



RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE

	POLICY NUMBER: 18.53-3 DOC	EFFECTIVE DATE: 09/21/2020	PAGE 1 OF 8
	SUPERCEDES: 18.53-2 DOC	DIRECTOR: Please use BLUE ink. 	
SECTION: HEALTH CARE SERVICES		SUBJECT: GYNECOLOGICAL CARE, PREGNANCY COUNSELING AND PERINATAL CARE FOR WOMEN INMATES	
AUTHORITY: Rhode Island General Laws (RIGL) § 23-4.13-2, (Noninterference in reproductive health care); § 23-3-17, (Fetal death registration); § 42-56-10(v), Powers of the director			
REFERENCES: NCCHC Standards JG07, JG10 (essential); Oregon DOC Policy G#8.0; RIDOC Policy #'s 9.19 DOC, Restraining Devices ; 9.37 DOC, Security and Control of Inmates at Outside Hospitals and Medical Clinics ; 18-22 DOC, Inmates and Visitors with Special Needs ; 18.59 DOC, Confidentiality of Inmate Health Care Information to Include Electronic Medical Record (EMR) and Paper Documents			
INMATE/PUBLIC ACCESS?		<input checked="" type="checkbox"/> YES	
AVAILABLE IN SPANISH?		<input checked="" type="checkbox"/> NO	

I. **PURPOSE:**

To ensure access to gynecological care and reproductive health services for incarcerated women is provided in accordance with community standards.

II. **POLICY:**

Each female inmate shall receive confidential and individual counseling to enable her to make informed decisions regarding reproductive health care.

III. PROCEDURES:

A. Health Assessment for Women

1. The initial assessment for women is tailored to the special needs of women.
2. Qualified Health Care Services staff performs the intake screening and inquires about:
 - a. Menstrual cycle; date of last period
 - b. Pregnancy: if pregnant --
 - (1) plans for pregnancy
 - (2) site of prenatal care
 - (3) last prenatal appointment
 - (4) date of next prenatal appointment
 - c. Current contraception
 - (1) if taking oral contraceptives: where are you in your monthly cycle, when did you last take a contraceptive pill
 - (2) if Depo-Provera: when was last injection
 - (3) if reason for taking oral contraceptive pills is other than for contraception
 - d. Upon commitment all women are tested for pregnancy.
 - (1) A positive pregnancy test result is followed by urine toxic screens.
 - (2) If a pregnant female commitment's urine toxic screen tests positive for opiates, she is considered for methadone maintenance.

- (3) If the woman is pregnant, prenatal vitamins are started immediately by nursing staff.
 3. The physician performing the initial history and physical inquires about:
 - a. Menstrual cycle and unusual bleeding
 - b. Current use of contraceptive medications and devices if reason for taking or using them is other than for contraception
 - c. Breast masses and nipple discharge
 - d. Pregnancy
 - e. Any abnormal Pap smears
 4. The physical examination includes in addition to the standard admission examination:
 - a. A pelvic examination will be offered to all women according to the American College of Obstetrics and Gynecology (ACOG) recommendations.
 - (1) includes a Pap smear, and a test for gonorrhea and Chlamydia as indicated by history and examination
 - (2) must be conducted with the maximum concern for human dignity
 - (3) must be performed in the presence of a female staff member
 - b. Breast examination
 5. This information is recorded in the Electronic Medical Record (EMR).
- B. Gynecological Care
 1. Physicians and nurses who care for female inmates are trained in the reproductive health care needs of women.

2. A Pap smear is performed according to the ACOG recommendations.
3. A physician performs a breast exam at least yearly for continuously incarcerated women. A mammogram is offered according to national standards.

C. Perinatal Health Care (Ante partum, Intra partum and Post partum)

1. The incarcerated woman who is pregnant and who chooses to continue her pregnancy is referred to obstetric care as soon as the pregnancy is confirmed. Care is provided by Health Care Services staff and through arrangements with community providers and hospitals.
2. Medical and support services are provided throughout the entire perinatal period. Services include, but are not limited to:
 - a. Timely and appropriate prenatal care by a qualified practitioner which includes medical examinations,
 - b. Evaluation for narcotic use and placement in a methadone maintenance program if necessary,
 - c. Advice on appropriate levels of activity and safety precautions,
 - d. Nutritional guidance, and
 - e. Counseling and education, including information of perinatal syphilis and HIV transmission.
 - f. Appointments are also made for continuity of prenatal services if the inmate is likely to be released prior to the expected date of delivery. Ideally, the practitioner who will assist at the birth should follow the inmate.
 - g. The pregnant inmate is provided with referrals to high-risk care centers, family planning, follow-up of chronic health care problems and postpartum care as needed.
3. Prenatal vitamins are prescribed for pregnant inmates.

