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<b>Management of Pregnancy</b>	<b>ACA Standards: 2-CO-4E-01, 2-CO-4F-01, 5-ACI-6A-10, 5-ACI-6A-11, 4-ACRS-4C-14, 4-ACRS-5A-10, 5-ACI-5E-10, 5-ACI-3A-16, 5-ACI-3A-17</b>		
<b>Ross Fisher, MD, Chief Medical Officer Oklahoma Department of Corrections</b>	<b>Signature on File</b>		

## Management of Pregnancy

Health services are provided to address the unique needs of female inmates with regard to health maintenance, pregnancy, prenatal care, postpartum care, contraceptive needs, preventative health care, chronic health care, and menopausal/postmenopausal needs. (2-CO-4E-01, 2-CO-4F-01, 5-ACI-6A-10, 4-ACRS-4C-14, 4-ACRS-5A-10)

The Oklahoma Department of Corrections is committed to providing high quality, safe and effective preventative health care, chronic health care, and obstetrical services to its female inmates.

Receiving proper health care during pregnancy can result in an uncomplicated delivery and a healthier baby. It is important that prenatal care begins or continues with entry into the Department of Corrections.

No female inmates will receive medication contraindicated during pregnancy without first determining pregnancy status. This will be done by inmate interview (i.e., determining the last menstrual period, ruling out signs and symptoms of pregnancy) and urine pregnancy test.

Female inmates, who at any time present with signs or symptoms of pregnancy, will have a pregnancy test. (5-ACI-6A-10, 4-ACRS-4C-14)

The scope of services for uncomplicated obstetric care includes prenatal care (care during pregnancy), intrapartum care (care during delivery) and postpartum care (care after delivery).

Prenatal care encompasses those services that are necessary for the health of the pregnant woman and her fetus and will include inmate education, on-going risk assessment and development of individualized inmate management plan.

#### I. Reproductive Options (5-ACI-5E-10)

Upon notification of a positive pregnancy test, a provider will evaluate the inmate. The inmate will be apprised of her reproductive options:

1. Continuation of the pregnancy to term and keeping the baby.
2. Continuation of the pregnancy to term and giving the baby up for adoption.
3. Termination of pregnancy, (if less than 12 weeks gestation, a documented fetal abnormality, or if the mother's health would be in jeopardy if pregnancy were carried to term).
  - a. Inmates desiring termination of pregnancy must submit their request in writing to a health care provider. This request will be scanned into the inmate's Electronic Health Record (EHR).
    - (1) The inmate will then be referred by a health care provider to an outside licensed abortion facility for counseling about her options and her decision to electively terminate the pregnancy. The referral agency will carry out any procedure agreed to by the inmate and the abortion facility's health professional who will also obtain the inmate's permission on the necessary consent forms.
    - (2) The inmate or the inmate's family will be financially responsible for the abortion. The financial arrangements will be completed prior to scheduling the procedure.

- b. If pregnancy termination is considered for medical reasons, the inmate will be referred to the OU Medical Center Department of Obstetrics and Gynecology for counseling, discussion of options, and the carrying out of any procedure recommended and agreed to by the inmate and the medical staff at the OU Medical Center Department of Obstetrics and Gynecology. The OU Medical Center Department of Obstetrics and Gynecology will obtain the necessary consent forms for any planned procedure.
      - c. No Oklahoma Department of Corrections (ODOC) employee will be compelled to participate in the offering of these options if to do so would be in conflict with his or her personal/religious beliefs.
      - d. The choice for the termination/retention of pregnancy will be the sole decision of the inmate.
  - 4. If arrangements have not been previously made, inmates desiring to carry the pregnancy to term, either to keep or give up the child for adoption, will be referred to the social services staff at the OU Medical Center. Social services staff will assist the inmate with family care of the baby or placement of the infant for adoption after birth. (-5-ACI-5E-10) Child care options are not available during incarceration. (4-4353-1, 4-ACRS-4C-14-1)
- II. Routine and High-Risk Prenatal Care (5-ACI-3A-17, 5-ACI-6A-10, 4-ACRS-4C-14)
  - A. Pregnant inmates will be under the care of a qualified medical provider at DOC and the OU Medical Center Department of Obstetrics and Gynecology. The inmate's care will be governed by the American College of Obstetrics and Gynecology Guidelines for Obstetrical Care. (4-ACRS-4C-14)
  - B. High-risk obstetrical care will be directed by the obstetrics staff at OU Medical Center Department of Obstetrics and Gynecology and monitored between visits by the qualified medical provider at ODOC. (5-ACI-6A-10b# 3)
  - C. Appropriate nutrition will be made available to all inmates.
  - D. Management of the chemically addicted pregnant inmates will be in accordance with [OP-140123](#) entitled "Care of the Actively Chemical Dependent Offender." (5-ACI-6A-10b# 4)
  - E. Pregnant inmates will be transported to the OU Medical Center for delivery. Use of restraints will be in accordance with [OP-040114](#) entitled "Security of Inmates in Non-prison Hospitals." During active labor and delivery, restraint use is generally prohibited unless necessitated by serious security risks. Such exceptions will be approved by a DOC medical provider in advance. (5-ACI-3A-17)
  - F. Birth certificate/registry will not list the correctional facility as the place of birth. (5-ACI-6A-10b# 6)
  - G. ODOC medical providers will brief the inmate concerning the rules and conditions for admission to the hospital for delivery.

