

<p align="center">POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</p>	<p align="center">POLICY NUMBER F-05</p>	<p align="center">TOTAL PAGES 3</p>
<p>RELATED NCCHC / ACA STANDARDS: NCCHC: P-F-05 (essential), J-F-05 (essential) MH-G-07 (essential) ACA: 5-ACI-6A-10 (mandatory), 5-ACI-3A-17, 4-ALDF-4C-13 (mandatory), 4-ACRS-4C-14</p>		
<p>CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES</p>	<p>SUBJECT: Counseling and Care of the Pregnant Offender</p>	
<p>APPROVED BY THE BUREAU CHIEF: Deputy Chief, Michael Records (signature on file with BHSAMH)</p>		
<p>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE: Claire DeMatteis September 9, 2020 (signature on file with BHSAMH)</p>		
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To ensure pregnant offenders are provided with comprehensive counseling and care in accordance with national standards and the offender’s expressed desires regarding their pregnancy.
- III. **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. **DEFINITIONS:** See Glossary
- V. **SUMMARY OF CHANGES:** This policy has not changed significantly. The bureaus name was updated.
- VI. **POLICY:**
 - A. It is the policy of the DDOC that pregnant offenders are provided with comprehensive counseling and care in accordance with national standards (e.g., American College of Obstetricians and Gynecologists (ACOG)) and the offender’s expressed desires regarding their pregnancy. This is accomplished in the following manner:
 1. Every female offender shall have a urine pregnancy test during the intake screening in accordance with BCHS Policy *E-02 Intake Screening*.
 2. Counseling assistance is provided and documented in accordance with the pregnant offender’s expressed desires regarding her pregnancy, whether she elects to keep the child, use adoptive services, or have an abortion. When services are not available within the facility, referrals are made to outside providers as needed to support the patient in getting the elected services.
 3. Prenatal Care (routine and high-risk) must include, but is not limited to the following:
 - a. Medical examinations by a qualified healthcare provider who is trained and experienced in the provision of prenatal care.

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- b. Prenatal laboratory and diagnostic tests in accordance with national guidelines (e.g., ACOG).
 - c. Orders and treatment plans documenting clinically indicated levels of activity (or activity limitations), nutrition, medications, housing, and safety precautions.
 - d. Counseling and administering recommended vaccines in accordance with national guidelines.
 4. Pregnant patients with an active opioid use disorder receive an evaluation upon intake, including offering and providing medication-assisted treatment (MAT) with methadone or buprenorphine. This is done in accordance with BCHS Policy *F-04 Medically Supervised Withdrawal and Treatment*.
 5. Emergency delivery kits are available at the facility.
 6. Custody restraints are not used during labor and delivery.
 7. Custody restraints, if used, at other points of pregnancy and the postpartum period shall be limited to handcuffs in front of the body.
 8. A list is maintained of all pregnancies and their outcomes.
- B. All offenders who are pregnant shall be offered mental health services in order to assess patients for onset of new mental health symptoms such as depression or worsening of existing mental health conditions and to support patients in making the adjustment to being pregnant in a correctional facility. These services will be offered as follows:
 1. Each pregnant offender not active on the mental health roster shall be seen by a mental health clinician at least once every 30 days.
 - a. This shall commence upon receiving confirmation that the offender is pregnant and continue for at least 6 months postpartum.
 - b. There shall be a minimum of two visits prior to the expected date of delivery.
 2. Pregnant offenders who are active on the mental health roster shall be seen at least once every 30 days, or more frequently as indicated in their Individualized Treatment Plan (ITP).
 - a. There shall be a minimum of two visits prior to the expected date of delivery.
- C. All offenders who are postpartum shall be offered mental health services in order to assess for postpartum related mental health problems including depression and to support the patient during the postpartum period. These services will be offered as follows:
 1. Women who are postpartum, whether on the roster or not, shall be seen by a mental health clinician as follows:
 - a. within the first 24 hours after returning to the facility following delivery or pregnancy loss
 - b. at least once per day for the first week at least once per week for the next 5 weeks
 - c. at least once per month for the next 4 months
- D. If the pregnant offender refuses mental health services, a refusal shall be obtained and placed in the electronic health record (EHR).
 1. Even for those patients who sign a refusal, follow-up attempts to offer mental health services shall be made at the following intervals and if patient continues to refuse, additional refusals shall be signed and scanned into EHR:
 - a. Weekly starting two weeks prior to expected date of delivery and continuing until 6 weeks postpartum
- E. Unless mandated by state law, birth certificates/registry does not list a correctional facility as the place of birth.

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- F. All documentation must be placed in the offenders EHR.
- G. The Contracted Medical Provider shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH).