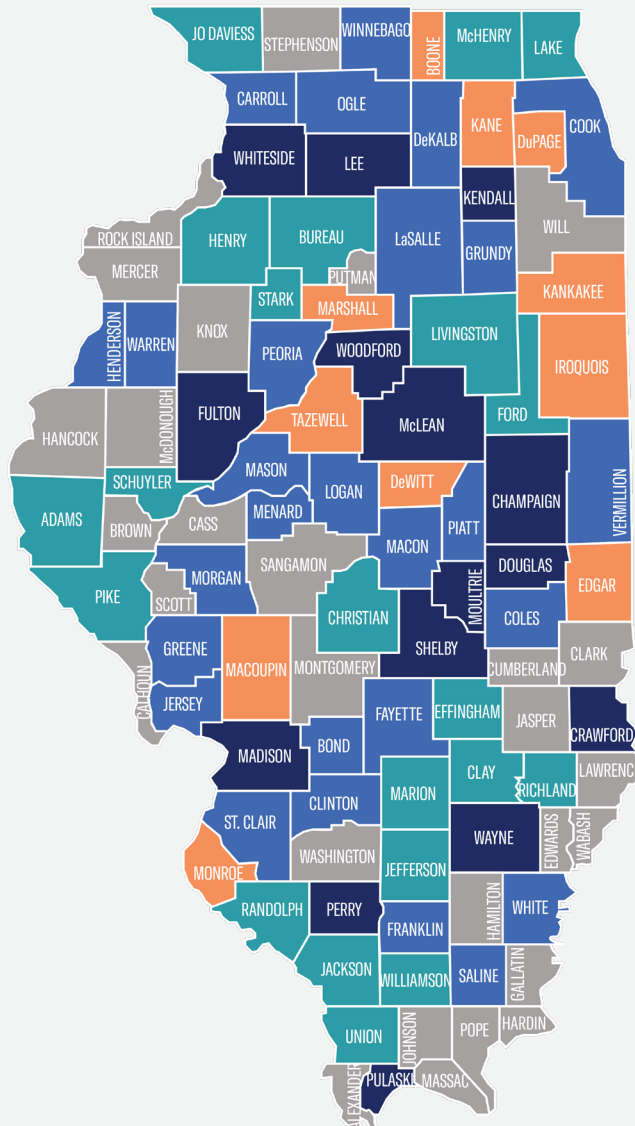
Policies and procedures regarding pregnancy and childbirth (i.e. prenatal and postpartum care, labor and delivery care, and lactation accommodations)



Policies and procedures regarding use of restraints and/or solitary confinement for pregnant/postpartum individuals in custody

Written policies or other information provided by the county:

- 0 categories
- 1-2 categories
- 3-4 categories
- 5-6 categories
- 7-9 categories



Adams County



Reproductive Healthcare Policies

County provides menstrual sanitary items to all detainees.



Pregnancy and Childbirth Policies

County arranges for regular prenatal care for pregnant individuals, and for adjusted housing and diets based on pregnancy. A health care provider will provide counseling on nutritional needs, appropriate levels of physical activity and rest, and general knowledge regarding pregnancy.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Alexander County

Alexander County has no jail, and professes to have no oversight over the policies or practices at the jail where their detainees are housed (Pulaski County).

Bond County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

County provided copies of educational materials on pregnancy, prenatal care, birth, and postpartum depression for pregnant people.

County allows residents who give birth while incarcerated to have a support person with them during labor and delivery.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Policy on movement and transportation of pregnant individuals only states that it ensures compliance with state law and departmental policies.

Boone County



Reproductive Healthcare Policies

County reported that menstrual products are provided as needed at no cost. County reported that gynecological care, access to contraception, and access to abortion are administered on a case-by-case basis through jail medical services.



Pregnancy and Childbirth Policies

County has policy providing for regular prenatal care, and for adjusted housing conditions and diets based on pregnancy. A health care provider will provide counseling on nutritional needs, appropriate levels of physical activity and rest, and general knowledge regarding pregnancy.

A correctional officer may remain in the hospital room except during medical exams and the delivery process, unless requested to be present by medical personnel.

County reported it provides accommodations for breastfeeding and obtaining breastmilk on a case-by-case basis through jail medical services.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Security restraints will not be applied to someone who is pregnant or in postpartum recovery unless there is an individualized determination by a supervisor that the person presents a substantial flight risk or there is another extraordinary security circumstance. Any restraints that must be used shall be the least restrictive possible and never leg irons, shackles, or waist shackles. There must be a report completed whenever restraints are used. Health staff may order therapeutic restraints for a pregnant or postpartum person but no restraints may be applied during labor. Upon discharge from the hospital pregnant detainees shall be restrained by handcuffs in front of their body.

Brown County

Brown County has no jail, and professes to have no oversight over the policies or practices at the jails where their detainees are housed.

Bureau County

At the time of response, Bureau County did not house women at the Bureau County Jail – female detainees were housed by LaSalle County. However, Bureau County reported it was in the process of building a new facility where it planned to house women.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

County provides “appropriate care” for individuals who are pregnant, including regular and systematic health assessment ensuring compliance with policies and state standards.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Security restraints should not be used on pregnant individuals unless deemed necessary when there is a substantial flight risk or some other extraordinary circumstance. When restraint is necessary, the least restrictive method should be used. Leg irons, shackles, or waist shackles should not be used. No restraints can be used during labor. Jail staff should remove all restraints if medical personnel require it. Hospital staff may order therapeutic restraints for a pregnant person if she is a danger to herself or others because of a psychiatric disorder, but metal handcuffs/shackles are not therapeutic

Calhoun County

restraints. Once released from the medical facility, postpartum individuals should be restrained only with handcuffs in front of the body during transport.

Calhoun County has no jail, and professes to have no oversight over the policies or practices at the jails where their detainees are housed (several surrounding counties – “whoever has room”).

Carroll County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Jail medical staff are responsible for providing or scheduling appointments with appropriate medical services providers for pregnancy testing, routine and high risk prenatal care, management of substance use disorder in pregnant individuals, appropriate nutrition during pregnancy, postpartum follow up, and parental education programming. Pregnant residents shall not be assigned to a bed higher than 3 feet above the ground.

A corrections official shall be posted immediately outside the hospital room unless requested to be in the room by medical personnel. A corrections official may enter the room to conduct periodic safety assessments but not during a medical examination or the delivery process.

A newborn infant shall remain with the person for a period of 72 hours after birth if permitted by medical and mental health professionals, and there must be access to any nutritional or hygiene related products necessary to care for the infant.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Pregnant individuals shall not be restrained with shackles, wrist restraints, or belly chain/belt restraints. A pregnant person will be physically escorted by the upper arm when outside of the jail facility. Upon discharge from a medical facility postpartum individuals shall be restrained only with handcuffs in front of the body. Written reports shall be submitted about every instance of restraint of a pregnant individual.

Cass County

Cass County has no jail, and professes to have no oversight over the policies or practices at the jails where their detainees are housed (Schuyler County, Morgan County, Mason County, and Menard County).



Reproductive Healthcare Policies

Continuation of contraception for residents in custody is considered for purposes of both medical stability and pregnancy prevention. Emergency contraception is available at intake when medically necessary.

STI screening is available upon request.

Jail will not impede access to abortion counseling or services and will provide necessary transportation and supervision. Financial obligations associated with these services will be the responsibility of the individual. Staff members who do not want to facilitate access to this care are not required to do so. These rights will be posted in all areas housing female detainees.



Pregnancy and Childbirth Policies

County has policies for prenatal and postpartum care, dietary adjustments for pregnant and postpartum residents, treatment of pregnant residents with substance use disorder, and birthing in an appropriate setting. A pregnant resident who is 10+ weeks gestation should have an appointment at the next available obstetric clinic. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postnatal period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to hospital if a physician is not on site. Postpartum exams are scheduled by the obstetric clinic as needed.

Every pregnant resident should have a completed special diet form ordering a pregnant diet and prenatal vitamins prescribed at one per day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate. Pregnant residents can be housed in any appropriate unit, except if they are high risk or in the last trimester of pregnancy, they will be housed in the medical unit.

An officer shall remain immediately outside the delivery room unless they are requested to be in the room by medical personnel.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Individuals who are known to be pregnant will not be handcuffed behind their backs while being transported, or placed in leg irons, shackles or waist restraints of any kind. Other restraints may be applied only when there is a substantial flight risk or other extraordinary medical or security circumstance, a supervisor has made an individualized determination restraints are necessary to prevent escape or injury, there is no objection from the treating medical provider, and the least restrictive restraints are used. No restraints except for clinical restraints used by medical personnel may be applied to individuals during labor. Upon discharge from a medical facility postpartum individuals shall be restrained only with handcuffs in front of the body.

Christian County



Reproductive Healthcare Policies

County provides menstrual hygiene products for female residents.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Pregnant residents in labor should not be restrained unless there are extraordinary safety and security circumstances, and restraints under those circumstances require approval from the jail administrator. Handcuffs in front of the body are the only restraints authorized for pregnant residents, and the restraint chair and leg restraints are strictly prohibited.

Tasers should not be used on individuals who are known or appear to be pregnant unless exigent circumstances exist.

Clark County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Clay County



Reproductive Healthcare Policies

Individuals are screened at intake for sexually transmitted infections.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Pregnant individuals shall not be restrained unless a corrections official makes an individualized determination that they present a substantial flight risk or there is another extraordinary security circumstance that dictates use of restraints. All restraints must be immediately removed at the request of medical personnel. Any use of restraints on pregnant individuals shall be reported to the Sheriff or a designee.

Clinton County



Reproductive Healthcare Policies

Jail will not impede access to abortion counseling or services and will provide

necessary transportation and supervision. Financial obligations associated with these services will be the responsibility of the individual. Staff members who do not want to facilitate access to this care are not required to do so. These rights will be posted in all areas housing female detainees.



Pregnancy and Childbirth Policies

County has policies for prenatal and postpartum care, dietary adjustments for pregnant residents, and birthing in an appropriate setting. A pregnant resident who is 10+ weeks gestation should have an appointment at the next available obstetric clinic. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postpartum period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to hospital if a physician is not on site. Postpartum exams are scheduled by the obstetric clinic as needed.

Every pregnant resident should have a completed special diet form ordering a pregnancy diet and prenatal vitamins prescribed at one per day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate. Pregnant residents can be housed in any appropriate unit, except if they are high risk or in the last trimester of pregnancy, or by order of a physician, they will be housed in medical isolation.

An officer shall remain immediately outside the delivery room unless they are requested to be in the room by medical personnel.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Individuals who are known to be pregnant will not be handcuffed behind their backs while being transported, or placed in leg irons, shackles or waist restraints of any kind. Other restraints may be applied only when there is a substantial flight risk or other extraordinary medical or security circumstance, a supervisor has made an individualized determination restraints are necessary to prevent escape or injury, there is no objection from the treating medical provider, and the least restrictive restraints are used. No restraints except for clinical restraints used by medical personnel may be applied to individuals during labor. Upon discharge from a medical facility postpartum individuals shall be restrained only with handcuffs in front of the body.



Reproductive Healthcare Policies

Menstrual pads and disposable underwear are provided at booking and upon request.

County will allow an individual who requests an abortion to have the procedure. Prenatal care will be initiated regardless. The individual must make all arrangements for the abortion and prepay for the cost of the procedure, officer time, medications, complications and follow ups.



Pregnancy and Childbirth Policies

County provides counseling and assistance in accordance with expressed desires regarding pregnancy. The local health department will provide counseling on all pregnancy matters as well as prescription of medications and follow up care. Medical staff will notify in writing of any special dietary adjustments that are indicated.

County also has policies for “Special Needs” patients, which include pregnant residents, that provide for communication between jail commanders and medical staff and treatment according to need.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

County reported that programming is offered about childbirth and parenting skills including nutrition and breastfeeding. Pregnant and lactating residents shall receive a nutritious diet approved by a physician.

When a pregnant person requests or requires immediate medical attention officers shall ensure that medical attention is provided. During pregnancy-related medical care officers are posted outside the hospital room unless requested to be in the room by medical personnel, and must conduct regular visual and security assessments. Privacy must be ensured for the patient during any examination, treatment or other procedure.

