NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER Medical and Forensics STATEMENT NUMBER 566.00
SUBJECT: **PREGNANCY MANAGEMENT AND PLANNING FOR THE UNBORN CHILDREN OF FEMALE RESIDENTS** PROPONENT: Paula Mattis, Administrative Dir. *Name/Title* Medical/Forensic Services 271-3707 *Office* *Phone #*	EFFECTIVE DATE 7/01/2023 REVIEW DATE 7/01/2026 SUPERSEDES PPD# 6.19 & 6.36 DATED 9/24/2014& 08/15/02
ISSUING OFFICER: *Helen E. Hanks, Commissioner*	DIRECTOR'S INITIALS DATE APPENDIX ATTACHED: YES NO
REFERENCE NO: See reference section on last page of PPD.	

(a) PURPOSE:
To provide guidance for the delivery of health care and planning for the unborn children of female residents.

(b) APPLICABILITY:
This policy applies to:
(1) All departmental health care personnel, security staff, female residents and other persons involved pursuant to the roles described here within.

(c) POLICY:
It is the policy of the NH Department of Corrections (NHDOC) that pregnancy testing, prenatal care, and postpartum care shall be provided to each applicable resident under the direction and supervision of a physician, nurse practitioner, and/or other fully qualified professional authorized to provide care in accordance with State and/or Federal licensure requirements. The NHDOC will assume financial responsibility for the resident's care. All bills relating to the pregnant resident in keeping with their expressed desires for their unborn children through comprehensive counseling and social services assistance that comport with the laws of the State of New Hampshire and are medically necessary events.

(d) DEFINITIONS:
(1) Prenatal: The prenatal period begins with the first day of the last menstrual period and terminates with the onset of labor.
(2) High Risk Prenatal: Specific high-risk categories include, but are not limited to the following:
a. Pre-eclampsia
b. Diabetes mellitus and glucose intolerance of pregnancy

c. Third trimester bleeding
d. History of fetal wastage or death
e. Habitual abortions
f. Rh sensitization
g. Post maturity
h. Hemoglobinopathies
i. Anemias
j. Multiple gestations
k. Premature rupture of membranes
l. Suspicion of intra uterine growth retardation
m. Polyhydramnios or oligohydramnios
n. Severe maternal malnourishment
o. Maternal cardiac or hypertensive disease
p. Maternal renal disease
q. Maternal collagen disease
r. Maternal age <15 or >35
s. Chronic long term and/or infectious disease
t. Fetal malpresentation
u. History of severe congenital or chromosomal anomalies
v. Psychiatric illness
w. Seropositive for HIV

(3) Trimester: One of the three divisions of pregnancy in which different phases of fetal development occur, each lasting three months (first, second, and third).

(4) Postpartum Recovery: As determined by the provider, the period immediately following delivery, including the entire period a woman is in the hospital or infirmary after birth, can be longer than six weeks post birth of the child and will be monitored and managed at the direction of the primary healthcare provider.

(e) PROCEDURE:

(1) Pregnancy Management

a. Pregnancy Testing/Pregnancy
   1. Newly arrived and existing female residents will be screened for health concerns in accordance with protocols established by the Division of Medical & Forensic Services and published under PPD 562.00 Health Care Regulations.
   2. If a female is determined to be pregnant and has the following conditions including substance abuse, vaginal bleeding, and contractions: this requires immediate nursing and/or provider notification for triage and care planning.
   3. The physician or nurse practitioner will evaluate all pregnant residents or suspected cases of pregnancy within 7 business days of arrival at the facility.

b. Routine Prenatal Care [P-F-05]
   1. Routine prenatal care will be provided in accordance with current healthcare practice standards and will include but not be limited to:
      (i) Scheduled on site visits with the physician (M.D.)/nurse practitioner (APRN),
      (ii) Laboratory and/or other tests as clinically indicated,
      (iii) Dietary management.

c. High Risk Prenatal Care
   1. Women identified as high risk may require special management. They will be referred to an obstetrician (or M.D. trained in obstetrical care) for evaluation and management.

