Idaho Department of Correction	Standard Operating Procedure	Control Number: 401.06.03.055	Version: 2.0	Page Number: 1 of 5 Adopted: 3-1-2001
THE CLUB	Division of Education and Treatment	Title: Pregnant Offender: Care of the		Reviewed: 5-24-2009 Next Review: 5-24-2011
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BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY STATEMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

POLICY DOCUMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

DEFINITIONS

Standardized Definitions List

Contract Medical Provider: A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department offenders.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Facility Medical Director: The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Department employee who is primarily responsible for overseeing or managing the Department's medical and mental health services. The health authority is commonly referred to as the health services director.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for ensuring that pregnant offenders receive timely and appropriate prenatal care, obstetrical services (when indicated), and postpartum care. (National Commission on Correctional Health Care [NCCHC] Standard P-G-07.)

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SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services, and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited
 to reviewing processes, procedures, forms, and protocols employed by the
 contract medical provider to ensure compliance with all healthcare-related
 requirements provided in respective contractual agreements, this SOP, and in
 National Commission on Correctional Health Care (NCCHC) standard P-G-07,
 Care of the Pregnant Inmate. (See section 2 of this SOP.)

Contract Medical Provider

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP and *NCCHC* standard *P-G-07* are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcarerelated requirements provided in this SOP, NCCHC standard P-G-07, or as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

Facility Medical Director

The facility medical director, in conjunction with the consultant obstetrician, will be responsible for developing institution-specific procedures and protocols for the care of pregnant offenders.

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Facility Health Authority

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP and NCCHC standard P-G-07 are accomplished as required; and
- Establishing formal relationships with community hospitals, specialists, and others as needed to meet the requirements of this SOP and NCCHC standard P-G-07.

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GENERAL REQUIREMENTS

1. Guidelines

All pregnant offenders will be scheduled to have a complete health assessment, except pelvic examination, completed by a physician, physician assistant, or nurse practitioner within seven (7) days of admission to an IDOC-operated correctional facility. (See SOP 401.06.03.032, Receiving Screening.) A pelvic examination may be scheduled with the obstetrician.

Prenatal Requirements

- Obstetrical care will be arranged with an obstetrician as soon as pregnancy is confirmed. Confirmation of pregnancy will be established by Serum Pregnancy Test (HBG). A prenatal laboratory panel and obstetrical ultrasound is to be completed if indicated and ordered by the practitioner.
- Prenatal vitamins should be ordered according to the obstetrical protocol.
- Pregnant offenders should be offered prenatal classes to include education of the following, at a minimum:
 - Pregnancy options;
 - Proper nutrition;
 - ◆ Activity level (e.g., appropriate work, recreation, and exercise);

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- Safety precautions;
- Adverse effects of substance abuse/tobacco use;
- Discussion of the meaning of upcoming tasks and significant findings;
- Unusual signs and symptoms to report to healthcare services staff:
 - Continuous or severe headache
 - Persistent vomiting
 - Persistent or recurring abdominal pain
 - Vaginal bleeding
 - Dimness or blurred vision
 - Chills or fever
 - Loss of fluid from vagina
 - Swelling of the hands, feet, or face that becomes persistent
 - Urinary tract symptoms (e.g., dysurea or hematuria);
- Signs or symptoms of pre-term labor; and
- Future family planning.
- Three (3) to six (6) weeks prior to delivery, pre-registration forms and a copy of the
 offender's prenatal record will be sent to the local hospital where the delivery is to
 take place.

Onset of Labor/Ruptured Membrane Requirements

- At onset of labor or rupture of membranes, the offender shall be transferred to the local hospital for evaluation.
- A consent form (see SOP <u>401.06.03.070</u>, *Informed Consent*) needs to go with the offender to the hospital.

Postpartum Requirements

Policies, procedures, and protocols shall address the timeframes for postpartum followup appointments for both vaginal and Caesarean section deliveries.

Note: The offender must make arrangements for the care and guardianship of the infant. Neither the IDOC nor the contract medical provider is responsible for postnatal care of the infant.

Discharge Planning Requirements

- Discharge planning for future medical care needs will be discussed with each offender prior to release whether release is to be prenatal or postnatal.
- To ensure continuity of care when the offender is released, pertinent healthcare records are to be transferred to the future housing facility or healthcare provider.

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2. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits a year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-G-07, Care of the Pregnant Inmate