If approved by the medical professional and there are no extraordinary circumstances, officers must permit a newborn infant to be brought to the person’s hospital room or escort the person to the NICU or nursery to see the infant.

County allows individuals who give birth while in custody to have a support person with them during labor and delivery.

County reported that it is working on a breastfeeding grant initiative.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Use of restraints on pregnant people is prohibited absent extraordinary circumstances and supervisor approval, and in that event the restraints used must be the least restrictive. Therapeutic restraints are allowed where a medical professional determines danger. No leg or waist restraint systems can be used on pregnant individuals at any time. No one known to be pregnant can be

handcuffed behind their back while being transported. No person in labor can be placed in restraints of any kind unless ordered by medical personnel. Postpartum individuals cannot be placed in restraints for the duration of their hospital stay absent extraordinary circumstances and supervisor approval. If a person presents a flight risk or is exhibiting unusual behaviors, officers should seek medical evaluation for possible use of therapeutic restraints. Handcuffs at the front of the body are allowed postpartum during return transportation from the hospital. Any use of security restraints on a pregnant individual must be reported as a “use of force.”



Reproductive Healthcare Policies

Policy allows for use of emergency contraception by order of a facility practitioner. Contraceptive medications are allowed to treat a disease or condition, when resident’s stay is known to be short term and there is reasonable evidence of compliance, when medication is brought as a home medication, immediately following sexual assault, and in accordance with Prison Rape Elimination Act regulations.

Residents who request an abortion must “typically” pay for the procedure and all associated costs, including the cost of the officers’ time and any follow-ups – jail administrators may assist with seeking another funding source, or the jail may elect to pay for the procedure and associated costs. Abortion counseling and education is arranged through a specialty provider. Health care staff should work with jail administration to schedule an initial appointment for an individual who requests an abortion as quickly as possible, with timely transport to any follow up appointments at the abortion facility. Prenatal care is still performed until the pregnancy is terminated.



Pregnancy and Childbirth Policies

Pregnant detainees will receive timely and appropriate prenatal care, specialized obstetrical services, comprehensive counseling for expressed desires regarding pregnancy, hospital delivery, and postpartum care. A health care provider is notified about a pregnant person who has been using opiates, and they will prescribe an individual treatment plan which in most cases will include medication-assisted treatment.

Nutritional guidance and counseling is provided. County provided copies of training materials for pregnant residents on pregnancy, birth, postpartum depression, and prenatal care.

County reported that its policies surrounding time with a newborn after a resident gives birth and arrangement for placement of the newborn are “in review with the new law change.”

Breastfeeding individuals are afforded an opportunity to supply breastmilk to their children in consultation with a health care practitioner. They are

Cumberland County

DeKalb County

responsible for securing equipment needed for the safe storage and delivery of breast milk, but the facility allows sufficient access (usually by phone) for securing equipment and arranging for pick-up of breast milk. Individuals are given the opportunity to pump breastmilk at least every two hours. Individuals who are supplying breastmilk to their infants are not housed in general population or areas accessible to contraband. The facility may suspend this procedure for supplying breastmilk if it has reason to question the safe delivery of uncontaminated milk.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are to be used on pregnant people only if there is a substantial flight risk or risk of harm. If restraints are used, they must be the least restrictive method. Abdominal restraints, leg and ankle restraints, four point restraints, wrist restraints behind the back, and belly chains are prohibited. Restraints cannot be used during active labor and should be avoided during prenatal and postpartum periods.

No response provided.



Reproductive Healthcare Policies

Jail will not impede access to abortion counseling or services and will provide necessary transportation and supervision. Financial obligations associated with these services will be the responsibility of the individual. Staff members who do not want to facilitate access to this care are not required to do so. These rights will be posted in all areas housing female detainees.



Pregnancy and Childbirth Policies

County has policies for prenatal and postpartum care, dietary adjustments for pregnant residents, and birthing in an appropriate setting. A pregnant resident who is 10+ weeks gestation should have an appointment at the next available obstetric clinic. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postnatal period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to a hospital if a physician is not on site. Postpartum exams are scheduled by the obstetric clinic as needed.

Every pregnant resident should have a completed special diet form ordering a pregnant diet and prenatal vitamins prescribed at one per day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate. Pregnant residents can be housed in any appropriate unit, except if they are high risk or in the last trimester of pregnancy they will be housed in a holding cell or to-be-built medical unit.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Pregnant residents should be restrained in the least restrictive manner that is effective for officer safety. Leg irons, waist chains, or handcuffs behind the body should not be used unless there is reasonable suspicion that the person may resist, attempt escape, injure themselves or others, or damage property. Residents in labor, delivery, or recovery can only be restrained or handcuffed under extraordinary circumstances when a supervisor makes an individualized determination that restraints are necessary for safety. Deputies should receive training on restraining pregnant individuals without use of leg irons, waist chains, or handcuffs behind the body.



Reproductive Healthcare Policies

County conducts screening for STIs and voluntary HIV testing based on identified risk.

Emergency contraception is available by order of a facility practitioner. Contraceptive medications may be used to treat a disease or condition, when detainee's stay is known to be short term and there is "reasonable evidence of compliance," when medication is brought as a home medication, immediately following sexual assault, and in accordance with Prison Rape Elimination Act regulations. Written information is available on contraceptive methods and community resources.

One abortion policy states residents who request an abortion must make all arrangements for the procedure and prepay estimated costs for the procedure, officer time, medications, complications, and any follow ups.

A second abortion policy states residents who request an abortion must "typically" pay for the procedure and all associated costs, including the cost of the officers' time at the jail's discretion – jail administrators may assist with seeking another funding source, or the jail may elect to pay for the procedure and associated costs. Abortion counseling and education is arranged through a specialty provider. Health care staff should work with jail administration to schedule an initial appointment for individuals who request an abortion as quickly as possible, with timely transport to any follow up appointments at the abortion facility. Prenatal care is still performed until the pregnancy is terminated.

A third abortion policy states that the jail will not impede access to abortion counseling or services and will provide necessary transportation and supervision. Financial obligations associated with these services will be the responsibility of the individual. Staff members who do not want to facilitate access to this care are not required to do so. These rights will be posted in all areas housing female detainees.



Pregnancy and Childbirth Policies

Pregnant detainees will receive timely and appropriate prenatal care, specialized obstetrical services, comprehensive counseling for expressed desires regarding pregnancy, hospital delivery, and postpartum care. Nutritional guidance and counseling is provided. Pregnant individuals who have been using opiates will be prescribed an individual treatment plan which in most cases includes medication-assisted treatment.

Every pregnant resident should have a completed special diet form ordering a pregnant diet and prenatal vitamins prescribed at one per day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate.

County also has policies for “Special Needs” patients, which include pregnant residents, that provide for communication between jail commanders and medical staff and treatment according to need.

A corrections officer shall remain immediately outside the delivery room unless requested to be in the room by medical personnel.

Breastfeeding individuals are afforded an opportunity to supply breast milk to their children in consultation with a health care practitioner. They are responsible for securing equipment needed for the safe storage and delivery of breast milk, but the facility allows sufficient access (usually by phone) for securing equipment and arranging for pick-up of breast milk. Individuals are given the opportunity to pump breast milk at least every two hours. Individuals who are supplying breast milk to their infants are not housed in general population or areas accessible to contraband. The facility may suspend this procedure for supplying breast milk if it has reason to question the safe delivery of uncontaminated milk.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are to be used on pregnant people only if there is a substantial flight risk or risk of harm. If restraints are used, they must be the least restrictive method. Abdominal restraints, leg and ankle restraints, four point restraints, wrist restraints behind the back, and waist shackles or belly chains are prohibited. Restraints cannot be used during active labor and should be avoided as much as possible during prenatal and postpartum periods. Restraints may be applied only when there is a substantial flight risk or other extraordinary circumstances, a supervisor makes an individual determination restraints are necessary, and the least restrictive restraints are used. No leg irons, shackles, or waist shackles may be used on a person in recovery from childbirth. Electronic restraint devices should not be used on residents who are known to be pregnant.



Reproductive Healthcare Policies

Facility screens for STIs and provides treatment/follow ups.



Pregnancy and Childbirth Policies

Staff shall receive training relating to medical and mental health care issues applicable to pregnant residents. Pregnant residents must be provided with information regarding pregnancy. Pregnant residents must be assigned to a bed less than three feet off the floor.

If a pregnant resident is in a hospital room, staff must be posted outside the room unless they are requested to be in the room by medical personnel or for periodic safety assessments.

Policy states that residents who give birth can remain with their infant for 72 hours.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints should not be used on pregnant and postpartum residents unless there is an individualized determination of substantial flight risk or risk to safety or security of the resident or a third party, or if health staff have ordered therapeutic restraints. If restraints are required, they must be the least restrictive possible. Leg irons, shackles or waist shackles shall not be used on pregnant individuals. No restraints of any kind can be used during labor unless necessary to ensure the safety of an officer or medical personnel. Upon discharge from a medical facility, postpartum residents can be restrained only with handcuffs in front of the body during transport.

Pregnant and postpartum residents who gave birth during the preceding 30 days cannot be placed in administrative segregation unless there is danger to the resident or a third party.

Use of Tasers on pregnant residents is prohibited absent deadly force circumstances.



Reproductive Healthcare Policies

County performs health screenings upon admission, including for gynecological problems and STIs. County provides pelvic examinations, pap smears, and mammograms, as indicated.

County reported that it provides menstrual products.

County reported that it provides medical access if an abortion is requested.



Pregnancy and Childbirth Policies

County provides prenatal care, including routine and high-risk obstetric

services, management of chemical dependencies (through medication-assisted treatment), nutritional guidance and counseling, and postpartum follow-up care. County reported that medical diets are available for pregnant residents.

County utilizes a local pregnancy organization to provide counseling and assistance to pregnant individuals. County reported that it provides pregnancy education materials.

The copies of pregnancy education materials that DuPage County shared in response to the FOIA request included several documents from a local crisis pregnancy center. Crisis pregnancy centers are organizations that often present themselves as legitimate reproductive health care clinics providing services for pregnant individuals but that actually are opposed to abortion (and often some forms of contraception) and exist to dissuade, deter, or prevent people from accessing this option. They do not provide comprehensive, evidence-based, non-biased information and counseling about pregnancy.

Upon a pregnant resident's entry to the hospital delivery room, officers must be posted outside.

County reported that it provides accommodations for breastfeeding including access to a breast pump.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are prohibited during active labor and delivery. Restraints used at other points during pregnancy and postpartum must be at the front of the body. Shackles and belly belts are prohibited during transport of pregnant residents.



Reproductive Healthcare Policies

County reported that pads and tampons are available. County reported that routine gynecological care, contraceptive care, testing and treatment for STIs, and abortion care are available.

Edwards County



Pregnancy and Childbirth Policies

County reported that prenatal and postpartum care, labor and delivery care, dietary adjustments for pregnant residents, and treatment for pregnant residents with substance use disorder are available.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Pregnant individuals will not be restrained using waist chains or leg shackles unless they are needed for safety and security. Only handcuffs are used.

Edwards County has no jail, and professes to have no oversight over the policies or practices at the jail where their detainees are housed (White County Jail).

Effingham County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Upon a pregnant resident's entry into the hospital room, corrections staff must be posted outside unless requested to come in by a medical professional.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

No security restraints may be used on pregnant or postpartum residents unless there is a substantial flight risk or other extraordinary circumstance. If restraints are used, they should be the least restrictive possible. If a restraint chair is used, no abdominal or waist straps can be used. Leg irons, shackles, or waist shackles are prohibited for pregnant and postpartum residents. No restraints of any kind can be used during labor other than therapeutic restraints. Upon discharge from a medical facility, postpartum residents can be restrained only with handcuffs at the front of the body.

Fayette County



Reproductive Healthcare Policies

County reported that menstrual products are available upon verbal request.



Pregnancy and Childbirth Policies

County reported that special diets for pregnant residents are provided and determined by certified health providers. Pregnant detainees should receive medically appropriate prenatal, intrapartum, and postpartum care and treatment, including special diets. Jail administration and medical authority will develop a plan for medical care of a pregnant person.

Ford County



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraint of pregnant residents during labor and delivery should not be used. Application of restraints during all other prepartum and postpartum periods should be restricted as much as possible, and, when used, done so with consultation from medical staff.



