
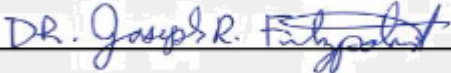


<b>POLICY TITLE: PREGNANCY SERVICES, POSTPARTUM CARE AND BREAST PUMPING</b>		<b>PAGE <u>1</u> OF <u>9</u></b>
<b>POLICY NUMBER: 18.23 (AF) &amp; 13.23 (JF)</b>		
<b>CHAPTER 13 &amp; 18: HEALTH CARE SERVICES</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT OF CORRECTIONS</b>  <b>Approved by Commissioner:</b> 	<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VII</b>
<b>EFFECTIVE DATE:</b> <b>August 21, 2017</b>	<b>LATEST REVISION:</b> <b>August 1, 2018</b>	<b>CHECK ONLY IF</b> <b>APA [ <input type="checkbox"/> ]</b>

## I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Section 1403.

## II. APPLICABILITY

All adult and juvenile facilities housing females

## III. POLICY

It is the policy of the Department of Corrections to provide for pregnancy care, postpartum care, and a breastfeeding program for female prisoners and residents.

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- Procedure A: Pregnancy Services, General
- Procedure B: Delivery
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## V. ATTACHMENTS

- Attachment A: Birth Plan
- Attachment B: Breast Pumping Agreement

## VI. PROCEDURES

### Procedure A: Pregnancy Services, General

1. The Health Services Administrator (HSA), or designee, for a Department facility housing female prisoners or residents shall arrange for pregnancy care services with a community obstetrical health care provider.
2. Pregnancy services shall include, but not be limited to:
  - a. pregnancy testing;
  - b. if pregnancy is confirmed, referral to community family planning services, if requested;
  - c. routine and high-risk prenatal care, to include medical examinations and laboratory and diagnostic tests;
  - d. specialized obstetrical services, when indicated;
  - e. advice on appropriate levels of activity, safety precautions, and nutritional guidance and counseling;
  - f. management of the alcohol or drug addicted prisoner or resident, when indicated; and
  - g. referral to community family planning services upon release, if requested.
3. The prisoner or resident has the legal right to choose, and if the prisoner or resident asks to have the pregnancy terminated, or has questions about her options, including termination, the facility Health Services Administrator (HSA), or designee, shall make arrangements with the appropriate community health care services provider. If the prisoner or resident chooses termination, the facility HSA, or designee, shall also offer to the prisoner or resident a referral to facility mental health care staff.
4. As soon as possible after confirmation of pregnancy and if the prisoner or resident wished to continue with the pregnancy, the Unit Management Team shall, in consultation with health care staff and security staff, develop a birth plan (Attachment A), which shall be forwarded to appropriate facility staff, to include the facility Health Services Administrator (HSA), or designee. The plan, which may be updated periodically, shall include, but not be limited to, the following:
  - a. whether there is an extraordinary medical or security circumstance that requires restraints to be used prior to labor to ensure the safety and security of the pregnant prisoner or pregnant resident, other prisoners or residents, the staff of the facility, the staff of the hospital, or the public, as set forth in Department Policy (AF) 18.19.1 and (JF) 13.19.1, Use of Mechanical Restraints on a Pregnant Prisoner or Pregnant Resident;
  - b. whether a security supervisor will be present during the transport to the hospital as determined by the Chief Administrative Officer, or designee, as set forth in Department Policy (AF) 18.19.1 and (JF) 13.19.1, Use of Mechanical Restraints on a Pregnant Prisoner or Pregnant Resident;

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- c. whether hospital health care personnel specifically request that facility security staff be present in the delivery room;
  - d. whether the prisoner or resident specifically requests that facility security staff be present in the delivery room;
  - e. if the father or other visitor is to be allowed to be present during the delivery or visit in the hospital after the delivery as determined by the Commissioner, or designee, as set forth in Department Policies (AF) 21.4, Prisoner Visitation and (JF) 16.3, Visitation;
  - f. who is to take custody of the infant upon delivery;
  - g. as consistent with Department policies applicable to prisoners or residents who are not pregnant, whether the prisoner or resident will be restrained during the transport from the hospital back to the facility; and
  - h. any security concerns.
5. The birth plan may also include whether there will be bonding visits at the facility, or in the case of a planned adoption, a farewell visit with the infant at the facility. It may also include whether the prisoner or resident intends to pump breast milk while in the facility.
  6. To the extent that it does not impact security, the birth plan shall be developed along with the prisoner or resident.
  7. The birth plan shall be maintained electronically so that it is readily available to the Shift Commander or Juvenile Facility Operations Supervisor, as applicable.
  8. The Chief Administrative Officer, or designee, shall coordinate security matters as set out in the birth plan and other relevant security matters with the hospital security supervisor and shall inform appropriate hospital staff that per Maine Statue, 34-A M.R.S.A. 3102(4), a hospital policy requiring the presence of facility security staff in the delivery room is not sufficient and hospital health care personnel must specifically request that facility security staff be present in the delivery room.
  9. Security staff shall follow Department Policy (AF) 18.19.1 and (JF) 13.19.1, Use of Restraints on Pregnant Prisoners and Pregnant Residents.
  10. The prisoner's case manager or resident's social worker, as applicable, shall explain to the prisoner or resident that she will not be permitted to bring the infant back to the facility after delivery, but that, if applicable, she may be able to have the infant brought to the facility for visits.
  11. The prisoner's case manager or resident's social worker, as applicable, shall inquire of the pregnant prisoner or pregnant resident whether she wishes to pump breast milk to be picked up by a visitor(s). If the prisoner or resident indicates that she wishes to breast pump, the case manager or social worker shall refer her to health care staff.

