

<b>ALAMEDA COUNTY SHERIFF'S OFFICE</b>  <b>DETENTION AND CORRECTIONS</b>  <b>POLICY AND PROCEDURE</b>	<b>NUMBER:</b> 13.04	<b>PAGES:</b> 1 of 9
	<b>RELATED ORDERS:</b> ACA 4-ALDF-4C-07, 4C-13 MJS 1206 PC 3407 PC6030(f)	
	<b>ISSUED DATE:</b> July 1, 1989	
	<b>REVIEW DATE:</b> September 7, 2016	
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<b>CHAPTER:</b> Medical and Health Care Services	<b>SUBJECT:</b> OB-GYN Clinic and Pregnant or Postpartum Inmates	

- I. **PURPOSE:** To ensure all women incarcerated by the Alameda County Sheriff's Office have access to community standards of medical service.
  
- II. **POLICY:** Female inmates will be provided access to OB-GYN clinic facilities and services in addition to standard medical services to ensure proper health care (SRJ only). The facility security and medical staffs will coordinate their efforts to provide a program that ensures every verified pregnant or postpartum inmate has an opportunity to receive the proper medical care and housing needs necessary for her health and well-being. Within the program, each group has specific and shared responsibilities. Therefore, all staff having contact with pregnant/postpartum inmates will be familiar with the overall pregnant/postpartum inmate program. All deputy sheriffs, sheriff's technicians and sheriff's clerks will receive facility orientation training in managing pregnant/postpartum inmates, and will sign a form indicating they received the training. .
  
- III. **PROCEDURE:**
  - A. OB-GYN CLINIC: (SRJ ONLY)
    1. Female inmates will have access to OB-GYN clinic services in addition to the standard medical clinic services. The clinic will be staffed with a physician and nurse practitioner, trained in obstetrics and gynecology, which will provide clinic services to all female inmates.
    2. Medical staff will provide regular evaluations of OB patients and coordination with the Alameda County Medical Center (ACMC) for regular visits, monitoring dietary and exercise needs, and evaluating medical needs other than OB related.
  
  - B. PREGNANT *or* POSTPARTUM INMATE PROGRAM:
    1. The Pregnant *or* Postpartum Inmate Program will be offered by a Nurse Practitioner or Doctor under the direction of the Medical Director. Additionally, services will be

provided and monitored by the following personnel:

- a. Nurse Practitioner or Doctor (Trained in obstetrics)
  - b. Perinatal Coordinator
  - c. Nurse in charge of the drug program
  - d. Nursing personnel - Assigned to female housing
  - e. Clinicians - Assigned to female housing
  - f. Sheriff's Office Medical Consultant
2. Pregnant or postpartum inmates will be offered comprehensive counseling and assistance in keeping with their expressed desires in planning for their unborn children. The counseling and assistance program shall:
- a. Assess new pregnant inmates for psychosocial needs
  - b. Ensure appropriate placement of infants born to incarcerated inmates
  - c. Provide ongoing needs assessment, counseling, and advocacy
  - d. Document all interactions with inmates and related advocacy
  - e. Provide inmate advocacy for assessing community resources after release
  - f. Coordinate services with the Santa Rita case manager from the APMC and their perinatal education (SRJ only)
  - g. Interface with family members, probation officer, attorney and child protective services, etc.
3. Any staff member aware of a pregnant or postpartum inmate claiming or displaying any of the following emergency signs or symptoms, shall immediately contact and advise the on-duty nurse or doctor. Medical staff is responsible for responding immediately to such requests and will make the decision as to what procedures are necessary for the inmate's care. Signs and symptoms include, but are not limited to:
- a. Any complaint of bleeding
  - b. Ruptured membrane or "water broke"
  - c. The inmate fainted or passed out or says she fainted or passed out
  - d. Complaint of blood in her urine
  - e. Complaint of pain which may be in the abdomen or stomach, a bad headache, or the inmate thinks she is going into labor, etc.
  - f. Opiate dependency or suspected withdrawal

- g. Alcohol dependency or suspected withdrawal
  - h. Observed bleeding, uterine or vaginal
  - i. Recurrent abdominal or pelvic pain
  - j. Leaking fluid from vagina
  - k. 40-weeks or more gestation
  - l. Blood pressure greater than 140/90
  - m. Recurrent nausea and vomiting with Ketonuria
  - n. History of:
    - Diabetes
    - Multiple births
    - Pre-term labor
    - Threatened abortion
    - AIDS
    - Psychiatric disorders
  - o. Greater than 40 years of age
  - p. Previous stillbirth
  - q. Current methadone treatment
  - r. Other conditions patients will be assessed and scheduled for an evaluation by the Nurse Practitioner or Doctor in due course, not to exceed regular weekly visits scheduled at the facility, unless ordered otherwise by the Nurse Practitioner or Doctor or other clinician as necessary for the welfare of the patient.
4. Emergencies concerning pregnant *or* postpartum inmates at the jail will be dealt with according to the pregnant *or* postpartum inmate emergency protocol.

