



VOLUME 4: MEDICAL SERVICES	Effective Date: 01/2006
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4.24.2 PATIENT CARE DURING PREGNANCY AND CHILDBIRTH PROCEDURE	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. PROCEDURE OVERVIEW

This procedure outlines the health care requirements for female patients during pregnancy and childbirth within the California Department of Corrections and Rehabilitation (CDCR). California Correctional Health Care Services (CCHCS) and the Division of Health Care Services (DHCS) provide comprehensive and coordinated health care services to female patients commensurate with each patient’s risk level and complexity, based on the Complete Care Model.

II. DEFINITIONS

High-Risk Pregnancy: A pregnancy that threatens the health or life of the mother or her fetus.

III. RESPONSIBILITIES

A. Statewide

1. CDCR and CCHCS departmental leadership at all levels of the organization, within the scope of their authority, shall ensure administrative, custodial, and clinical systems are in place; and appropriate tools, training, technical assistance, and levels of resources are available so that care teams can successfully implement this procedure at all institutions housing female inmates.
2. The Directors of CCHCS and DHCS shall plan, implement, and evaluate the systems and processes related to this procedure statewide.

B. Regional

Regional Health Care Executives shall implement this procedure at the subset of institutions within an assigned region.

C. Institutional

1. The Chief Executive Officer (CEO) shall implement and manage a system to administer this procedure. The CEO shall delegate decision making authority to designated institutional health care executives for daily operations of the health care delivery system and ensure adequate resources are deployed to support the required elements of care:
 - a. Provision of obstetrical (OB) services 24 hours per day.
 - b. Emergency treatment and management of preterm and/or precipitous delivery 24 hours per day.
 - c. Provision of hospital, surgical, and neonatal services.
 - d. Provision of social and educational services pertaining to pregnancy, childbirth, and health promotion.
2. The CEO and all members of the institution leadership team shall ensure all necessary resources are in place to support the successful implementation of this procedure at all levels; including, but not limited to:

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- a. Institution level
 - b. Patient panel level
 - c. Patient level
3. The CEO and all members of the institution leadership team shall ensure access to and utilization of equipment, supplies, health information systems, patient registries and summaries, and evidence-based guidelines, to ensure coordinated and integrated management of pregnancy and childbirth.

IV. LOCAL OPERATING PROCEDURE

Each CDCR institution shall establish a Local Operating Procedure to implement the statewide procedure.

V. PROCEDURE

A. General Requirements

1. CCHCS staff shall conduct a health screening, including a pregnancy screening, for all female inmates upon reception into CDCR per CCHCS, Inmate Medical Services Policies and Procedure (IMSP&P), 4.2, Reception Health Care Procedure.
2. The Primary Care Provider (PCP) shall evaluate patients within seven calendar days of self-reporting a suspected pregnancy or when pregnancy is suggested by the patient's physical appearance, and/or signs and symptoms of pregnancy are present.
3. CCHCS staff shall obtain diagnostic studies within three business days of evaluation by the PCP.
4. Upon confirmation of pregnancy, the Primary Care Team (PCT) shall provide and/or coordinate OB and health care services to include a written plan of care.
5. Patients with health care conditions that increase the risk of, or cause a high-risk pregnancy shall be identified, monitored, and referred to the appropriate level of care as indicated by health care needs of the patient.
6. The PCP at institutions housing female inmates other than CIW shall refer newly identified pregnant patients to CIW by referral to Classification and Parole Representative (C&PR) and the completion of a Medical Classification Chrono.
7. The PCT shall ensure communication with the receiving institution and other health care providers, regarding the patient's status and treatment plans to ensure continuity and coordination of services.
8. Transfer shall occur in accordance with the procedure outlined in the Health Transfer Process Procedure. Special consideration shall be given to ensure that the appropriate mode of transportation is selected and communicated.

B. Care of pregnant patients

1. Pregnant patients shall be provided the following:
 - a. An initial OB visit scheduled to occur within seven days of pregnancy diagnosis.
 - b. Diagnostic studies; ordered as medically necessary.
 - c. The option to be tested for human immunodeficiency virus (HIV) testing.
 - d. Education by the PCP or Obstetrician regarding the availability of pregnancy options such as:
 - 1) Continuing pregnancy and childcare plans.
 - 2) Adoption.
 - 3) Termination services.