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12. The prisoner's case manager or resident's social worker, as applicable, shall assist the pregnant prisoner or pregnant resident to make an informed decision regarding the placement of an infant born to her while in custody, provide information on outside agencies that assist with placement of infants, and facilitate contact with those agencies, if requested. If applicable, the case manager or social worker shall work with the Department of Health and Human Services regarding the placement of the infant.
13. The prisoner's case manager or resident's social worker, as applicable, shall explain to the prisoner or resident that the Department is not responsible for the cost of care of the infant after delivery or for any placement services.
14. The prisoner's case manager or resident's social worker, as applicable, shall explain that the birth certificate will not list the correctional facility as the place of birth of the infant.

**Procedure B: Delivery**

1. The facility Health Services Administrator (HSA), or designee, shall coordinate with the community obstetrical health care provider for childbirth to take place at a hospital in the community.
2. Health care staff shall coordinate with security staff regarding preferred mode of transport to the hospital and, if practical, the date and time of transport.
3. If a prisoner or resident goes into active labor, the prisoner or resident shall be transported to the hospital by ambulance.
4. The Shift Commander or Juvenile Facility Operations Supervisor, as applicable, shall arrange for security staff to conduct the transport when it is time for delivery or be present in the ambulance as set forth in Department Policies (AF) 18.19, Movement and Transport for Health Care Services and (JF) 13.19, Movement and Transport of Health Care Services.
5. Security staff may not be present in the room during labor or childbirth unless specifically requested by hospital medical personnel or by the prisoner or resident. If security staff's presence is requested, the security staff shall be female if practicable. The security staff shall follow the directions given by hospital medical personnel as to where to stand during labor and delivery.

**Procedure C: Postpartum Care**

1. The facility HSA, or designee, shall arrange for the prisoner or resident to have a postpartum follow up appointment with a community obstetrical health care provider.
2. If consistent with Department policies applicable to prisoners or residents who are not pregnant, the prisoner or resident may be restrained during the postpartum transports to and from community obstetrical health care provider.

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3. The facility HSA, or designee, shall refer the prisoner or resident to facility mental health care staff for appropriate follow up.

**Procedure D: Breast Pumping**

1. A prisoner or a resident who gives birth while in custody or has been breastfeeding an infant prior to being in custody, may be allowed to pump breast milk for up to one (1) year after the infant’s birth as set forth below.
2. Permission to pump breast milk for the infant is contingent on:
  - a. a facility health care provider providing a written order giving medical clearance after reviewing medications prescribed to the prisoner or resident and determining such medications are not harmful to the infant and that breast pumping would not be harmful to the mother’s health;
  - b. the prisoner or resident signing and adhering to the Breast Pumping Agreement (Attachment B); and
  - c. the prisoner or resident arranging for a visitor(s) to pick up breast milk at the facility in accordance with the agreement.
3. If not already done so by hospital staff, facility health care staff shall educate the prisoner or resident about the benefits of breastfeeding, including nutritional value and immunity factors, and the risks of breastfeeding, including the effects of infectious disease, illicit drug use and certain medications on breastfeeding.
4. Facility health care staff shall provide instructions on assembly, use, disassembly, and cleaning of the breast pump and the storage and handling of expressed breast milk.
5. Facility health care staff shall explain to the prisoner or resident that neither the Department of Corrections nor any of its staff is responsible for the safety or quality of the breast milk.
6. The prisoner or resident shall be provided with additional food and/or nutritional supplements, when indicated and ordered by the facility health care provider, while breast pumping.
7. Upon the health care provider’s order and, if applicable, the prisoner’s or resident’s return from the hospital, the following items shall be issued and kept in her cell or room, as applicable, for the duration of pumping (up to a maximum of one (1) year following the birth of the infant):
  - a. electric breast pump, tubing, breast cups and collection bottles;
  - b. clean breast milk containers, such as screw top plastic bottles or hard plastic cups with tight lids, for storage;
  - c. pen for labeling containers with the prisoner’s or resident’s name, MDOC number, and date of pumping;

