

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-G-07

SUBJECT: CARE OF THE PREGNANT INMATE

POLICY: Pregnant inmates will be provided access to comprehensive obstetrical health care services during incarceration.

REFERENCE: NCCHC Standard P-G-07

PROCEDURE:

- A. Obstetrical care will be arranged with an obstetrician as soon as pregnancy is confirmed.
 - 1. Confirmation of pregnancy will be established by Serum Pregnancy Test (HBG).
 - 2. A prenatal panel and O.B. ultrasound is to be completed if indicated.
- B. All pregnant inmates will be scheduled to have a complete health assessment, except pelvic, completed by a physician or nurse practitioner within seven (7) days of admission to a state-operated correctional facility. A pelvic examination may be scheduled with the obstetrician.
- C. Prenatal vitamins should be ordered.
- D. Group and/or individual counseling will be offered pregnant inmates with topics to include but not be limited to:
 - 1. Pregnancy options including abortion, adoption, normal, full term pregnancy and post natal plan.
 - 2. Proper nutrition
 - 3. Activity level - appropriate work, recreation and exercise
 - 4. Safety precautions
 - 5. Adverse effects of substance abuse/tobacco use
 - 6. Discuss meaning of upcoming tests and significant findings
 - 7. Unusual signs and symptoms to report to Health Services staff:
 - a. Persistent vomiting
 - b. Continuous or severe headache
 - c. Persistent or recurring abdominal pain
 - d. Vaginal bleeding
 - e. Dimness or blurred vision
 - f. Chills or fever
 - g. Loss of fluid from vagina
 - h. Swelling of hands, feet, or face that becomes persistent
 - i. Urinary symptoms - dysuria or hematuria
 - 8. Signs or symptoms of pre-term labor
 - 9. Future Family Planning
 - 10. See related Policy and Procedure #P-G-10, Pregnancy Counseling.

Care of the Pregnant Inmate

- E. A list is kept of all pregnancies and their outcomes.
- F. Pre-registration forms and a copy of prenatal record will be sent at 36 weeks gestation to the hospital where delivery is to take place.
- G. At onset of labor or rupture of membranes, the inmate is to be transferred to the local hospital for evaluation.
- H. When caring for pregnant inmates, Health Services staff will consult with security staff to provide them with recommendations for restraint procedures. These recommendations are determined by Health Services staff and are most commonly made between three and five months gestation. These recommendations include but are not limited to:
 - 1. Modifying normal restraint procedures to include using handcuffs only (no belly chain or leg irons) and to handcuff these women in front rather than behind their backs. This is particularly important when the inmate goes into labor. The use of leg irons increases the potential for trips and falls, thus putting the health and well-being of both the pregnant woman and her unborn child into jeopardy. Additional escort staff should be considered if there is a safety or security concern about the impending medical trip.
 - 2. During the actual labor, the handcuffs should be removed to facilitate the evaluation of the pregnant woman's health care needs. Restraints should not be used during labor, delivery or recovery and should only be reapplied after the physician recommends that it is safe to do so. Leg restraints may be used as an alternate to handcuffs to permit the mother to hold and care for her newborn baby.
- I. A six (6) week postpartum follow-up appointment will be made with the physician if a vaginal delivery. If C-Section, a one (1) week and five (5) week follow-up appointments are necessary.
- J. Discharge planning for future medical care needs will be discussed with each individual prior to release whether release is to be prenatal or postnatal. Pertinent health care records are to be transferred to future facility or health care provider to ensure continuity of care.

Effective Date: _____
Revision date: November 2006
Supersedes P&P dated: April 2005

REFERENCES

1. "Guidelines for Perinatal Care 5th edition," American Academy of Pediatrics, American College of Obstetricians and Gynecologists, 2002.
2. "Correctional Healthcare Guidelines for the Management of an Adequate Delivery System," Anno, B. Jaye, 2001.