Reproductive Healthcare Policies

County will allow an individual who requests an abortion to have the procedure. Prenatal care will be initiated regardless. The individual must make all arrangements for the abortion and prepay for the cost of the procedure, officer time, medications, complications and follow ups.



Pregnancy and Childbirth Policies

Protocol provides for a pregnancy diet (general diet with a bedtime snack), a low bunk assignment, monitoring, prenatal vitamins, and medical appointments for a pregnant detainee in custody longer than 30 days or having complications. An OBGYN is contacted for counseling, care, and appropriate orders.

County also has policies for “Special Needs” patients, which include pregnant residents, that provide for communication between jail commanders and medical staff and treatment according to need.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.



Reproductive Healthcare Policies

County will allow an individual who requests an abortion to have the procedure. Prenatal care will be initiated regardless. The individual must make all arrangements for the abortion and prepay for the cost of the procedure, officer time, medications, complications and follow ups.



Pregnancy and Childbirth Policies

County provides educational materials for pregnant residents on pregnancy and prenatal care, the postpartum period, and postpartum depression. County has a treatment protocol for pregnancy, and pregnant residents are recommended for a low bunk. Pregnant individuals with a history of opiate use are assessed and treated, including through medication-assisted treatment.

County provided an Illinois Department of Corrections administrative directive allowing pregnant residents to have a birthing support person with them during labor, but it is not clear if this has been adopted as jail policy. Directive requires an officer to be stationed inside the delivery if a birthing support person is present and to search the birthing support person.

Franklin County



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

County provided an Illinois Department of Corrections administrative directive regarding restraints, but it is not clear if this has been adopted as jail policy. The directive prohibits restraints when individuals are experiencing pregnancy-related medical distress, being transported to a medical facility for the purposes of delivering a child, or in active labor. It states that restraints should only be used on pregnant or postpartum individuals if there is a danger to them or others, and should be limited to two sets of flex handcuffs linked together at the front of the body. It also states restraints should only be used on a pregnant or postpartum person being transported for medical reasons if they are therapeutic restraints approved by medical personnel, or there is a risk of harm and medical personnel do not object.



Reproductive Healthcare Policies

County screens for STIs and HIV/AIDS.

Individuals seeking abortion are referred to outside services. County shall not impede access to abortion and shall provide necessary transportation and supervision. The individual is responsible for any financial obligations. Staff members who object are not required to facilitate an abortion.



Pregnancy and Childbirth Policies

County has policies for prenatal and postpartum care, dietary adjustments for pregnant and postpartum residents, treatment of pregnant residents with substance use disorder, and birthing in an appropriate setting. A pregnant resident who is 10+ weeks gestation should have an appointment at the next available obstetric clinic. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postnatal period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to hospital if a physician is not on site. Postpartum exams are scheduled by the obstetric clinic as needed.

Every pregnant resident should have a completed special diet form ordering a pregnant diet and prenatal vitamins prescribed at one per day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate. A pregnant person cannot be assigned to a bed more than three feet off the floor.

County also has policies for “Special Needs” patients, which include pregnant residents, that provide for communication between jail commanders and medical staff and treatment according to need.

Programming is provided to pregnant individuals about prenatal care and hygiene, the effects of substance exposure on a fetus, and parenting skills and

health issues applicable to children. Staff receive training on appropriate care for pregnant individuals, including about the impact on a pregnant person of restraints, placement in segregation, and invasive searches.

Officers should be posted immediately outside the hospital room during delivery unless requested to be in the room by medical personnel.

A newborn infant shall remain with the person for a period of 72 hours after birth if permitted by medical and mental health professionals, and there must be access to any nutritional or hygiene related products necessary to care for the infant.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Security restraints should not be used on pregnant individuals unless there is an individualized determination of a substantial flight risk or some other extraordinary circumstance. When restraint is necessary, the least restrictive method should be used. Leg irons, shackles, or waist shackles should never be used. No restraints can be used during labor. Jail staff should remove all restraints if medical personnel require it. Health staff may order therapeutic restraints for a pregnant person if they are a danger to themselves or others because of a psychiatric disorder, but metal handcuffs/shackles are not therapeutic restraints. Once released from the medical facility, postpartum individuals should be restrained only with handcuffs in front of the body during transport. All use of restraints on pregnant persons must be reported.

A person who is pregnant or gave birth in the preceding 30 days may not be placed in segregation unless it is determined this is necessary based on a reasonable belief the person will harm someone or attempt escape.

Gallatin County

Gallatin County has no jail, and professes to have no oversight over the policies or practices at the jail where their detainees are housed (Saline County)

Greene County



Reproductive Healthcare Policies

County reported it will provide sanitary pads and tampons as needed.

County reported it will do STI testing by a medical provider for symptomatic individuals.



Pregnancy and Childbirth Policies

County reported if a doctor prescribes dietary adjustments, the jail will accommodate them. The jail does not house pregnant residents close to their expected due date.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

County reported that residents are not shackled at the legs and restraints are not used on pregnant individuals in custody. If possible, pregnant individual's court appearances are conducted remotely.



Reproductive Healthcare Policies

A person who requests an abortion will be referred to outside counseling services for information on their options. The jail will not prevent a person from accessing abortion counseling or services and will provide transportation and supervision to these services. Individuals will be financially responsible for any costs from abortion services.



Pregnancy and Childbirth Policies

County has policies for prenatal and postpartum care, dietary adjustments for pregnant and postpartum residents, treatment of pregnant residents with substance use disorder, and birthing in an appropriate setting. A pregnant resident who is 10+ weeks gestation should have an appointment at the next available obstetric clinic. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postnatal period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to hospital if a physician is not on site. Postpartum exams are scheduled by the obstetric clinic as needed.

Every pregnant resident should have a completed special diet form ordering a pregnant diet and prenatal vitamins prescribed at one per day for the duration of the pregnancy.

Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate. Pregnant residents can be housed in any appropriate unit except if they are high risk or in the last trimester of pregnancy – then they will be housed in a different unit. A specialist or doctor can order a pregnant resident to be housed in the medical unit.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Residents who are pregnant or in labor will not be placed in restraints except as provided in use of restraints policy (copy of use of restraints policy was not provided).

Hamilton County has no jail, and professes to have no oversight over the policies or practices at the jail where their detainees are housed (White County).

Hancock County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Hardin County

Hardin County does not house pregnant people in its jail. A resident who is or thinks they are pregnant is moved to the Saline County jail.

Henderson County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

A detainee who is determined to be pregnant shall be referred for appropriate medical follow up care.

When the person is at a medical facility, a correctional officer will be posted outside the delivery or hospital room. They will remain outside except to initially inspect the room, conduct periodic security checks, when approved visitors are present, when the child is in the room absent medical personnel, and when requested by medical personnel or the individual in custody.

One person is allowed to be present to support the pregnant individual during labor and delivery. During labor and delivery when the birthing support person is present, a female officer will be stationed in the room. Once an individual has given birth, the birthing support person can remain for up to one hour, or if the baby is delivered before they arrive, the birthing support person may be granted one hour of family bonding at the discretion of the correctional officer.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints will not be used when a person is experiencing pregnancy-related medical distress, being transported to a medical facility for delivery, or in active labor. Restraints shall be used only when a pregnant or postpartum person poses a risk of harm to themselves or others, and will be two sets of handcuffs linked together in front of the body. When transport is for medical reasons, no restraints shall be used unless medical personnel determine therapeutic restraints are necessary, or unless corrections officials determine the individual poses a risk of harm to themselves or others, and medical personnel conclude restraints are medically permitted. When restraints are necessary, pregnant or postpartum persons shall be restrained with the least restraints possible to ensure safety, and restraints shall never be used on a person in active labor or transport for the purpose of delivery.

Henry County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

County reported that it does not restrain, handcuff, or shackle any pregnant person at any point of their incarceration.



Reproductive Healthcare Policies

County reported that menstrual products are provided, routine gynecological care is provided after medical screening, contraception is provided if prescribed or a detainee is currently taking it, STI testing and treatment is provided, and arrangements for abortion access would be provided if needed.



Pregnancy and Childbirth Policies

County reported that if a person is confirmed to be pregnant or has recently delivered then the State's Attorney is notified to make bond arrangements. County reported during the time a pregnant person is in custody they receive medical evaluation, prenatal vitamins, extra caloric intake at meal time, and arrangements for medical appointments. County reported arrangements for labor and delivery care would be provided if needed.

County reported that arrangements for accommodations for breastfeeding would be provided if needed.

County reported that it does not incarcerate pregnant individuals long term. Arrangements would be made for the person to be moved to a larger county jail nearby if long term incarceration is needed. County reported the jail was in the process of creating a policy for incarcerated pregnant individuals.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

County reported restraints are never used on pregnant individuals.



Reproductive Healthcare Policies

County reported menstrual products are available with daily commissary and issued upon request.



Pregnancy and Childbirth Policies

Nothing provided.

Jackson County

Jasper County



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

County reported that it “follows the guidelines set forth by the Illinois County Jail Standards” regarding the use of restraints on pregnant detainees.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Jefferson County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

County provided copies of written information for residents about pregnancy, prenatal care, childbirth, and postpartum depression. County also provided copies of materials for staff about pregnant detainees in jail.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Security restraints should not be used on pregnant individuals unless deemed necessary when there is a substantial flight risk or some other extraordinary circumstance. When restraint is necessary, the least restrictive method should be used. Leg irons, shackles, or waist shackles should not be used. No restraints can be used during labor. Jail staff should remove all restraints if medical personnel require it. Hospital staff may order therapeutic restraints for a pregnant person if they are danger to themselves or others because of a psychiatric disorder, but metal handcuffs/shackles are not therapeutic restraints. Once released from the medical facility, postpartum individual should be restrained only with handcuffs in front of the body during transport.

The transportation policy states residents who are pregnant shall not be transported in restraints unless there are serious and extraordinary security concerns that apply to the detainee. Any use of restraints on pregnant individuals will be documented and the security concerns shall also be documented.

The use of force policy states medical staff will prescribe the precautions required to protect the fetus, including the way the pregnant resident will be restrained, the advisability of a medical professional presence when restraints are applied, and the medical necessity of restraining the resident in the facility hospital or a local medical family.

Jersey County



Reproductive Healthcare Policies

Menstrual hygiene products can be obtained from a correctional officer upon request.



Pregnancy and Childbirth Policies

A corrections officer will be stationed outside the hospital/delivery room at all times except for an initial inspection, when approved visitors are present, when the child is in the room absent medical personnel, or when requested by the individual or medical personnel.

One person is allowed to support a pregnant person during labor and delivery. That person can remain for one hour after the birth, or may stay with the individual and the baby for one hour if they arrive after the birth.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints will not be used when a person is experiencing pregnancy-related medical distress, being transported to a medical facility for delivery, or in active labor. Restraints shall be used only when a pregnant or postpartum person poses a risk of harm to themselves or others, and will be two sets of handcuffs linked together in front of the body. When transport is for medical reasons, no restraints shall be used unless medical personnel determine therapeutic restraints are necessary, or unless corrections officials determine the individual poses a risk of harm to themselves or others, and medical personnel conclude restraints are medically permitted. When restraints are necessary, pregnant or postpartum persons shall be restrained with the least restraints possible to ensure safety, and restraints shall never be used on a person in active labor or transport for the purpose of delivery.

Jo Daviess County



Reproductive Healthcare Policies

Individuals have the option to be tested for HIV at no cost.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Johnson County

Johnson County has no jail facility, and primarily uses Massac County Jail or Saline County Detention Facility to detain people. The county detains juveniles at Mississippi County Detention Center in Missouri.



Reproductive Healthcare Policies

County provides materials as appropriate for the special hygiene needs of women.

Medical screenings given include questions about HIV and STIs. Upon completing the screening, the individual is observed for obvious signs of infection.

Individuals seeking abortion access are referred to outside counseling services for further information about available options. The county shall not impede access to abortion counseling or services and shall provide necessary transportation/supervision to such services. The individual is responsible for any financial obligations. Staff members who object to facilitating an abortion are not required to perform such duties.



Pregnancy and Childbirth Policies

Qualified health care professionals should provide comprehensive prenatal and postpartum care, including birthing in an appropriate setting. The directions of the obstetric specialist shall be followed throughout the pregnancy and postnatal period. Any pregnant resident with medical problems shall be seen by qualified health care professionals. If the problem is assessed as urgent and the physician is not on-site, the resident shall be sent to hospital for evaluation.