III. Initial Visit

A. Pertinent medical history to include but be not limited to:

1. Chief complaint, if any
2. Menstrual history
3. Past pregnancies and their outcomes
4. Past medical history, including medical illnesses, fractures, blood transfusions, surgeries, IV drug use, shared needles
5. Family history/psychosocial assessment
6. Social history
7. Identification of risk factors/genetic screening (Sickle cell disease, Tay-Sachs disease, Alpha/Beta thalassemia)
8. Infection history
9. Allergies/adverse reactions
10. Current medications
11. Nutritional history

B. Initial comprehensive physical examination to include but be not limited to:

1. Vital signs (temperature, pulse, respiration's, blood pressure, weight, height)
2. HEENT / teeth / thyroid
3. Breasts
4. Heart / Vessels
5. Lungs
6. Skin/lymph nodes
7. Neurological
8. Abdomen
9. Pelvic examination (to include pelvic measurement)
10. Rectum

C. Initial Laboratory/Test(s)

1. Prenatal profile (CBC with auto diff., ABO group, RH type, antibody screen, HbsAg, rubella titer, RPR and syphilis serology)
2. Clean catch UA for routine and culture
3. Pap Smear
4. GC/Chlamydia culture
5. HIV testing/counseling
6. Others as clinically indicated by history or exam

D. Initial Medication(s)

1. Prenatal vitamin, one by mouth daily
2. Folic Acid 1 mg by mouth daily
3. Citracal with D 500 mg by mouth bid
4. Fergon one by mouth daily or as directed
5. Antacid-preferably Maalox or tums by mouth prn
6. Rhogam at 28 weeks when indicated

E. Diet

1. Diet for health with OB snack X 2

IV. Subsequent Visits

A. Frequency

1. Low risk pregnancies:
  - a. Less than 28 weeks – monthly
  - b. 28 weeks to 36 weeks – every 2-3 weeks
  - c. 36 weeks to labor – weekly
2. High risk pregnancies: (4-4353M B# 3)
  - a. The frequency of visits will be determined by the health care provider. If appropriate, the inmate will be referred to the Department of Obstetrics and Gynecology at the OU Medical Center.

B. Subsequent Examination at each visit

1. Vital signs (temperature, pulse, respiration's, blood pressure, weight)
2. Fundal height / fetal presentation
3. Fetal heart rate / movement
4. Pelvic examination/cervical check as indicated

C. Subsequent Laboratory/Test(s)

1. Maternal Quadruple Screen at 15 to 21 weeks for Down's Syndrome, NTDs, and Trisomy 18.
2. Level 2 Ultrasound and further Genetic testing including Amniocentesis for Advanced Maternal or Paternal Age or other risk factors. Screening ultrasound at 16-20 weeks
3. Diabetic glucose screen 24-28 weeks or whenever inmate arrives
4. HCT 26-30 weeks or as indicated by inmate condition
5. VDRL/Chlamydia/GC repeat as indicated
6. Beta -hemolytic strep culture (vaginal and rectal) at 35-40 weeks

D. Counseling/Education

1. First trimester
  - a. Exercise, diet
  - b. Options of sterilization if reached family size
2. Third trimester
  - a. Signs of labor
  - b. Danger signs
  - c. Common discomforts

V. Intrapartum Care

All inmates should be delivered at OU Medical Center, Department of Obstetrics and Gynecology. Prior to or at the time of transport, DOC Medical Services staff will notify OUMC that the patient is en route. Use of restraints will be in accordance with OP-040114 entitled "Security of Offenders in Non-prison Hospitals."

VI. Postpartum Visit and Examination (5-ACI-6A-10b# 5)

- A. Upon discharge from a Medical Center the inmate will return to the Correctional Center for postpartum care for approximately 6 weeks. ODOC health care provider will evaluate the postpartum inmate on the inmate's return to the facility, at two weeks, and at six weeks postpartum. This schedule will be modified when a surgical delivery has occurred or when other medical problems are present or occur.
- B. Initial Postpartum visit:
  - 1. Review any complaints
  - 2. Review delivery record
  - 3. Initiate postpartum orders
  - 4. Check vital signs, uterus (abdominally) and amount of bleeding, and incision if present
- C. Subsequent Postpartum Visit – at 6 weeks post-delivery or as indicated:
  - 1. Physical examination
  - 2. Vital signs (temperature, pulse, respiration's, blood pressure, weight)
  - 3. Breast
  - 4. Heart/lungs
  - 5. Abdomen
  - 6. Pelvic examination
- D. Laboratory Tests
  - 1. As clinically indicated by history and examination
- E. Medication
  - 1. Prenatal vitamin, one by mouth daily X 6 weeks
  - 2. Colace 100mg b.i.d. prn constipation
  - 3. Fergon one daily X 6 weeks
  - 4. Motrin 400mg by mouth q.i.d. prn pain X 6 weeks
- F. Treatment(s)
  - 1. Peri-care bottle to rinse perineum after voiding and stool
  - 2. Wear supportive bra or breast binder
  - 3. Ice pack to breast for engorgement

