

STATE OF LOUISIANA  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
CORRECTIONS SERVICES

Health Care Policy  
No. HC-08



15 September 2017

**PREGNANCY MANAGEMENT**

1. **OBJECTIVE:** To provide female offenders with access to pregnancy management.
2. **REFERENCES:** La. R.S. 14:89, 15:744.1 through 15:744.8, 40:34.4, 40:1061.2 through 40:1061.6, 40:1061.18; ACA Standard 4-4190-1, 4-4350, 4-4353, and 4-4362 (Adult Correctional Institutions); Department Regulation Nos. A-01-013 "Forms Management Program," HC-01 "Access to Care and Clinical Services," HC-13 "Health Screens, Appraisals, and Examinations," HC-37 "Mental Health Screening, Appraisal, and Evaluation," C-02-003 "Searches of Offenders," C-02-008 "Offender Visitation," and C-03-003 "Escorted Absences;" *Roe v. Wade*, 410 U.S. 179 (1973), *Victoria W. v. Larpenfer*, 369 F. 3d 475 (5<sup>th</sup> Cir. 4/30/2004) and *Roe v. Crawford*, 514 F. 3d 789 (8<sup>th</sup> Cir. 1/22/2008).
3. **POLICY:** It is the Secretary's policy that there shall be a written plan to provide female offenders in the custody of DOC access to pregnancy management.
4. **APPLICABILITY:** Deputy Secretary, Chief of Operations, Department's Medical/Mental Health Director, Director of Probation and Parole, Regional Wardens and Wardens. The Warden at the Louisiana Correctional Institute for Women (LCIW) and the Director of Probation and Parole shall be responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this policy.
5. **DEFINITIONS:**
  - A. **Abortion:** The deliberate termination of a human pregnancy.
  - B. **Health Care Personnel:** Individuals whose primary duty is to provide health services to offenders in keeping with their respective levels of health care training or experience.
  - C. **Health Care Practitioner:** Clinicians trained to diagnose and treat patients, such as physicians, dentists, psychologists, podiatrists, optometrists, nurse practitioners, and physician assistants.
  - D. **Health Care Professional:** Staff who perform clinical duties, such as health care practitioners, nurses, social workers, and emergency medical technicians in accordance with each health care professional's scope of

training and applicable licensing, certification, and regulatory requirements.

- E. **Health-Trained Personnel:** Correctional officers or other correctional personnel who may be trained and appropriately supervised to carry out specific duties with regard to the administration of health care.
- F. **High Risk Pregnancy:** A pregnancy that threatens the health or life of the mother or her fetus, as determined by a health care practitioner.
- G. **Postpartum:** The period immediately after birth and extending for approximately six weeks.
- H. **Restraints:** Devices used to restrict physical activity (e.g., handcuffs, leg irons, strait jackets, belly chain).
- I. **Treatment Plan:** Series of written statements that specify the particular course of therapy and the roles of medical and nonmedical personnel in carrying it out. A treatment plan is individualized, based on assessment of the individual patient's needs, and includes a statement of the short- and long-term goals and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides offenders with access to a range of supportive and rehabilitative services, such as individual or group counseling and/or self-help groups that the physician deems appropriate.

6. **PROCEDURES:**

- A. The Unit Medical Director shall ensure the following:
  - 1) Access to pregnancy management shall include, at a minimum, the following:
    - a. Pregnancy testing;
    - b. Routine prenatal care;
    - c. Prenatal care for high risk pregnancy;
    - d. Management of the chemically addicted pregnant offender;
    - e. Post-Partum follow-up; and
    - f. Family planning services prior to release.
  - 2) Health-trained personnel or health care personnel inquire into the possibility of pregnancy and history of pregnancy problems during intake medical screenings conducted on female offenders. (See Department Regulation No. HC-13 "Health Screens, Appraisals, and Examinations" for more information.)