A qualified health care professional should provide counseling and information to pregnant residents regarding planning for their unborn child. This includes nutritional needs during pregnancy, the appropriate levels of physical activity and rest, and general knowledge regarding pregnancy. Pregnant or lactating people are provided a diet approved for them by medical staff.

An officer shall remain immediately outside the delivery room until an individual is released from the facility, unless they are requested to be in the room by medical personnel.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Individuals who are known to be pregnant will not be handcuffed behind their backs while being transported, or placed in leg irons, shackles or waist restraints of any kind. Other restraints may be applied only when there is a substantial flight risk or other extraordinary medical or security circumstance, a supervisor has made an individualized determination restraints are necessary to prevent escape or injury, there is no objection from the treating medical provider, and the least restrictive restraints are used. No restraints except for clinical restraints used by medical personnel may be applied to individuals during labor. Upon discharge from a medical facility postpartum individuals shall be restrained only with handcuffs in front of the body.



Reproductive Healthcare Policies

Menstrual products are available from the commissary and are provided if medically necessary or a person is indigent.

Emergency contraception and contraception counseling is available and those who are on contraception at intake may be allowed to remain on it.

If an individual requests abortion access, the process is worked out with the county health department. The county shall not impede access to abortion counseling or services and shall provide necessary transportation and supervision. The individual is responsible for any financial obligations. These rights are posted in all areas that house female detainees. Staff members who object to facilitating an abortion are not required to perform such duties.



Pregnancy and Childbirth Policies

County has policies for prenatal and postpartum care, dietary adjustments for pregnant and postpartum residents, treatment of pregnant residents with substance use disorder, and birthing in an appropriate setting. A pregnant resident who is 10+ weeks gestation should have an appointment at the next available obstetric clinic. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postnatal period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to hospital if a physician is not on site. Postpartum exams are scheduled by the obstetric clinic as needed.

Every pregnant resident should have a completed special diet form ordering a pregnant diet and prenatal vitamins prescribed at one per day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate. Pregnant residents can be housed in any appropriate unit except if they are high risk or in the last trimester of pregnancy – then they will be housed in a different unit. A specialist or doctor can order a pregnant resident to be housed in the medical unit.

Educational materials are provided to pregnant individuals through the county health department.

After delivery the individual will be provided postpartum care at the hospital for a 72 hour period to spend time with the infant.

A breastfeeding individual will be afforded the opportunity to supply breast milk for the infant while detained after consultation with a health care professional. The individual is responsible for providing the equipment needed for safe storage and delivery of the breast milk, and the facility will allow sufficient access for the purpose of attaining equipment and arranging for pickup of the breast milk. A breastfeeding individual is not housed in general population or an area accessible to contraband.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Custody restraints are not used during active labor and delivery, and if used at other points of pregnancy or the postpartum period shall be limited to handcuffs in front of the body.



Reproductive Healthcare Policies

County reported having a clinical protocol for chronic disease management that includes HIV.

Individuals who request an abortion shall be referred to outside counseling services for further information regarding available options. The county shall not impede access to abortion counseling or services and shall provide necessary transportation and supervision. The individual is responsible for any financial obligations. These rights are posted in all areas that house female detainees. Staff members who object to facilitating an abortion are not required to perform such duties.



Pregnancy and Childbirth Policies

County has policies for prenatal and postpartum care, dietary adjustments for pregnant and postpartum residents, treatment of pregnant residents with substance use disorder, and birthing in an appropriate setting. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postnatal period. If medical issues arise, a pregnant resident will be seen by a healthcare professional – if it is urgent they will be taken to a hospital if a physician is not on site. Postpartum exams are scheduled by the obstetric clinic as needed.

Every pregnant resident shall have a special pregnancy diet and prenatal vitamins once a day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate, and an order allowing an extra mattress in the last trimester. Pregnant residents can be housed in any appropriate unit except if they are high risk or in the last trimester of pregnancy, when they shall be housed under medical observation. A specialist or doctor can order a pregnant resident to be housed under medical observation.

An officer shall remain immediately outside the delivery room until an individual is released from the facility, unless they are requested to be in the room by medical personnel.

In Kendall County, visits for the purpose of breastfeeding are prohibited - breastfeeding is considered “prohibited conduct.”

Knox County

Lake County



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Leg irons, shackles, or waist shackles shall not be used on any pregnant detainee regardless of security risk. People in custody who are known to be pregnant will be restrained only with handcuffs in front of the body. Other restraints may be applied only when there is a substantial flight risk or other extraordinary medical or security circumstance, a supervisor has made an individualized determination restraints are necessary to prevent escape or injury, there is no objection from the treating medical provider, and the least restrictive restraints are used. No restraints, except for clinical restraints used by medical personnel, may be applied to detainees during labor. No leg irons, shackles, or waist shackles may be used on any person in recovery from childbirth.

No response provided.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

County provides pregnancy management services including pregnancy testing, routine/high risk prenatal care, management of substance use disorders, comprehensive counseling/assistance, appropriate nutrition, and postpartum follow up.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Medical authority provides guidance on use of restraints on pregnant individuals prior to active labor and delivery. Restraints are not to be used on a person during labor and delivery of a child – any deviation requires approval and guidance from medical provider based on documented serious security risks. After delivery, restraints will be used as normal (handcuffs, leg shackles, and body belts in the vehicle may be used).



Reproductive Healthcare Policies

Menstrual hygiene items are available as needed by contacting correctional officers.



Pregnancy and Childbirth Policies

A deputy shall remain immediately outside the delivery room until an individual is released from the medical facility, unless requested to be in the room by medical personnel.

La Salle County

Lawrence County



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Leg irons, shackles or waist shackles will not be used on pregnant individuals in custody. During transport, pregnant individuals will not be handcuffed behind their backs. Other restraints may be applied only when there is a substantial flight risk or other extraordinary medical or security circumstance, a supervisor has made an individualized determination restraints are necessary to prevent escape or injury, there is no objection from the treating medical provider, and the least restrictive restraints are used. No restraints except clinical restraints utilized by medical staff may be applied to a person in labor. Postpartum individuals will only be restrained with handcuffs in the front of the body when they are released from a medical facility. No leg irons, shackles, or waist shackles may be used on any person in recovery from childbirth.

County reported that staff receive training on appropriate care for pregnant prisoners and the impact of restraints, administrative segregation, and invasive searches on pregnant prisoners.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Lee County



Reproductive Healthcare Policies

Women are given non-directive information about pregnancy prevention and emergency contraception. Emergency contraception is available by order of the facility provider. Use of contraceptive medication may be considered to treat a disease or health condition, when a detainee's stay is known to be short term and there is reasonable evidence of compliance, when it is brought as a home medication, and immediately following sexual assault.

Individuals who request abortion may receive educational resources or be referred to outside counseling services for further information regarding available options. The county shall not impede access to abortion counseling or services and shall provide necessary transportation and supervision. The individual is responsible for making all arrangements for the procedure and all financial obligations. These rights are posted in all areas that house female detainees. Staff members who object to facilitating an abortion are not required to perform such duties.

A second abortion policy states residents who request an abortion must “typically” pay for the procedure and all associated costs, including the cost of the officers’ time at the jail’s discretion – jail administrators may assist with seeking another funding source, or the jail may elect to pay for the procedure and associated costs. Abortion counseling and education is arranged through a specialty provider. Health care staff should work with jail administration to schedule an initial appointment for an individual who requests an abortion as quickly as possible, with timely transport to any follow up appointments at the abortion facility. Prenatal care is still performed until the pregnancy is terminated.



Pregnancy and Childbirth Policies

The county has policies for prenatal and postpartum care, dietary adjustments for pregnant and postpartum residents, treatment of pregnant residents with substance use disorder including opiate use, and birthing in an appropriate setting. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postnatal period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to hospital if a physician is not on site. Postpartum exams and additional appointments are scheduled by the obstetric clinic as needed, and there is a postpartum visit offered within six weeks of giving birth.

Every pregnant resident shall have a special pregnancy diet and prenatal vitamins once a day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate, and an order allowing an extra mattress in the last trimester. Pregnant residents can be housed in any appropriate unit except if they are high risk or in the last trimester of pregnancy, when they shall be housed under medical observation. A specialist or doctor can order a pregnant resident to be housed under medical observation.

Arrangements are made for hospital delivery, including obtaining medical records to accompany the individual for transport to the hospital. A correctional officer shall remain immediately outside the delivery room until an individual is released from the medical facility, unless requested to be in the room by medical personnel.

Breastfeeding individuals are afforded an opportunity to supply breast milk to their children in consultation with a health care practitioner. They are responsible for securing equipment needed for the safe storage and delivery of breast milk, but the facility allows sufficient access (usually by phone) for securing equipment and arranging for pick-up of breast milk. Individuals are given the opportunity to pump breastmilk at least every two hours. Individuals who are supplying breast milk to their infants are not housed in

general population or areas accessible to contraband. The facility may suspend this procedure for supplying breastmilk if it has reason to question the safe delivery of uncontaminated milk.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints should be avoided as much as possible during the prenatal and postpartum periods and used only with consultation of health care providers. Restraints are removed when a medical professional determines it is necessary during a medical emergency, labor, delivery, or the immediate postpartum period.

Abdominal restraints, leg and ankle restraints, four-point restraints, and chains that touch the abdomen are not used for pregnant individuals. Pregnant individuals will not be handcuffed behind their backs. Pregnant individuals may not be placed in a face-down position. Restraints may be applied only when there is a substantial flight risk or other extraordinary medical or security circumstance, there has been individualized determination restraints are necessary, there is no objection from the treating medical provider, and the least restrictive restraints are used. No restraints except clinical restraints utilized by medical staff may be applied to a person in labor. Postpartum individuals will only be restrained with handcuffs in the front of the body when they are released from a medical facility. No leg irons, shackles, or waist shackles may be used on any person in recovery from childbirth. Electronic restraint devices should not be used on individuals known to be pregnant.

Livingston County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Necessary care of detainees that are pregnant in custody will be ensured. It is required to note a detainee's pregnancy in their records, schedule them for the next sick call, and notify medical staff and follow instructions.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Under no circumstances should a person in active labor be placed in restraint.

Logan County



Reproductive Healthcare Policies

Individuals who request abortion shall be referred to outside counseling services for further information regarding available options. The county shall not impede access to abortion counseling or services and shall provide necessary transportation and supervision. The individual is responsible for any financial obligations. These rights are posted in all areas that house female detainees. Staff members who object to facilitating an abortion are not required to perform such duties.



Pregnancy and Childbirth Policies

County has policy for prenatal and postpartum care, dietary adjustments for pregnant and postpartum residents, treatment of pregnant residents with substance use disorder including opiate use, and birthing in an appropriate setting. A person who is 10+ weeks pregnant shall have an appointment at the next available obstetric clinic. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postnatal period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to hospital if a physician is not on site. Postpartum exams and additional appointments are scheduled by the obstetric clinic as needed, and there is a postpartum visit offered within six weeks of giving birth.

Every pregnant resident shall have a special pregnancy diet and prenatal vitamins once a day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate, and an order allowing an extra mattress in the last trimester. Pregnant residents can be housed in any appropriate unit except if they are high risk or in the last trimester of pregnancy, when they shall be housed under medical observation.

Written educational materials about pregnancy are provided.

A correctional officer shall remain immediately outside the delivery room until an individual is released from the medical facility, unless requested to be in the room by medical personnel.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Leg irons, shackles or waist shackles will not be used on pregnant individuals in custody. During transport, pregnant individuals will not be handcuffed behind their backs. Other restraints may be applied only when there is a substantial flight risk or other extraordinary medical or security circumstance, a supervisor has made an individualized determination restraints are necessary to prevent escape or injury, there is no objection from the treating medical provider, and the least restrictive restraints are used. No restraints except clinical restraints utilized by medical staff may be applied to a person in labor. Postpartum individuals will only be restrained with handcuffs in the front of the body when they are released from a medical facility. No leg irons, shackles, or waist shackles may be used on any person in recovery from childbirth.



Reproductive Healthcare Policies

Female detainees should be provided with menstrual hygiene products.



