Prisons & Probation Ombudsman
Independent Investigations

Restraints on Pregnant Prisoners

Interim Data Review



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Foreword



Adrian Usher
Prisons and Probation Ombudsman

I am pleased to introduce this interim data review, which examines all readily available documents relating to the restraint of pregnant prisoners on hospital escorts between 1 January 2021 and 31 December 2025.

This special investigation was commissioned by Lord Timpson, former Minister of State for Prisons, Probation and Reducing Reoffending, following reports that some pregnant prisoners had been restrained in circumstances that went against His Majesty's Prison and Probation Service (HMPPS) policy.

The use of restraints on hospital escort is an important aspect of prison security and public protection. However, restraint decisions must always be lawful, necessary and proportionate, particularly where they involve pregnant prisoners, whose circumstances include additional health considerations. It is therefore important to understand how restraint decisions are being made in practice and whether they are consistent with policy requirements.

We have approached this work in two phases. Phase 1, presented in this interim data review, examines the readily available documents relating to the restraint of pregnant prisoners on hospital escorts. It provides an initial source of information from which we can identify issues, patterns, and areas requiring further investigation.

As we move into Phase 2 of the investigation, by speaking to the affected women and staff, we will seek to understand the experiences of pregnant prisoners and identify the factors that underpin decision making in practice.

At this stage, I must acknowledge significant limitations in the evidence readily available to us in time for this interim data review. We received 61% of the records we estimated to have expected to receive from HMPPS. Within this, for escorts where a woman gave birth, we estimate that only 44% of the expected documentation was provided by HMPPS. It is disappointing that the data required to support this investigation was not provided within the expected timescales and that the quality and completeness of the information received was inconsistent. Inevitably, this has delayed the publication of the interim data review.

Accurate record keeping is fundamental to accountability and transparency. The fact that a substantial proportion of expected records could not be readily provided, including many relating to birth escorts, is concerning. Where records are missing, scrutiny is weakened, confidence is undermined, and opportunities to learn lessons are lost.

While I understand that steps are being taken to address these concerns within HMPPS, it is important to acknowledge these limitations. Recovering and analysing outstanding documentation, alongside hearing directly from women and staff, will, therefore, be a crucial focus of Phase 2 of the investigation.

I hope this review serves as a valuable foundation for the next stage of our work and provides a useful reference point for policymakers, practitioners, and other stakeholders committed to ensuring the safe, dignified treatment of pregnant prisoners.

Introduction

The Prisons and Probation Ombudsman (PPO), who investigates deaths in custody and complaints from people who are under supervision, was commissioned by the then Minister of State for Prisons, Probation and Reducing Reoffending, Lord Timpson, in March 2026 to carry out an investigation into the use of restraints (the physical apparatus used to restrict the movement of prisoners, including a variety of handcuffs and application methods) on pregnant prisoners when they were taken on hospital escorts (when the prisoner leaves the prison site with prison officers for healthcare-related needs) between 1 January 2021 and 31 December 2025.

The investigation was launched following concerns that HMPPS policy governing the use of restraints on pregnant prisoners was not always being followed at one or more women's prisons. It was also alleged that some women may have been treated in a way that breached their human rights, including protections against inhuman or degrading treatment (Article 3, European Convention on Human Rights). The investigation has seven main aims, which are set out in our Terms of Reference.[1]

The investigation covers all closed women's prisons in England and Wales.[2] It includes prisoners that were pregnant during transport to and from hospital, while in hospital, and those who were immediately postnatal.[3]

The investigation has completed Phase 1, which involved reviewing five years' worth of administrative documents relating to pregnancy escorts from 1 January 2021 to 31 December 2025, as initial analysis. This interim data review uses the information gathered so far to show the scale and use of restraints on pregnant prisoners within the relevant period. It is important to remember that behind the numbers are the experiences of individual women whose voices are yet to be heard.

The PPO will move into Phase 2 which will involve speaking directly with prisoners and staff at the prisons included in the investigation. We will also be speaking to women in the community who have contacted us or are planning to get in contact with us and are included in the scope of this investigation. These interviews will help us to better understand how policies were applied in practice and the impact on those involved. When all phases of the investigation have been completed, we will incorporate the first-hand experiences of pregnant prisoners and staff into the statistical evidence for our final report.

A glossary has been provided separately on our website for technical and prison-related terms.

1 PPO, 'Terms of Reference: The Restraint of Pregnant Women During Pregnancy-Related Hospital Escorts', 30 March 2026, available at: https://ppo.gov.uk/document/terms-of-reference-the-restraint-of-pregnant-women-during-pregnancy-related-hospital-escorts/

2 HMP/YOI Bronzefield, HMP/YOI Downview, HMP/YOI Drake Hall, HMP/YOI Eastwood Park, HMP/YOI Foston Hall, HMP/YOI Low Newton, HMP/YOI Newhall, HMP/YOI Peterborough, HMP Send and HMP/YOI Styal.

3 This review will refer to the women who had been in prison pregnant or are currently in prison pregnant as 'pregnant prisoners'.

Key findings

1. The documents received in time for this interim data review do not cover every hospital escort that has been documented to have taken place during the investigation period.
    a. HMPPS provided published datasets between April 2022 to December 2025 that counted 2,468 hospital escorts of pregnant prisoners to have taken place, including 142 births during hospital escort. For this same period, we received 1,631 of those recorded hospital escort documents and 66 of those recorded birth escort documents. We also received an additional 12 birth escort documents that had not been recorded in the HMPPS published dataset.
    b. HMPPS could not provide individual pregnancy escorts data prior to April 2022 and so an estimate has been produced to cover the full investigation period. We estimate that 823 hospital escorts of pregnant prisoners took place between January 2021 and April 2022. For this same period, the published datasets count 56 birth escorts to have taken place. For this period, we received 380 hospital escort documents and 21 birth escort documents.
    c. This gap in data means the findings in this review provide an indication of what happened but may not fully reflect all hospital escorts involving pregnant prisoners that took place between 2021 and 2025.
    d. The unaccounted-for documents section of the review explores the reasons for this gap and highlights record-keeping issues that HMPPS have committed to addressing.
    e. HMPPS have since identified and provided a proportion of the unaccounted-for escort documents and are continuing work to locate additional documents. These will be analysed in Phase 2 of the investigation and incorporated into our final report.
2. The use of restraints on pregnant prisoners during hospital escorts covered by this review fell between 2021 and 2025.
    a. The effects of policy changes are not immediately obvious. It took more than a year for restraint use to substantially decrease following the introduction of the 2022 Prevention of Escape - External Escorts policy.[4]
    b. By the time the External Escorts Policy Framework was issued in October 2025, restraint use was very low.
    c. The use of restraints varied across prisons. Almost all prisons have reduced the use of restraints in hospital or during transport by at least half as the policies changed, but their starting points differ.
3. Where there was a healthcare assessment, prison healthcare staff objected to the use of restraints in 20% (328 of 1,680) of hospital escorts

4 See annexes for a complete set of escort policies.

of pregnant prisoners, but there are inconsistencies in approaches across the prisons.

a. Of the 328 escorts where healthcare staff objected to the use of restraints, escort staff applied restraints in 91 cases. In 80 of these, the authorising manager had approved their use.
b. In 859 escorts, authorising managers approved the use of restraints. This was despite healthcare objecting to their use in 86 of those.

