



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

Kristin Nissen

Name of Individual Certifying this Document / Proposed Document

Program and Policy Chief

Title

Kristin Nissen

Signature

4/17/2020

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (Rev. 12/2019)

 <p style="text-align: center;">WISCONSIN DEPARTMENT OF CORRECTIONS Division of Juvenile Corrections</p> <p style="text-align: center;">Policy and Procedure</p>	EFFECTIVE DATE enterStatus	PAGE NUMBER 1 of 8
	MANUAL REFERENCE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
	DJC POLICY # 500.30.09	Original Date: [Comments]
	ORIGINATED BY Ron E. Hermes, Administrator	
X _____ Date Signed:		
DISSEMINATION	PRIORITY	
<input type="checkbox"/> All Staff <input type="checkbox"/> Confidential – Security Related <input type="checkbox"/> Facilities <input type="checkbox"/> Field Offices <input checked="" type="checkbox"/> Health Services <input type="checkbox"/> Supervisory Staff Only	<input type="checkbox"/> Policy/Directive Discuss at Staff Meeting <input checked="" type="checkbox"/> Information Read/Route/Post	
	REPLACES POLICY [Category]	
SUBJECT: Provision of Services to Pregnant Youth Patients		

Purpose

The purpose of this policy is to ensure female youth in the Division of Juvenile Corrections’ facilities receive timely and appropriate health care during and after pregnancy.

Policy

The Division of Juvenile Corrections shall provide access for all female youth 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 Services in Juvenile Detention and Confinement Facilities– National Commission On Correctional Health Care, 2015, Y-A-08 – Communication Of Patients’ Health Needs, P-G-02 – Patients with Special Health Needs, Y-G-09 – Counseling and Care of the Pregnant and Postpartum Juvenile
- Wisconsin Statute § 48.375 – Parental consent required prior to abortion; judicial waiver procedure
- Wisconsin Statute § 302.38 - Medical care of prisoners
- Wisconsin Statute § 302.386 - Medical and dental services for prisoners and forensic patients
- DJC Policy 300.07.03 – Escorting and Transporting Pregnant Youth
- DJC Policy 500.10.17 – Diagnostic Rehabilitation Services

Definitions, Acronyms, and Forms

- Advanced Care Provider (ACP) – Provider with prescriptive authority.
- APGAR – Appearance, pulse, grimace, activity and respiration
- DJC- Division of Juvenile Corrections
- DOC – Department of Corrections
- DOC-1163A – Authorization for Use and Disclosure of Protected Health Information
- DOC-3001 – Off-Site Service Request and Report
- DOC-3151 – Pregnancy Status Notification

Provision of Services to Pregnant Youth Patients	EFFECTIVE DATE enterStatus	PAGE NUMBER 2 of 8
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DOC-3335 – Request for Protected Health Information (PHI) for Ongoing Treatment

DOC-3357 – Pregnancy Log

HSM – Health Services Manager

HSU- Health Services Unit

Minor – Individual under the age of 18 years.

MPAA – Medical Program Assistant- Associate

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

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

Procedure

- I. Procedures for Screening for Pregnancy
 - A. All female youth shall be screened for pregnancy upon admission 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 DJC Policy 500.10.17.
 1. Upon admission or readmission to any facility housing females.
 2. Upon youth request.
 - C. Review the medical chart upon receipt of a youth transferred from another correctional facility or mental health institution 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 youth with a positive pregnancy test to be seen by the facility ACP.
 - B. If completing on-site pregnancy testing, the RN shall inform the youth when the test is positive and advise the youth a confirmatory test will be sent to the 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 youth of the positive test results, if not already completed by the RN as above.
 2. Explain the care that will be provided.
 3. Order:
 - a. Appropriate prenatal laboratory and diagnostic tests.
 - b. Prenatal vitamins.
 4. Provide regularly scheduled follow-up medical appointments in collaboration with the off-site obstetrician.
 5. Pregnant youth with active substance use disorder shall receive ACP evaluation upon intake. Medication and/or assisted treatment shall be offered as appropriate.
 6. Educate all pregnant youth on the dangers of using alcohol, drugs, and tobacco products while pregnant.
- E. Document the following information in the youth's medical chart:
1. Add "pregnancy" to the youth's Electronic Medical Record's problem list.
 2. Add youth to the facility's pregnancy database or data collection mechanism.
 3. Complete top portion of DOC-3151 and route to the HSM, youth's assigned social worker, security director or designee, and the MPAA responsible for data entry into the facility's pregnancy database or data collection mechanism.
- F. Promptly notify security verbally to ensure transportation procedures are implemented according to DJC 300.07.03.
- G. Restraints shall be utilized by the least restrictive means necessary, ensuring safety of the mother and fetus.

