

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: October 20, 2015	POLICY NO.: COR.10.1G.09
		SUPERSEDES (Policy No. & Date): COR.10.1G.09 (12/29/08)	
SUBJECT: COUNSELING & CARE OF THE PREGNANT INMATE		Page 1 of 5	

1.0 PURPOSE

To provide guidelines for pregnant inmates to ensure they receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care. Pregnant inmates are given comprehensive counseling and assistance in accordance with their expressed desires regarding their pregnancy.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes (HRS), Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. HRS, Sections 353-121-123, Pregnant Offenders; Restraints.
- c. Department of Public Safety (PSD), Policy and Procedures Manual (P&P), COR.08.01, Court Appearance and Transportation of Inmate.
- d. National Commission on Correctional Health Care, Standards for Prisons and Jails, (2014).
- e. PSD, P&P, COR.08.24, Use of Mechanical Restraints.

.2 Definitions

- a. High-risk pregnancy: A pregnancy where there are potential complications that could affect the mother, the baby or both. These could include maternal age, or medical conditions that exist before pregnancy such as diabetes, drug habituation, hypertension or conditions that occur during pregnancy such as gestational diabetes, preeclampsia or conditions related to the fetus or the pregnancy itself.
- b. Prenatal care: Prenatal visits to a provider include a physical exam, weight checks, and providing a urine sample. Depending on the stage of the pregnancy, providers may also do blood tests and imaging tests, such as ultrasound exams. These visits also include discussions about the mother's health, the infant's health, and any questions about the pregnancy.

NOT-CONFIDENTIAL

COR P & PM	SUBJECT:	POLICY NO.: COR.10.1G.09
	COUNSELING & CARE OF THE PREGNANT INMATE	EFFECTIVE DATE: October 20, 2015
		Page 2 of 5

3.0 POLICY

- .1 Counseling and assistance are provided in accordance with the pregnant inmate's expressed desires regarding her pregnancy, whether she elects to keep the child, use adoptive services, or have an abortion.
- .2 Counseling shall be available from the facility staff or community agencies either on-site or through outside consultations.
- .3 Prenatal care shall begin when the pregnancy is confirmed. The clinical care shall meet community standards and shall include prenatal nutritional counseling.
- .4 High-risk pregnancies shall be referred to an obstetrician.
- .5 All post-partum patients shall be referral to mental health for assessment of potential for post-partum depression.
- .6 Patients requesting to breast feed their infants shall have provisions made at the facility in which they are incarcerated, to pump their breasts and store their breast milk for pick up by family or friends.

4.0 PROCEDURES

- .1 The prenatal care shall include, but not limited to:
 - a. Advice on exercise, levels of activity, and hygiene.
 - b. Laboratory and diagnostic tests as specified by obstetrical provider.
 - c. Nutritional guidance and pregnancy counseling including the dangers of alcohol consumption during pregnancy.
 - d. Provision of current medication list for review by obstetrical provider for potential fetal risk.
 - e. Provision of prenatal vitamin and folic acid supplementation.
 - f. Scheduled obstetrical examinations.
 - g. Sexually Transmitted Disease (STD) and communicable disease testing and prophylaxis when indicated.

NOT-CONFIDENTIAL

COR P & PM	SUBJECT: COUNSELING & CARE OF THE PREGNANT INMATE	POLICY NO.: COR.10.1G.09
		EFFECTIVE DATE: October 20, 2015
		Page 3 of 5

- .2 Opiate addicted pregnant patients shall have opiate substitution therapy and counseling made available to them with the agreement of their obstetrician.
- .3 Arrangements for hospitalization, therapeutic procedures and confinement of the mother shall be facilitated by the facility Clinical Section Administrator.
- .4 Security shall be notified of inmate pregnancy so as to allow for the implementation of pregnancy related restraint procedures.
- .5 The use of restraints during hospital transport, labor and delivery should be avoided unless there is a serious threat of harm to the patient, staff or others.
- .6 Postpartum restraints should allow for the mother's safe handling of her infant to allow for mother infant bonding.
- .7 Pre- and postpartum care shall be well documented in the medical record and statistical data shall be kept on the number of pregnancies and their outcomes.
- .8 All postpartum patients shall be routinely referred to mental health for assessment of post-partum depression upon return from delivery hospitalization.
- .9 Patients shall be permitted to express and store their breast milk for pick up by family or friends, for an infant up to the age of six (6) months, by following the steps below:

The patient's family shall:

- a. Designate family or friends to pick up the milk at a minimum frequency of once per week.
- b. Supply an insulated container with ice packs in which to transport the milk.
- c. Supply milk collection bags.

The Health Clinic shall provide:

- a. A private location to pump with access up to eight (8) times per day.
- b. Breast feeding hygiene instructions – hand washing, care and use of the breast pump.

NOT-CONFIDENTIAL

COR P & PM	SUBJECT: COUNSELING & CARE OF THE PREGNANT INMATE	POLICY NO.: COR.10.1G.09
		EFFECTIVE DATE: October 20, 2015
		Page 4 of 5

- c. Electric breast pump.
 - d. Freezer for milk storage – Breast milk may be safely frozen for up to six (6) months. Due to safe storage space considerations each correctional facility shall specify the frequency of breast milk pick up.
 - e. Instructions regarding expressing sufficient milk for one feeding per bag (multiple baby weight X 2.5 = volume in ounces for twenty-four (24) hours, divide by number of feedings to get amount per feeding).
 - f. Labels for the breast milk – record patient name, date and time of the breast milk expression.
- .10 Breast-feeding isn't recommended when mothers are receiving medication from the following drug classes: amphetamines, chemotherapy agents, ergotamines, and statins. Nursing shall contact the patient's OB provider should any questions arise regarding the administration of any medication during lactation.
- .11 Post-delivery medical cost for the child shall be the responsibility of the patient, the patient's family or the State Department of Human Services.
- .12 If the mother seeks foster or custodial care for the baby, or if she wants to put the child up for adoption, the inmate shall be instructed to use the counseling services of the hospital. Hospital social workers have the expertise in providing counseling, guidance, and referral services in this respect.
- .13 Pre- and postpartum care shall be well documented in the medical record and statistical data shall be kept on the number of pregnancies and their outcomes.

NOT-CONFIDENTIAL

COR P & PM	SUBJECT: COUNSELING & CARE OF THE PREGNANT INMATE	POLICY NO.: COR.10.1G.09
		EFFECTIVE DATE: October 20, 2015
		Page 5 of 5

5.0 SCOPE

This policy and procedure applies to all correctional facilities that house women.

APPROVAL RECOMMENDED:

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Willy O. Jr. OCT 19 2015
Health Care Division Administrator Date

M. Z. Ant 10-20-15
Deputy Director for Corrections Date

APPROVED:

Adan P. Espino OCT 20 2015
Director Date

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