4. Escort risk assessments were usually signed off by middle manager roles such as heads of function, Band 7s and the senior leadership team.

a. In 73% (1,471 of 2,011) of escorts, escorting officers used restraints according to the approach specified by the authorising manager in the risk assessment. In 18% (356 of 2,011) of escorts, it was unclear whether escorting officers used restraints as set out in the risk assessment.
b. In 9% (184 of 2,011) of escorts, escorting officers used restraints differently to the approach approved by the authorising manager in the risk assessment. In 74% (137 of 184) of these escorts, more restraints were applied than stated in the risk assessment. Reasons given for this include changes in the pregnant prisoner's behaviour or the fact they were no longer pregnant after birth or miscarriage. Of these 137 escorts, 79% (108 of 137) had no reason given by the escorting officer for the increased use of restraint.
c. In 38% (341 of 893) of hospital escorts where restraints were used, the risk assessment identified no specific risk from the pregnant prisoner.

5. Across the different policy windows, there are some small but statistically significant differences in the use of restraint across ethnic groups.

a. During the period when the Prevention of Escape - External Escorts policy was in force, a higher proportion of escorts of Black pregnant prisoners involved restraint use when compared to escorts of White pregnant prisoners.
b. Also, during the Prevention of Escape – External Escorts policy window, a lower proportion of escorts of pregnant prisoners recorded as Asian, Asian British or Other involved restraint use when compared to escorts of White prisoners.
c. Although these differences are statistically significant, the strength of the difference is weak and should be interpreted with caution as the observed differences are relatively small and may be influenced by a range of other factors not considered in this analysis.

6. Restraints were not used in most birth escorts, but they were used in some cases in hospital and/or in transport to/from hospital.

a. In 52 of the 99 birth escorts we received documents for, restraints were not used, but in 13 of the birth escorts, restraints were used on the pregnant prisoner while they were pregnant and inside the hospital.
b. In 26 of the birth escorts, restraints were used during transport to/from the hospital and/or after the birth had taken place.

Background

Phase 1 of our investigation involved analyses of records provided by HMPPS. In accordance with the investigation's Terms of Reference, HMPPS were asked to provide all documents relating to pregnant prisoners being escorted to and from hospital.[5]

Over the relevant period, there are three main policies that govern or governed the use of restraints on pregnant prisoners during hospital escorts:

- PSI 33/2015 External Prisoner Movement ('PSI 33/2015') became effective on 9 December 2015.[6]
- The Prevention of Escape – External Escorts policy ('PoE policy') replaced this on 22 September 2022.[7]
- The External Escorts Policy Framework ('Escorts Framework') was issued on 30 October 2025 but only implemented on 5 January 2026. The PPO has separated those escorts occurring after 30 October 2025, but it is understood that they may still have operated under the older policy.[8]

The policies outline the procedures and principles to follow when escorting prisoners to appointments outside of the prison. All external prisoner movements, including the security arrangements in place, must be risk assessed and authorised by the relevant prison management in each establishment.

Under PSI 33/2015, restraints were implicitly expected to be used during transport. It stated:

> "A security escort must comprise a minimum of two officers, with restraints applied to the prisoner in all but exceptional circumstances."[9]

And, specifically in relation to pregnant prisoners, that restraints should be removed before the appointment:

> "Local Security Strategies must set out the arrangements for pregnant women attending hospital for antenatal checks, or for any other reason, to ensure that any restraints are removed on arrival at the hospital, in the waiting room or on going into the consulting room (whichever is deemed appropriate to the local assessment of risk of prisoner/environment)."[10]

The PoE policy further emphasised that decisions on whether to apply restraints to a prisoner must be assessed on an individual basis.[11] In this way the PoE policy wording was more explicit that decisions about restraints during transport must be based on an individual risk assessment:

5 See 'About the data' for details of the relevant documents.

6 See policy published along with this review on PPO website.

7 See policy published along with this review on PPO website.

8 HMPPS, 'External Escorts Policy Framework', 11 February 2026, available at: https://assets.publishing.service.gov.uk/media/69bc1aa14c478213a823ce7a/2026_02_11_-_External_Escorts__V3_.pdf

9 PSI 33/2015 paragraph 2.3.

10 PSI 33/2015 paragraph 6.20.

11 PoE policy paragraph 4.53.

> "The escort must be risk assessed to determine whether restraints need to be applied to the prisoner during transport to the hospital."[12]

Both PSI 33/2015 and the PoE policy stated that restraints should be removed before the medical appointment and should not be used during the appointment, except for "exceptional circumstances… where there is a particularly high risk of escape or threat to anyone's personal safety."[13,14]

The Escorts Framework introduced a strong presumption against using restraints. It states that restraints should not be applied to pregnant prisoners at any point during their hospital escort, including during transport, unless there are exceptional circumstances and alternative measures such as enhanced staffing have been considered first.[15,16] If restraints are assessed as being required during a medical appointment, "escort chains must be used wherever possible to enable women to have confidential interactions with healthcare professionals".[17]

The policies also set out specific requirements for women who are going to hospital to give birth. Under PSI 33/2015, restraints should not be used during transport if a pregnant prisoner is travelling to hospital to give birth except where there is an identified risk of the pregnant prisoner escaping or being aided in an escape.[18] It also stated that restraints must be removed upon arrival at the hospital if they were used during transport.[19] PSI 33/2015, the PoE policy and the Escorts Framework additionally provided that if a pregnant prisoner admitted to hospital to give birth is thought to present a high risk of escape, alternative steps other than the use of restraints must be taken to ensure the security of the escort, such as for example, increasing the number of escort staff.[20]

However, the Escorts Framework introduced a new stipulation that restraints must never be applied to a pregnant prisoner who is confirmed to be in "active labour".[21] The same paragraph of the Escort Framework goes on to say:

> "It is important to recognise that not all women; regardless of previous childbirth experience will be able to confidently identify the onset of labour. Signs of labour can vary significantly and may be difficult to interpret, especially in a custodial setting. Under Article 45 of the Nursing and Midwifery Order 2001, only a trained and registered healthcare professional (such as a midwife or doctor) is legally qualified to determine whether a woman is in labour. If no midwife or obstetric staff are available on site, staff must act promptly and seek clinical

12 PoE policy paragraph 4.162.

13 PoE policy paragraph 4.160.

14 PSI 33/2015 paragraph 6.20 and PoE policy paragraph 4.164.

15 Escorts Framework paragraph 4.5.6.

16 Escorts Framework paragraph 4.5.8.

17 Escorts Framework paragraph 4.5.9.

18 PSI 33/2015 paragraph 6.24.

19 PSI 33/2015 paragraph 6.25.

20 PSI 33/2015 paragraph 6.27, PoE policy paragraph 4.165 and Escorts Framework paragraph 4.5.12.

21 Escorts Framework paragraph 4.5.13.

advice by contacting the labour ward at the nearest hospital. This ensures that decisions to remove or apply restraints are informed by medical expertise while also applying common sense and sensitivity to the situation. Any decision to remove or apply restraints must be discussed with the Duty Governor."

