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HEALTH CARE SERVICES  
DIRECTIVE-ADULT  
Manual of Policies and Procedures

Title <b>MATERNAL HEALTH CARE</b>
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Legal References (includes but is not limited to)  IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to)  01-02-101	Other References (includes but is not limited to)  National Correctional Healthcare Standards
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I. PURPOSE:

To establish guidelines and procedures for Operational, Health Services, and Program staff to use in providing healthcare services to pregnant individuals at Indiana Women's Prison. This HCSD describes processes for ensuring that pre-and post-natal individuals receive appropriate, timely, quality and holistic care.

II. DEFINITIONS:

- A. ACTIVE LABOR: Time when uterine contractions occur at regular intervals and cervix has dilated to 6 centimeters. Contractions last approximately 45 seconds and can be as close as 3 minutes apart.
- B. FALSE LABOR: Intermittent non-productive muscular contractions of the uterus during pregnancy. Contractions do not produce flattening (effacement) or dilation (opening up) of the cervix.
- C. HIV TESTING: Medical testing for Human Immunodeficiency Virus (HIV).
- D. INDIANA WOMEN'S PRISON (IWP): Maximum security female prison within the Department.
- E. ISOLATION: Single cell location restricted from contact with other persons while requiring extra personal protection equipment for staff.

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- F. MATERNAL CHILD HEALTH COORDINATOR: Employee responsible for the management of the Officer Breann Leath Maternal Child Health Unit.
- G. MISCARRIAGE: Loss of a baby before the 20<sup>th</sup> week of pregnancy.
- I. NEONATAL DEATH: Death of an infant aged 0-27 days.
- J. OBSTETRICAL/GYNECOLOGIST (OB/GYN): A physician who specializes in female reproductive health, pregnancy, and childbirth.
- K. PRETERM BIRTH: Baby born before thirty-seven (37) weeks of pregnancy have been completed.
- L. STILLBORN: Loss of a baby before or during delivery at 20 weeks of pregnancy and later.
- M. OFFICER BREANN LEATH MEMORIAL-MATERNAL CHILD HEALTH UNIT (MCHU): Voluntary program at Indiana Women's Prison for pregnant individuals that encourages family preservation and uses a holistic approach for the continuum of care. The housing unit designated by the Commissioner to provide a Residential Mother-Infant Nursery Program.
- N. PANDEMIC: An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.

### III. MATERNAL HEALTHCARE PROCEDURES:

Incarcerated individuals who are or may be pregnant shall have access to pregnancy management services. Pregnancy management services includes:

- Pregnancy testing;
- Routine Services;
- High-risk prenatal care;
- Management of patients who are chemically addicted to substances;
- Post-partum follow-up; and,
- Birth certificates/registries that do not list the facility as the place of birth.

Incarcerated individuals who are pregnant while in the custody of the Department shall be provided pre- and post-natal physical health care and behavioral health services.

- A. Prenatal Care:

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1. All pregnant individuals shall be seen by the Health Services vendor's OB/GYN within the first thirty (30) days of arrival at the facility.
2. All pregnant individuals shall be seen by the Health Services vendor's physical health department on a monthly basis during the first thirty-six (36) weeks of pregnancy unless advised by a physician to attend more frequently.
3. All pregnant individuals shall be seen by the Health Services vendor's physical health department on a weekly basis during weeks thirty-six to forty (36 to 40) of pregnancy unless advised by a physician to attend more frequently.
4. All pregnant individuals with a history of substance abuse before or during pregnancy shall be offered enrollment in the Addiction Recovery program at IWP by the Maternal-Child Health Coordinator.
5. Prenatal care for high-risk pregnancies shall be monitored by the Health Services vendor as clinically indicated.
6. The Health Services vendor shall provide pre-natal vitamins and ensure access to folic acid supplement for all pregnant individuals until delivery and/or until the cessation of breastfeeding. The Health Services vendor shall ensure that the approved pregnancy diet is also utilized.
7. A High-Risk Pregnancy Classification includes, but is not limited to:
  - a. Patient suffering from Serious Mental Illness
  - b. Addiction to substances;
  - b. Cardiovascular disease;
  - c. Hepatitis;
  - d. HIV/AIDS;
  - e. Lyme disease;
  - f. Polycystic ovary syndrome (PCOS;)
  - g. Pre-pregnancy weight under 100 pounds (45 kilogram) or obesity;
  - h. Previous neonatal death, stillborn, or miscarriage;
  - i. Previous preterm birth;
  - k. Syphilis during pregnancy; and,
  - L. As identified by the clinician.