Pregnancy and Childbirth Policies

Pregnant detainees will receive timely and appropriate prenatal care,

specialized obstetrical services, comprehensive counseling for expressed desires regarding pregnancy, hospital delivery, and postpartum care. Pregnant people who are receiving medication-assisted treatment for opiate use are to be protected from experiencing withdrawal and provided/continued on treatment unless contraindicated by a treating obstetrician.

Nutritional guidance and counseling is provided. Daily servings of calcium may be added to a pregnant individual's diet, and calories may be added through extra entrees or starches. Pregnant persons should receive an evening snack, and lunches for pregnant persons must be heated to 165 degrees or they must be offered a non-meat alternative.

Pregnant individuals are exempt from inappropriate work details as determined by health care personnel.

People in custody who are less than 32 weeks pregnant and have no significant complaints are housed in general population. Those who are 32 weeks or more pregnant are admitted to the medical housing unit for evaluation and further direction regarding management and housing. A health care provider determines medical housing status for a pregnant person.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are not used during active labor and delivery and during transport to the hospital, except due to a serious threat of harm. If restraints are deemed necessary then abdominal restraints, leg and ankle restraints, and wrist restraints behind the back should not be used. During transport to the hospital the least restrictive restraints consistent with safety and security should be used. Restraints during the remainder of the pregnancy and postpartum period should be avoided as much as possible and used only with consultation from medical staff. Abdominal restraints, leg and ankle restraints, wrist restraints behind the back, four-point restraints, and restraint chairs should not be used. Pregnant individuals should not be placed in a face down position. Handcuffs secured in front of the body are the only restraints to be used on pregnant individuals. Restraints must be removed when a medical professional responsible for the care of the pregnant person during a medical emergency, labor, delivery, or postpartum determines this is medically necessary.

Tasers should not be used on those known or appearing to be pregnant unless there are exigent circumstances.



Reproductive Healthcare Policies

County reported that menstrual products are available upon request/as needed.

County reported that routine gynecological care and testing and treatment for STIs is available as necessary.

County reported that it has accommodated requests for abortion access.



Pregnancy and Childbirth Policies

County reported that it provides or facilitates prenatal and postpartum care, dietary adjustments for pregnant and postpartum individuals, treatment for pregnant individuals with substance use disorder, and labor and delivery care. County also reported that it will accommodate individuals who are breastfeeding/expressing breast milk.

Individuals who are pregnant and in danger of withdrawal must have medical clearance before entering the jail. In all other cases it is left to the discretion of officers whether to accept a pregnant individual or have them medically cleared first.

A pregnant person cannot be assigned to a bed elevated more than three feet above the floor.

Correctional officers shall be posted outside the hospital room unless requested to be in the room by medical personnel. If the hospital/facility requires a safety assessment, an officer may enter the room to conduct periodic prisoner safety assessments except during medical examination or the delivery process.

A newborn infant is allowed to remain with the person for a period of 72 hours after birth unless a medical professional objects, and there must be access to any nutritional or hygiene related products necessary to care for the infant.

Staff shall receive training relating to medical and mental health care issues applicable to pregnant residents, including appropriate care for pregnant prisoners and the impact of the use of restraints, placement in administrative segregation, and invasive searches.

Programming is provided to pregnant individuals about prenatal care and hygiene, the effects of substance exposure on a fetus, and parenting skills and health issues applicable to children.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are not applied to a person who is pregnant or in postpartum recovery (the entire period in the medical facility after birth) unless there is an individualized determination of a flight risk or other extraordinary safety and security circumstances. Qualified health staff can order therapeutic restraints for a pregnant or postpartum person who is a danger due to a psychiatric or medical disorder – metal handcuffs and shackles are not considered therapeutic restraints. Leg irons, shackles or waist shackles shall not be used on any pregnant or postpartum person, and the least restrictive restraints possible shall be used. Pregnant individuals and those being transported after childbirth should be restrained only by handcuffs in the front of the body. A pregnant person in labor cannot be restrained at all, except by therapeutic restraints. Any use of restraints on pregnant individuals must be reported.

Madison County

The use of a Taser on individuals that are obviously pregnant is restricted.

A person who is pregnant or gave birth within the last 30 days cannot be placed in administrative segregation unless the placement is necessary based on a reasonable concern about harm or attempted escape.



Reproductive Healthcare Policies

Menstrual products are distributed by staff as needed.

Individuals are referred to outside specialists for STI testing and treatment.



Pregnancy and Childbirth Policies

Individuals are referred to outside specialists for prenatal and postpartum care, and it is provided as ordered by an OBGYN or other physician. Labor and delivery care may be provided through the emergency room.

Individuals who are pregnant or lactating shall be provided a balanced, nutritious diet approved by a physician. Individuals who are pregnant should be assigned to a lower bunk.

County reported that individuals can report to Infirmary Housing to pump, and that families can pick up expressed milk daily.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Marion County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

County reported that all pregnant individuals are provided with prenatal vitamins and follow up care by an OBGYN.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Marshall County



Reproductive Healthcare Policies

Menstrual products are kept in inventory and provided as needed.

Contraceptives are provided in accordance with the medication policy. STI testing and treatment is available.

Abortion options are explored at a doctor's appointment as soon as possible, upon request.



Pregnancy and Childbirth Policies

Follow-up appointments with suitable doctor's offices are scheduled for pregnant individuals. Prenatal and postpartum care, treatment of pregnant individuals with substance use disorder, and labor and delivery care are provided at the direction of the doctor.

Pregnant individuals should be considered to receive extra calories, and medical staff should consult with a dietary specialist or doctor about proper nutritional needs during pregnancy. Any pregnant person shall be given a cell assignment that makes it possible for them to utilize a lower bunk not more than three feet off the floor – if possible, a pregnant person is to be given their own cell.

A correctional officer must be posted outside the room at a hospital or medical facility unless requested to be present by the medical professional.

After giving birth an individual will be granted 72 hours to spend with the infant, unless a medical professional determines this would pose a health or safety risk. The location for this time will be determined by the Sheriff. The person shall have access to any nutritional or hygiene products needed to care for the infant.

County reported that accommodations are made for breastfeeding, storage of breastmilk, and retrieval of milk.

Staff are provided with routine training regarding pregnant detainees, including appropriate care, use of restraints, placement in segregation, and searches. The County Health Department will provide educational programming for pregnant individuals when needed on topics regarding appropriate prenatal care and hygiene, effect of prenatal substance exposure on a fetus, parenting skills, and medical/mental health issues applicable to children.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Persons known to be pregnant should not be restrained absent a significant flight risk or threat to safety. Persons known to be pregnant should be restrained in the least restrictive manner that is effective for safety, and should never be restrained by the use of leg irons, shackles, waist chains, or handcuffs behind the body. The restraint chair shall not be used with a pregnant person. No restraints of any kind may be applied to a person in labor. Upon discharge from a medical facility, a postpartum person shall be restrained only with handcuffs in front of the body for transport back to jail. Restraints should immediately be removed upon request by medical personnel. Tasers should not be knowingly used on pregnant individuals.

Mason County



Reproductive Healthcare Policies

Menstrual hygiene products are available upon request.



Pregnancy and Childbirth Policies

Pregnant individuals should be assigned to a lower bunk. Educational materials from the Illinois Department of Public Health will be provided to pregnant individuals, including information on prenatal care and hygiene, the effects of prenatal substance exposure, parenting skills, and medical and mental health issues for children.

Corrections staff will verify medications and/or upcoming scheduled doctor appointments for a pregnant person in custody, and will determine if referrals are necessary. The Sheriff will coordinate with the State's Attorney on the appropriateness of a medical furlough and/or release from detention for the duration of pregnancy.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

No restraints or leg shackles will be used on pregnant individuals. No Tasers, batons, or hand combat will be used on pregnant individuals unless necessary for safety.

Massac County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

McDonough County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

A corrections officer may be posted immediately outside the hospital room rather than in the room, unless requested to be in the room by medical personnel, as long as safety and security are not jeopardized.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Use of restraints on a person during active labor and delivery is prohibited unless approved by medical authority and based on documented serious security risks. Medical authority provides guidance on use of restraints on pregnant individuals prior to active labor. Qualified authorized health staff can offer therapeutic restraints (not including metal handcuffs or shackles) for a pregnant or postpartum person who is a danger to themselves, the unborn child, or other persons due to a psychiatric or medical disorder.

Leg irons, shackles, or waist shackles shall not be used on any pregnant or postpartum person. Only therapeutic restraints may be applied during labor. During transport outside the facility and upon discharge from a medical facility, pregnant individuals not in labor and postpartum individuals shall be restrained only with handcuffs in front of the body.



Reproductive Healthcare Policies

Individuals are offered testing for certain STIs and HIV within 14 days of entering the facility.

Emergency contraception is made available at intake. Continuation of a method of contraception is considered for purposes of medical stability and prevention of pregnancy, or if determined to be medically necessary. An opportunity for counseling on family planning is made available through the County Health Department if requested, and written information about contraceptive methods and community resources is accessible.

Counseling and assistance is provided by the County Health Department in accordance with the individual's expressed desires regarding pregnancy including electing to have an abortion.



Pregnancy and Childbirth Policies

County provides timely and appropriate prenatal care, specialized obstetric services, and postpartum care. Individuals who are pregnant and have a private OBGYN will be referred to that physician for follow up, while those who do not have a private physician may be referred to the County Health Department for follow up obstetric care and assignment to a case manager to provide information on promoting health birth outcomes. Prenatal care

includes prenatal vitamins, nutritional guidance and counseling, advice on maintaining a healthy pregnancy, and treatment plans for individuals with substance use disorder.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are not used during transport of a pregnant person or active labor and delivery except when necessary due to a serious threat of harm. Abdominal restraints, leg and ankle restraints, and wrist restraints behind the back should never be used.



Reproductive Healthcare Policies

County has a protocol for HIV testing on an annual basis or when clinically indicated. National hotline and health care referral centers are made available to an individual who tests positive, and if a newly diagnosed person is released, appropriate referrals are made to community providers for continuing treatment and counseling.

One policy states individuals who request an abortion must “typically” pay for the procedure and all associated costs – jail administrators may assist with seeking another funding source, or the jail may elect to pay for the procedure and associated costs. Abortion counseling and education is arranged through a specialty provider. Health care staff should work with jail administration to schedule an initial appointment for an individual who requests an abortion as quickly as possible, with timely transport to any follow up appointments at the abortion facility. Prenatal care is still performed until the pregnancy is terminated.

Another policy states individuals who request an abortion must make all arrangements for the procedure and prepay estimated costs for the procedure, officer time, medications, complications, and any follow ups.



Pregnancy and Childbirth Policies

Pregnant detainees will receive timely and appropriate prenatal care, specialized obstetrical services, comprehensive counseling for expressed desires regarding pregnancy, and postpartum care. Advice/education for pregnant persons about appropriate activities and safety precautions, and about the importance of avoiding drug and alcohol consumption, is provided. Nutritional guidance and counseling is provided. Arrangements are made for hospital delivery.

A health care provider is notified about a pregnant person who has been using opiates, and they will prescribe an individual treatment plan which in most cases will include medication-assisted treatment.

County provided copies of written information for residents about pregnancy, prenatal care, and childbirth.

Mercer County



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints shall be used on pregnant individuals only under extraordinary circumstances when there is a substantial flight risk or a serious threat of harm is imminent. The least restrictive method of restraint should be used. Wrist restraints that allow positioning of the arms in front of the body are recommended. Abdominal restraints, leg and ankle restraints, four point restraints, wrist restraints behind the back, and chains crossing or touching the abdomen are not to be used. Pregnant individuals should not be placed in a face down position. Restraints are not used during active labor. Restraints during the prenatal or postpartum period are to be used in consultation with a medical practitioner on an individual basis. Restraints are removed as requested by a health care provider during a medical emergency, labor, delivery, or the postpartum period. Staff are educated on the appropriate use of restraints on pregnant individuals.



Reproductive Healthcare Policies

County reported training requirements for personnel related to reproductive health care for detainees but provided no documentation.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.



Reproductive Healthcare Policies

County has a policy on screening for STIs.

Policy allows for use of emergency contraception by order of a facility practitioner. Contraceptive medications are allowed to treat a disease or condition, when a resident's stay is known to be short term and there is reasonable evidence of compliance, when medication is brought as a home medication, immediately following sexual assault, and in accordance with Prison Rape Elimination Act regulations. Written information is available on contraception methods and community resources.