PoE policy and the Escorts Framework outline that pregnant prisoners should be escorted by at least two prison officers, with at least one of them being female as soon as operationally possible.[22] When it comes to pregnant prisoners who are escorted to hospital to give birth, all of the policies state that they should be escorted by two female officers and where, exceptionally, this is not operationally possible, at least one member of staff must be female.[23] The Escorts Framework goes further to say that "the exceptional circumstances must be clearly documented in the risk assessment" and "every effort should be made to have two female members of staff on the escort as soon as operationally possible."[24]

Unaccounted for documents

Before analysing documents, we wanted to confirm that the appropriate number had been received. From April 2022 onwards, HMPPS has collected weekly the individual names of self-declared pregnant prisoners, and whether they gave birth in that week (weekly data). This is the data used to publish the relevant portions of HMPPS's Annual Digest.[25] We used this list to filter a centrally held list of hospital escorts from women's prisons and produce an expected count of escorts and births.

For 1 April 2022 to 31 December 2025, there are 2,468 pregnant prisoner hospital escorts logged in the centrally held list. The PPO has received documents for 1,631 (66%) escorts. Table 1 shows the breakdown by prison.

Table 1: Expected vs. received number of escorts count by prison, 1 April 2022 to 31 December 2025

Prison	Expected	Received	Proportion received
Bronzefield	569	580	102%
Downview	2	0	0%
Drake Hall	2	0	0%
Eastwood Park	369	148	40%
Foston Hall	216	152	70%

22 PoE policy paragraph 4.25 and Escorts Framework paragraph 4.1.10.

23 PSI 33/2015 paragraph 6.23, PoE policy paragraph 4.161 and Escorts Framework paragraph 4.5.10.

24 Escorts Framework paragraph 4.5.10.

25 HMPPS, 'Annual Digest April 2024 to March 2025', last updated 26 June 2026, available at: www.gov.uk/government/statistics/hmpps-annual-digest-april-2024-to-march-2025

Prison	Expected	Received	Proportion received
New Hall	370	352	95%
Low Newton	184	44	24%
Peterborough	465	272	58%
Send	0	2	*
Styal	291	81	28%
Total	**2,468**	**1,631**	**66%**

Note that some documentation has been provided for escorts that were not flagged as pregnant prisoner escorts from the list HMPPS provided. This increases the proportion received and can cause it to exceed 100%. See the 'About the data' section for more details.

For the April 2022 to December 2025 period, there are 142 births for which we would expect documentation. We would not expect documentation for births in open prisons, or those that occurred inside the prison itself. Of these birth escorts, we have received 66 (46%) that match the pregnant prisoners recorded in HMPPS' weekly data.

We have also received 12 unexpected documents for births not recorded on HMPPS' pregnant prisoner list. For four of these, there are good reasons why the prisoner was not recorded on HMPPS' pregnant prisoner list. For example, the birth occurring in the community, but the woman being remanded while still in the hospital. For seven of these, the birth should have been present on the pregnant prisoner list. We have no way of knowing how many additional births occurred that were neither marked on HMPPS' pregnant prisoner list nor have we received documentation for.

Prior to April 2022, HMPPS only recorded the total number of pregnant prisoners and births each week, instead of listing individual pregnant prisoners/births. This means we cannot filter the list of hospital escorts specifically for pregnant prisoners to produce our expected count for 1 January 2021 to 31 March 2022. Instead, we produced an estimate based on the average number of hospital escorts of pregnant prisoners from the 1 April 2022 to 31 December 2025 database. We estimate that 823 escorts took place and we have received 380 (46%) documents for 1 January 2021 to 31 March 2022. Details of this estimate can be found in the 'About the data' section.

Similarly for births, only the total number of births was recorded prior to April 2022. Using the data underlying HMPPS' Annual Digest, we expected documentation for 56 birth escorts between 1 January 2021 to 31 March 2022. We have received documents for 21 (38%) birth escorts. Because there is no identifying information for individual prisoners, we do not know how many have been received that were not counted in HMPPS' Annual Digest.

Overall, our analysis highlights that there is a gap in the number of documents we expected to receive and the documents we did receive. This gap certainly includes some documents where the escorts are, based on the available information, of a concerning nature. For example, only a single page of escort record for a four-day

bed watch where the pregnant prisoner gave birth, and no document for the emergency escort of a pregnant prisoner found unresponsive on their cell floor.

It is therefore clear that there are issues with record keeping in HMPPS which should be addressed. Phase 2 of the investigation will explore this further, and the Prison Group Director has already accepted several recommendations from the HMPPS Women's Prisons Group, including:

- storing escort risk assessments electronically
- ensuring escort documents are consistently stored within prisoners' core records
- strengthening quality assurance processes

While the available documents provide valuable evidence about practice, they may not be fully representative of all hospital escorts involving pregnant prisoners. The direction of any resulting bias is unknown: the unaccounted-for documents could contain evidence of greater compliance with policy and guidance, or they could reveal additional examples of concern. The findings in this review therefore provide an indication of what was happening during the investigation period, but they should not be treated as definitive. HMPPS have since identified and provided a proportion of the unaccounted-for escort documents and will continue to provide more. These documents will be processed by the PPO in Phase 2 of the investigation and included in our findings in the final report.

Results

Our dataset includes 2,011 hospital escorts involving 473 individual pregnant prisoners from 8 of the 10 prisons in scope. In contrast to what was identified in the documents analysis, HMP/YOI Drake Hall did not provide any documents as they said no pregnant prisoners were in custody during the investigation period. Similarly, HMP/YOI Downview said that one escort had taken place but that they were unable to locate the documents. See our 'About the data' section for the full methodology of the analysis.

Only 27 prisoners were escorted more than 10 times. In total, these prisoners account for 472 of the escorts. The rate at which these prisoners were restrained appears similar to the overall rate, so we do not consider them to have materially skewed the results.

Use of restraints over time

We counted the number of escorts of pregnant prisoners where restraints were used and whether they were applied during transport or inside the hospital.[26] The number of hospital escorts involving pregnant prisoners is relatively small, averaging around 34 escorts each month. Monthly figures can fluctuate and should be interpreted with caution.