- 3) A health care practitioner conducts a medical examination (including a complete medical history) during health appraisals on pregnant offenders. (See Department Regulation No. HC-13 "Health Screens, Appraisals, and Examinations" for more information.)
  - 4) A health care practitioner refers all pregnant offenders to an Obstetrician / Gynecologist for evaluation and development of a treatment plan.
  - 5) A health care practitioner refers all pregnant offenders for a mental health evaluation. (See Department Regulation No. HC-37 "Mental Health Screening, Appraisal, and Evaluation" for more information.)
- B. The Warden or designee shall ensure the following protocols regarding the use of restraints on pregnant offenders are adhered to:
- 1) Restraints During the Second and Third Trimester
    - a. The type of restraint applied and the application of the restraint shall be done in the least restrictive manner necessary;
    - b. An electronic restraint belt shall never be used;
    - c. The offender shall never be handcuffed behind the back;
    - d. The offender shall never be restrained using leg irons; and
    - e. The offender shall never be placed in a face down position.
  - 2) Restraints During Active Labor and Delivery
    - a. Restraints shall not be utilized on a pregnant offender during active labor and delivery unless a health care practitioner orders restraints for an offender who, due to a psychiatric or medical disorder, is a danger to herself, her child, her unborn child, or other persons.
    - b. If restraints are utilized during active labor and delivery, the type of restraint applied and the application of the restraint shall be done in the least restrictive manner necessary;
    - c. The Unit Medical Director shall provide guidance on the use of restraints on pregnant offenders prior to active labor and delivery.
  - 3) Restraints During Pregnancy-Related Medical Distress, Transportation, and the Period Following Delivery
    - a. Restraints shall not be used on a pregnant offender (1) during any pregnancy-related medical distress, (2) while she

is being transported to a medical facility or LCIW for delivery or any pregnancy-related medical distress, or (3) during the period following delivery before the offender has been discharged from the medical delivery, unless there are compelling grounds to believe that the offender presents either of the following:

- i. An immediate and serious threat of physical harm to herself, staff, or others; or
- ii. A substantial flight risk and the offender cannot be reasonably contained by other means.

b. If restraints are utilized during transportation or the period following delivery, the offender shall not be restrained using waist restraints.

4) Removal of Restraints

If a health care professional treating the pregnant offender requests, based on his or her professional medical judgment, that restraints not be used, the correctional personnel accompanying the pregnant offender shall immediately remove all restraints.

5) Documentation of Restraints on Pregnant Offenders

a. Should restraints be used on a pregnant offender, within ten days of the use of restraints a written record shall be made to include the following:

- i. The type of restraint used;
- ii. The circumstances that necessitated the use of restraints; and
- iii. The length of time the restraints were used.

b. This written record shall be retained in the offender's master record for a minimum of five years, but shall not constitute a medical record.

c. This written record shall be made available as a public records request with the offender's identifying information redacted, unless the offender gives prior written consent for the public release of the record.

C. Monitoring of a Pregnant Offender

The Warden or designee shall ensure correctional personnel monitor a pregnant offender during transport to and from a medical facility and during the offender's stay at the medical facility and that such personnel shall have the ability to release any restraint.

D. Pregnancies Carried to Term:

- 1) Representatives for the Department of Children and Family Services (DCFS) shall be invited on a continuum to present information regarding DCFS services offered to pregnant offenders, as well as female offenders in the Reentry Program.
- 2) Child placement shall be the offender's responsibility. The offender shall be referred to the DCFS to aid her in determining placement for her child (e.g. foster care, adoption, or family/friend placement). All documentation of referrals and services provided by DCFS shall be maintained in the offenders Medical Record.
- 3) Offenders giving birth while in custody shall not be permitted to bring the newborn child back to the facility.
- 4) Birth certificates / registries shall not list a correctional facility as the place of birth. If an offender gives birth inside a correctional facility, the name of hospital or institution shall be left blank.

E. Visitation After Childbirth:

- 1) Postpartum visitation in the birth hospital between the birth mother and the newborn child shall be permitted, taking into consideration the birth hospital's rules and regulations.
- 2) Postpartum visitation in the birth hospital between the birth mother, the birth father, identified caregiver(s) of the newborn child, and the birth parent's immediate family shall be considered a special visit and shall be at the discretion of the Warden or designee, taking into consideration the birth hospital's rules and regulations. (See Department Regulation No. C-02-008 "Offender Visitation" for more information.)
- 3) The child may be brought to the birth mother's institution for visitation with the birth mother by approved visitors during regular visiting hours. (See Department Regulation No. C-02-008 "Offender Visitation" for more information.)

F. Return to Prison After Childbirth or Any Pregnancy-Related Medical Distress

Upon an offender's return to a DPS&C facility after childbirth or any pregnancy-related medical distress, the offender may, upon her request, have health care personnel present during any strip search, visual body cavity search, or body cavity search, as defined in Department Regulation No. C-02-003 "Searches of Offenders."