III. Pregnancy Counseling

- A. Professional health staff shall provide pregnant youth with counseling and assistance whether the youth elects to keep the child, use adoption services, or decides to terminate the pregnancy.
- B. An outside agency shall provide additional counseling if requested.
- C. HSU and PSU staff shall coordinate the outside counseling in a timely manner so a full range of options are available to the youth. A DOC-3001 shall be sent with the youth for the appointment for continuity of care purposes.

IV. Continuation of Pregnancy

- A. An ACP shall refer the youth to an obstetrician in the community for prenatal and perinatal care.
- B. Pregnancies considered to be high-risk shall be referred to a specialized obstetrical provider.
- C. Complete a DOC-3001 and send with the youth for all off-site appointments.
- D. HSU shall share PHI with the community provider for ongoing treatment purposes without a written authorization from the youth under Wisconsin and federal confidentiality laws.
- E. If HSU encounters problems obtaining PHI from the community provider, complete a DOC-3335 so the DOC can obtain PHI from the community provider on an ongoing basis.

1. Describe the PHI being requested as prenatal and perinatal care by the community health care provider in the “description of PHI requested” section of the DOC-3335.
 2. If by the community provider’s policy a written authorization from the youth is required, complete a DOC-1163A with the youth being sure to indicate the authorization is a two-way release.
- F. Follow the plan of care on the DOC-3001 or verbal communication from the community provider as recommended and approved by the DOC ACP including:
1. Activity.
 2. Safety.
 3. Nutrition guidance.
 4. Alcohol and drug avoidance
- G. Identify and communicate any special needs and activity restrictions.
- H. The assigned social worker shall work with DJC field staff to coordinate a release or discharge plan if applicable during the perinatal period to include follow- up appointments and identification of community resources.
- I. If a youth is scheduled for transfer to another DOC facility, HSU staff shall verbally provide transfer of care notification to the receiving facility’s HSU staff.
- V. Active, imminent Labor and Delivery
- A. An emergency delivery kit shall be readily available in circumstances of youth active labor where delivery of baby appears imminent within the facility. 911 shall be called immediately. At minimum, the kit shall include:
1. Clean towels, blankets, washcloths.
 2. Disposable bulb syringe for clearing baby’s mouth then nose if baby’s breathing is restricted; never suction the nose first as it stimulates the baby to take a big breath in and increases risk for aspiration.
 3. Two sterile hemostats for clamping of umbilical cord as needed- there is no urgency to clamp the cord and should not be clamped for a minimum of 60 seconds after birth. Clamp about 4 inches from baby; the cord does not need to be clamped in a normal delivery and unless complications occur should be avoided. Clamping increases the risk for infection in a dirty environment.
 4. Sterile Scissors – if resuscitation of baby is needed and the cord must be cut.
 5. Sterile Gloves
 6. Basin to keep all products of delivery and send with the baby to the hospital
- B. Minimum actions to take during active labor with imminent delivery within the facility:
1. At least two health staff shall be present as available. Remain with youth and baby at all times.
 2. Ensure youth is unclothed as to not restrict delivery of baby while ensuring decency of youth. Encourage youth to lie down and tilt to the side during process to assure fetal circulation and optimal pelvic positioning.