One policy states the county will not impede access to abortion counseling or services and will provide necessary transportation and supervision. Financial obligations associated with these services will be the responsibility of the individual. Staff members who do not want to facilitate access to this care are not required to do so. These rights will be posted in all areas housing female detainees.

Monroe County

A second policy states individuals who request an abortion must make all arrangements for the procedure and prepay estimated costs for the procedure, officer time, medications, complications, and any follow ups.

A third policy states individuals who request an abortion must “typically” pay for the procedure and all associated costs, including the cost of the officers’ time at the jail’s discretion – jail administrators may assist with seeking another funding source, or the jail may elect to pay for the procedure and associated costs. Abortion counseling and education is arranged through a specialty provider. Health care staff should work with jail administration to schedule an initial appointment for an individual who requests an abortion as quickly as possible, with timely transport to any follow up appointments at the abortion facility. Prenatal care is still performed until the pregnancy is terminated.



Pregnancy and Childbirth Policies

The county has policies for prenatal and postpartum care including specialty obstetric care and high-risk care, dietary adjustments for pregnant and postpartum residents, treatment of pregnant residents with substance use disorder, and birthing in an appropriate setting. A pregnant resident who is 10+ weeks gestation should have an appointment at the next available obstetric clinic. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postnatal period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to hospital if a physician is not on site. A postpartum exam is offered within six weeks after giving birth.

A health care provider is notified about any pregnant individual who has been using opiates and an individual treatment plan which may include medication-assisted treatment is prescribed.

Pregnant or lactating individuals shall be provided a balanced, nutritious diet approved by a physician. Every pregnant resident should have a completed special diet form ordering a pregnancy diet and prenatal vitamins prescribed at one per day for the duration of the pregnancy. Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate. Pregnant residents can be housed in any appropriate unit, except if they are high risk or in the last trimester of pregnancy they will be housed in the medical unit.

Pregnant individuals are provided advice/education about appropriate activities and safety precautions during pregnancy, the importance of avoiding drugs/ alcohol, and nutrition.

A corrections officer shall remain immediately outside the delivery room unless requested to be in the room by medical personnel.

Breastfeeding individuals are afforded an opportunity to supply breast milk to their children in consultation with a health care practitioner. They are responsible for securing equipment needed for the safe storage and delivery of breast milk, but the facility allows sufficient access (usually by phone) for securing equipment and arranging for pick-up of breast milk. Individuals are given the opportunity to pump breast milk at least every 2 hours. Individuals who are supplying breast milk to their infants are not housed in general population or areas accessible to contraband. The facility may suspend this procedure for supplying breast milk if it has reason to question the safe delivery of uncontaminated milk.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints should be avoided as much as possible and used with consultation of a health care professional during the prenatal and postpartum periods. Restraints are only used on a pregnant person if there is an individualized determination that it is necessary because the person presents a substantial flight risk or serious threat of harm. If restraints are deemed necessary, the least restrictive method is used. A pregnant person is never placed in a face-down position. Abdominal restraints, leg and ankle restraints, four point restraints, wrist restraints behind the back, and chains crossing or touching the abdomen are not used. Restraints are never used during active labor except for clinical restraints used by medical personnel. Restraints are removed if a medical professional determines it is necessary during a medical emergency, labor, delivery, or the postpartum period. Upon discharge from a medical facility postpartum individuals shall be restrained only with handcuffs in front of the body.

Montgomery County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Morgan County



Reproductive Healthcare Policies

Pregnant individuals shall be given comprehensive counseling and assistance in accordance with their expressed desires regarding their pregnancy, including if they elect to have an abortion.



Pregnancy and Childbirth Policies

Individuals claiming or suspected of being pregnant shall be referred to jail medical staff, and once pregnancy is confirmed shall be referred for appropriate medical follow up care. Correctional officers will be responsible for supervision of any prisoner designated as pregnant or postpartum.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

One policy says handcuffs or restraints should not be used on pregnant or postpartum individuals.

A different policy says restraints should not be used when an individual is experiencing pregnancy-related medical distress, being transported to a medical facility for purposes of delivery, or in active labor.



Reproductive Healthcare Policies

Policy allows for use of emergency contraception by order of a facility practitioner. Contraceptive medications are allowed to treat a disease or condition, when a resident's stay is known to be short term and there is reasonable evidence of compliance, when medication is brought as a home medication, immediately following sexual assault, and in accordance with Prison Rape Elimination Act regulations. Written information is available on contraception methods and community resources.

One policy states individuals who request an abortion must make all arrangements for the procedure and prepay estimated costs for the procedure, officer time, medications, complications, and any follow ups.

Second policy states individuals who request an abortion must "typically" pay for the procedure and all associated costs, including the cost of the officers' time at the jail's discretion – jail administrators may assist with seeking another funding source, or the jail may elect to pay for the procedure and associated costs. Abortion counseling and education is arranged through a specialty provider. Health care staff should work with jail administration to schedule an initial appointment for an individual who requests an abortion as quickly as possible, with timely transport to any follow up appointments at the abortion facility. Prenatal care is still performed until the pregnancy is terminated.



Pregnancy and Childbirth Policies

Pregnant individuals shall receive timely and appropriate prenatal care, specialized obstetrical services, and postpartum care. Advice/education for pregnant persons about appropriate activities and safety precautions, and about the importance of avoiding drug and alcohol consumption, is provided. Nutritional guidance and counseling is provided. Arrangements are made for hospital delivery.

Protocol provides for a pregnancy diet (general diet with a bedtime snack), a low bunk assignment, monitoring, prenatal vitamins, and medical appointments. An OB/GYN is contacted for care and appropriate orders.

Pregnant individuals who have been using opiates will be prescribed an individual treatment plan which generally includes medication-assisted treatment.

Pregnant individuals are advised orally or in writing of applicable laws and policies governing incarcerated pregnant people. County provided copies of written information for residents about pregnancy, prenatal care, childbirth, and postpartum depression.

Breastfeeding individuals are afforded an opportunity to supply breast milk to their children in consultation with a health care practitioner. They are responsible for securing equipment needed for the safe storage and delivery of breast milk, but the facility allows sufficient access (usually by phone) for securing equipment and arranging for pick-up of breast milk. Individuals are given the opportunity to pump breast milk at least every two hours. Individuals who are supplying breast milk to their infants are not housed in general population or areas accessible to contraband. The facility may suspend this procedure for supplying breast milk if it has reason to question the safe delivery of uncontaminated milk.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints should not be used on pregnant persons unless there is a substantial flight risk or other extraordinary circumstance. If a pregnant or postpartum person must be restrained, it should be the least restrictive method available. Restraints should be avoided as much as possible during the prenatal and postpartum periods and used with consultation with qualified health care professionals. No leg and ankle restraints, abdominal restraints or waist shackles, four point restraints, or wrist restraints behind the back are to be used on pregnant/postpartum individuals, and pregnant individuals are not placed in a face-down position. No restraints of any kind are to be used during labor. Upon discharge from a medical facility, postpartum persons should only be restrained with handcuffs in front of the body. Qualified and authorized hospital staff may order therapeutic restraints for a pregnant or postpartum person who is a danger due to a psychiatric or medical disorder – metal handcuffs and shackles are not therapeutic restraints. Restraints must be removed when a medical professional responsible for the care of the pregnant person determines it is necessary during a medical emergency, labor, delivery, or the postpartum period.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Jail medical staff are responsible for providing or scheduling appointments with an appropriate service provider for pregnancy testing, routine and high-risk prenatal care, management of substance use disorder in pregnant individuals, appropriate nutrition, and postpartum follow-up. Pregnant individuals will be provided regular examinations and treatment, and dietary supplements as determined by medical staff. If a pregnancy is deemed high-risk, jail medical staff may refer the person to a specialist.

Pregnant individuals should not be assigned to a bed higher than three feet off the ground.

Individuals who are pregnant and diagnosed with substance use disorder will be closely monitored for withdrawal symptoms and provision of appropriate treatments for the safety of the individual and fetus.

Jail medical staff are responsible for providing pregnant individuals with parental education programming, as provided to the jail by the Illinois Department of Public Health.

An infant shall remain with the incarcerated person for 72 hours after birth if permitted by medical/mental health professional, and the person must have access to nutritional and hygiene-related products needed to care for the infant.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

When transporting pregnant individuals their safety and comfort are of primary concern. Transportation of pregnant individuals shall be done “in accordance with IL State Statute 55 ILCS 5/3-15003.6”.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

County has policies for prenatal and postpartum care, dietary adjustments for pregnant and postpartum residents, treatment of pregnant residents with substance use disorder, and birthing in an appropriate setting. A pregnant resident who is 10+ weeks gestation should have an appointment at the next available obstetric clinic. The facility will provide necessary counseling and treatment to pregnant residents at the direction of obstetric specialists throughout pregnancy and the postpartum period. If medical issues arise, a pregnant resident will be seen by a health care professional – if it is urgent they will be taken to hospital if a physician is not on site. Postpartum exams are scheduled by the obstetric clinic as needed.

Every pregnant resident should have a completed special diet form ordering a pregnant diet and prenatal vitamins prescribed at one per day for the duration of the pregnancy.

Every pregnant resident should have a completed medical recommendation form for a low bunk assignment, in a lower tier, as appropriate. Pregnant residents can be housed in any appropriate unit, except if they are high risk or in the last trimester of pregnancy in which case they may be housed in the medical unit on the medical provider's recommendation.

A deputy shall remain immediately outside the delivery room until an individual is released from the medical facility, unless requested to be in the room by medical personnel.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Leg irons, shackles or waist shackles will not be used on pregnant individuals in custody. During transport, pregnant individuals will not be handcuffed behind their backs. Other restraints may be applied only when there is a substantial flight risk or other extraordinary medical or security circumstance, a supervisor has made an individualized determination restraints are necessary to prevent escape or injury, there is no objection from the treating medical provider, and the least restrictive restraints are used. No restraints except clinical restraints utilized by medical staff may be applied to a person in labor. Postpartum individuals will only be restrained with handcuffs in the front of the body when they are released from a medical facility. No leg irons, shackles, or waist shackles may be used on any person in recovery from childbirth.



Reproductive Healthcare Policies

County has screening and treatment protocols for STIs and HIV.

Policy allows for use of emergency contraception by order of a facility practitioner. Contraceptive medications are allowed to treat a disease or condition, when resident's stay is known to be short term and there is reasonable evidence of compliance, when medication is brought as a home medication, immediately following sexual assault, and in accordance with Prison Rape Elimination Act regulations. Written information is available on contraception methods and community resources.

One policy states pregnant individuals have a right to have an abortion. They are responsible for all related costs. The facility is responsible for supplying transportation and security.

A second policy states individuals who request an abortion must make all arrangements for the procedure and prepay estimated costs for the procedure, officer time, medications, complications, and any follow ups.

A third policy states individuals who request an abortion must “typically” pay for the procedure and all associated costs, including the cost of the officers’ time at the jail’s discretion – jail administrators may assist with seeking another funding source, or the jail may elect to pay for the procedure and associated costs. Abortion counseling and education is arranged through a specialty provider. Health care staff should work with jail administration to schedule an initial appointment for an individual who requests an abortion as quickly as possible, with timely transport to any follow up appointments at the abortion facility. Prenatal care is still performed until the pregnancy is terminated.



Pregnancy and Childbirth Policies

Pregnant individuals are to receive timely and appropriate prenatal care, specialized obstetrical services, comprehensive counseling for expressed desires regarding the pregnancy, and postpartum care. Pregnancy protocol provides for a pregnancy diet (general diet with bedtime snack), low bunk criteria for pregnancy, routine monitoring of pregnant individuals, provision of prenatal vitamins, doctor appointments for individuals in the jail longer than 30 days or having complications, and ongoing prenatal care by an OBGYN. Arrangements are made for hospital delivery and postpartum care.

Pregnant individuals are screened for substance use, and individuals who use opiates are to receive an individual treatment plan including medication to avoid opioid withdrawal when possible.

Advice/education for pregnant persons about appropriate activities and safety precautions, and about the importance of avoiding drug and alcohol consumption, is provided. Nutritional guidance and counseling is provided.

