

State of Iowa Department of Corrections

Policy and Procedures

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Applicability: IDOC
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Chapter 6: Health Services
Sub Chapter: Acute/Specialty Services
Related DOC Policies: N/A
Administrative Code Reference: N/A
Subject: Obstetrical Services
ACA Standards: 5-ACI-6A-10
Responsibility: Dr. Jerome Greenfield
Effective Date: March 2021
Authority:

1. PURPOSE

To ensure obstetrical services are provided to identify patients, consistent with acceptable medical practice and current law.

2. POLICY

To provide evidence-based obstetrical services responsive to identified needs, consistent with acceptable medical practice and current law.

CONTENTS

- A. Pregnancy Status
- B. Prenatal care for patients with high-risk pregnancies is jointly provided by the IDOC and the UIHC. Laboratory and other studies consistent with current standards of prenatal care will be obtained at the UIHC and/or IDOC. These studies include:
 - C. Routine OB Visits
 - D. Educational Services
 - E. Assessments for Patients at Reasonable Risk of being in Labor

F. Postpartum Care

3. DEFINITIONS - See IDOC Policy AD-GA-16 for Definitions.

4. PROCEDURES

A. Pregnancy Status

1. The pregnancy status of all female patients is ascertained and addressed as part of initial screening and assessment activities.
2. Pregnant Patients
 - a. Pregnant patients may be co-managed along with the University of Iowa Hospitals and Clinics (UIHC).
 - b. The UIHC will offer the appropriate medical, religious and social counseling to aid the pregnant patient in making a decision about all pregnancy options, including elective abortion.
 - c. Through Social Services at ICIW and the UIHC, patients will receive assistance, including access to community child placement agencies to place newborn children in appropriate homes.

B. Prenatal care for patients with high-risk pregnancies is jointly provided by the IDOC and the UIHC. Laboratory and other studies consistent with current standards of prenatal care will be obtained at the UIHC and/or IDOC. These studies include:

1. Initial OB visit:
 - a. ABO, Rh and Ab screens
 - b. Hep BS Ag and Hepatitis C Ab
 - c. Rubella status
 - d. VDRL, HIV, Pap, Gonorrhea Culture, and Chlamydia testing
 - e. Urine culture

2. 15-20 weeks:

Maternal Quad Screen should be drawn (consent signed or refusal documented in chart).

3. 24-28 weeks:

- a. Glucose tolerance (If abnormal, follow with a 3-hour glucose tolerance test.)
- b. CBC
- c. Rhogam 1 vial IM given at this time to Rh neg females.

4. 36 weeks:

- a. CBC
- b. VDRL
- c. Gonorrhea Culture and Chlamydia tests
- d. Herpes cultures at this time only if lesions are present, regardless of history.

C. Routine OB visits should be completed as follows:

- 1. Monthly up to 32 weeks;
- 2. From 32-36 weeks, visits should be every 2 weeks; and,
- 3. Weekly thereafter.

D. Educational Services

Educational and support services appropriate for the pregnant patient may be provided by the University of Iowa and ICIW staff and trained volunteers during the course of the patient's pregnancy.

E. Assessments for Patients at Reasonable Risk of being in Labor

1. Pregnant patients reporting possible signs of labor must be assessed in Health Services upon the patient's report. Obstetric emergency bags (kits) must be strategically located in Health Services.
2. If upon assessment in health services, active labor is suspected by contractions at regular intervals, a bloody show, or rupture of membranes, arrangements must be made for prompt transfer for evaluation and/or delivery.

F. Postpartum Care

Postpartum care is provided by IDOC Health Services staff unless written objective data warrants off-site postpartum services. Postpartum checks will be done at six (6) weeks with resolution of the major problem of pregnancy in the EMR.