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- d. small container of dish washing soap to clean equipment (to be refilled by nursing staff);
  - e. one extra bath towel and a small stack (30 sheets) of paper towels to dry equipment;
  - f. breast pads to prevent milk leakage from soaking clothing; and
  - g. one extra bra and one extra state-issued t-shirt.
8. The prisoner or resident is responsible to use equipment and other issued items as instructed, as well as to clean items as instructed, if applicable. Any equipment and other issued items may be inspected by security staff at any time for any reason.
  9. The prisoner or resident is responsible for requesting (in writing) any items needed for pumping at least five (5) days in advance of the anticipated need.
  10. A resident of a juvenile facility shall be housed in a single room.
  11. A prisoner of an adult facility shall be housed in a single cell, if available. If the prisoner is housed with another prisoner, the other prisoner must agree to such housing or a private area for breast pumping will be offered.
  12. The prisoner or resident shall be allowed to pump breast milk according to her own schedule (usually every 3 to 4 hours around the clock), except that the prisoner or resident is not allowed to pump during formal and informal count times.
  13. There shall be a locked refrigerator/freezer in the housing area that designated staff shall have a key to. Immediately after the pumping, the prisoner or resident shall request that staff unlock the refrigerator so that she can place the sealed and properly labeled container(s) in the refrigerator. If the prisoner or resident does not label the container as required, the breast milk shall be discarded.
  14. If a pregnant prisoner or pregnant resident is placed in restrictive housing prior to starting breast pumping or during the time the prisoner or resident is breast pumping, the prisoner or resident shall hand the sealed container to staff for the staff to label it and place it in the refrigerator.
  15. If the breast milk cannot be picked up within five (5) days since the milk has been pumped, the prisoner or resident shall notify designated staff and the prisoner or resident shall place the breast milk in the freezer with the date it was placed in the freezer written on the bag. If the prisoner or resident does not label the bag as required, the breast milk shall be discarded.
  16. If a pregnant prisoner or pregnant resident is placed in restrictive housing prior to starting breast pumping or during the time the prisoner or resident is breast pumping and the breast milk cannot be picked up within five (5) days since the milk has been pumped, the staff shall label the bag and place the breast milk in the freezer.

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17. Any time breast milk has been placed in the freezer for more than two (2) weeks, nursing staff shall notify the prisoner or resident, dispose of the breast milk, and document the disposal in the prisoner's or resident's health care record.
18. Health care staff shall monitor and maintain the refrigerator and freezer temperatures and record temperatures on a daily basis in the temperature log.

**Procedure E: Pickup of Breast Milk**

1. The prisoner or resident may designate up to three visitors who are authorized to pick up her breast milk.
2. Prior to a visit with a visitor who has been approved to pick up the breast milk, the prisoner or resident shall ask that the refrigerator be unlocked by designated staff. The prisoner or resident shall obtain a gallon plastic sealable bag (kept in refrigerator) and the prisoner or resident shall put the containers of milk in the bag to transport to the visit area. The prisoner or resident shall allow the security staff in the visit area to inspect the bag prior to giving it to the visitor.
3. The visitor shall bring a cooler to the visit area, which shall be inspected by the security staff prior to being brought into the visit area. The bag shall be transferred by the prisoner or resident to the visitor in the immediate presence of security staff. The visitor shall place the breast milk in the cooler. The cooler shall be visible to security staff at all times during the visit. The cooler may be inspected by security staff at any time for any reason.
4. The prisoner or resident shall not pass anything else or receive anything from the visitor during this visit.
5. Breast milk must be picked up at least weekly.
6. Facility staff shall not arrange or pay for the pickup of the breast milk at the facility nor provide a cooler or any other container for transporting the milk, other than plastic bottles or cups and plastic bags as set out above. Breast milk shall not be delivered or shipped to anyone in the community under any circumstances.
7. If a pregnant prisoner or pregnant resident is placed in restrictive housing prior to starting breast pumping or during the time the prisoner or resident is breast pumping, designated staff shall transfer the breast milk to the visitor and log the transfer in an appropriate log book.