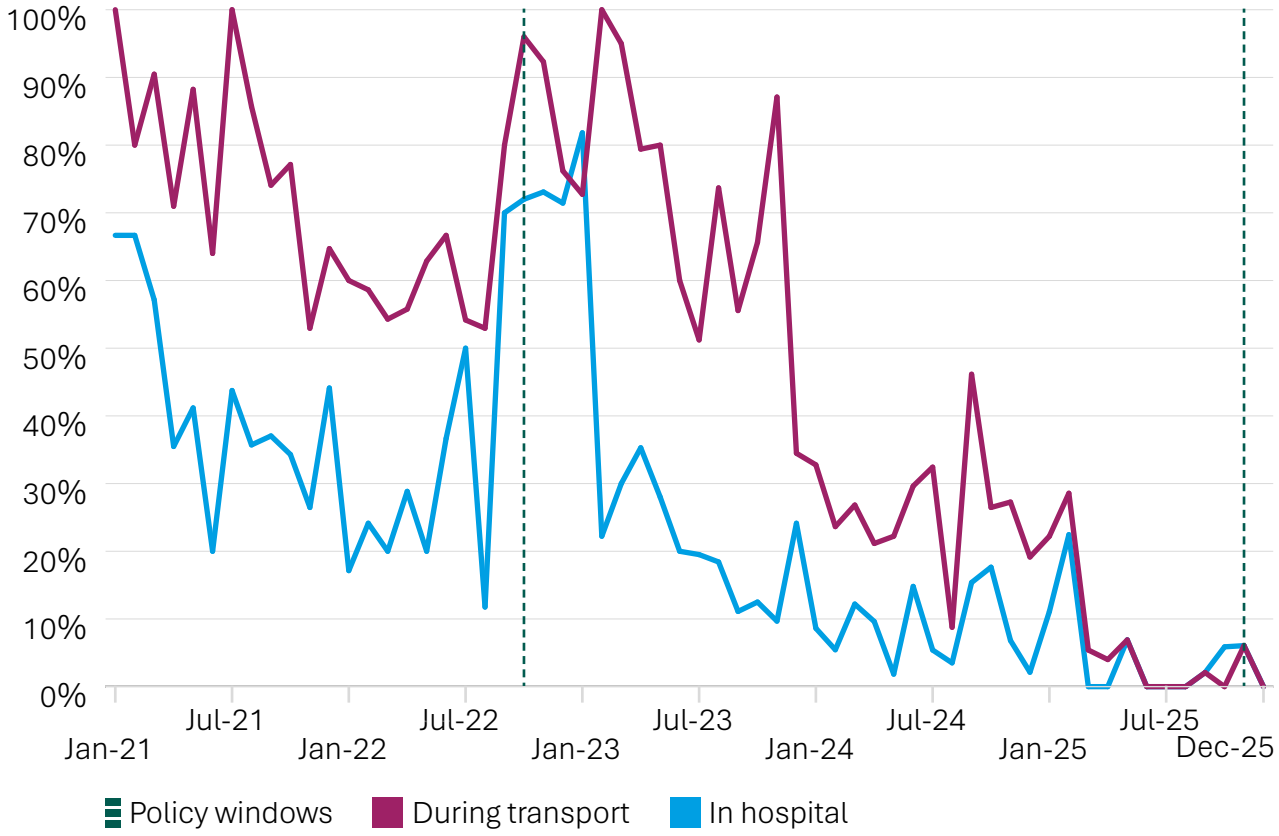
Overall, the use of restraints has fallen between 2021 and 2025 (see Figure 1). Under PSI 33/2015, escorts normally used restraints during transport to hospital and

26 Inside the hospital includes any restraint in the building, including time spent waiting, or moving between, buildings. It includes but does not necessitate restraint during appointments.

sometimes in the hospital. However, the use of restraints fell after the introduction of the PoE policy in September 2022, when the policy clarified that decisions to use restraints during transport and in the hospital must be risk assessed. It took more than one year following the introduction of the PoE policy for restraint use to substantially fall, and more than two years for the full effect of the policy to be noticeable. By the time the Escort Framework was published, the use of restraints was very low. There was not enough data yet available to see any effect of the Escort Framework.

As the change in restraint use over the period has been impacted by more than the introduction of new policies, Phase 2 of this investigation will seek to understand what these other influences were.

Figure 1: Restraint usage over time



While the overall use of restraints fell during the period covered by this investigation, there was some variation between prisons as shown in Table 2. Almost all prisons had lowered their use of restraints in hospital or in transport by at least half as the policies changed. However, the prisons had different starting points: HMP/YOI Bronzefield reported the highest proportion of escorts with restraints being used both during transport and in hospital, and HMP/YOI Foston Hall reported the lowest proportion of escorts where restraint was used. Phase 2 will aim to understand how differences in prison type, population, size and culture affect how policy is followed across the prisons.

Table 2: Restraint use by prison[27]

Policy windows	Bronzefield	Eastwood Park	Foston Hall	Low Newton	New Hall	Peter-borough	Send	Styal	Total
PSI 33/2015									
Number of escorts	152	32	107	8	147	90	0	16	**552**
Restrained during transport	91%	84%	32%	88%	68%	59%		75%	**67%**
Restrained in hospital	78%	16%	7%	38%	24%	20%		6%	**34%**
PoE policy									
Number of escorts	526	114	119	40	294	226	2	64	**1385**
Restrained during transport	43%	44%	7%	68%	31%	15%	100%	70%	**35%**
Restrained in hospital	23%	5%	5%	20%	7%	8%	100%	25%	**14%**
Escort Framework									
Number of escorts	11	17	2	0	7	30	0	7	**74**
Restrained during transport	9%	0%	0%		0%	0%		14%	**3%**
Restrained in hospital	9%	0%	0%		0%	0%		14%	**3%**
Total									
Total Number of escorts	**689**	**163**	**228**	**48**	**448**	**346**	**2**	**87**	**2,011**

27 Note that the where the number of escorts is small, the percentages are subject to greater variation.

Risks identified

Each of the policies explains that the risk a pregnant prisoner poses should be considered when deciding whether restraints should be used during escort. PSI 33/2015 outlined that for pregnant prisoners travelling to hospital to give birth, restraints should not be used during transport unless there is an identified risk of the prisoner escaping or being aided in escape.[28] The PoE policy clarified the need to risk assess whether restraints should be used during the transport of all pregnant prisoners to hospital, not just those travelling to give birth.[29] Both PSI 33/2015 and the PoE policy stated that restraints should only be applied throughout all or part of a pregnant prisoner's hospital consultation in "exceptional circumstances… where there is a particularly high risk of escape or a threat to anyone's personal safety".[30]

The Escorts Framework states that "restraints must not be applied to pregnant prisoners, including travel to and from medical appointments, unless there are exceptional circumstances" and goes on to list the factors that must be considered when staff make decisions on restraint use. These include the potential danger the prisoner poses to the public based on the type and seriousness of their offence, the likelihood of the prisoner disrupting the escort due to violent and/or abusive behaviour on previous escorts, sentence length and how long is left until their release.[31]

If a pregnant prisoner is admitted to hospital to give birth and is thought to present a high risk of escape, all of the policies state that alternative steps to restraints must be taken to ensure the security of the escort, such as enhancing staffing levels.[32] The Escorts Framework goes further to say that applying restraints in these cases "should be a last resort".[33]

Our analysis counts the number of pregnant prisoners where no specific risk was identified in the risk assessment. The cases counted as no specific risk means that there were no indications in the risk assessment that the authorising manager considered the prisoner to be high risk. The PPO notes that some risk assessments were marked as generic 'medium' risk or similar without specific supporting information. We do not expect these to qualify as 'high-risk', but they are not included in the statistics below. Phase 2 will seek to understand these escorts in more detail.