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- 4) Obtaining pregnancy information pamphlets or other pertinent educational material.
CCHCS staff shall document the provision of this education in the patient's health record.
 2. Pregnant patients shall be prescribed or issued:
 - a. Prenatal vitamins (which contain iron and folic acid).
 - b. Dietary supplementation per the IMSP&P, Volume 4, Chapter 20, Outpatient Dietary Intervention Policy, to include:
 - 1) Two extra cartons of milk.
 - 2) Two extra servings of fresh fruit.
 - 3) Two extra servings of fresh vegetables daily.
 - 4) Additional nutrients or supplements, and/or referral to a Dietician as necessary.
 - c. A CDCR 1845, Disability Placement Program Verification chrono for lower bunk and lower tier housing if housed in a multi-tier housing unit, and any other necessary medical clearances or restrictions in their third trimester or earlier, if medically indicated.
 - d. A referral to the dentist on a priority basis for evaluation and treatment of periodontal disease.
 3. The PCP shall prepare a CDCR 7252, Request for Authorization of Temporary Removal, for all pregnant patients within 30 calendar days prior to the estimated delivery date. This form shall be taken to the Watch Commander's office in advance to enable custody staff to prepare the patient for transportation to an outside facility in a timely manner.
 4. Unless otherwise indicated by the Obstetrician, pregnant patients shall be scheduled for their OB visits as follows:
 - a. Every four weeks in the first trimester and up to 24-26 weeks gestation.
 - b. Every three weeks up to 30 weeks gestation.
 - c. Every two weeks up to 36 weeks gestation.
 - d. Weekly after 36 weeks gestation up to delivery.
 5. Pregnant patients shall be provided additional services as medically indicated.
 6. Every pregnant patient electing to continue her pregnancy shall be referred to a Medical Social Worker for case management to discuss placement of her child and options available for placement and care of the child after delivery.
 - a. A Medical Social Worker shall assist the pregnant patient to contact relatives regarding newborn placement, even while still in process of reception.
 - b. The Medical Social Worker shall initiate and oversee the management of all newborn placements.
- C. Outside Consultation or Non-Emergent Labor and Delivery
1. Transportation shall occur in accordance with the procedure outlined in the IMSP&P, Volume 4, Chapter 3, Health Transfer Process Procedure. Special consideration shall be given to ensure that the appropriate mode of transportation is selected and communicated.
 2. Copies of all prenatal forms and the completed Request for Services Form shall accompany the pregnant patient when she is sent for medical treatment or

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- consultation to an outside facility, and when the patient is transported for labor and delivery.
3. When a patient returns, the Registered Nurse (RN) on duty in the Triage and Treatment Area (TTA), Outpatient Housing Unit (OHU), or Correctional Treatment Center (CTC) shall receive the patient's paperwork from the outside facility. The receiving nurse shall notify the PCP and Obstetrician of the patient's return, medical status, recommendations from the outside consultant, and ensure the documents are filed in the patient's health record.
- D. Emergency Transport
1. A pregnant patient in labor shall be treated as an emergency and be transported immediately via ambulance. In the event of an emergency transport for the delivery of a baby, the Obstetrician and PCP shall be immediately notified and provide appropriate assistance and/or orders.
 2. Application of restraint gear and physical restraints shall be in accordance with California Penal Code sections 3407 and 3423. If handcuffs are applied, the patient's arms shall be brought to the front of her body for application.
- E. Postpartum Care
1. Postpartum patients who deliver a child via cesarean section shall be admitted to the OHU or CTC via the TTA upon return to the institution.
 2. All postpartum patients who deliver a child vaginally shall be assessed by the TTA RN who shall review discharge orders, and initiate postpartum care following communication and receipt of orders with PCP or Physician-on-call and determine appropriate housing.
 3. CCHCS staff shall schedule follow-up appointments; articulate treatment plans, and determine the need for continued limited duty, for all postpartum patients.
 4. Patients shall be afforded family planning services if their release and/or parole date falls within 12 to 16 weeks after delivery.
- F. Methadone Maintenance
1. Upon detection of pregnancy, patients on methadone treatment who are not housed at CIW shall receive immediate referral to C&PR for expedited transfer to CIW, which is the designated institution for pregnant inmates. The Chief Medical Executive shall ensure communication between the sending institution and CIW, and continued coordination of care.
 2. Methadone treatment shall be available when medically necessary and consistent with applicable requirements for pregnant patients under state and federal guidelines for opioid treatment.
 3. Patients on methadone are considered high-risk.
 4. The CEO shall ensure all health care staff are instructed on the institution's Methadone Maintenance Treatment Program protocol and procedures.
- G. Local Oversight - Designated Standing Improvement Committee
1. Institution leadership shall designate an existing standing committee reporting to the local Quality Management Committee for oversight of the systems and processes dedicated to the health care management of pregnant patients.
 2. Tracking and monitoring activities shall be performed to identify trends and opportunities for improvement.

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VI. REFERENCES

- Code of Federal Regulations, Title 42, Chapter 1, Subchapter A, Part 8, Subpart B, Section 8.12(f)(3), Federal Opioid Treatment Standards
- California Penal Code, Part 3, Title 2, Chapter 3, Section 3407, Prohibition on use of Restraints on Pregnant or Recovering Inmates
- California Penal Code, Part 3, Title 2, Chapter 3, Section 3423, Transfer to Hospital for Childbirth
- California Code of Regulations, Title 9, Division 4, Chapter 4, Subsection 5, Article 3, Section 10360, Additional Requirements for Pregnant Patients
- California Code of Regulations, Title 15, Article 7, Section 3170-3182, Visiting
- California Code of Regulations, Title 15, Article 7, Section 3338, Hearing on Segregated Housing Order
- California Code of Regulations, Title 15, Article 8, Section 3355.2, Treatment for Pregnant Inmates
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1, Complete Care Model
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 2, Reception Health Care
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 3, Health Transfer Process
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 11, Medication Management
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 15, Correctional Treatment Center
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 20, Outpatient Dietary Intervention