

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO. 15.03.39

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SUBJECT: HEALTH CARE FOR PREGNANT INMATES

EFFECTIVE DATE: 01/09/14

I. PURPOSE:

The purpose of this health service bulletin is to establish guidelines for the health care of pregnant inmates.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. DEFINITIONS:

- A. **Comprehensive Health Care Contractor (CHCC)** refers to contracted staff that has been designated by the Department to provide medical, dental and mental health services at designated institutions within a particular region.

III. RELEVANT DC FORMS:

- A. DC4-711A, *Refusal of Health Care Services Affidavit*
B. DC6-236, *Inmate Request*
C. DC4-812, *STD Counseling for Pregnant Inmates*

III. DESIGNATED INSTITUTION:

- A. Lowell Correctional Institution is designated by the department as the main female institution for the placement of pregnant inmates.
- B. Any female inmate recently incarcerated that is either visibly pregnant upon admission or confirmed by medical staff to be pregnant, will either be transferred to or remain at Lowell Correctional Institution for the duration of her pregnancy. An exception would be if the inmate has a medical condition that would prohibit transfer from one (1) of the other female institutions.
- C. If the inmate is transferred to one (1) of the other female institutions before the determination of pregnancy is verified, she will be transferred to Lowell Correctional Institution within fourteen (14) calendar days of medical confirmation of pregnancy.

IV. ACTION:

- A. The senior health care professional will examine the inmate as soon as possible to confirm the pregnancy, to determine the stage of pregnancy and to determine an anticipated date

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of delivery.

- B. Upon confirmation of pregnancy, the clinician will change the medical grade to M-9 and will refer the pregnant inmate to a licensed physician for obstetrical care. The inmate will be seen by an obstetrician to establish an official expected date of delivery, to receive routine prenatal care (e.g., exercise, nutritional requirements, etc.), and to be screened for high-risk pregnancy and chemical addiction. The obstetrician will follow the inmate throughout her pregnancy and make any necessary specialist consultation referral requests.
- C. All institutional staff will follow the medical advice and orders of the licensed physician who is providing obstetrical and medical care to the pregnant inmate unless the clinician or Regional Medical Director overrides the protocols, advice, or orders for clinical or security reasons (including orders for special dietary needs or activity restriction).
- D. All pregnant inmates will be offered HIV testing unless there is documentation of a previously positive test in the medical record. Counseling will precede testing and will include a discussion of the availability of treatment if the pregnant inmate tests HIV positive. The HIV counseling will be documented on DC4-812, *STD Counseling for Pregnant Inmates*. If the pregnant inmate objects to HIV testing, a refusal will be completed on form DC4-711A (Section 384.31, F.S.). HIV testing will be offered at the initial prenatal visit and at 28 to 32 weeks' gestation (unless the first test is positive) for all pregnant women, regardless of risk behaviors (See Rule 64D-3.042, F.A.C.).
- E. If an inmate is pregnant at the time of EOS, an HIV test will be performed according to statutory requirements and DC procedure.
- F. At the same time HIV testing is offered, a hepatitis B test (HBsAg), gonorrhea, chlamydia and syphilis test will be performed at the initial prenatal visit and at 28 to 32 weeks' gestation for all pregnant women, regardless of risk behaviors. A hepatitis B test is not necessary if there is a previously positive test in the medical record. Counseling will precede testing and will include a discussion concerning the risk to the infant and the availability of treatment to prevent infection in the infant. (See Rule 64D-3.042, F.A.C.). Counseling shall be documented on DC4-812, *STD Counseling for Pregnant Inmates*.
- G. At any time an inmate is interested in receiving mental health counseling to address depression, separation concerns, and other related issues; she will complete a DC6-236 "Inmate Request" stating her desire for counseling. Medical staff will complete DC4-529 "Staff Request/Referral" for any inmate that is exhibiting mental health symptoms associated with postpartum care and that impair adaptive functioning. These forms shall be submitted to mental health services staff. The inmate will be transferred to a contract hospital for the actual

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delivery, returning to the designated correctional institution when discharged by the attending obstetrician. Postpartum care will be provided at the institution according to the discharge orders of the attending obstetrician. The six-week checkup will be provided by the obstetrician.

- H. In the case of an emergency delivery at the institution, the inmate and the infant will be transferred to the contract hospital and care will be provided according to the orders of the attending obstetrician.

Assistant Secretary of Health Services

Date

This Health Services Bulletin Supersedes:

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