d. Pregnant Resident Management for those with substance use disorder:
   1. In addition to routine prenatal care, those residents who are found to be addicted to alcohol and/or drugs will be assessed for withdrawal treatment and/or treatment with

medication assisted treatment. This will include treatment necessary for the benefit of the fetus until the time of delivery. Provisions will be made for off-site withdrawal management as clinically indicated. Management of the pregnancy will be by the on-site M.D. and/or APRN in conjunction with an outside obstetrical consultant [P-F-05].

e. Pregnancy Plan
   1. Upon pregnancy confirmation, Healthcare Staff will notify the resident's assigned case counselor/case manager (CC/CM). The CC/CM will meet with the resident in a timely manner to counsel the resident of her options, gather and document data concerning the pregnancy [P-F-05].
   2. Pregnancy Options:
      (i) Custody of the child: Issues discussed include health care while incarcerated delivery procedures of the institution and placement of the child after discharge from the hospital. Newborn infants are not to be kept inside any DOC facility.
      (ii) Considering Adoption of the child: Issues discussed will include all of the above, plus an overview of the adoption process including other agencies' involvement. Outside counseling may also be obtained by the inmate or guardian but in no instance should there be pressure on the mother to give up the baby. The Division of Children, Youth and Families shall be notified.
      (iii) Consent to an abortion: Issues discussed will include the State of New Hampshire's position that elective abortions can be arranged at an approved hospital or clinic in accordance with Federal and State statutes, but that the Department will not pay for the procedure. Outside counseling may also be obtained, but in no instance is abortion to be encouraged.
      (iv) Family considerations: In all instances, communication or counseling with the father and other family members shall be undertaken when feasible.
   3. The CC/CM will provide a written pregnancy plan to the Warden/Director, Director of Medical & Forensic Services or designee and the review team. The review team will consist of the Warden or Designee, Chief of Security, Nurse Coordinator, Mental Health Staff as needed based on a clinical diagnosis, and the assigned CC/CM. Information shared will comport with the limitations as allowed under the Health Insurance Portability and Accountability Act and correctional settings while supporting the case and care planning. The report will include pertinent data, other personnel or agencies contacted, and a final conclusion stating the resident's desired wish for her unborn child. The resident will acknowledge in writing her choice of options and final plan. This plan will be placed in the electronic client record.
   4. Based on the comprehensive counseling sessions regarding the resident's expressed desires, the appropriate outside agency will be contacted by the assigned CC/CM in coordination with the medical department to engage in the plan associated with the child.

f. Restraints: The use of restraints on pregnant women under correctional custody should be limited to absolute necessity. The use of restraints is considered absolutely necessary only when there is imminent risk of escape or harm (to the pregnant woman, her fetus/newborn, or others) and these risks cannot be managed by other reasonable means (e.g., enhanced security measures in the area, increased staffing, etc.).
   1. Pregnant residents classified as C-1 or C-2 will not be restrained.
   2. Pregnant residents classified as C-3, C-4, or C-5 will be restrained as follows:
      (i) First, Second and Third trimester: front handcuffs only. Wrist restraints should be applied in such a way that the pregnant woman may be able to protect herself and her fetus in the event of a forward fall (i.e., in front of her body). No belly chains shall be used under any circumstances. No additional restraints shall be used during transportation unless approved by the Warden/Designee after an

individualized determination is made that there is a substantial flight risk or some other extraordinary medical or security circumstances that dictates restraints be used to ensure the safety and security of the resident, the staff of the correctional institution or medical facility, other residents, or the public; except that if the doctor, nurse, or other health professional treating the resident requests that restraints not be used. If this occurs, the corrections officer accompanying the resident shall immediately remove all restraints unless the correctional officer can identify there is an extraordinary risk to the public and receives authorization from the Warden of the New Hampshire Correctional Facility for Women or designee to maintain the restraints. This authorization shall be documented in a Note in the electronic offender management record (e.g., CORIS).

(ii) When documenting the authorization and use of restraint, it will contain the following documentation at a minimum:
   i. Rationale for use or conditions that led to the conclusion that restraints were necessary (specify whether and what kind of alternatives were tried/considered);
   ii. Individuals who reviewed these conditions and concluded that restraints were warranted;
   iii. Type of restraints used and in what manner;
   iv. How frequently the use of restraints was reevaluated and by whom and result of such reassessments;
   v. Change in conditions that led to the conclusion that restraints were no longer necessary;
   vi. When restraints were removed; and
   vii. Length of time or total duration of restraint use.

