

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 9/28/2021	NUMBER: G-55.1
	Replaces: 11/14/2017	
	Formulated 10/85 Reviewed: 10/2021	Page 1 of 2
PREGNANT INMATES		

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

POLICY:

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

- I. Pregnant inmates 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. Appropriate PULHES and limitations/restrictions shall be entered in the Restrictions Module of the electronic health record (EHR) to reflect pregnancy.
- II. The Office of Health Services Liaison (HSL) shall be notified of all pregnant inmates immediately upon identification. This notification shall be via e-mail through FORVUS or hsl@tdcj.texas.gov. The e-mail shall include the offender's name, TDCJ number, current unit of assignment and estimated date of confinement (due date).

Routinely, an inmate 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 inmates are made by e-mailing HSL (FORVUS address HSLIAISON or hsl@tdcj.texas.gov). Expedited requests can also be made for immediate reassignment based upon the inmate's need to access a higher level of care due to actual or potential complications of the pregnancy by calling HSL at 936.437.3589.

Inmates 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 inmates who are less than thirty-six weeks gestation and without acute medical issues, may travel by regular inmate transportation. All other pregnant inmates will be transferred by alternate transportation.
- V. Prior to delivery, the inmate 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.
- 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 e-mail or hsl@tdcj.texas.gov. All cases of

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 9/28/2021	NUMBER: G-55.1
	Replaces: 11/14/2017	
	Formulated 10/85 Reviewed: 10/2021	Page 2 of 2

PREGNANT INMATES

spontaneous abortion or fetal death require an obstetrician or gynecologist and a mental health professional to review the health care services provided to the inmate and determine if additional services are needed.

- VIII. Pregnant inmates who report a physical or sexual assault require an obstetrician or gynecologist and a mental health professional to review the health care services provided to the inmate and determine if additional services are needed.

- IX. 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 inmate 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, “Inmate Medical and Mental Health Classification” CMHC Policy A-08.7, “PULHES System of Inmate Medical and Mental Health Classification”
 National Committee for Quality Assurance (NCQA), “Prenatal and Postpartum Care”.