G. Activities

1. Postpartum Lay-In Status (“Postpartum Lay-in Activity Status” form to case manager)
2. Inmate may have frequent rest times as needed
3. Inmate may go to bathroom, meals, sick call, pill line, count and appointments with medical staff
4. Inmate may have visiting privileges and/or telephone calls
5. Inmate work activities restricted to no lifting > 10lbs., no prolonged standing, mopping or sweeping
6. Inmate may not be removed from lay-in except by medical staff

H. Counseling/Education

1. Contraception
2. Postpartum “blues”/ assessment for postpartum depression

VII. Contraception

A. Criteria

Contraception will be provided to female inmates when the following criteria are present:

1. When the inmate is within six months of release and requests contraception.
2. When the inmate has a gynecological condition that warrants its use as a part of recommended treatment.
3. The type of contraceptive method provided will be based on the inmate’s medical history, method she will be capable of using effectively, and any medical condition warranting its use.

VIII. Sterilization

A. Inmates desiring sterilization must submit their request in writing to a medical provider. This request will be scanned into the EHR.

1. Medical staff will then refer the inmate to an outside licensed facility for counseling about her options and her decision for sterilization. The referral agency will carry out any procedures agreed to by the inmate and the referral agency’s health professional, who will also obtain the inmate’s permission on the necessary consent forms.
3. The inmate or her family will be financially responsible for all costs related to the procedures. All payment will be completed prior to the procedure.

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- B. Tubal sterilization following vaginal delivery or at the time of a C-section will be considered if the inmate has attended tubal class at the OU Medical Center Department of Obstetrics and Gynecology, has signed the appropriate papers, and the delivering obstetrician concurs.
- C. No ODOC employee will be compelled to participate in the offering of these options if to do so would be in conflict with his or her personal/religious beliefs.
- D. Any decision regarding sterilization will be the sole responsibility of the inmate.

#### IX. Forms

The following forms will be utilized to maintain obstetrical documentation:

- A. "Antepartum Record" ([MSRM 140117.02A](#))
- B. "Care of Pregnant Inmate" ([MSRM 140117.02B](#))
- C. "Diagnostic/Laboratory Results" ([MSRM 140117.02C](#))
- D. "OB Information Sheet" ([MSRM 140117.02D](#))
- E. "OB Registration Information Sheet" ([MSRM 140117.02E](#))
- F. "PIH/Pre-Eclampsia Flow Sheet" ([MSRM 140117.02F](#))
- G. "Post –Partum Lay-In Activity Status" ([MSRM 140117.02G](#))
- H. "Pregnant Offender Guidelines" ([MSRM 140117.02H](#))
- I. "Postpartum Checkup/Assessment" ([MSRM 140117.02I](#))

#### X. References

OP-040114 "Security of Offenders in Non-prison Hospitals"

ACOG Gynecologic Practice Committee Opinion. Primary and Preventive Care: Periodic Assessments Number 246, December 2000

Standards for Obstetrical/Gynecological Services published by American College of Obstetricians and Gynecologists.

#### XI. Action

The chief medical officer, Medical Services will be responsible for compliance with this procedure.

The chief medical officer, Medical Services will be responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure will be effective as indicated.

Replaced: Medical Services Resource Manual 140145-01 entitled "Management of Pregnancy" dated May 10, 2018

Distribution: Medical Services Resource Manual

Referenced Forms	Title	Location
<a href="#">MSRM 140117.02A</a>	"Antepartum Record"	Attached
<a href="#">MSRM 140117.02B</a>	"Care of Pregnant Inmate"	Attached
<a href="#">MSRM 140117.02C</a>	"Diagnostic/Laboratory Results"	Attached
<a href="#">MSRM 140117.02D</a>	"OB Information Sheet"	Attached
<a href="#">MSRM 140117.02E</a>	"OB Registration Information Sheet"	Attached
<a href="#">MSRM 140117.02F</a>	"PIH/Pre-Eclampsia Flow Sheet"	Attached
<a href="#">MSRM 140117.02G</a>	"Post –Partum Lay-In Activity Status"	Attached
<a href="#">MSRM 140117.02H</a>	"Pregnant Inmate Guidelines"	Attached
<a href="#">MSRM 140117.02I</a>	"Postpartum Checkup/Assessment"	Attached