All obstetrical emergencies will be reported to the Nurse Practitioner or Doctor. When outside intervention is necessary, inmates will be transported to the ACMC (when at the Glenn E. Dyer Detention Facility) or, to Valley Care Medical Center (when at the SRJ) according to standard emergency protocol.

5. Regular examinations will be scheduled and performed by the medical staff monthly, or more frequently as determined by the Nurse Practitioner or Doctor on the basis of the patient's needs.

6. Drug and alcohol detoxification will be dealt with according to the drug and alcohol detoxification protocol, as directed by the facility Nurse Practitioner, Doctor or Medical Director.
  - a. Drug dependent inmates will be evaluated and placed on the appropriate detoxification program as designed by the Nurse Practitioner or Doctor, medical director
  - b. Pregnant or postpartum inmates whose existing Methadone Treatment Program has been confirmed shall be evaluated, treated, and continued on appropriate methadone usage.
  - c. Alcohol detoxification will be treated under the direction of the Nurse Practitioner or Doctor in the best methods available for the patient(s).
7. Postnatal Care will be provided as directed by the postnatal care protocol.
  - a. Postnatal care is that period after birth which includes a two (2) to four (4) week and a six (6) week maternal examination by the Nurse Practitioner or Doctor. Such care includes, planning for infant placement and care as described by the perinatal coordinator in conjunction with Criminal Justice Mental Health staff and in keeping with the inmate's desire and capabilities.
  - b. Each pregnant or postpartum inmate will have a program planned by the perinatal coordinator from the time of incarceration, and necessary agencies will be contacted to direct the continued care for the mother and child. This plan will be a part of the medical record and supervised by the obstetrician and the medical director.
8. Abortion: There shall be no condition or restriction on obtaining an abortion by a female inmate. Inmates found to be pregnant and desiring abortions, and who are determined to be eligible, shall be permitted to obtain an abortion. An inmate's right to an abortion shall be posted in the clinic holding area for the SRJ Units 23 and 24. All pregnant or postpartum inmates will be offered information and education about family planning services and programs.

#### C. PREGNANT OR POSTPARTUM INMATE PROGRAM - SECURITY/HOUSING:

1. Emergency signs and symptoms:
  - a. The Chief of Obstetrics and Gynecology at the APMC and the Assistant Agency Medical Director, have identified signs and symptoms that require staff to immediately request a nurse to examine a pregnant/postpartum inmate.
  - b. Any staff member aware of a pregnant *or* postpartum inmate claiming or displaying any of the following signs or symptoms shall immediately contact and

advise the on-duty nurse or doctor. Medical staff is responsible for responding immediately to such requests and will make the decision as to what procedures are necessary for the inmate's care. Signs and symptoms include, but are not limited to:

- 1) Any complaint of bleeding
  - 2) Ruptured membrane or "water broke"
  - 3) The inmate fainted or passed out or says she fainted or passed out
  - 4) Complaint of blood in her urine
  - 5) Complaint of pain which may be in the abdomen or stomach, a bad headache, or the inmate thinks she is going into labor, etc.
2. Identification and movement of pregnant or postpartum inmates:
- a. The ITR Sergeant shall ensure that:
    - 1) All female inmates are screened by the medical staff within two hours of arrival at SRJ.
    - 2) All female inmates will have the option of taking a pregnancy test. If the female inmate declines the pregnancy test, she must sign a Pregnancy Testing Refusal & Release form.
    - 3) All female inmates who refused to take a pregnancy test, will have the option of taking the test at a later date.
    - 4) Medically identified pregnant or postpartum inmates are given the option of wearing an orange armband upon initial entry into the facility, or as soon as possible.
    - 5) A red dot shall be affixed to the upper right corner of the court disposition forms and custody cards of all medically identified pregnant or postpartum inmates.
    - 6) The orange armband and red dots will be removed when notified by the medical staff that the inmate no longer requires monitoring pursuant to the pregnant or postpartum inmate protocol.
  - b. The Classification Sergeant shall ensure that:
    - 1) Medically identified pregnant or postpartum inmates are housed appropriately.

