

<p style="text-align: center;"><b>STATE OF IOWA DEPARTMENT OF CORRECTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>		Policy Number HSP-621	Applicability <input checked="" type="checkbox"/> IDOC <input type="checkbox"/> CBC
		Policy Code Public Access	Iowa Code Reference N/A
Chapter 6 HEALTH SERVICES	Sub Chapter ACUTE/SPECIALTY SERVICES	Related DOC Policies N/A	Administrative Code Reference N/A
Subject OBSTETRICAL SERVICES		ACA Standards 4-4353	Responsibility Dr. Jerome Greenfield
		Effective Date April 2017	Authority Jerry Bartruff Director Signature on file at Iowa DOC

## I. PURPOSE

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

## II. 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 offenders 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 Offenders at Reasonable Risk of being in Labor
- F. Postpartum Care

**III. DEFINITIONS** - See IDOC Policy **AD-GA-16** for Definitions.

**IV. PROCEDURES**

A. Pregnancy Status

1. The pregnancy status of all female offenders is ascertained and addressed as part of initial screening and assessment activities.
2. Pregnant Offenders
  - a. Pregnant offenders 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 offender in making a decision about all pregnancy options, including elective abortion.
  - c. Through Social Services at ICIW and the UIHC, offenders will receive assistance, including access to community child placement agencies to place newborn children in appropriate homes.

B. Prenatal care for offenders 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 offender may be provided by the University of Iowa and ICIW staff and trained volunteers during the course of the offender's pregnancy.

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

1. Pregnant offenders reporting possible signs of labor must be assessed in Health Services upon the offender'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.