County also has policies for “Special Needs” patients, which include pregnant residents, that provide for communication between jail staff and medical staff and treatment according to need with limited exceptions.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are only used on a pregnant or postpartum person if there is a substantial flight risk or if a serious threat of harm is imminent. When use of restraints is deemed necessary, the least restrictive method must be used, restraints are to be used in consultation with a medical provider on an individual basis, and pregnant individuals are not placed in a face down position. Wrist restraints that allow positioning of the arms in front of the body are recommended, while abdominal restraints, leg and ankle restraints, four point restraints, wrist restraints behind the back, and chains that cross or touch the abdomen are not used. Restraints are not used during active labor. Restraints must be removed when a medical provider determines this is necessary during a medical emergency, labor, delivery, or the postpartum period. Staff are educated on the appropriate use of restraints on pregnant individuals.

Piatt County



Reproductive Healthcare Policies

County reported that pads are free and tampons are available through commissary.

A resident who requests an abortion is responsible for all the costs and tests associated with an abortion. The facility will supply transportation and security for the procedure.



Pregnancy and Childbirth Policies

When an individual is confirmed to be pregnant an OB/GYN is contacted for care and appropriate orders. Pregnant individuals are given extra milk at each meal and a bedtime snack, meet the low bunk criteria, receive prenatal vitamins, and medical appointments with an OB/GYN are scheduled if they will be detained for more than 30 days or are experiencing complications.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Pike County



Reproductive Healthcare Policies

County reported medical screening for STIs.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Individuals should not be restrained during labor and delivery unless necessary due to serious threats and in consultation with medical staff. The application of restraints during the remainder of pregnancy and postpartum should be restricted as much as possible and done in consultation with medical staff. It should be done by the least restrictive means necessary. Abdominal restraints and leg and ankle restraints should not be used. Pregnant individuals should not be placed in a facedown position or in four-point restraint. Restraints should be avoided following birth, and if required should allow for safe handling of the infant and bonding.

Pope County has no jail, and reported detainees are housed in Saline County and Massac County.

Pope County

Pulaski County



Reproductive Healthcare Policies

Policy allows for use of emergency contraception by order of a facility practitioner. Contraceptive medications are allowed to treat a disease or condition, when resident's stay is known to be short term and there is reasonable evidence of compliance, when medication is brought as a home

medication, immediately following sexual assault, and in accordance with Prison Rape Elimination Act regulations. Written information is available on contraception methods and community resources.

Individuals who request an abortion must “typically” pay for the procedure and all associated costs, including the cost of the officers’ time at the jail’s discretion – jail administrators may assist with seeking another funding source, or the jail may elect to pay for the procedure and associated costs. Abortion counseling and education is arranged through a specialty provider. Health care staff should work with jail administration to schedule an initial appointment for an individual who requests an abortion as quickly as possible, with timely transport to any follow up appointments at the abortion facility. Prenatal care is still performed until the pregnancy is terminated.



Pregnancy and Childbirth Policies

Pregnant individuals receive timely and appropriate prenatal care, specialized obstetrical services, hospital delivery, and postpartum care. OB/GYN specialist services are provided when deemed appropriate by facility medical staff or in the event of emergency. Advice/education for pregnant persons about appropriate activities and safety precautions, and about the importance of avoiding drug and alcohol consumption, is provided. Nutritional guidance and counseling is provided.

When a pregnant individual has a history of opiate use facility medical staff is contacted so opiate dependence can be assessed and treated appropriately with an individual treatment plan, including through medication-assisted treatment if the practitioner determined this is appropriate.

County also has policies for “Special Needs” patients, which include pregnant residents, that provide for communication between jail commanders and medical staff and treatment according to need.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are not used on pregnant individuals unless there is flight risk or serious threat of harm. When use of restraints is necessary, the least restrictive method is used, pregnant individuals are not placed in a face-down position, and restraints are applied or maintained in consultation with a medical practitioner on an individual basis. Wrist restraints in front of the body are recommended, while abdominal restraints, leg and ankle restraints, four-point restraints, wrist restraints behind the back, and chains touching the abdomen are not used. Restraints are never used during active labor. Restraints must be removed when the medical professional caring for the pregnant person determines it is necessary during a medical emergency, labor, delivery, or the postpartum period.

Putnam County

Separate use of force policy states that necessary precautions as prescribed by health services personnel must be taken when a pregnant person has to be restrained, including whether medical personnel should be present during application of restraints, whether the restraint should be done at the infirmary or a local medical facility, and restrain in other than a face-down position. A soft vinyl or leather restraint belt should be used instead of a metal waist chain whenever possible on a pregnant person.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Randolph County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Individuals should not be restrained during labor and delivery unless necessary due to serious threats and in consultation with medical staff. The application of restraints during the remainder of pregnancy and postpartum should be restricted as much as possible and done in consultation with medical staff. It should be done by the least restrictive means necessary. Abdominal restraints and leg and ankle restraints should not be used. Pregnant individuals should not be placed in a facedown position or in four-point restraints. Restraints should be avoided following birth, and if required should allow for safe handling of the infant and bonding.

Richland County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Pregnant individuals receive a double entrée for each meal.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraint during pregnancy should be done by the least restrictive means

Rock Island County

necessary. Handcuffs should be applied to a pregnant person to enable protection against a forward fall. Abdominal restraints and leg and ankle restraints should not be used. Waist belts and shackles should not be used on pregnant individuals unless necessary due to a serious threat of harm. Pregnant individuals should not be placed in a facedown position or four-point restraints. Restraints are not to be used during labor and the period following childbirth unless necessary due to a serious threat of harm. Restraints should be avoided during the postpartum period, and if required should allow for safe handling of the infant.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Saline County



Reproductive Healthcare Policies

County will allow an individual who requests an abortion to have the procedure. Prenatal care will be initiated regardless. The individual must make all arrangements for the abortion and prepay for the cost of the procedure, officer time, medications, complications and follow ups.



Pregnancy and Childbirth Policies

All pregnant individuals are given comprehensive counseling and assistance in accordance with their expressed desires regarding their pregnancy. A list of specialized obstetrical services in the community is maintained, and there is a written agreement with a community facility for delivery. Pregnancy counseling is offered, including discharge planning and referral to community providers if the person is released.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

County reported that it follows Illinois law regarding restraint of pregnant individuals in custody.

No restraints should be used on a pregnant person unless there is a substantial flight risk or other extraordinary safety circumstance. The least restrictive restraints shall be used, and no leg irons, shackles, or waist shackles can be used on any pregnant or postpartum person. Hospital staff can order therapeutic restraints for a pregnant or postpartum person who is a danger to themself or others – metal handcuffs and shackles are not considered therapeutic restraints. If a pregnant person requires restraint for a suspect

Sangamon County

medical or mental health issue it is recommended they be sent for evaluation at a hospital. No restraints can be used on a person in labor. On discharge from the hospital, postpartum individuals can be restrained only with handcuffs in front of the body for transport back to jail.

No response provided.

Schuyler County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Tasers should not be used on any known or obviously pregnant person.

Scott County

Scott County has no jail, and professes to have no oversight over the policies or practices at the jail where their detainees are housed (generally Greene County).

Shelby County



Reproductive Healthcare Policies

Policy allows for use of emergency contraception by order of a facility practitioner. Contraceptive medications are allowed to treat a disease or condition, when resident's stay is known to be short term and there is reasonable evidence of compliance, when medication is brought as a home medication, immediately following sexual assault, and in accordance with Prison Rape Elimination Act regulations. Written information is available on contraception methods and community resources.

Counseling and assistance is provided in accordance with the pregnant person's expressed desires regarding the pregnancy. One policy states individuals who request an abortion must make all arrangements for the procedure and prepay estimated costs for the procedure, officer time, medications, complications, and any follow ups.

Another policy states individuals who request an abortion must "typically" pay for the procedure and all associated costs, including the cost of the officers' time and any follow-ups – jail administrators may assist with seeking another funding source, or the jail may elect to pay for the procedure and associated costs. Abortion counseling and education is arranged through a specialty provider. Health care staff should work with jail administration to schedule an initial appointment for an individual who requests an abortion as quickly as possible, with timely transport to any follow up appointments at the abortion facility. Prenatal care is still performed until the pregnancy is terminated.



Pregnancy and Childbirth Policies

Pregnant individuals receive timely and appropriate prenatal care, specialized obstetrical services, hospital delivery, and postpartum care. Advice/education for pregnant persons about appropriate activities and safety precautions, and about the importance of avoiding drug and alcohol consumption, is provided. Nutritional guidance and counseling is provided. County provided copies of written information for residents about pregnancy, prenatal care, childbirth, and postpartum depression.

When a pregnant individual has a history of opiate use medical staff is contacted so there can be an individual treatment plan, including through medication-assisted treatment to avoid withdrawal if the practitioner determines this is appropriate.

Breastfeeding individuals are afforded an opportunity to supply breast milk to their children in consultation with a health care practitioner. They are responsible for securing equipment needed for the safe storage and delivery of breast milk, but the facility allows sufficient access (usually by phone) for securing equipment and arranging for pick-up of breast milk. Individuals are given the opportunity to pump breastmilk at least every two hours. Individuals who are supplying breast milk to their infants are not housed in general population or areas accessible to contraband. The facility may suspend this procedure for supplying breastmilk if it has reason to question the safe delivery of uncontaminated milk.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are not used on pregnant individuals unless there is flight risk or serious threat of harm. When use of restraints is necessary, the least restrictive method is used, pregnant individuals are not placed in a face-down position, and restraints are applied or maintained in consultation with a medical practitioner on an individual basis. Wrist restraints in front of the body are recommended, while abdominal restraints, leg and ankle restraints, four-point restraints, wrist restraints behind the back, and chains touching the abdomen are not used. Restraints are never used during active labor. Restraints must be removed when the medical professional caring for the pregnant person determines it is necessary during a medical emergency, labor, delivery, or the postpartum period.



Reproductive Healthcare Policies

County has treatment protocols for suspected STIs.



Pregnancy and Childbirth Policies

County reported that once a detainee is confirmed to be pregnant they are placed in the infirmary and on a pregnancy diet. County has treatment protocols for pregnancy, which include providing the pregnant person with prenatal vitamins, a bottom bunk, and education about alcohol/drug use, diet,

Stark County

and exercise restrictions. All pregnant individuals should be referred to a consulting OB/GYN.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraint of pregnant individuals should be done by the least restrictive means necessary. Abdominal restraints should not be used, nor should leg and ankle restraints that keep the legs closed together. Wrist restraints should be applied in such a way that a person can protect themselves during a forward fall. Pregnant individuals should not be placed in a facedown position or four-point restraint. Restraints during labor should not be used unless necessary due to a serious threat of harm after consultation with medical personnel. Restraints should be avoided postpartum, and if required should allow for safe handling of the infant and bonding.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

County reported that it does not detain pregnant individuals, and will issue them a notice to appear and release them after booking or would make arrangements with another county that can accommodate a pregnant detainee.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.



Reproductive Healthcare Policies

County reported that menstrual products are available to detainees for free.

All individuals are screened for high risk for STIs. Individuals are provided individual counseling and educational information regarding STI transmission and prevention. County requires protocols for identification and management of HIV.

Stephenson County

Tazewell County

Non-directive counseling about pregnancy prevention including emergency contraception is provided. For individuals on a method of contraception at intake, continuation of contraception is considered and made available as clinically indicated. Assessment for emergency contraception is available at intake. Family planning services are offered to each female prior to release and contraceptive methods may be obtained – information about contraception and community resources is also available upon request. Sterilization is prohibited except in medically necessary and life-threatening situations.

County reported that individuals are released from custody to access abortion. Individuals desiring an abortion will be scheduled for counseling and follow up at an appropriate community provider able to provide these services. Staff who object to facilitating an abortion shall not be required to perform such duties.



Pregnancy and Childbirth Policies

Prenatal care including a special pregnancy diet, prenatal vitamins, regular obstetric care, provisions for lactation, management of substance use disorder in pregnancy, and monitoring for postpartum depression are provided. Orders and treatment plans documenting clinically indicated levels of activity, nutrition, medications, housing and safety precautions are determined and shared with responsible staff. Pregnant individuals are provided education and counseling about exercise, nutrition, personal hygiene, safety precautions, and planning for a child. Birthing in an appropriate setting and postpartum care are provided.