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9. Any pregnant mother not eligible for MCHU participation shall receive a behavioral health referral by the Maternal Child Healthcare Coordinator within seventy-two (72) hours of delivery of child.
10. The Maternal Child Health Coordinator shall attempt to facilitate Family Preservation participation for those not eligible for MCHU.
11. Incarcerated individuals not eligible for MCHU shall be authorized to obtain five (5) extra hours of visitation time per month with child and caregiver in attendance.
12. All pregnant individuals shall be screened for depression using the Edinburgh Postnatal Depression Scale (EPDS) at regular intervals throughout their pregnancy by the Department's Maternal Child Health Coordinator.
  - a. Prenatal depression screening shall be completed by Physical Health and shall include screenings at the mother's first prenatal visit, during the second trimester, and during the third trimester, if applicable.
  - b. Any results indicating depression or suicidal ideation/intent shall initiate a referral to Behavioral Health services. Physical Health staff shall initiate the referral by completing State Form 46325, "Staff Referral for Medical Services."

**B. Labor and Delivery:**

1. Active and False Labor:
  - a. Active labor: Immediate referral to the contracted maternal health hospital.
  - b. False Labor: If pregnant individual is returned from hospital diagnosed by a physician as having false labor, she shall remain in the IWP Infirmary for observation by physician/nursing staff. She shall remain in the Infirmary until release is recommended by the physician.
2. Transportation to Hospital:

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- a. The Health Services vendor shall notify the Shift Supervisor to advise whether a facility vehicle or an ambulance is needed for transportation and what hospital the patient will receive treatment.
- b. Each facility transportation vehicle shall be equipped with an Obstetric Kit (Delivery Kit) containing the following:
  - 1) Two pairs disposable sterile gloves;
  - 2) One drape sheet;
  - 3) Two umbilical clamps, sterile;
  - 4) Two O.B. towelettes;
  - 5) One O.B. pad, sterile;
  - 6) One receiving blanket;
  - 7) Six gauze sponges, sterile;
  - 8) One bulb syringe, sterile;
  - 9) Four disposable towels;
  - 10) Two nylon tie-offs;
  - 11) Two alcohol preps, medium;
  - 12) Two twist ties; and,
  - 13) One plastic bag for placenta.

**NOTE: Once a kit is used, it is the responsibility of the Trip Officer to notify facility Health Services for a replacement.**

C. Hospital Labor and Delivery Procedures:

1. At no time shall the incarcerated individual be notified in advance of her transportation date.
2. The incarcerated individual's family is not authorized to visit her at any time during hospital admission.
3. Transportation staff shall adhere to Policy and Administrative Procedure 02-03-110, "Adult Offender Transportation," regarding the transportation and security of pregnant individuals.

The use of restraints is prohibited for a pregnant individual who is in labor, delivering a baby, in the immediate post-delivery period as determined by the attending physician, or dealing with a medical emergency related to the pregnancy. Certain exceptions may be ordered by the attending physician regarding legitimate safety and security needs of the pregnant individual, staff, other incarcerated

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individuals, or the public. If restraints are determined by the attending physician to be necessary, the least restrictive and most reasonable restraints under the circumstances shall be used.

Any deviation from this prohibition requires approval by and guidance on methodology from the attending physician or in a medical emergency when no physician is physically present, the nurse attending the mother in labor, and is based on documented serious security risks. Prior to active labor and delivery, the attending physician shall provide guidance on the use of restraints on pregnant individuals. Custody staff may make recommendations regarding the use of restraints prior to active labor but the recommendations shall not supersede the attending physician's orders.

