

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.19</u>
SUBJECT: PREGNANCY MANAGEMENT AND PLANNING FOR THE UNBORN CHILDREN OF FEMALE INMATES PROPONENT: <u>Paula Mattis, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>6/1/2015</u> REVIEW DATE <u>7/1/2017</u> SUPERSEDES PPD# <u>6.19 & 6.36</u> DATED <u>9/24/2014& 08/15/02</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide guidance for the delivery of health care and planning for the unborn children of female inmates.

II. APPLICABILITY:

To all health care personnel, staff and female inmates.

III. POLICY:

It is the policy of the Department of Corrections that pregnancy testing, prenatal care and postpartum care shall be provided to each applicable inmate under the direction and supervision of a physician, nurse practitioner and/or other fully qualified professional authorized to provide care in accordance with State and/or Federal licensure requirements. The Department will assume financial responsibility for the inmate's care. All bills relating to the infant's care are the inmate's responsibility. The Department will provide assistance to the pregnant inmate in keeping with their expressed desires for their unborn children through comprehensive counseling and social services assistance.

IV. PROCEDURE:

Pregnancy Management

A. Pregnancy Testing/Pregnancy

1. Newly arrived female inmates will be screened for health concerns in accordance with protocol.
2. Conditions including substance abuse, vaginal bleeding, and contractions require physician notification.

3. The physician or nurse practitioner will evaluate all pregnant inmates or suspected cases of pregnancy within 7 days of arrival at the facility.

B. Routine Prenatal Care

1. The prenatal period begins with the first day of the last menstrual period and terminates with the onset of labor.
2. Routine prenatal care will be provided in accordance with current practice standards and will include but not be limited to:
 - a. Scheduled on site visits with the physician/nurse practitioner,
 - b. Laboratory and/or other tests as clinically indicated,
 - c. Scheduled outside consult services as clinically indicated,
 - d. Dietary management.

C. High Risk Prenatal Care

1. Women identified as high risk may require special management. They will be referred to an obstetrician (or M.D. trained in obstetrical care) for evaluation and management.
2. Specific high risk categories include, but are not limited to the following:
 - a. Pre-eclampsia
 - b. Diabetes mellitus and glucose intolerance of pregnancy
 - c. Third trimester bleeding
 - d. Previous fetal wastage or death
 - e. Habitual abortions
 - f. Rh sensitization
 - g. Post maturity
 - h. Hémoglobinopathies
 - i. Anémias
 - j. Multiple gestations
 - k. Premature rupture of membranes
 - l. Suspicion of intra uterine growth retardation
 - m. Polyhydramnios or oligohydramnios
 - n. Severe maternal malnourishment
 - o. Maternal cardiac or hypertensive disease
 - p. Maternal renal disease
 - q. Maternal collagen disease
 - r. Maternal age <15 or >35
 - s. Chronic long term and/or infectious disease
 - t. Fetal malpresentation
 - u. Hx of severe congenital or chromosomal anomalies
 - v. Psychiatric illness
 - w. Seropositive for HIV

D. Chemically Addicted Pregnant Inmate Management:

In addition to routine prenatal care, those inmates who are found to be addicted to alcohol and/or drugs will be assessed for detoxification treatment. This will include treatment necessary for the benefit of the fetus until the time of delivery. Provisions will be made for off-site detoxification as clinically indicated. Management of the pregnancy will be by the on-site M.D. and/or ARNP in conjunction with an outside obstetrical consultant. Inmates identified as pregnant by medical review will be referred to their assigned social worker/case manager. The staff member will meet with the inmate in a timely manner upon notification by medical personnel. Data will be gathered concerning the pregnancy. This data will include the due date and the inmate's expressed wishes for the child.

E. The assigned CC/CM will advise the inmate of her options for planning for the unborn child.

These include:

1. Keeping the child. Issues discussed include health care while incarcerated delivery procedures of the institution and placement of the child after discharge from the hospital. Newborn infants are not to be kept inside any DOC facility.
 2. Giving the child up for adoption. Issues discussed will include all of the above, plus an overview of the adoption process including other agencies' involvement. Outside counseling may also be obtained by the inmate or guardian but in no instance should there be pressure on the mother to give up the baby. The Division of Children, Youth and Families shall be notified.
 3. Consent to an abortion. Issues discussed will include the State of New Hampshire's position that elective abortions can be arranged at an approved hospital or clinic in accordance with Federal and State statutes, but that the Department will not pay for the procedure. Outside counseling may also be obtained, but in no instance is abortion to be encouraged.
 4. Family considerations. In all instances, communication or counseling with the father and other family members shall be undertaken when feasible.
- F. The assigned CC/CM will document all meetings with the inmate. A written report will be submitted by the assigned CC/CM to the Warden/Director of Medical & Forensic Services and the review team. The review team will consist of the Warden or Designee, Chief of Security, Nurse Coordinator, Mental Health staff as needed based on a clinical diagnosis and the assigned CC/CM. The report will include pertinent data, other personnel or agencies contacted and a final conclusion stating the inmate's desired wish for her unborn child. The inmate will acknowledge in writing her choice of options and final plan.
- G. Based on the comprehensive counseling sessions regarding the inmate's expressed desires, the appropriate outside agency will be contacted by the assigned CC/CM in coordination with the medical department.
- H. Restraints: The use of restraints on pregnant women under correctional custody should be limited to absolute necessity. The use of restraints is considered absolutely necessary only when there is an imminent risk of escape or harm (to the pregnant woman, her fetus/newborn, or others) and these risks cannot be managed by other reasonable means (e.g., enhanced security measures in the area, increased staffing, etc.).
- Pregnant inmates classified C-1 or C-2 will not be restrained.
- Pregnant inmates classified C-3, C-4 or C-5 will be restrained as follows:
1. First, Second and third trimester, front handcuffs only. Wrist restraints should be applied in such a way that the pregnant woman may be able to protect herself and her fetus in the event of a forward fall (i.e., in front of her body). No belly chains shall be used under any circumstances. No additional restraints shall be used during transportation unless approved by the Warden, Chief of Security or the Director of Medical & Forensic Services after an individualized determination is made that there is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the prisoner or detainee, the staff of the correctional institution or medical facility, other prisoners or detainees, or the public; except that if the doctor, nurse or other health professional treating the prisoner or detainee requests that restraints not be used, the corrections officer accompanying the prisoner or detainee shall immediately remove all restraints unless the correctional officer can identify there is an extraordinary risk to the public and receives authorization from the Warden of the New Hampshire State Prison for Women or designee. This authorization shall be documented in an incident report in CORIS.
 - a. When documenting the authorization and use of restraint, it will contain

