

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.09	<b>Page</b> 1 of 9
	<b>Original Effective Date:</b> 09/01/97	<b>New Effective Date:</b> 10/30/14
	<b>Supersedes:</b> 500.30.09	<b>Dated:</b> 02/27/14
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
	<b>Last Reviewed; No Changes:</b> 03/24/16	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Provision of Services to Pregnant Inmate Patients		

**POLICY**

The Division of Adult Institutions shall provide access for all female inmate patients to medical services related to pregnancy. These services shall include timely and appropriate prenatal, intrapartum and postpartum care in accordance with community standards.

**REFERENCES**

Standards For Health Care In Prisons – National Commission On Correctional Health Care, 2014, P-A-08 – Communication Of Patients' Health Needs, P-G-02 – Patients with Special Health Needs, P-G-09 – Counseling and Care Of The Pregnant Inmate  
Wisconsin Statutes s. 48.375 – Parental consent required prior to abortion; judicial waiver procedure  
DAI Policy 306.00.02 – Escorting and Transportation of Pregnant Inmates  
DAI Policy 500.10.17 – Diagnostic Rehabilitation Services  
DAI Policy 500.50.02 – Health Care Record and Content

**DEFINITIONS, ACRONYMS AND FORMS**

Advanced Care Provider (ACP) – Provider with prescriptive authority.

APGAR – Appearance, pulse, grimace, activity and respiration

DOC – Department of Corrections

DOC-1163A – Authorization for Use and Disclosure of Protected Health Information

DOC-3001 – Off-Site Service Request and Report

DOC-3020 – Problem List

DOC-3021 – Progress Notes

DOC-3151 – Pregnancy Status Notification

DOC-3183 – Referral for On-Site Health Services

DOC-3335 – Request for Protected Health Information (PHI) for Ongoing Treatment

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DOC-3357 – Pregnancy Log  
HSM – Health Services Manager

Minor – Individual under the age of 18 years.

MPAA – Medical Program Assistant-Advanced

Perinatal – Pertaining to the periods shortly before, during or shortly after the time of the birth of a child; generally considered to begin with the time of viability, which occurs between 23-24 weeks.

POAHC – Power of Attorney for Health Care

Postpartum – After childbirth or after delivery.

Prenatal – Period before the birth of a child.

Protected Health Information (PHI) – Any written, electronic, verbal health and demographic information, contained in any DOC record, about an individual transmitted or maintained in any medium that relates to a past, present, or future physical or mental health condition, provision of health care to an individual, or payment for health care.

PSU – Psychological Services Unit

RN – Registered Nurse

TCI – Taycheedah Correctional Institution

Termination of pregnancy – Pregnancy is ended because of childbirth, elective termination or miscarriage.

## **PROCEDURES**

### **I. Procedures for Screening for Pregnancy**

- A. All females shall be screened for pregnancy upon admission to the DOC by asking questions about an obvious or possible pregnancy and at any other time as indicated.
- B. Obtain a urine pregnancy test and send to the contracted lab or complete an on-site pregnancy test in accordance with DAI Policy 500.10.17.
  1. Upon admission to any facility housing females.
  2. For all inmate patients returning to a DOC facility following inpatient treatment at Winnebago Mental Health Institution.
  3. Upon inmate patient request.
- C. Review the Medical Chart upon receipt of an inmate patient transferred from another DOC facility, Winnebago Mental Health Institution, or a contract bed

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to identify an existing pregnancy and initiate appropriate action/referral as necessary per Section II below.