D. Hospital Return:

1. Transportation staff shall ensure a hospital Car Seat Technician secures the car seat and newborn inside vehicle.
2. MCHU participants: If the incarcerated individual was accepted into MCHU, the incarcerated individual and infant shall be admitted to the MCHU housing upon discharge from the hospital in the event of no post-partum complications. Three (3) officers shall be used for the participants' return. At no time shall the incarcerated individual or newborn be left unsupervised entering the facility.
3. Non-MCHU participants: If the incarcerated individual was denied or declined participation in MCHU, the incarcerated individual shall return to the facility upon discharge from the hospital if there are no post-partum complications. The infant shall be picked up by the individual or agency designated as responsible for the guardianship of the infant while the incarcerated individual is incarcerated before the incarcerated individual is discharged from the hospital. Non-participants shall receive a behavioral health referral by the Maternal-Child Health Coordinator within seventy-two (72) hours of hospital discharge.

E. Post-Partum Care:

1. All individuals shall be medically evaluated by the Health Services vendor within seventy-two (72) hours of hospital discharge. Individuals who experience post-partum complications after hospital discharge must be

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housed in the infirmary if the physician determines that observation is needed.

2. Any incarcerated individual who experiences a miscarriage or stillborn shall receive a behavioral health referral within twenty-four (24) hours of hospital discharge initiated by the Maternal-Child Health Coordinator.
3. After vaginal delivery, the incarcerated individual shall receive a medical restriction for six (6) weeks, unless there were complications at delivery and the physician provides specific orders. After the six (6) weeks, individuals are expected to attend their program assignments, unless given other specific restrictions by the physician.
4. After cesarean delivery, the mother shall receive a medical restriction for eight (8) weeks, unless there were complications at delivery and the physician provides specific orders. After the eight (8) weeks, individuals are expected to attend their program assignments, unless given other specific restrictions by the physician.
5. Post-partum patients shall be seen within three (3) to six (6) weeks from hospital discharge by Health Services vendor's OB/GYN.
6. Post-partum patients shall have access to nursing pads, numbing spray, a water bottle, and mesh underwear for vaginal care after birth. Numbing spray shall be provided to the patient by the housing officer and adhere to the Indiana Women's Prison procedures regarding control of chemicals.
7. Post-partum patients shall be screened for depression using the Edinburgh Depression Scale at regular intervals after delivery:
  - a. Postnatal depression screenings shall be completed by Physical Health staff if the patient has an "A" mental health code and will be completed within four (4) weeks of delivery and at three (3), six (6), nine (9), and twelve (12) months' postpartum. Any results indicating depression or suicidal ideation/intent shall initiate a referral to behavioral health services. Physical health staff shall initiate the referral by completing State Form 46325, "Staff Referral for Medical Services."
  - b. Postnatal depression screenings shall be completed by Mental Health staff if the patient has a mental health code other than "A"

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and will be completed within four (4) weeks of delivery and at three (3), six (6), nine (9), and twelve (12) months' postpartum. Behavioral Health staff shall be notified that the pregnant patient has given birth by receipt of State Form 46325, "Staff Referral for Medical Services." For patients who are not accepted to MCHU, initial postpartum depression screening shall occur within one (1) week of receiving the staff referral form.

#### IV. PANDEMIC PROCEDURES:

In the event of a pandemic, staff shall exhaust all efforts to limit pregnant individuals and individuals with baby's exposure to staff and other incarcerated individuals. All pregnant individuals shall be initially placed in the MCHU and moved as a cohort. Acceptance into the MCHU shall be decided prior to delivery.

Upon arrival to IWP, the pregnant individual shall be isolated and tested in accordance with The Department's Pandemic Response Plan prior to movement into the MCHU. Access to the unit and movement must be approved by the Executive Director of Transitional Healthcare.

#### V. DISTRIBUTION OF FEMININE HYGIENE PRODUCTS:

Feminine hygiene products such as sanitary napkins and tampons shall be provided to the female population without limitation or reprisal. At no time shall an incarcerated individual be denied such product without approval of the Chief Medical Officer.

#### VI. APPLICABILITY:

This HCSD is applicable to the Indiana Women's Prison, Rockville Correctional Facility, Madison Correctional Facility, and the Department's Health Services Division.

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signature on file  
Kristen Dauss, MD  
Chief Medical Officer

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Date