

CHAPTER 24

Pregnant Inmate-Patient Care and Birth of Children

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) health care staff shall provide medical care for the pregnant inmate-patient population.

II. PURPOSE

To ensure medical care and custody concerns are met regarding the pregnant inmate-patient population and birth of children at local hospitals.

III. PROCEDURE

A. *Reception*

1. The pregnant inmate-patient's medical care is initiated in Receiving and Release (R&R) when it is determined that the inmate-patient is pregnant by self report or physical appearance that is confirmed by physical examination and laboratory test results.
2. A Registered Nurse (RN) or Medical Technical Assistant (MTA) in R&R shall conduct the initial health screening. The health care staff shall notify the Obstetrical (OB) coordinator by telephone or use written documentation to provide the inmate-patient's name, CDCR number, and any other pertinent medical information regarding the inmate-patient's pregnancy status. The R&R RN shall notify the Supervising Obstetrician if information provided by the inmate-patient or information from a written source indicates that the inmate-patient has any medical conditions that place her in a high-risk status. The RN shall notify the Supervising Obstetrician, Health Care Manager/Chief Medical Officer (HCM/CMO) or designee if the inmate-patient needs to be seen for any urgent/emergent conditions.
3. All pregnant inmate-patients shall be issued a priority ducat to be seen by the OB Physician or OB Nurse Practitioner (NP) within seven (7) business days of arrival at the institution.
4. All pregnant inmate-patients shall be ducated for laboratory work within three (3) working days to positively verify the pregnancy.
5. All pregnant inmate-patients shall be issued a CDCR Form 7410, Comprehensive Accommodation Chrono, for a lower bunk and lower-tier housing if housed in a multi-tier housing unit.
6. Pregnant inmate-patients on methadone maintenance shall be recommended for immediate transfer to the California Institution for Women (CIW) through the CMO-to-CMO transfer process. (See methadone treatment for pregnant inmate-patients.)

B. *Medical Follow-up*

1. Positively identified pregnant inmate-patients shall be provided with the following:
 - a. Within seven (7) business days, the pregnant inmate-patient shall be scheduled for her first OB visit wherein a thorough history and examination shall be performed by the Supervising Obstetrician or NP, to determine the term of pregnancy and plan of care. Diagnostic studies shall be ordered based on the information provided in the Hollister Maternal/Newborn Record System forms.
 - b. Pregnant inmate-patients shall be referred for HIV counseling and testing.

- c. Pregnancy termination counseling regarding pregnancy interruption shall be provided if requested by the inmate-patient.
 - d. Pregnant inmate-patients shall receive pregnancy information pamphlets and other pertinent material.
 - e. Pregnant inmate-patients shall receive prenatal vitamins, iron and folic acid.
 - f. Pregnant inmate-patients shall receive two (2) extra cartons of milk and two (2) extra servings of fresh fruit and two (2) extra servings of fresh vegetables daily. The physician may order additional nutrients, as necessary.
 - g. Pregnant inmate-patients shall be issued a CDCR Form 7410, Comprehensive Accommodation Chrono, for any indicated medical clearances or restrictions.
 - h. Pregnant inmate-patients will be referred to the dentist on a priority basis for evaluation and treatment of periodontal disease.
 - i. The OB Coordinator shall prepare in advance, CDCR Form 7252, Request for Authorization of Temporary Removal, for all pregnant inmate-patients within 30 days prior to the delivery date. This form shall be taken to the Watch Commander's office to enable custody staff to prepare the inmate-patient for transportation to an outside facility in a timely manner.
2. Unless otherwise indicated by the supervising OB or NP, pregnant inmate-patients shall be scheduled and ducated for their OB visits as follows:
 - a. Every four (4) weeks in the first trimester and up to 24-26 weeks gestation
 - b. Every three (3) weeks up to 30 weeks gestation
 - c. Every two (2) weeks up to 36 weeks gestation
 - d. Weekly after 36 weeks gestation up to delivery
 3. Pregnant inmate-patients shall be provided additional services based on the information provided in the Hollister Maternal/Newborn Record System forms.
 4. Every pregnant inmate-patient shall be referred to a medical Social Worker for Case Management to discuss placement of her unborn child and options available for placement and care of the child after delivery. A medical Social Worker shall assist the pregnant inmate-patient with access to a phone to contact relatives, even during their unendorsed status regarding newborn placement. The medical Social Worker shall initiate and oversee the management of all newborn placements.