**Procedure F: Non-allowance or Discontinuation of Breast Pumping**

1. Breast pumping shall be discontinued, if there are three (3) consecutive weeks of missed pickups
2. Breast pumping shall be discontinued if the Chief Administrative Officer, or designee, determines that the prisoner or resident is not adhering to the agreement.

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3. When a prisoner or resident chooses not to start breast pumping or to discontinue breast pumping or is not permitted to start or continue breast pumping, she shall be provided appropriate health care and education by the facility health care staff.

**Procedure G: Miscarriage and Stillbirth**

1. In the case of a prisoner or resident reporting to facility staff that she has had a possible miscarriage or stillbirth or staff otherwise becoming aware of a possible miscarriage or stillbirth, the staff shall immediately notify the facility health care staff, unless facility health care staff is already aware.
2. Upon being made aware of the situation, the facility health care staff shall provide any necessary medical care to the prisoner or resident.
3. In the case of a suspected miscarriage at the facility, the facility health care staff shall, if possible, collect the specimen, and notify the facility physician, physician’s assistant or nurse practitioner for an order to send the specimen to a lab to try to determine whether there was a miscarriage.
4. In the case of a stillbirth at the facility, facility health care staff shall notify security staff to contact the local emergency medical services (EMS). The facility health care staff shall notify the facility physician, physician’s assistant or nurse practitioner.
5. In the case of a miscarriage or stillbirth off facility grounds, but while the prisoner or resident is in the custody of facility staff, the staff shall contact the local EMS and notify facility health care staff. The facility health care staff shall notify the facility physician, physician’s assistant or nurse practitioner.
6. In the case of a stillbirth, the stillborn shall be turned over to EMS.
7. If the prisoner or resident has an obstetrical health care provider in the community, the facility physician, physician’s assistant or nurse practitioner shall contact that provider for instructions as to further care. If the prisoner or resident does not have an obstetrical health care provider in the community, the facility physician, physician’s assistant or nurse practitioner shall make a determination as to further care.
8. If a stillbirth occurs at the facility or off facility grounds, but while the prisoner or resident is in the custody of facility staff, the Chief Administrative Officer, or designee, shall notify the Medical Examiner’s Office.
9. In the case of a miscarriage or stillbirth at a hospital, the facility staff accompanying the prisoner or resident shall notify the Shift Commander or Juvenile Facility Operations Supervisor, as applicable.
10. The Shift Commander or Juvenile Facility Operations Supervisor, as applicable, shall notify the Duty Officer, and the Health Services Administrator (HSA), or designee. The HSA, or designee, shall notify the facility physician, physician’s assistant or nurse practitioner.

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11. If the father or other visitor has been approved to visit as set out in the birth plan, visits shall be allowed while the prisoner or resident remains in the hospital.
12. The disposition of the stillborn shall be between the hospital and the prisoner or resident, unless the prisoner or the resident is an adult with a guardian or the resident is under eighteen years of age. If the prisoner or the resident is an adult with a guardian or the resident is under eighteen years of age, the disposition of the stillborn shall be between the hospital and the guardian or parent, whichever is applicable.
13. Once the prisoner or resident returns to the facility, the prisoner's case manager or resident's social worker, as applicable, shall arrange for any necessary counseling by facility mental health care staff and possible referral to community organizations that provide support for pregnancy loss.
14. The prisoner's case manager or resident's social worker, as applicable, shall inform the prisoner or resident that she may request a birth certificate from the Department of Health and Human Services in the event of an unintentional death of a fetus of 20 or more weeks, as set forth in [Title 22 §2761-C](#), Certificate of birth resulting in stillbirth.
15. If there is a funeral service and the prisoner or resident wishes to attend, Department Policy, (AF) 21.5 and (JF) 16.5, Funeral Attendance and Deathbed Visits, shall be followed.

## VII. PROFESSIONAL STANDARDS

### ACA

#### ACI - 4-4353 MANDATORY

If female offenders are housed, access to pregnancy management is specific as it relates to the following:

1. [pregnancy testing](#)
2. [routine prenatal care](#)
3. [high-risk prenatal care](#)
4. [management of the chemically addicted pregnant inmate](#)
5. [postpartum follow up](#)
6. [unless mandated by state law, birth certificates/registry does not list a correctional facility as the place of birth](#)

#### 4-JCF-4C-19 MANDATORY

If female juveniles are housed, access to obstetrical, gynecological, family planning, health education, and pregnancy-management services are provided. Provisions of pregnancy-management include the following:

1. [pregnancy testing](#)
2. [routine and high risk prenatal care](#)
3. [management of the chemically addicted pregnant juveniles](#)
4. [comprehensive counseling](#)
5. [postpartum follow up](#)

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