Pregnant individuals with active opioid use disorder are evaluated and offered medication-assisted treatment.

A correctional officer shall remain outside the delivery room unless requested to be in the room by medical personnel.

County reported that the postpartum individual and their family can provide equipment for expressing breast milk, which is stored in the medical unit. Individuals who wish to breastfeed after release should be allowed to pump if their time in custody is short enough that this is clinically feasible, but the milk should be discarded. Individuals who are lactating shall be provided a balanced, nutritious diet approved by a physician.

Signs advising patients of pregnancy and abortion rights, including prohibition on the use of restraints, along with the availability of family planning and lactation support will be posted in English and Spanish in all female housing units. A pregnant person shall be advised of the standards and policies governing pregnant individuals and the services available while in custody.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraints are not used during labor and delivery, and during other points of pregnancy and the postpartum period shall be limited to handcuffs in front of the body. A pregnant person shall not be handcuffed behind their back

Union County

while being transported. Leg irons, shackles, and waist shackles shall not be used on any pregnant person or person recovering from childbirth. A person in labor, delivery, or recovery should not be restrained by the wrist or ankle unless deemed necessary for safety – only clinical restraints may be applied during labor. Other restraints may be applied only when there is a substantial flight risk or other extraordinary safety circumstance, a supervisor makes an individualized determination restraints are necessary, there is no objection from a medical provider, and the least restrictive restraints are used. Restraints shall be removed when a medical provider determines it is necessary during a medical emergency, labor, delivery, or recovery.

Union County has an intergovernmental agreement with Jackson County to house all detainees.

However, the Union County Sheriff's Office does have a restraint policy which provides that leg restraints, shackles, or waist restraints cannot be used on a detainee who has been determined to be obviously pregnant, and that a pregnant individual shall never be placed in a restraint chair.

Vermillion County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Pregnant individuals shall be referred to medical staff for confirmation and care, including appropriate clinic visits with an outside obstetrician. Each pregnant individual should have a medical recommendation for a low bunk assignment in a lower tier, a pregnancy diet, prenatal vitamins, and an appointment at the next available obstetric clinic if 10+ weeks pregnant. Pregnant individuals can be housed in any appropriate unit except those who are high-risk or in the last trimester shall be housed in the medical unit if possible. Postpartum examination and additional appointments shall be scheduled as needed.

An officer guarding a pregnant resident will be posted immediately outside the hospital room unless requested to be in the room by medical personnel.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

One policy states restraints are not to be used on a person determined by a qualified medical professional to be pregnant or in postpartum recovery.

Another policy states individuals in labor shall not be placed in restraints absent a substantial flight risk or other extraordinary circumstances.

The use of a Taser against a pregnant person should be avoided unless the totality of the circumstances indicate other available options reasonably

Wabash County

appear ineffective, impractical, or a greater danger, and an officer reasonably believes the need to control the individual outweighs the risk of the Taser.

No response provided.

Warren County

Warren County does not house females in its jail, and professes to have limited oversight over the policies or practices at the jail where female detainees are housed (Mercer County).



Reproductive Health Policies

County has treatment protocols for STIs.

A person who wants to have an abortion is responsible for all costs involved. The facility will be responsible for supplying transportation and security for a person in custody.



Pregnancy and Childbirth Policies

County has treatment protocols for pregnancy, including a pregnancy diet, low bunk, prenatal vitamins, and referral for OBGYN appointments.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Pregnant people will not be restrained by use of a waist belt or ankle chains, and will not be handcuffed unless there is an overriding concern for safety or an escape risk. If a pregnant person must be handcuffed they will be “escorted by support of the arm to defray accidental falls.”

Washington County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Wayne County



Reproductive Healthcare Policies

County reported that individuals have access to routine gynecological care, contraceptive care, and STI testing and treatment if needed. County reported that individuals have access to menstrual products.

White County



Pregnancy and Childbirth Policies

County reported that individuals have access to prenatal care, including dietary adjustments if required, and treatment for pregnant individuals with substance use disorder if needed.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

County reported that it is standard operating procedure not to use restraints on pregnant and postpartum individuals.



Reproductive Healthcare Policies

County reported that it provides menstrual products daily to female detainees.



Pregnancy and Childbirth Policies

County reported that it meets the dietary needs of pregnant individuals when medically necessary.

County reported that employees are given yearly training on how to deal with pregnancies and related health care for incarcerated women.

A correctional officer must be posted immediately outside the delivery room when an individual is in labor.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

County reported having a policy of not restraining pregnant individuals in custody. When a pregnant person is brought to the hospital to deliver, no handcuffs, shackles, or restraints of any kind may be used during transport. Leg irons, shackles, and waist shackles cannot be used on any pregnant person in labor.



Reproductive Healthcare Policies

Facility screens for STIs.



Pregnancy and Childbirth Policies

Programming is provided to pregnant individuals about prenatal care and hygiene, the effects of substance exposure on a fetus, and parenting skills and health issues applicable to children. Training is provided to deputies and employees who have contact with incarcerated women about the medical and mental health care issues applicable to pregnant detainees. The training includes information on the appropriate care for pregnant individuals in prison and on the impact and use of restraints. The training also covers the impact of administrative segregation and invasive searches on a pregnant individual and their unborn child.

Whiteside County

Officers shall be posted immediately outside a hospital room unless requested to be in the room by medical personnel.

A detainee is allowed to remain with their infant for 72 hours after birth.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

No restraints should be used on a pregnant or postpartum person unless there is an individualized determination they present a substantial flight risk or other extraordinary safety circumstance. The least restrictive restraints shall be used, and no leg irons, shackles, or waist shackles can be used on any pregnant or postpartum person. Health staff can order therapeutic restraints for a pregnant or postpartum person who is a danger to themselves or others – metal handcuffs and shackles are not considered therapeutic restraints. No restraints can be used on a person in labor except for therapeutic restraints. On discharge from the hospital, postpartum individuals can be restrained only with handcuffs in front of the body for transport back to jail. Instances of restraints used on pregnant persons must be reported.

A person who is pregnant or gave birth in the preceding 30 days may not be placed in segregation unless it is determined this is necessary based on a reasonable belief the person will harm someone or attempt escape.

Will County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

Nothing provided.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Nothing provided.

Williamson County



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

When a pregnant or postpartum person is being treated at a medical facility, a correctional officer shall remain immediately outside the room at all times except when conducting security inspections, when approved visitors are present, when the child is in the room absent medical personnel, or when requested by medical personnel or the patient.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

One policy states restraints should not be used on individuals who are pregnant and up to 12 weeks postpartum, except if there is a serious and credible flight

Winnebago County

risk or a serious and immediate threat to themselves or others, or if a health care professional determines restraints are appropriate for medical safety. If restraints must be used on a pregnant individual, they will only be handcuffed in the front, and a supervisor and medical staff must be notified and give clearance. Supervisors must document any use of restraints.

A second policy states restraints are prohibited on a person in labor including during transport to a facility for purposes of delivery, and on a person experiencing pregnancy-related distress. Otherwise restraints shall only be used on a person who is pregnant and up to six weeks postpartum when they pose a risk of harm, in which case they shall be restrained in front using two sets of flex handcuffs linked together.



Reproductive Healthcare Policies

Nothing provided.



Pregnancy and Childbirth Policies

County reported having support programs for pregnant individuals. County reported that prenatal services are available to all pregnant individuals, including pregnancy testing, prenatal care, and nutrition.

A correctional officer must be posted outside of the delivery room, and adequate personnel should be provided to monitor the pregnant individual during transportation and hospital stay.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Pregnant individuals will not be placed in handcuffs, shackles, or restraints when being taken to the hospital for delivery. Individuals in labor will never have leg irons or shackles or waist shackles used on them.

Woodford County



Reproductive Healthcare Policies

County reported menstrual hygiene products are provided by request free of charge by the facility and also available for purchase through commissary.

Pregnant individuals have a right to have an abortion. They are responsible for all related costs. The facility is responsible for supplying transportation and security.



Pregnancy and Childbirth Policies

County reported that information and education is provided to pregnant individuals on an as needed basis. County reported that facility medical staff provide medical care to any pregnant individual and arrange for off-site OB/GYN appointments.

Pregnant individuals should be considered to receive extra calories, and medical staff should consult with a dietary specialist regarding proper nutritional needs during pregnancy. Protocol provides for a pregnancy diet (general diet with a bedtime snack), a low bunk assignment, monitoring, prenatal vitamins, and OB/GYN appointments. Protocol provides pregnant individuals who use opiates must continue to receive opiates.

County reported arrangements for breastfeeding or pumping are made based on individual need.



Restraint/Solitary Policies for Pregnant/Postpartum Individuals

Restraint during pregnancy, if necessary, should be done by the least restrictive means and in a way that mitigates adverse clinical consequences. No abdominal restraints should be used, leg and ankle restraints that restrain the legs closed together should not be used, and wrist restraints should be applied so that the individual can protect herself during a forward fall. Pregnant individuals should not be placed in a face-down position or four-point restraint. No restraints of any kind should be used during labor or delivery.

About the Data

The information in this report is based on what each county that responded to our FOIA requests self-reported. We were not able to independently confirm whether the responses we received constitute the entirety of each county's relevant policies and procedures. Further, we were not able to confirm the extent to which, in practice, each county jail or detention center is actually following their purported policies.

In addition, we do not reach any conclusions as to whether any county's self-reported policies and procedures as described above satisfy its legal obligations and/or represent good practices with regard to the provision of reproductive health care and treatment of pregnant/postpartum individuals in the county jail or detention center.

Acknowledgments

We express our deepest gratitude to the currently and formerly incarcerated pregnant, postpartum and parenting individuals who contributed to this report. This report would not have been possible without the individuals who courageously made their voices heard and shared their lived experience and expertise: Abigail, Alliyah, Christina, Emiaya, Jalyn, Jonya, Katie, Latyra, Paige, Shawna, Taylor, and Toni.

We also want to honor the memory of Keeley Schenwar, who tragically is no longer with us, but whose inspired advocacy, motherly love, and powerful story continue to be an inspiration in the fight for reproductive justice with and for incarcerated pregnant and parenting individuals.

The primary co-authors of this report were Alexis Mansfield, Senior Advisor for Children & Families & Relationship Safety at the WJI, and Emily Werth, Senior Staff Attorney at the ACLU of Illinois.

The report was designed by Neelam Akram of NeelamDigitizer, with additional contributions from Kimberly Koziel, Communications and Marketing Officer at the ACLU of Illinois.

Deanne Benos, Co-Founder of WJI, provided invaluable guidance and feedback in the development of this report.

Emily Hirsch, former legal fellow with the ACLU of Illinois, played an instrumental role in conceiving and collection of the information that shaped this report. At the ACLU of Illinois, Khadine Bennett, Director of Advocacy and Intergovernmental Affairs, Ed Yohnka, Director of Communications and Public Policy, Ameri Klafeta, Direct of the Women's and Reproductive Rights Project, and Camille Bennett, Director of the Corrections Reform Project, all reviewed and commented on the report.

We are incredibly grateful to numerous students and volunteers who contributed countless hours to reviewing and synthesizing the data presented in this report, with particular thanks to DeAnna Y. Smith, PhD Candidate at the University of Michigan School of Sociology and Samantha Silberberg, JD Candidate at Northwestern University.

Natiera Robinson, Lauren Schroeder, and Mary Kate Winn, all from Ascend Justice, provided valuable assistance in speaking with and collecting the narratives of the impacted individuals featured in this report.

Special thanks to Northwestern Prison Education Program (NPEP) Fellow Heather Canuel for organizing the Expecting Justice: Pregnancy in Prison panel at the Northwestern University Pritzker School of Law, which provided a wonderful opportunity for the WJI team to discuss this report (and to Colin Hanner with NPEP for sharing the idea for a great title!).

WJI also wants to acknowledge the generosity of the funders who have supported our efforts:

Chicago Foundation for Women (CFW)
John E. and Jeanne T. Hughes Foundation
Robert R. McCormick Foundation
Michael Reese Health Trust
Ms. Foundation for Women
Polk Bros Foundation
Pritzker Family Foundation

The ACLU of Illinois' work would not be possible without our committed funding partners who support our organization in these efforts; our community partners, with whom we work in coalition; our clients, who are willing to fight for their rights; and ACLU activists, who mobilize to advance reform.



ACLU
Illinois