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Female Inmate Health Services	ACA Standards: 2-CO-4E-01, 2-CO-4F-01, 4-4190-1, 4-4353M, 4-4353-1, 4-4436, 4-ACRS-4C-14, 4-ACRS-4C-14-1, 4-ACRS-5A-10		
Joe M. Allbaugh, Director Oklahoma Department of Corrections	Signature on File		

Female Inmate Health Services

Health services are provided to address the unique needs of female inmates with regard to health maintenance, pregnancy, prenatal care, postpartum care, contraceptive needs, preventative health care, chronic health care, and menopausal/postmenopausal needs. (2-CO-4E-01, 2-CO-4F-01, 4-4353M, 4-ACRS-4C-14, 4-ACRS-5A-10)

For the purpose of this procedure, the term “inmate” will apply to anyone under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections.

I. Diagnostic and Health Maintenance Needs of the Female Inmate

A. Medical Diagnostics for Female Inmates at Reception

1. In addition to routine, diagnostic tests upon admission, female inmates will receive the following in accordance with [OP-140114](#) entitled “Screening New Arrivals”:
 - a. Health history screening regarding the inmate’s menstrual cycle, pregnancies, menopausal/postmenopausal status and other gynecological conditions;
 - b. A pelvic exam and pap smear (including those women who have had a hysterectomy);

- c. Breast exam;
 - d. Urine pregnancy test; and
 - e. Chlamydia, gonorrhea, HIV, and VDRL tests.
2. No female inmates will receive medication contraindicated during pregnancy without first determining pregnancy status. This will be done by inmate interview (i.e., determining the last menstrual period, ruling out signs and symptoms of pregnancy) and urine pregnancy test.
 3. Initial physical examination and laboratory requirement are defined in [OP-140114](#) entitled "Screening New Arrivals."

B. Health Maintenance and Chronic Illness Management

1. Routine health maintenance tests and periodic physical examinations will be in accordance with the "American College of Obstetrics and Gynecology Committee on Gynecologic Practice Opinion, Primary and Preventive Care;" Periodic Assessments, [OP-140117](#) entitled "Access to Health Care;" and [OP-140115](#) entitled "Health Assessment."
2. Periodic physical examination and laboratory requirements are as defined in [OP-140115](#) entitled "Health Assessment."
3. Monitoring of female inmates with chronic illnesses will be in accordance with [OP-140137](#) entitled "Chronic Illness Management."
4. Baseline mammograms for female inmates 40 years of age and above will be conducted.
5. Palliative care will be in accordance with [OP-140146](#) entitled "Palliative Care Program."

II. Pregnancy and Reproductive Counseling and Assistance

Female inmates, who at any time present with signs or symptoms of pregnancy, will have a pregnancy test. (4-4353M, 4-ACRS-4C-14)

A. Reproductive Options (4-4436)

Upon notification of a positive pregnancy test, a provider will evaluate the inmate. The inmate will be apprised of her reproductive options:

1. Continuation of the pregnancy to term and keeping the baby.

2. Continuation of the pregnancy to term and giving the baby up for adoption.
3. Termination of pregnancy, (if less than 12 weeks gestation, a documented fetal abnormality, or if the mother's health would be in jeopardy if pregnancy were carried to term).
 - a. Inmates desiring termination of pregnancy must submit their request in writing to a medical provider. This request will be scanned into the inmate's Electronic Health Record (EHR).
 - (1) The inmate will then be referred by a medical provider to an outside licensed abortion facility for counseling about her options and her decision to electively terminate the pregnancy. The referral agency will carry out any procedure agreed to by the inmate and the abortion facility's health professional who will also obtain the inmate's permission on the necessary consent forms.
 - (2) The inmate or the inmate's family will be financially responsible for the abortion. The financial arrangements will be completed prior to scheduling the procedure.
 - b. If pregnancy termination is considered for medical reasons, the inmate will be referred to the OU Medical Center Department of Obstetrics and Gynecology for counseling, discussion of options, and the carrying out of any procedure recommended and agreed to by the inmate and the medical staff at the OU Medical Center Department of Obstetrics and Gynecology. The OU Medical Center Department of Obstetrics and Gynecology will obtain the necessary consent forms for any planned procedure.
 - c. No Oklahoma Department of Corrections (ODOC) employee will be compelled to participate in the offering of these options if to do so would be in conflict with his or her personal/religious beliefs.
 - d. The choice for the termination/retention of pregnancy will be the sole decision of the inmate.
4. If arrangements have not been previously made, inmates desiring to carry the pregnancy to term, either to keep or give up the child for adoption, will be referred to the social services staff at the OU Medical Center. Social services staff will assist the inmate with family care of the baby or placement of the infant for adoption after

birth. (4-4436) Child care options are not available during incarceration. (4-4353-1, 4-ACRS-4C-14-1)