C. Outside Consultation/Labor

1. Each institution housing pregnant inmate-patients, based on geographical location in relation to the hospital, shall develop a local operating procedure to ensure a safe and healthy delivery.
2. When the pregnant inmate-patient is sent for medical treatment or consultation to an outside facility, copies of all prenatal forms and the completed referral form to the outside facility shall accompany her. Any paperwork returning with the inmate-patient shall be given to the RN on duty in the Triage and Treatment Area (TTA), OHU or CTC, who shall notify the supervising OB of the inmate-patient's return, medical status, and recommendations.
3. At the time of labor/delivery, a copy of all prenatal forms shall accompany the inmate-patient to the hospital.

D. Emergency Transport

1. The HCM/CMO shall ensure that all institution medical staff are instructed in the emergency protocol. In the event of an emergency transport for the delivery of a baby, the Supervising Obstetrician, Physician or RN shall be immediately notified and provide appropriate assistance and/or orders. A pregnant inmate-patient in labor shall be treated as an emergency and shall be transported immediately via ambulance. The HCM/CMO or Supervising Obstetrician shall be informed of all emergencies by the medical staff on duty and be apprised of the inmate-patient's labor status.
2. The RN in the Outpatient Housing Unit (OHU), Correctional Treatment Center (CTC), or OB clinic shall prepare all copies of prenatal forms that shall accompany the inmate-patient to the hospital. These prenatal forms shall be taken to the Watch Commander's office immediately.
3. Custody staff shall, following emergency transport procedures, prepare and accompany the inmate-patient for transportation to the outside facility via ambulance.
4. All emergency medical transports shall be given immediate priority and be expedited through the Vehicle Sallyport. The Watch Commander must take all necessary steps to ensure the emergency transport is processed as quickly as possible. Emergency medical transports shall be allowed to depart institutional grounds before, during, or after any institution count.
5. The Outside Patrol Sergeant shall coordinate with the Central Control Sergeant and the Watch Commander for clearance of the inmate-patient being transported through the Vehicle Sallyport. The Watch Commander shall immediately notify the Correctional Captain/Administrative Officer of the Day (AOD) in the event an emergency medical transport is delayed for any reason.
6. The Watch Commander shall notify the AOD of a child's birth. Notification shall include the name and CDCR number of the inmate-patient, time of departure, location of transport, and time of delivery. The Medical Department shall notify the Watch Commander of any non-routine deliveries.

E. Postpartum Care

1. Upon return, any inmate-patient who delivers a child via C-Section shall be admitted to the OHU or CTC via the TTA. Any inmate-patient who delivers a child vaginally shall be assessed in the TTA to determine appropriate housing and initiate postpartum care.
2. Orders for routine postpartum care shall be noted and initiated by the RN in the TTA/CTC/OHU.
3. The Supervising Obstetrician or RNNP shall determine when the inmate-patient is cleared for housing in the general population.
4. The Supervising Obstetrician or RNNP shall complete medical lay-in.
5. A ducat shall be issued for the inmate-patient's six-week postpartum check-up. At the postpartum check-up, the Supervising Obstetrician or RNNP shall determine whether the inmate-patient may be cleared for full duty or if medical restrictions are still warranted.
6. Inmate-patients housed in the CTC shall follow the CTC Policies and Procedures as written.
7. Inmate-patients shall be afforded family planning services if their release and/or parole date falls within six to eight weeks after delivery.

F. Unit Health Records (UHR)

1. The OB Coordinator shall maintain a health record, which includes the inmate-patient's name, CDCR number, housing status, expected date of delivery, and the Hollister Maternal/Newborn Record System forms.
2. All documentation regarding the pregnancy-related information shall be placed in the UHR by the Medical Records Department staff.
3. The Medical Records Department shall be notified of all pregnant inmate-patients. Their responsibilities include:
 - a. Entering the inmate-patient's name on the OB roster for distribution.
 - b. Updating the roster every two weeks and distributing it to pertinent staff.
 - c. Obtaining the inmate-patient's consent for record release and requesting any medical records requested by the provider. Prenatal records shall be faxed ASAP.

