

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 1/8/2016	NUMBER: G-55.1
	Replaces: 07/30/2015	
	Formulated 10/85 Reviewed: 10/15	Page 1 of 2
PREGNANT OFFENDERS		

PURPOSE: To describe guidelines for the medical management of pregnant offenders.

POLICY:

The Texas Department of Criminal Justice (TDCJ) provides pregnant offenders with comprehensive counseling and assistance in keeping with their express desires in planning for their unborn children.

- I. Pregnant offenders will receive comprehensive health care in addition to appropriate sick call services, diet counseling, vitamins, routine specialty clinic appointments with obstetrical services and all laboratory testing as deemed necessary. HIV testing is offered on a routine basis along with pre- and post-test counseling per established policy. The HSM-18 and PULHES shall be updated to reflect pregnancy.
- II. The Office of Health Services Liaison (HSL) shall be notified of all pregnant offenders immediately upon identification. This notification shall be via e-mail through FORVUS or electronic medical record (EMR) to e-mail address HSLIAISON. The e-mail shall include the offender's name, TDCJ number, current unit of assignment and estimated date of confinement (due date).

Routinely, an offender who is not experiencing complications of her pregnancy may remain on one of the following caseload units (Crain, Plane or Woodman) and is reassigned to Carole Young via chain bus between 32 and 36 weeks gestation. Requests to reassign these offenders are made by e-mailing HSL (FORVUS or EMR address HSLIAISON). Expedited requests can also be made for immediate reassignment based upon the offender's need to access a higher level of care due to actual or potential complications of the pregnancy by calling HSL at 936-437-3687.

Offenders who are not suitable for reassignment to Carole Young Medical Facility based upon their security classification will be referred to Utilization Review for inpatient placement at Hospital Galveston.

- III. All emergent or acute medical intervention will be facilitated prior to the request for reassignment.
- IV. Pregnant offenders who are less than thirty-six weeks gestation and without acute medical issues, may travel by regular offender transportation. All other pregnant offenders will be transferred by alternate transportation.
- V. Prior to delivery, the offender will be referred to a Department of Human Services Representative to assist with arrangements for the infant's care.
- VI. Elective termination of pregnancy (elective abortion) is consistent with applicable State statutes. Agency funds are not available for elective pregnancy termination to include provision of security and transportation to off-site appointments and procedures. The offender's family or designated party will facilitate arrangements for the procedure and payment. The location of the facility performing the procedure must be easily accessible to the offender's housing unit. Security and transportation will be

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provided to the offender if security clearance is obtained, transportation is available, and payment of the agency's costs is made prior to the procedure. All arrangements will be coordinated through HSL. A facility physician or mid-level practitioner will examine and counsel the offender on elective abortions or alternatives. Follow-up care will be provided on the housing unit or as deemed necessary by the physician or mid-level practitioner.

- VII. Unit medical staff shall report all spontaneous abortions (< 20 weeks and < 350g) and fetal deaths (stillbirths \geq 20 weeks or \geq 350g) to HSL via FORVUS or EMR e-mail.
- VIII. A postpartum exam should occur on or between 21 and 56 days after delivery, and be documented in the health record. Documentation in the health record should include a note indicating the date on which the postpartum visit occurred, evaluation of weight, blood pressure, and examination of breasts, abdomen, and pelvic exam. In the event of a cesarean section and the incision was closed with staples, the offender should be scheduled within 5-10 days post-surgery for staple removal.

Reference: ACA Standard (Mandatory) Texas Health and Safety Code Title 4, Subtitle B, Chapter 245, §245.002(1)
 US Department of Health and Human Services Centers for Disease Control and Prevention, National Center for Health Statistics, State Definitions and Reporting Requirements for Live Births, Fetal Deaths, and Induced Terminations of Pregnancy, 1997 Revision.
 CMHC Policy A-08.4, "Offender Medical and Mental Health Classification"
 CMHC Policy A-08.7, "PULHES System of Offender Medical and Mental Health Classification"
 National Committee for Quality Assurance (NCQA), "Prenatal and Postpartum Care".