Our analysis found that 38% of hospital escorts where restraints were used, either in transport or in hospital, had been on pregnant prisoners where no specific risk had been identified in the risk assessment. Table 3 breaks this down and shows how often restraints were used without identified specific risk, separated by policy, prison, and location of restraints. Note that a single escort could be a pregnant prisoner restrained both during transport and in hospital.[34]

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28 PSI 33/2015 paragraph 6.24.

29 PoE policy paragraph 4.162.

30 PSI 33/2015 paragraph 6.20 and PoE policy paragraph 4.164.

31 Escorts Framework paragraphs 4.5.6 and 4.5.7.

32 PSI 33/2015 paragraph 6.27, PoE policy paragraph 4.165 and Escorts Framework 4.5.12.

33 Escorts Framework paragraph 4.5.12.

34 There were 344 escorts where restraints were used when no risks had been identified out of a total 900 escorts that used restraints.

Table 3: Restrained escorts without identified specific risks (as a percentage of those restrained)

Prison	PSI 33/2015		PoE policy		Escort Framework	
	During transport	In hospital	During transport	In hospital	During transport	In hospital
Bronzefield	74 (54%)	61 (52%)	122 (54%)	62 (51%)	()	()
Eastwood Park	1 (4%)	1 (20%)	13 (26%)	1 (17%)	()	()
Foston Hall	6 (18%)	1 (13%)	1 (13%)	0 (0%)	()	()
Low Newton	1 (14%)	0 (0%)	12 (44%)	1 (13%)	()	()
New Hall	25 (25%)	8 (23%)	20 (22%)	5 (24%)	()	()
Peterborough	32 (60%)	12 (67%)	4 (12%)	2 (12%)	()	()
Send	()	()	0 (0%)	0 (0%)	()	()
Styal	6 (50%)	1 (100%)	11 (24%)	3 (19%)	()	()
Total	**145 (39%)**	**84 (45%)**	**183 (38%)**	**74 (37%)**	**0 (0%)**	**0 (0%)**

Table 3 shows that restraints were applied both during transport and in hospital across the PSI 33/2015 and PoE policies on pregnant women who did not have any risks identified. There are examples of this in every prison except HMP Send.

The impact of prison healthcare staff

Healthcare staff in prisons should have an important role to play in determining the medical appropriateness of applying restraints. Our analysis has highlighted two areas: healthcare's objections to the use of restraints and whether these objections are followed.

Before pregnant prisoners go out on hospital escort, a risk assessment must be completed which helps determine whether restraints should be used. Most risk assessments include the question 'Are there any medical objections to the use of restraints?' which is completed by healthcare staff in the prison. This is normally completed by a registered nurse or healthcare assistant, but the exact grade or role is not routinely recorded on the risk assessments. We will seek to further understand who the healthcare staff completing the risk assessments are and the factors on which healthcare assessments are made in Phase 2 of the investigation. Table 4 shows the number of escorts for which this question has been answered and the percentage of those where the answer is 'Yes'.

Table 4: Escorts with healthcare assessment (% objections)

Prison	PSI 33/2015	PoE policy	Escort Framework	Total
Bronzefield	149 (26%)	516 (20%)	11 (82%)	**676 (22%)**
Eastwood Park	24 (4%)	80 (9%)	15 (40%)	**119 (12%)**
Foston Hall	64 (63%)	75 (76%)	1 (100%)	**140 (70%)**
Low Newton	6 (0%)	30 (0%)	()	**36 (0%)**
New Hall	122 (7%)	285 (4%)	7 (0%)	**414 (5%)**
Peterborough	82 (13%)	103 (24%)	20 (30%)	**205 (20%)**
Send	()	2 (0%)	()	**2 (0%)**
Styal	14 (0%)	55 (4%)	7 (0%)	**76 (3%)**
Total	**461 (21%)**	**1,146 (18%)**	**61 (36%)**	**1,668 (20%)**

In general, healthcare staff did not often object to the use of restraints. In 80% of hospital escorts with a healthcare assessment, healthcare staff recorded no medical objection. However, there are inconsistencies in approaches across the prisons. HMP/YOI Foston Hall is the only prison consistently recording medical objections to restraints since 2021. We can see that at HMP/YOI Bronzefield, there has been a sharp change since the introduction of the 2025 Escorts Framework. Phase 2 of the investigation will investigate healthcare's attitudes towards restraint use and how they assess a pregnant prisoner's risk on escort.

To understand the influence healthcare staff have on restraint use, we looked at whether, despite healthcare objections, restraints were still used on an escort. Out of 328 escorts where healthcare staff had objected to the use of restraints on medical grounds, restraints were used in 91 escorts (28%). Over half of these cases (53) were at HMP/YOI Bronzefield. We will further investigate instances like these in Phase 2 of the investigation.

The authorising manager's decision

The authorising manager (AM) is the most senior staff member that signs off on an escort's risk assessment. They use the risk assessment as completed by a range of staff, including administrative personnel and other staff involved in the escort planning process. This also includes healthcare staff's medical assessment. Taking account of all the information provided on the risk assessment, the AM determines the appropriate security procedures required for the escort, including the level of restraint to be used. The grade of the assigned AM may indicate the importance the prison places on the use of restraints decision. It may also offer insight into the influence these decisions have on the actual events of the escort.

The policies instruct that the head of operations or security, or a nominated manager in their absence (for example, Duty Governor out of hours) must authorise the escort risk assessment.[35] The Escorts Framework goes further to state that "any decision to apply restraints to a pregnant prisoner must be agreed by the Deputy Governor or equivalent including during out of hours".[36]

Table 5 shows the number of escort risk assessments that were authorised by different grades. The grades are broadly listed in order of seniority, but some do overlap. For example, V2 is a radio callsign and the holder can be a custodial manager or head of function.

Table 5: Authorising manager grades

Authorising grade	Escorts
Governor/Director	29
Band 9	2
Deputy Governor	77
Senior Leadership Team	321
Band 7	269
Head of Function	438
Manager	117
V2	216
Band 5/ Custodial Manager or equivalent	109
Prison Officer	20
Other	8
Unclear	405
Total	**2,011**

Across all prisons, it is very rare for the governor or director to be the AM. Often the sign off comes from middle manager roles such as heads of function, Band 7s and the senior leadership team. Band 5s being the AM is also uncommon but can be seen in some cases across almost all prisons.

Of the 2,011 escorts, there were 184 instances (9%) where escorting officers used restraints differently to the AM's decision. Used differently means that restraints were used at a time they had not been authorised or not been used when they had been authorised. For example, restraints may have been authorised to be used during transport but ultimately used in the hospital as well or restraints may

35 PSI 33/2015 paragraph 6.6, PoE policy paragraph 4.39 and Escorts Framework paragraph 4.5.4.

36 Escorts Framework paragraph 4.5.4.

have been authorised to be used during transport but were not used at all. In 47 (26%) of these cases, restraints were either not applied at all or were disapplied for a time when the risk assessment implied they were to remain in place. The most common reason for this is the 'pregnant prisoner protocol' being used by the escorting officers, which is used as shorthand for removing restraints on a pregnant prisoner upon reaching the hospital. In other cases, the escorting officers contacted the prison to check if restraints could be removed because the prisoner is pregnant, or the hospital staff confirm that the pregnant prisoner is in labour, so restraints are removed.