## **II. Actions Required Following Positive Pregnancy Test Results**

- A. Schedule all inmate patients with a positive pregnancy test to be seen by the facility ACP.
- B. If completing on-site pregnancy testing, the RN shall inform the inmate patient when the test is positive, and advise the inmate patient a confirmatory test will be sent to the state contracted lab.
- C. All on-site positive pregnancy tests shall be confirmed by sending another pregnancy urine test to the contracted lab.
- D. The ACP shall:
  1. Notify the inmate patient of the positive test results, if not already completed by the RN as above.
  2. Explain the care that will be provided.
  3. Order prenatal vitamins.
  4. Provide regularly scheduled follow-up medical appointments in collaboration with the off-site obstetrician.
- E. Document the following information in the Medical Chart:
  1. Add "pregnancy" to the current DOC-3020 – Problem List.
  2. Identify chart to signify pregnant inmate patient.
  3. Add inmate patient to pregnancy database or facility's data collection mechanism.
  4. Complete top portion of DOC-3151 – Status Notification of Pregnancy and route to the Social Worker, Security, HSM and the person responsible for data entry into the pregnancy database or facility data collection mechanism. File in Medical Chart per DAI Policy 500.50.02 – Attachment 1.
- F. Promptly notify Security verbally to ensure transportation procedures are implemented according to DAI Policy 306.00.02.
- G. Restraints shall be utilized by the least restrictive means necessary, ensuring safety of the mother and fetus.

## **III. Pregnancy Counseling**

- A. Pregnant inmate patients shall be given counseling and assistance whether they elect to keep the child, use adoption services or decide to terminate the pregnancy.
- B. An outside agency shall provide additional counseling if requested.
- C. HSU shall arrange for the outside counseling in a timely manner so a full range of options are available to the inmate patient.

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- D. HSU shall arrange for the outside counseling and complete a DOC-3001 – Off-Site Service Request and Report to be sent with the inmate patient for the counseling appointment.

#### **IV. Elective Termination of Pregnancy**

- A. The adult pregnant inmate patient is the only individual with legal authority to make the decision to terminate her pregnancy unless she has specifically authorized her health care agent under an activated POAHC to make that decision on her behalf. Consult with DOC Office of Legal Counsel in a situation involving an activated POAHC.
- B. A minor may make the decision to terminate her pregnancy by following the procedures contained in Wisconsin Statutes s. 48.375. Due to the complexity of laws associated with the termination of a pregnancy involving a minor, consult with DOC Office of Legal Counsel in any case involving a minor pregnant inmate patient who wishes to terminate her pregnancy.
- C. The inmate patient or parent/legal guardian of a minor must assume all costs of the procedure unless:
1. The pregnancy is the result of sexual assault or incest which has been reported to law enforcement authorities.
  2. The termination is necessary to prevent grave, long-lasting physical health damage or to save the life of the inmate patient as determined by the community obstetrician.
- D. Complete a DOC-3183 – Referral for On-Site Health Services to refer the inmate patient to the PSU for psychological services if requested by the inmate patient or if there is concern for the inmate patient's emotional health.
- E. Notify the Medical Director if the inmate patient decides to terminate the pregnancy.
- F. Complete DOC-3001 – Off-Site Service Request and Report for off-site appointments.
- G. Upon termination of the pregnancy complete the following:
1. Document provided treatment and health status/health needs of the inmate patient in the Medical Chart DOC-3021 – Progress Note.
  2. Document on the current DOC-3020 – Problem List in the Medical Chart that the pregnancy diagnosis is inactive.
  3. Remove from chart indicator that inmate patient is pregnant.
  4. Update the DOC-3151 – Pregnancy Status Notification from the Medical Chart – Correspondence Section and complete Part 2 and send to the Social Worker, HSM and Security post-partum.

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- H. Assessment shall occur upon return from the termination of pregnancy and then as determined by the ACP. The assessment shall include at a minimum:
1. Vital signs.
  2. Bleeding.
  3. Bowel and bladder function.
  4. Activity level and tolerance.
  5. Nutrition and fluid intake.
  6. Signs and symptoms of infection.
  7. Psychosocial health.
- I. Complete a DOC-3183 – Referral for On-Site Health Services to refer the inmate patient to the PSU for psychological services if requested or indicated. PSU staff should be called directly if there is a concern about the inmate patient's emotional health.

