



**CORRECTIONS MEDICINE**  
**Pregnancy Management**  
**ACA Standard: 4 ALDF – 4C – 13**

Effective: January 1994

Revised: Aug 2004, Apr 2016, Apr 2017, Apr 2018, May 2019, July 2019

Reviewed: Aug 2001, May 2013

Policy Number:  
CM – 54

- I. **PURPOSE:** To establish an orderly transition and/or initiate prenatal care to incarcerated pregnant women in the Buzz Westfall Justice Center.
  
- II. **POLICY:** All incarcerated women who are identified as or report to be pregnant shall be evaluated for pregnancy during the intake process. Routine or high-risk prenatal care shall be provided as determined by the medical provider. Counseling and information shall be provided to patients identified as or who report being pregnant.
  
- III. **RESPONSIBILITY:** All staff members working for Corrections Medicine are responsible for the content of and adherence to this policy and procedure.
  
- IV. **PROCEDURE:**
  - 1. All female patients of child bearing age who reports being pregnant, or female patients who are uncertain of their last menstrual period, shall have a pregnancy test performed.
    - a. If the pregnancy test is positive, the standing order for pregnancy care at intake shall be initiated and an appointment shall be made with healthcare providers for prenatal care, dental care, comprehensive counseling, and assistance. Pregnant patients shall receive the appropriate amount of nutrition while incarcerated.
  
    - b. All pregnant patients are screened for alcohol or drug of abuse. If a Urine Drug Screen (UDS) results positive, the medical provider shall be notified and the patient will be considered for medication assisted treatment/maintenance for an opioid use disorder if diagnosed.
  
    - c. High-risk pregnancies shall be referred to or co-managed with a local high risk obstetrician (OB) provider.
  
    - d. Any pregnant patient with vaginal bleeding, uterine contractions or reports symptoms of rupture of amniotic fluid shall be transferred to the hospital for evaluation.
  
  - 2. If the patient returns to the facility after evaluation during pregnancy or after delivery, the patient shall be admitted to the infirmary and will be evaluated by a provider before being released to the general population. A postpartum follow-up is completed by a provider on-site within six (6) weeks of delivery. If released from custody, the patient is referred to a local clinic or to her private medical provider.
  
  - 3. All postpartum patients shall receive mental health screening for postpartum depression.

4. A list of all pregnancies and their outcomes will be documented in the electronic medical record.
5. Restraints shall not be used during active labor unless the patient presents a clear danger to herself, others, or her unborn child.

V. **REFERENCES:**

American Correctional Association; Performance-Based Standards for Adult Local Detention Facilities, fourth edition; 2004; Standard 4-ALDF-4C-13

National Commission on Correctional Health Care; Standards for Health Services in Jails; 2018; Standard J-G-09