In 137 of these cases (74%), restraints were applied in a location the risk assessment has not specified. For example, keeping restraints applied in the hospital when the risk assessment specified to use only during transport. In 108 of these cases (79%), no reason is recorded on the escort document for the increased use of restraint. In the 29 escorts where reasons are given, they include the pregnant prisoner's behaviour, for example 'suspicious' behaviour or 'aggressive and challenging', and the prisoner no longer being pregnant due to birth, miscarriage, or suspected pregnancies being confirmed negative.

Out of the 328 cases where healthcare staff objected to the use of restraints, there were 86 (26%) cases where the AM concludes that restraints are to be used despite this. This is particularly prevalent at HMP/YOI Bronzefield and HMP/YOI New Hall where it occurred in 32% (48 of 152) and 65% (13 of 20) of healthcare objections respectively. We also noted that often the most detailed healthcare information was found on the medical and social care page of the Person Escort Record. Processes may vary across prisons but generally, this is completed in the prison reception, before the escort takes place, and therefore would not be visible to the AM who only views the risk assessment when they are making decisions on restraint, before reception. The PPO will aim to investigate this further in Phase 2.

Ethnicity

We identified the ethnicity of all but two escorted pregnant prisoners in our dataset from ethnicity data stored centrally by HMPPS. Compared with the general women's prison population, our dataset included a higher proportion of pregnant prisoners classified as Black or Black British, Mixed, and Other, and a lower proportion of White pregnant prisoners.[37]

For PSI 33/2015 and the PoE policy, chi-squared tests were used to proportionately compare the restraints rate of individual escorts of White prisoners against other ethnicities. Statistically significant differences ($p<0.05$) were found during the PoE policy. See 'About the data' for details of the tests used. There were insufficient escorts to compare for the Escort Framework for any pair of ethnicities.

During the PoE policy, a statistically significantly higher proportion of escorts of Black or Black British pregnant women involved the use of restraints when compared to escorts of White pregnant prisoners. We did not find the same

37 Ministry of Justice and HMPPS, 'Offender management statistics quarterly', last updated 30 July 2026, available at: www.gov.uk/government/collections/offender-management-statistics-quarterly includes the ethnicity breakdown every three months for the five years in scope. The PPO's dataset is compared to the average.

difference during the period covered by the PSI 33/2015 policy.

A statistically significantly lower proportion of escorts of pregnant prisoners identified as Asian or Asian British, or Other, involved the use of restraints when compared to escorts of White pregnant prisoners during the PoE policy. However, these differences were very small. There were not enough escorts under the other policies to compare.

We found no meaningful difference in restraint use between prisoners identified as White and Mixed under any policy.

This analysis shows that some differences existed between ethnicities, but it does not explain why those differences occurred. As although these differences are statistically significant, the strength of the difference is weak and should be interpreted with caution as the observed differences are relatively small and may be influenced by a range of other factors not considered in this analysis. In line with our Terms of Reference, the investigation will seek to gain further evidence on this difference in Phase 2.

Births/labour escorts

This review does not try to identify the exact time any individual pregnant prisoner is in labour.[38] Instead, we consider those escorts in which the pregnant prisoner gave birth. This includes escorts for pre-arranged appointments at which delivery was expected, escorts because of labour-like symptoms experienced in prison, and pregnant prisoners who attended hospital for non-labour related reasons but remained there until childbirth occurred. The potential use of restraints during labour or childbirth will be investigated further in Phase 2, given the difficulty in identifying this from escort documentation alone.

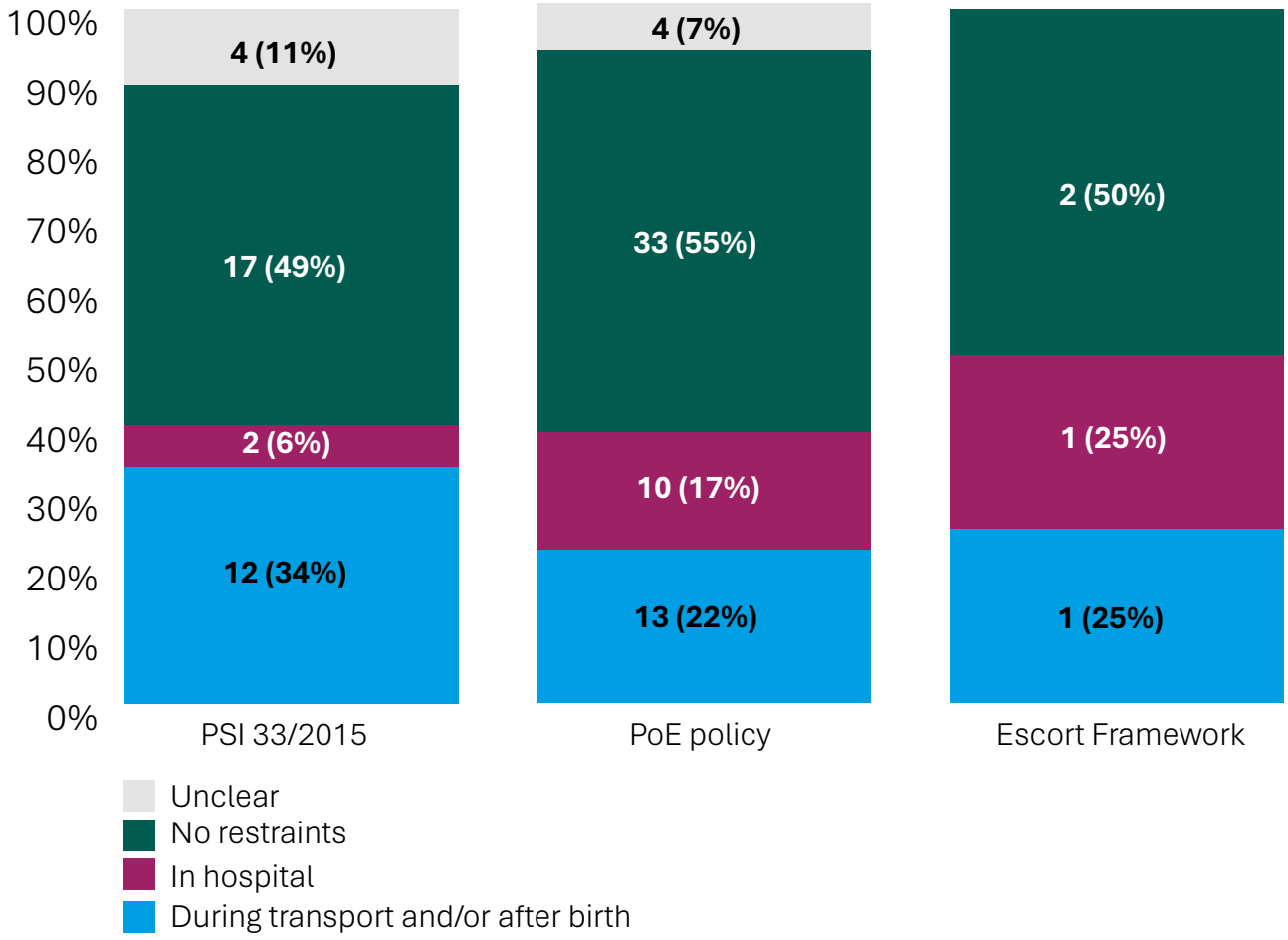
We identified 99 escorts that resulted in a birth and found:

- in 52 escorts, no restraints were used
- in 8 cases, it is unclear whether restraints were used due to incomplete documents
- in 26 escorts, restraints were used only during transport or when no longer pregnant
- in 13 escorts, restraints were used inside the hospital while pregnant

Figure 2 details the restraint use under the different policies. Unlike the wider pattern seen across all hospital escorts, restraint use during birth escorts did not show a clear decline over the period covered. The use of restraints on birth escorts remained similar over time. Note the small number of birth escorts under the Escort Framework.

38 We did not have access to pregnant prisoners' medical documentation, so would be reliant on the record of events in the Person Escort Record (PER) as described by the non-expert, escorting prison officer. They are in turn reliant on the presence of medical staff who may not be available immediately, especially in prison or during transport to the hospital.

Figure 2: Restraint use on birth escorts



Method of onset

Within the Person Escort Record, the escorting officer sometimes recorded the birth's method of onset. It must be noted that this is therefore not a medical document written by a healthcare professional. Where possible we recorded the birth's method of onset and the number of those that were restrained at some point during the escort, finding:

- 44 were caesareans, with 13 (30%) restrained
- 26 were induced, with 13 (50%) restrained
- 13 were spontaneous, with 5 (38%) restrained
- 16 were unclear, with 8 (50%) restrained

The method of onset is difficult to compare with general population data published by the NHS which separates method of onset from method of delivery. This level of detail was not available to the PPO.[39] In addition, the population of pregnant prisoners is not necessarily comparable to the general population. For example, they may be a cohort with higher medical risk. Given that, the proportion of caesareans appears higher than the NHS data for 2024 to 2025 method of onset but it is broadly in line with the 2024 to 2025 method of delivery data.

39 NHS England, 'NHS Maternity Statistics, 2024-25', 16 December 2025, available at: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics/2024-25

Phase 2 of the investigation

We have concluded Phase 1 of the investigation which has involved analysing currently available records relating to the use of restraints on pregnant prisoners during hospital escorts. In response to the identified gaps in the data due to unaccounted for records, HMPPS are continuing to source additional documents. We will therefore incorporate any additional records into the analysis which will allow us to finalise our conclusions as we progress with Phase 2.

Phase 2 of the investigation will involve gaining further information to understand the detail and experiences behind the numbers. This phase will help us identify the factors and decision-making processes that influence the use of restraints, as well as any emerging patterns that cannot be fully understood through records and statistics alone. This is crucial to the investigation to ensure all investigative aims set out in our Terms of Reference are met, as well as ensuring that all investigative requirements of Article 3, European Convention on Human Rights are met.

We plan to visit the prisons in scope, interviewing staff and pregnant prisoners available. We also intend to speak to ex-HMPPS and contracted staff. This will include a range of operational and healthcare staff involved in decisions relating to the use of restraints, as well as prisoners with direct experience of restraint procedures during pregnancy.

During our visits, we will gather information on the general culture around the use of restraints from staff and pregnant prisoners. This will include examining attitudes to risk, the role of healthcare staff and the systems in place to oversee and review the use of restraints. We will also consider how policies are interpreted and applied in practice and, the extent to which individual vulnerabilities are considered.

We will also further examine cases that we have identified as being of potential interest. This will allow us to better understand the motivations and issues that led up to the events. It may also help us to identify examples of good practice, areas for improvement and any systemic issues that may require further attention.

The PPO has issued a call for evidence for those with lived experience to speak to the investigation. We will also interview individuals who have left prison and have contacted us directly. Where appropriate, interviews will explore individual experiences, perceptions of decision making, communication and the impact of restraint use on those involved.

We will also be reaching out to third sector organisations, practitioners and policy-holders to understand the theory and practice behind the policy, its implications, risks and intentions. This information will feed into our final report alongside the quantitative data from this review.

About the data

Document processing

Each escort is typically documented by a Risk Assessment (RA) and a Person Escort Record (PER). The RA details the security risks associated with the escort and specifies the type of restraints and escort staffing required. It should be informed by a wide range of sources, including healthcare staff, and be completed no more than 24 hours before the escort.

The main body of the PER is completed by the escorting officers during the escort. It can also be updated after the escort has occurred. It is a chronological account of the escort that should list all key events and timings including leaving/arriving at the establishment and destination, restraint checks, the demeanour of the pregnant prisoner and other significant events. Prior to the escort, the opening pages of the PER are prepared by security or administrative staff to communicate key information and identified risks relating to the prisoner.

Where pregnant prisoners remain in hospital overnight, a Bed Watch Log is used in place of the PER; it has additional space for long term observations and repeated staff handovers. Once the bed watch has concluded and the prisoner is no longer subject to bed watch arrangements, staff should revert to using the PER for the remainder of the escort.

Prisons gathered the documents from their local records. There was no standard methodology for logging pregnancy-related escorts. In some prisons, pregnancy and mother and baby liaison officers (PMBLOs) kept local spreadsheets. In others, staff went through all the escort documents of hospital escorts and individually flagged pregnancy-related escorts or obtained lists of pregnant prisoners via healthcare teams.

The file structure of escort documents varied across prisons. Some had separate files for each document while others had a single file for each escort. One prison scanned each page as a separate file. Some prisons included additional documents such as pregnancy care plans, vehicle search records, and self-audit checklists. As far as possible, documents were grouped by pregnant prisoner before we began processing.

The documents were uploaded to a dedicated SharePoint site, accessible to both HMPPS and our team.

We designed a Microsoft Form to assist with collating the relevant information from escorts. For each escort, PPO staff read all the associated documents together and submitted a single form. The form responses fed into a database that was used as the basis of the statistics in this report. The form and associated database were not accessible to HMPPS staff. The questions on the form related to the personal characteristics of the prisoner, the practical details of the risk assessment, and details of the restraint usage. Wherever possible, we used closed, multiple-choice questions to help maintain consistency.

Some documents were received for prisoners who were not pregnant. These were not processed.

Some files were missing pages or were illegible due to poor scanning. These were collated by prison and returned to HMPPS to check for or rescan.

For some escorts, it was apparent that documents were unaccounted for. For example, where documents were present up to, but not for, a birth escort. Where seen, these were also collated and returned to HMPPS to locate the unaccounted-for documents. HMPPS has since been able to provide additional birth escorts which will be analysed in Phase 2.