the following documentation at a minimum:

- i. Rationale for use or conditions that led to the conclusion that restraints were necessary (specify whether and what kind of alternatives were tried/considered);
- ii. Individuals who reviewed these conditions and concluded that restraints were warranted;
- iii. Type of restraints used and in what manner;
- iv. How frequently the use of restraints was reevaluated and by whom³⁴ and result of such reassessments;
- v. Change in conditions that led to the conclusion that restraints were no longer necessary;
- vi. When restraints were removed; and
- vii. Length of time or total duration of restraint use.

The life of the infant and or mother should never be put at risk. Any additional restraint shall be the least restrictive possible.

- I. Labor and Delivery: Advance planning among members of the pregnant female's healthcare team (i.e., health care (on-site and hospital based) and corrections professionals) should be conducted before hospital admittance to prepare for any foreseen circumstances which may involve the use of restraint. During transportation for labor or delivery, after delivery or while in post-partum recovery, inmates will not be restrained at all, unless approved by the Warden, Chief of Security or the Director of Medical & Forensic Services after an individualized determination is made that there is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the prisoner or detainee. If the doctor, nurse or other health professional treating the prisoner or detainee requests that restraints not be used due to imminent harm to the pregnant female or baby, the corrections officer accompanying the prisoner or detainee shall immediately remove all restraints. Restraints, if previously authorized prior to the medical staff requiring them removed, will be reapplied once the medical professional determines the immediate threat to the mother or child has passed. Any additional restraint shall be the least restrictive possible and approval of such restraint shall be documented in writing with the reason for the restraint as cited above. During labor, delivery and post-partum recovery, the officer assigned to the hospital should be a female officer, whenever possible. "Post-partum recovery" means, as determined by her physician, the period immediately following delivery, including the entire period a woman is in the hospital or infirmary after birth.
- J. Transportation from Hospital and Return to Prison: Once the delivery, all post-delivery medical procedures, and post-partum recovery have been completed and the inmate is being returned to the prison, the inmate will be restrained consistent with PPD 5.28 (Transportation of Inmates). Upon discharge from the hospital for transportation back to the facility, for those classified C3 and above; the type of restraint will be determined after consultation with the inmate's hospital medical provider, whenever possible.
- K. Visitors: The pregnant inmate shall submit in writing to the Chief of Security the names, addresses, DOB's and phone numbers of two immediate family members (spouse or unborn child's father, mother, father, sister, brother, grandparents, aunts, uncles, sister or brother in law, mother or father in law) that she is requesting to be present in the delivery room. The Chief of Security will authorize up to two immediate family members as defined above, who qualify for visits in accordance with PPD 7.09 (visiting policy) to attend the delivery. The two approved visitors shall be permitted to visit for 4 hours post-delivery provided the hospital permits. The Chief of Security will issue an operations bulletin indicating who will be permitted to attend the delivery. When the pregnant inmate is admitted to the hospital for delivery the Shift Commander at the New Hampshire State Prison for Women will notify the two approved family members who must present photo identification to the correctional staff assigned to the hospital. The Chief of Security or Warden may approve immediate family members as defined above to visit during

regular hospital visiting hours while the inmate remains in the hospital; consistent with PPD 7.09. The operations bulletin shall include who is approved to visit. Photo identification of visitors is required for entry into the inmate's hospital room. The Warden or Commissioner of the New Hampshire Department of Corrections can authorize exceptions as to who may attend the delivery or visit.

L. Care and transportation of pregnant inmates at the Secure Psychiatric Unit will be determined by the Director of Medical & Forensic Services.

M. A quality improvement (QI) review will be completed by QI staff for all births occurring during incarceration. The QI report will be provided to the Warden of The New Hampshire State Prison for Women, the Director of Medical & Forensic Services, and the Commissioner or designee.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Fourth Edition. Standards
4-4353; 4-4436

Standards for Adult Community Residential Services
Fourth Edition. Standards
4-ACRS-4C-14

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

Best Practices in the Use of Restraints with Pregnant Women and Girls Under Correctional Custody
Bureau of Justice Assistance U. S. Department of Justice

HANKS/jc