G. Termination of Pregnancy:

- 1) Any decision regarding retention or termination of pregnancy shall be the sole responsibility of the pregnant offender.
- 2) No Departmental employee shall be compelled to participate in or facilitate an abortion if doing so would conflict with their beliefs. Any employee who wishes to have no such involvement shall advise their supervisor of such fact. Supervisors shall not influence an employee's position regarding this issue.
- 3) No Departmental employee shall be held civilly or criminally liable, discriminated against, dismissed, demoted, in any way prejudiced or damaged, or pressured in any way for refusal to take part in, recommend or counsel an abortion for any woman.
- 4) No Departmental employee shall require or recommend that a pregnant offender have an abortion, except a physician to save or preserve the life of the pregnant offender.
- 5) Protocol for Pregnant Offenders Desiring Pregnancy Termination
  - a. Offenders desiring pregnancy termination shall submit the request in writing via the Health Care Request Form (Form HC-01-A).
  - b. Upon receipt of each Health Care Request Form (Form HC-01-A), a health care professional shall triage the request via a documented face-to-face encounter with the offender. (See Department Regulation No. HC-01 "Access to Care and Clinical Services" for more information.)
  - c. All Health Care Request Forms (Form HC-01-A) indicating a desire for pregnancy termination shall result in the scheduling of a health care encounter with a health care practitioner. Should the offender continue to desire pregnancy termination at the health care encounter, the health care practitioner shall refer the pregnant offender to an outside facility licensed to perform abortions and ensure the appointment is scheduled as soon as possible.

- d. The pregnant offender and/or her family shall be financially responsible for all costs associated with terminating the pregnancy, including medical and security costs. The offender shall be permitted to accept funds for an abortion from local community charities or other sources.
- e. Transportation must be in an unmarked vehicle, if necessary a rental at the expense of the offender.

6) Pursuant to La. R.S. 40:1061.6, no public funds shall be used for an abortion procedure except if the abortion is being sought for one of the following:

- a. To terminate a pregnancy resulting from an act of rape and all requirements of La. R.S. 40:1061.18(A) are met;
- b. To terminate a pregnancy resulting from an act of crime against nature as defined by R.S. 14:89(A)(2) and all the requirements of R.S. 40:1061.18(B) are met; or
- c. The abortion is medically necessary to prevent the death of the mother.

H. Pregnant DPS&C Offenders Housed in Non-DPS&C Facilities:

Upon notification by a local jail facility that a DPS&C offender housed in a local jail facility is pregnant, the Department's Medical / Mental Health Director, in conjunction with LCIW's health care staff, shall determine if a transfer is necessary.

**7. MONITORING REQUIREMENTS/REPORTS:**

- A. All healthcare encounters shall be documented in the offender's medical record.
- B. All use of restraints on pregnant offenders shall be documented in the offender's master record.
- C. All documentation of referrals to the DCFS and services provided by the DCFS (e.g. foster care, adoption, or family/friend placement) shall be maintained in the offenders Medical Record.

s/James M. Le Blanc  
Secretary

Form: HC-01-A Health Care Request Form

This policy supersedes Health Care Policy No. HC-08 dated 25 July 2017.

Request for Medical Treatment Institution: \_\_\_\_\_

Name \_\_\_\_\_ DOC # \_\_\_\_\_ Age \_\_\_\_\_ Housing \_\_\_\_\_ Job Assignment \_\_\_\_\_

**OFFENDER COMPLETE THIS SECTION ONLY -- COMPLAINT AND/OR REQUEST:**

**Healthcare Personnel Screening:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location Seen: \_\_\_\_\_

(Circle One): Emergency / Routine Sick Call / Work Related Allergies: \_\_\_\_\_

B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ Other \_\_\_\_\_

**Assessment/Comment:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disposition:**

**Health Care Practitioner Notes:**

**New Medications Ordered:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total #:** \_\_\_\_\_

**Screener's Signature:**

**HCP's Signature:**

**Date:**

No Fees  \$3 Access Fee  \$6.00 Access Fee  \$2 for Each Prescription Fee: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

I understand that in accordance with Dept. Reg. No. B-06-001, I will be charged \$3.00 for routine request for health care services, \$6.00 for emergency request and \$2.00 for each new prescription written and dispensed to me, with the exceptions noted in the referenced regulation.

Offender Signature

DOC #

Date

Witness Signature

Original - Offender's Medical Record

Yellow - Business Office

Pink - Offender's Copy