III. Routine and High-Risk Prenatal Care (4-4190-1, 4-4353M, 4-ACRS-4C-14)

- A. Pregnant inmates will be under the care of a qualified medical provider at DOC and the OU Medical Center Department of Obstetrics and Gynecology. The inmate's care will be governed by the American College of Obstetrics and Gynecology Guidelines for Obstetrical Care, in accordance with MSRM 140145-01 entitled "Management of Pregnancy."
- B. High-risk obstetrical care will be directed by the obstetrics staff at OU Medical Center Department of Obstetrics and Gynecology and monitored between visits by the qualified medical provider at ODOC.
- C. Appropriate nutrition will be made available to all inmates.
- D. Management of the chemically addicted pregnant inmates will be in accordance with [OP-140123](#) entitled "Care of the Actively Chemical Dependent Offender."
- E. Pregnant inmates will be transported to the OU Medical Center for delivery. Use of restraints will be in accordance with [OP-040114](#) entitled "Security of Offenders in Non-prison Hospitals." During active labor and delivery, restraint use is generally prohibited unless necessitated by serious security risks. Such exceptions will be approved by a DOC medical provider in advance. (4-4190-1)
- F. Birth certificate/registry will not list the correctional facility as the place of birth. (4-4353M)
- G. ODOC medical providers will brief the inmate concerning the rules and conditions for admission to the hospital for delivery.

IV. Postpartum Issues (4-4353M, 4-ACRS-4C-14)

A. Medical

ODOC medical providers will evaluate the postpartum inmate on the inmate's return to the facility, at two weeks, and at six weeks postpartum. This schedule will be modified when a surgical delivery has occurred or when other medical problems are present or occur.

V. Contraception

A. Criteria

Contraception will be provided to female inmates when the following criteria are present:

1. When the inmate is within six months of release and requests contraception.
2. When the inmate has a gynecological condition that warrants its use as a part of recommended treatment.

The type of contraceptive method provided will be based on the inmate's medical history, method she will be capable of using effectively, and any medical condition warranting its use.

VI. Sterilization

- A. Inmates desiring sterilization must submit their request in writing to a medical provider. This request will be scanned into the EHR.
 1. Medical staff will then refer the inmate to an outside licensed facility for counseling about her options and her decision for sterilization. The referral agency will carry out any procedures agreed to by the inmate and the referral agency's health professional, who will also obtain the inmate's permission on the necessary consent forms.
 2. The inmate or her family will be financially responsible for all costs related to the procedures. All payment will be completed prior to the procedure.
- B. Tubal sterilization following vaginal delivery or at the time of a C-section will be considered if the inmate has attended tubal class at the OU Medical Center Department of Obstetrics and Gynecology, has signed the appropriate papers, and the delivering obstetrician concurs.
- C. No ODOC employee will be compelled to participate in the offering of these options if to do so would be in conflict with his or her personal/religious beliefs.
- D. Any decision regarding sterilization will be the sole responsibility of the inmate.

VII. Forms

The following forms will be utilized to maintain obstetrical documentation:

- A. "Antepartum Record" (MSRM 140106.01 Healthcare Record Table of Content);
- B. "Care of Pregnant Offenders" (MSRM 140106.01 Healthcare Record Table of Content);

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- C. “Diagnostic/Laboratory Results” (MSRM 140106.01 Healthcare Record Table of Content);
- D. “OB Information Sheet” (MSRM 140106.01 Healthcare Record Table of Content);
- E. “OB Registration Information Sheet” (MSRM 140106.01 Healthcare Record Table of Content);
- G. “Post–Partum Lay-In Activity Status” (MSRM 140106.01 Healthcare Record Table of Content); and
- H. “Pregnant Offender Guidelines” (MSRM 140106.01 Healthcare Record Table of Content).

VIII. References

Policy Statement No. P-140100 entitled “Offender Medical, Mental Health and Dental Care”

OP-040114 “Security of Offenders in Non-prison Hospitals”

OP-140114 entitled “Screening New Arrivals”

OP-140115 entitled “Health Assessment”

OP-140117 entitled “Access to Health Care”

OP-140123 entitled “Care of the Actively Chemical Dependent Offender”

OP-140137 entitled “Chronic Illness Management”

OP-140146 entitled “Palliative Care Program”

Medical Services Resource Manual MSRM-140145-01 entitled “Management of Pregnancy”

ACOG Gynecologic Practice Committee Opinion. Primary and Preventive Care: Periodic Assessments Number 246, December 2000

IX. Action

The chief medical officer is responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

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This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140145 entitled "Female Offender Health Services" dated June 25, 2014

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
MSRM 140106-01	"Antepartum Record"	EHR
MSRM 140106-01	"Care of Pregnant Offenders"	EHR
MSRM 140106-01	"Diagnostic/Laboratory Results"	EHR
MSRM 140106-01	"OB Information Sheet"	EHR
MSRM 140106-01	"OB Registration Information Sheet"	EHR
MSRM 140106-01	"Postpartum Lay-In Activity Status"	EHR
MSRM 140106-01	"Pregnant Offender Guidelines"	EHR