(iii) The life of the infant and/or mother should never be put at risk. Any additional restraint shall be the least restrictive possible.

g. Labor, Delivery, and Postpartum: Advance planning among members of the pregnant female's health care team (i.e., health care (on-site and hospital based) and corrections professionals) should be conducted before hospital admittance to prepare for any foreseen circumstances which may involve the use of restraint. During transportation for labor or delivery, after delivery or while in post-partum recovery, residents will not be restrained at all, unless approved by the Director of Medical & Forensic Services in consult with the Warden/designee after an individualized determination is made that there is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the resident. If the doctor, nurse or other health professional treating the resident requests that restraints not be used due to imminent harm to the pregnant female or baby, the corrections officer accompanying the resident shall immediately remove all restraints. Restraints, if previously authorized prior to the medical staff requiring them removed, will be reapplied once the medical professional determines the immediate threat to the mother or child has passed. Any additional restraint shall be the least restrictive possible and approval of such restraint shall be documented in writing with the reason for the restraint as cited above. During labor, delivery and post-partum recovery, the officer assigned to the hospital should be a female officer, whenever possible absent exigent circumstances [PREA Standard]. The officer shall position herself to grant the resident as much privacy as possible while maintaining safety and security.

h. Transportation from Hospital to Correctional Facility: Once the delivery, all post-delivery medical procedures, and post-partum recovery have been completed (this can occur for longer than 6 weeks post-delivery) and the resident is being returned to the facility, the resident will be restrained consistent with PPD 352 *Transportation of Residents,*

Probationers and Parolees, unless the hospital medical provider determines otherwise, in consult with Warden/designee.

i. Visitors: The pregnant resident shall submit in writing to the Chief of Security the names, addresses, dates of birth and phone numbers of two immediate family members (spouse or unborn child's father, mother, father, sister, brother, grandparents, aunts, uncles, sister or brother in law, mother or father in law) that she is requesting to be present in the delivery room. The Chief of Security will authorize up to two immediate family members as defined above, who qualify for visits in accordance with PPD 305 *Access to the facilities and grounds of the NH Department of Corrections* to attend the delivery. The two approved visitors shall be permitted to visit for 4 hours post-delivery provided the hospital permits the visits. The Chief of Security will issue an operations bulletin indicating who will be permitted to attend the delivery. When the pregnant resident is admitted to the hospital for delivery, the Shift Commander at the New Hampshire Correctional Facility for Women or the Program Coordinator or Officer-in-Charge at Shea Farm Transitional Housing unit will notify the two approved family members who must present photo identification to the correctional staff assigned to the hospital who can visit during the delivery process. The Chief of Security or Warden/Director may approve immediate family members as defined above to visit during regular hospital visiting hours while the resident remains in the hospital; consistent with PPD 305. The operations bulletin shall include who is approved to visit for delivery and post delivery. Photo identification of visitors is required for entry into the resident's hospital room. The Warden/Director or Commissioner of the New Hampshire Department of Corrections can authorize exceptions as to who may attend the delivery or visit post delivery.

j. Care and transport of pregnant residents at the Secure Psychiatric Unit will be determined by the Director of Medical & Forensic Services.

k. A quality improvement (QI) review will be completed by QI staff for all births occurring during incarceration. The QI report will be provided to the Warden of The New Hampshire Correctional Facility for Women or Director of Rehabilitative Services (depending on the housing location of delivery), the Director of Medical & Forensic Services, and the Commissioner or designee.

REFERENCES:

RSA 623-C:2-a *Use of Restraints o Pregnant Women in State Correctional Custody*

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Fourth Edition. Standards
4-4353; 4-4436

Standards for Adult Community Residential Services
Fourth Edition. Standards
4-ACRS-4C-14

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

Best Practices in the Use of Restraints with Pregnant Women and Girls Under Correctional Custody
Bureau of Justice Assistance U. S. Department of Justice

National Commission on Correctional Health Care (2018): Counseling and Care of the Pregnant Inmate P-F-05

Prison Rape Elimination Act §115.15(d) Cross Gender Viewing