4. Prenatal information is provided to all pregnant inmates. Pertinent information and education are provided that enables the pregnant inmate to assume more responsibility and share in decision making. Group and individual counseling are available to pregnant inmates on topics that include but are not limited to:
 - a. Pregnancy options including abortion, adoption, normal, full-term pregnancy and post-natal plan
 - b. Proper nutrition
 - c. Activity level – appropriate work, recreation and exercise
 - d. Safety precautions
 - e. Adverse effects of substance abuse/tobacco use
 - f. Discussion of upcoming tests and significant findings
 - g. Future family planning
 - h. Unusual signs and symptoms to report to Health Care Services staff

5. Health Care Services staff assigned to Women’s Facilities and caring for pregnant inmates will watch for the following signs of pregnancy complications, including:
 - a. Persistent vomiting
 - b. Continuous or severe headache
 - c. Persistent or recurring abdominal pain
 - d. Uterine cramps
 - e. Vaginal bleeding
 - f. Chills or fever
 - g. Loss of fluid from vagina (gush of watery-type fluid or continuous loss of fluid)

- h. Swelling of hands, feet, or face that becomes persistent
 - i. Decrease in fetal movements
 - j. Urinary symptoms - dysuria or hematuria
 - k. Dimness or blurred vision
- 6. At onset of labor or rupture of membranes the obstetrician is notified, and the inmate is transferred to the local hospital for evaluation if necessary.
 - 7. Discharge planning for future medical care needs is discussed with each pregnant inmate prior to her release whether release is prenatal or postnatal. Pertinent medical records are transferred to future facility or health care provider to ensure continuity of care.
 - 8. Security issues regarding pregnancy: The Women's Facilities Warden is notified of all pregnant inmates and ensures the following:
 - a. Pregnant inmates are assigned bottom bunks;
 - b. Restraints are used only when necessary and in compliance with RIDOC policy 9.19 DOC, [Restraining Devices](#);
 - c. Security is maintained during labor according to RIDOC policy 9.37 DOC, [Security and Control of Inmates at Outside Hospitals and Medical Clinics](#).

D. Infant Placement

RIDOC's Reentry Services Parenting Coordinator works with the Department of Children, Youth and Families to assist a pregnant inmate in making an informed decision concerning the placement of a child born to her during incarceration. In all matters, compliance with appropriate Rhode Island State law is required.

E. Family Planning

- 1. Participation in family planning is voluntary. Various FDA approved contraceptive methods are available so that the most appropriate one may be selected. The Health Care Services staff provides information and

counseling to assist women in making informed decisions with their health care provider.

2. Family planning, as a part of regular, comprehensive health care, is provided on request. Following childbirth, the inmate may elect to have temporary or permanent sterilization procedures that are considered elective.
3. Health Care Services staff provides women with information on community family planning resources well in advance of their releases in order to assure continuity of care in the community.

F. Abortion

1. Pregnant inmates may request abortions in consultation with a health care provider. The pregnant inmates are given information and counseling concerning the nature, consequences and risks of the procedure, as well as information on alternatives available when making a decision to continue or terminate their pregnancies.
2. The following guidelines serve as criteria for performance of abortions:
 - a. During the first and second trimesters, pregnant inmates are offered the opportunity to request abortions. These requests will not be denied.
 - b. After fetal viability, all abortion requests will be denied, except when necessary, in the medical judgement of the physician, to preserve the life or health of the inmate. (Viability varies with each pregnancy and will be determined by an OB-GYN attending physician.)
 - c. A physician who performs a termination after fetal viability shall be required to record in the inmate's medical record the basis for the physician's medical judgment that the termination was necessary to preserve the life or health of the inmate and must comply with all other relevant requirements of fetal death registration where applicable.

G. Staff/Inmate Therapeutic Relationships

Reproductive health care services, including family planning, pregnancy counseling and abortion services, are provided in a non-judgmental fashion regardless of race, religion, age or marital status. Staff will not withhold services or information from inmates due to their own personal or religious convictions. The confidentiality of encounters and medical records shall be maintained.

H. Confidentiality

1. RIDOC's Health Care Services is the entity assigned responsibility for correctional health care and is, therefore, responsible for controlling access to confidential medical information. Medical information is available only from the Health Care Services staff.
2. As with all other parts of the medical record, including diagnosis and treatments, test results for pregnancy and sexually transmitted diseases and the provision of contraceptive, gynecological, abortion, and obstetrical services are kept confidential to the extent necessary to ensure a woman's privacy, but taking into consideration necessary security precautions.

Information and plans that are necessary to insure the safety, health and well-being of the woman are shared with the appropriate correctional staff in accordance with RIDOC policy 18.22 DOC, [Inmates and Visitors with Special Needs](#). Information contained in the medical record may be released to other parties only in accordance with RIDOC policy 18.59 DOC, [Confidentiality of Inmate Health Care Information to Include Electronic Medical Record \(EMR\) and Paper Documents](#) .

3. Reproductive health data may be released as State Statistical Aggregate Data, as it does not identify any individual, without authorization for disclosure.