Internal quality assurance

We undertook a data cleaning process before any analysis. Categorical questions were standardised to ensure consistent coding across different prisons and individuals. Missing values were identified and filled in.

In addition, an internal quality assurance process was completed. For a random sample of 213 escorts, the form was completed a second time. The questions relating to the findings in this document had at least an 85% match rate except for whether risks were identified, which had a match rate of 77%. The match rate was calculated using exactly matching answers because the form used multiple choice answers.

The differences arose from a combination of data entry errors, difficulties interpreting handwritten responses and a degree of subjectivity for some questions, especially where there is incomplete information on the PER. For example, there is a degree of nuance whether information such as index offence and adjudications were genuinely identified as a risk or simply included for completeness of the RA document. We are confident that the statistics presented in this review are a reliable representation of the underlying data.

Gap analysis

Records publicly available post April 2022

There is no definitive list of pregnant prisoner hospital escorts kept by HMPPS. In the course of this investigation, we have collated a list based on the available operational data. The Ministry of Justice and HMPPS note that:

> "Every effort is made to ensure that the figures presented are accurate and complete. However, it is important to note that the data have been drawn from large scale administrative systems and as such are subject to possible errors with data entry and processing."[40]

HMPPS provided a combination of datasets that were used to produce the published Annual Digest figures. Before April 2022, only the total number of self-declared pregnant prisoners and the total number of births was collected each week, for each establishment. From April 2022 onwards, the individual ID numbers of pregnant prisoners were also collected. We collated the combination of datasets from April 2022 onwards into a single pregnant prisoner list where each row represents a single prisoner, the week in which they were self-declared pregnant, and if that prisoner gave birth during that week.

For the same period, we used a report called ORS Hospital Movements which records when prisoners leave an establishment to visit a hospital. We filtered this list with our previously mentioned pregnant prisoner list to count only those escorts of pregnant prisoners. The results

40 HMPPS, 'Annual Digest April 2024 to March 2025', last updated 26 June 2026, available at: www.gov.uk/government/statistics/hmpps-annual-digest-april-2024-to-march-2025

are shown in Table 1. The number of documents received include only those that we determined were in scope of the investigation. They refer to pregnant prisoners on hospital escorts only.

The pregnant prisoner list is known to have errors. This is especially true from April 2025 onward because this has yet to contribute to official statistics so has not been through the associated Ministry of Justice quality assurance process. Even after the quality assurance, it is possible that some IDs or dates are mistyped and have not been found. This may lead to escorts not being correctly flagged as pregnant prisoner escorts. Where found, we have corrected mistypes.

HMPPS have also returned some escorts that are not present on the ORS Hospital Movements list, or where the prisoner has not been marked as pregnant on the pregnant prisoner list at that time; this has inflated the apparent proportion received. Bronzefield in particular has a proportion received of greater than 100% because of this.

Estimating escorts counts prior to April 2022

Prior to April 2022, HMPPS did not record the individual IDs of pregnant prisoners. This means we cannot filter the ORS Hospital movements list for specific escorts. Instead, we produced an estimate based on the average rate of escorts post April 2022.

Based on the 2,468 escorts in the 45 months between April 2022 and December 2025, an average of 54.84 (SD = 11.6) hospital escorts of pregnant prisoners occur each month. Therefore, for the 15 months from January 2021 to March 2022, we estimate 823 escorts to have taken place. We have received 380 (46%) documents for this period.

A slight upward trend in the number of hospital escorts per month was observed for the post April 2022 window (0.25 counts per month) but the relationship between time and monthly escorts was weak (R2 = .08), so there is little evidence that escorts increased substantially over this period. We have therefore assumed that the number of escorts per month has remained constant.[41]

Births

From April 2022, the list of pregnant prisoners also includes whether that prisoner gave birth during the week. Where the HMPPS Annual Digest is available, we confirmed that the datasets provided matched the published figures. However, in these datasets underlying the published figures, we identified one prisoner with births in two consecutive weeks and one birth that was present across the data for two financial years. These duplicates have been removed from the counts in this document. One duplicate was also removed from the April 2025 to December 2025 period where no Annual Digest data is available to compare to. Therefore, our final count does not match up to the published Annual Digest figure.

Some births are not expected to have an escort document because they occurred in the prison (and therefore the pregnant prisoner was not escorted out of the establishment), or because the prisoner was granted Release on Temporary License (ROTL).

41 See Table 8.2, HMPPS, 'Annual Digest April 2024 to March 2025', last updated 26 June 2026, available at: www.gov.uk/government/statistics/hmpps-annual-digest-april-2024-to-march-2025

Prior to April 2022, only the total number of births in each prison is given, not the individual births information. For the period January 2021 to March 2022, we received this data for every month except December and confirmed that the underlying data matched the published Annual Digest. We also received a weekly December count which did not separate by prison. As we did not have the IDs of the pregnant prisoners who gave birth during this period, we were unable to search for similar duplicates as were found in the April 2022 onwards data.

As with the births that occurred from April 2022 onwards, a small number of births might have occurred on ROTL. There is no way to determine exactly how many of the pre-April 2022 births this applies to until data on the individual pregnant prisoners is available. There is ongoing work in HMPPS to retroactively collate the names of pregnant prisoners who gave birth in this period, and we expect this to feed into Phase 2 of the investigation.

We have received 21 birth escort documents from January 2021 to March 2022. As with the post April 2025 escorts, some of these may be in addition to those that are currently recorded on the Annual Digest.

Ethnicity

Chi squared tests were used to compare restraint usage of individual escorts across ethnicities. Only the use of restraints was compared, not the location, length of time applied, or type of restraint. For the Escort Framework period, no pairs had enough escorts to test.

As the analysis was conducted at the level of individual hospital escorts, many women contributed more than one escort to the analysis. This means that observations were not necessarily independent and a small number of women with a high number of escorts could have had a disproportionate influence on the results. To assess this, women with more than 10 escorts were examined separately and their overall pattern of restraint use was broadly similar to the wider population, providing some reassurance that the findings were not driven by a small number of women with high escorts.

Between escorts of White and Black or Black British, PSI 33/2015 showed no significant difference, χ^2 (1, N = 442) = 1.10, p = 0.29. The PoE policy showed a significant difference, χ^2 (1, N = 1052) = 19.18, p =<.001, φ = 0.14.

Between escorts of White and Asian or Asian British prisoners, PSI 33/2015 had insufficient escorts to test. The PoE policy showed a significant difference, χ^2 (1, N = 949) = 4.66, p = .031, φ=0.070.

Between escorts of White and Other prisoners, PSI 33/2015 had insufficient escorts to test. The PoE policy showed a significant difference, χ^2(1, N = 967) = 6.63, p = .010, φ=0.08.

Between escorts of White and Mixed prisoners, PSI 33/2015 showed no significant difference, χ^2 (1, N = 459) = 0.45, p = .50, φ=0.03. The PoE policy also showed no significant difference, χ^2 (1, N = 1021) = 3.00, p = .08, φ=0.05.