G. Methadone Maintenance

1. The CDCR shall provide methadone treatment to all pregnant inmate-patients who have been on heroin or who are currently receiving methadone treatment.
2. The HCM/CMO or designee shall ensure all medical staff are instructed on Methadone Maintenance Treatment Programs protocol and procedures of the institution.
3. Inmate-patients on methadone maintenance shall be recommended for immediate transfer to CIW through the CMO-to-CMO transfer process.
4. After hours, on weekends and holidays, the time the last daily dose of methadone was administered shall be verified by the OB Coordinator or RN on duty in the OHU/ CTC/TTA and reported to the HCM/CMO via Referral Slip. Transfer arrangements shall be coordinated with the HCM/CMO and the Classification and Parole Representative.
5. While awaiting transfer, the OB Physician or the after hours Physician on Call (POC) shall admit the inmate-patient to the OHU or CTC, where she shall remain until the transfer process is complete.

H. CIW Methadone Treatment

1. The RN in R&R shall notify the Supervising Obstetrician of any inmate-patient being processed in R&R who is determined to be pregnant (either by her own admission, physical appearance and/or written documentation), and who has used heroin within two to three days prior to incarceration (either by her own admission or written documentation by the parole agent). The inmate-patient shall be referred to verify pregnancy, for drug screening, and initiation of methadone treatment if indicated.
2. Any pregnant inmate-patient receiving methadone treatment shall be enrolled in the Methadone Maintenance Treatment program at the institution.
3. The RN or MTA in R&R shall notify the Supervising Obstetrician of any pregnant inmate-patient on methadone treatment who has transferred from another institution, county jail or from the community. Once methadone treatment, including the dose, has been verified, the inmate-patient shall be enrolled in the Methadone Maintenance Treatment Program. The treating physician of the Methadone Maintenance Treatment Program shall provide regular assessment of all pregnant inmate-patients on methadone.

4. A methadone chart, including all the forms required by the State and Federal Drug and Alcohol Departments, shall be initiated and maintained.

I. Security

1. Health care staff shall supervise pregnant inmate-patients in the same manner as other inmate-patients with the exception of application of restraint gear and physical restraint of pregnant inmate-patients with force. Restraint gear (handcuffs) and physical restraint shall be utilized only when a pregnant inmate-patient poses a threat to the physical safety to herself or others (including the unborn child), threatens substantial damage to State property, or attempts escape. In every instance, special effort shall be made to avoid harm to the unborn child. If handcuffs are applied, the inmate-patient's arms shall be brought to the front of her body for application. When transporting the inmate-patient off-grounds for medical care and treatment, the application of restraint gear shall be restricted to handcuffs to the front of the inmate-patient only. The CDCR Form 7252 shall state in the remarks section: "Transportation restraint equipment in accordance with the guidelines of *Harris vs. McCarthy* settlement."
2. Pregnant inmate-patients who have committed a serious disciplinary offense warranting placement in an Administrative Segregation Unit (ASU), shall be placed in segregation status pending medical evaluation and Administrative Review. When escorting an inmate-patient to the ASU, application of restraint gear shall be restricted to handcuffs to the front of the inmate-patient only. The Physician or RN shall perform the medical evaluation, with concurrence of the POC, within 24 hours, to document the inmate-patient's suitability for housing in the ASU. Pregnant inmate-patients housed in the ASU shall be placed on the lower tier. Housing status (i.e., ASU/Security Housing Unit) does not require a special level of medical care. Medical care, regardless of housing status, shall be based on the inmate-patient's medical condition as determined by appropriate medical care providers.
3. The Facility Captain shall conduct the Administrative Segregation Placement Order review and hearing in accordance with applicable California Code of Regulations. If it is determined that the inmate-patient's medical condition would not preclude housing in the ASU and her behavior warrants continuous segregation, the inmate-patient shall be retained in the ASU and housed on the first tier in a lower bed. The inmate-patient shall be referred to the Institutional Classification Committee if retention is recommended beyond ten (10) days. While in ASU, the inmate-patient shall continue to receive prenatal medical care and treatment.
4. Appointed guardians of the child and individuals who wish to visit the inmate-patient and child in the hospital shall comply with applicable California Code of Regulations, regarding visiting.