3. Support baby's head, shoulders, and body during active delivery. Bring baby towards youth's stomach. Do not pull on baby and be careful as baby will be slippery; support with clean towel or blanket.
4. Ensure umbilical cord is not wrapped around baby's head or neck. If cord is wrapped around neck or head, guide umbilical cord over baby's head to facilitate safe delivery and ensure baby's health.
5. Keep baby warm and dry by gently drying baby after delivery and placing baby skin to skin with mother, covering baby with a clean towel or blanket.
6. If baby is limp or not breathing, tactile stimulation shall be initiated promptly
 - a. Rub baby's back or chest
 - b. Rub soles of baby's feet
 - c. Avoid vigorous stimulation
 - d. Initiate basic life support as needed.

VI. Elective Termination of Pregnancy by a Patient

- A. Treating HSU staff shall complete a referral for psychological services by verbally contacting a licensed PSU staff to communicate the youth's decision to terminate the pregnancy.
- B. HSM shall notify the DJC Nursing Coordinator and DOC Medical Director if the youth decides she wishes to terminate the pregnancy.
- C. A pregnant youth 18 years or older 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.
- D. A minor may make the decision to terminate her pregnancy by following the procedures contained in Wisconsin Statutes s. 48.375.
- E. Consultation with DOC Office of Legal Counsel shall be completed in any case involving a pregnant female youth within DJC who wishes to terminate her pregnancy.
- F. The youth or parent/legal guardian of a minor must assume all costs of the procedure to terminate the pregnancy 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 youth as determined by the community obstetrician.
- G. HSU shall complete DOC-3001 for off-site appointments.
- H. Upon termination of the pregnancy complete the following:
 1. Document provided treatment and health status/health needs of the youth in the medical chart.
 2. Document in the youth's medical chart problem list that the pregnancy diagnosis is inactive.
 3. Remove indicator in the medical chart that youth is pregnant.
 4. Update the DOC-3151 and complete Part 2 of the form and send to the HSM, social worker, and security director.
- I. 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.

VII. Postpartum

- A. The facility shall obtain delivery records from the delivering hospital to place in the youth's medical chart.
- B. Upon discharge from the hospital back to the DOC facility a youth assessment shall be completed at minimum:
 1. Once daily for 72 hours for a vaginal delivery.
 2. Once daily for five days for C-Section delivery.
- C. Assessment of youth 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. Refer to PSU for psychological services and evaluation as indicated or as requested. PSU staff shall be called directly as professionally determined.
- E. Complete the following:
 1. Document on the problem list in the medical chart that the pregnancy diagnosis is inactive.
 2. Update the DOC-3151 and complete Part 2 and send to the HSM, social worker, and security director or designee.

VIII. Infant

- A. The placement of the infant shall be decided by the youth and/or youth's legal guardian with the DJC social worker if this hasn't been identified with the county prior to being admitted to DJC.

B. The DJC facility social worker shall act as the liaison with the appropriate community contacts such as the hospital social worker and the county human services department involved in the case.

C. DJC is not financially responsible for the infant's medical bills.

IX. Data Collection

A. When a youth is pregnant, or upon a positive pregnancy test, HSU shall record the following information into the DOC-3357 or facility data collection mechanism:

1. Youth's name and DOC number.
2. Facility.
3. Youth's age.
4. Notification Date.
5. Expected date of delivery.
6. Type of pregnancy termination.
 - a. Vaginal.
 - b. C-section.
 - c. Terminated.
7. Date of delivery or termination, or release from DJC facility.
8. Sex of infant.
9. Infant APGAR scores.

cc: Office of the Secretary
DJC Leadership Team

Division of Juvenile Corrections Facility/Region Implementation Procedure	
Facility/Region:	
DJC Policy Number: 500.30.09	
Subject: Provision of Services to Pregnant Youth Patients	
New Effective Date: enterStatus	Original Effective Date: [Comments]
Will Implement: <input type="checkbox"/> As Written <input type="checkbox"/> With following procedures for facility implementation	
Superintendent's/Regional Chief's Approval:	

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

- II.

- III.

RESPONSIBILITY

- I. Staff

- II. Youth

- III. Other