- 2) The housing unit staff is notified when an inmate is identified as pregnant or postpartum or no longer requires monitoring pursuant to the pregnant or postpartum inmate protocol.
- c. Staff having custody of pregnant or postpartum inmates outside their assigned living area will return them to their living areas as expeditiously as possible.
  - d. Staff shall take special precautions to protect pregnant or postpartum inmates from injury during labor, transport, delivery and recovery. The following restrictions shall take place while placing pregnant or postpartum inmates in restraints.
    - 1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.
    - 2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, staff, or the public.
    - 3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.
    - 4) Upon confirmation of an inmate's pregnancy, she shall be advised orally and in writing, of the standards and policies governing pregnant inmates, including the use of restraints and agency policies for pregnant inmates.
      - (a). Oral advisement will be performed by the Classification Deputy and noted on the intake form.
      - (b) Written notification shall be made in the following manner:
        - i. Upon verification an inmate is pregnant, the medical professional confirming this shall provide the inmate a "Information for Pregnant Inmates" form for her signature. The inmate shall receive a copy of this form.
        - ii. All information from the "Information for Pregnant Inmates" form shall be posted in the OB/GYN clinic, in conspicuous locations for all to see.
        - iii. All information pertaining to "Information for Pregnant Inmates" shall also be printed in the Inmate Rules, which is received by all inmates.

- 5) Pursuant to Penal Code Section 6030(f), women in labor shall not be restrained, EXCEPT as noted under Penal Code 3407.
  - (a) On a daily basis, medical staff will provide the dayshift ITR and Classification Sergeants with a current list of pregnant or postpartum inmates.
  - (b) The list will indicate inmates whose status has changed for any reason and who no longer require monitoring pursuant to the pregnant or postpartum inmate protocol.
3. Pregnant or postpartum inmate diet: All inmates are provided meals which are nutritionally adequate, properly prepared and served in pleasant surroundings. Pregnant or postpartum inmates will receive the following dietary supplements in addition to the three (3) meals all inmates receive.
  - a. Prenatal vitamins
  - b. Pregnant or postpartum inmates who will be out of their housing unit during scheduled meal times will receive a meal which meets the nutritional requirements of a pregnancy diet. To accomplish this:
    - 1) Food service staff will contact the female's unit between 0500 and 0600 hours to obtain the count and destination of pregnant/postpartum inmates scheduled for appointments.
    - 2) Food service staff will package the specially prepared pregnancy diets in clear cellophane lunch bags, place them in the appropriate bag lunch containers according to destination, and note the count on the outside of the container.
    - 3) The transporting deputy will verify the clear cellophane bag lunch count with the "PREG" code count on the transportation list before leaving the kitchen.
    - 4) Deputies having custody of pregnant/postpartum inmates at meal time will distribute brown bag lunches to inmates with "PREG" codes noted next to their names.
  - c. Pregnant or postpartum inmates shall be provided an additional bag lunch after the dinner meal.
  - d. Pregnant or postpartum inmates will be provided a minimum of 25 minutes to eat.
4. Clothing for pregnant or postpartum inmates shall be the same as any other inmates within the same classification, with the following exceptions, or as prescribed by medical staff.

- a. Smock tops, large size.
- b. Shoes:
  - 1) One (1) pair of tennis shoes.
  - 2) Pregnant or postpartum inmates will not be issued sandals.
  - 3) Pregnant or postpartum inmates may purchase shower shoes from commissary if they choose, but may only wear them for showering purposes.
5. Programs and/or activities offered to any other inmate shall be available to all pregnant or postpartum inmates, unless restricted by the medical staff. Restrictions shall be documented in the inmate's medical file and the inmate's jail jacket.
6. Weather permitting, at least three (3) hours a week of outdoor exercise will be provided all pregnant or postpartum inmates.
7. Confirmed pregnant or postpartum inmates shall be housed in a lower bunk on the bottom tier from the first day of incarceration.

D. GRIEVANCE PROCESS:

1. It is the policy of the Alameda County Sheriff's Office to resolve inmate concerns regarding health care prior to the documentation of a written grievance.
2. Pregnant inmates who are dissatisfied with the care they receive should contact their Housing Unit Deputy immediately. The deputy shall in turn, contact the OB Clinic immediately for clarification of the issue. Every effort shall be made to resolve the grievance at this level. If the issue cannot be resolved, the inmate may file a grievance through the usual grievance process.
3. When a health care grievance or a grievance regarding Opioid Treatment Program services is received from the ACSO grievance unit, the health record is reviewed and if necessary, the nurse/provider is interviewed.
4. The ***contracted medical health care provider*** is responsible for answering healthcare related grievances and obtaining answers from specific nurses and/or providers as needed at Santa Rita Jail.
5. The Registered Nurse Manager is responsible for answering healthcare related grievances and obtaining answers from specific nurses and/or providers as needed at Glenn Dyer Detention Facility.
6. A written response is given to the inmate by the ACSO grievance unit consistent with the requirements of the Alameda County Sheriff's Office.
7. Reasonable effort is made to reconcile the inmate's grievance.

8. The inmate may appeal the grievance through the facility review process if she wishes to contest the outcome of the grievance by following the Alameda County Sheriff's Office grievance procedure.