**V. Continuation of Pregnancy**

- A. Refer the inmate patient to an obstetrician in the community for prenatal and perinatal care. Prior authorization is not required.
- B. Pregnancies considered to be high-risk shall be referred to an appropriate provider.
- C. Complete a DOC-3001 – Offsite Service Request and Report and send with inmate patient for all off-site appointments.
- D. HSU shall share PHI with the community provider for ongoing treatment purposes without a written authorization from the inmate patient under Wisconsin and federal confidentiality laws.
- E. If HSU encounters problems obtaining PHI from the community provider, complete a DOC-3335 – Request for Protected Health Information (PHI) for Ongoing Treatment to request the PHI from the community provider so the DOC can share PHI with the community provider on an ongoing basis.
1. Describe the PHI being requested as prenatal and perinatal care being provided by the community health care provider in the "description of PHI requested" section of the DOC-3335.
  2. If by policy the community provider requires a written authorization from the inmate patient, complete a DOC-1163A – Authorization for Use and Disclosure of Protected Health Information being sure to indicate the authorization is a two-way release.
- F. Follow plan of care as recommended and approved including:
1. Activity.
  2. Safety.
  3. Nutrition guidance.
  4. Alcohol and drug avoidance

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- G. Identify and communicate special needs and activity restrictions.
- H. The assigned Social Worker shall work with the Department of Community Corrections agent to coordinate a discharge plan if release is anticipated during the perinatal period to include follow up appointments and identification of community resources.
- I. If inmate patient is scheduled for transfer to another DOC facility, verbally provide transfer of care notification to the receiving facility.
- J. A medical hold shall be considered for clinical management of pregnancy as necessary.

## **VI. Postpartum**

- A. The facility shall obtain delivery records from delivering hospital to place in inmate patients' medical chart.
- B. Assessment of the inmate patient upon discharge shall be completed:
  - 1. Vaginal delivery a minimum of once daily for 72 hours.
  - 2. C-Section delivery a minimum of once daily for five days.
- C. Assessment and documentation shall include at a minimum:
  - 1. Vital signs.
  - 2. Lochia.
  - 3. Breast exam.
  - 4. Bowel and bladder function.
  - 5. Activity level and tolerance.
  - 6. Nutrition and fluid intake.
  - 7. Skin integrity/incision monitoring.
  - 8. Signs and symptoms of infection.
  - 9. Psychosocial health including signs and symptoms of post-partum depression.
- D. Complete a DOC-3183 – Referral for On-Site Health Services to refer the inmate patient to PSU for psychological services for evaluation if indicated or requested. PSU staff should be called directly if there is a concern about the inmate patient's emotional health.
- E. Complete the following:
  - 1. Document in the Medical Chart DOC-3021 – Progress Notes.
  - 2. Document on the current DOC-3020 – Problem List in the Medical Chart that the pregnancy diagnosis is inactive.
  - 3. Remove from chart indicator that inmate patient is pregnant.
  - 4. Update the DOC-3151 – Pregnancy Status Notification from the Medical Chart – Correspondence Section and complete Part 2 and send to the Social Worker, HSM and Security.

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**VII. Infant**

- A. The placement of the infant will be decided by the inmate patient with the DOC Social Worker if this hasn't been identified with the county prior to being admitted to DOC.
- B. The DOC facility Social Worker shall act as the liaison with the appropriate community contacts such as the hospital Social Worker and the county Human Services involved in the case.
- C. DOC is not financially responsible for the infant's medical bills. The hospital arranges for payment of the bills through medical assistance or other applicable health insurance.

**VIII. Data Collection**

- A. When an inmate patient is pregnant, or upon a positive pregnancy test, HSU shall record the following information into the DOC-3357 – Pregnancy Log or facility data collection mechanism:
  - 1. Inmate patient's name and DOC number.
  - 2. Facility.
  - 3. Inmate patient's age.
  - 4. Date of admission to DOC.
  - 5. Expected date of delivery.
- B. HSU shall document in the pregnancy database or the facility's data collection mechanism the following:
  - 1. Method of pregnancy termination.
  - 2. Date of pregnancy termination or release from DOC facility.
  - 3. Type of delivery:
    - a. Vaginal.
    - b. C-section.
  - 4. Sex of infant.
  - 5. APGAR scores.
- C. The DOC-3357 – Pregnancy Log or the facility's data collection mechanism shall be forwarded to the MPAA at TCI:
  - 1. Upon admission of a pregnant inmate patient to a DOC facility or upon a positive pregnancy test, each facility shall send the information listed in VIII.A. above.
  - 2. Upon termination of the pregnancy or release, each facility shall send the data required under Section VIII.B. above.

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**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator



**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>Chapter:</b> 500 Health Services		
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<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES****DEFINITIONS, ACRONYMS, AND FORMS****FACILITY PROCEDURE**

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other