

THE IMPORTANCE OF THOROUGH TRIAGE AND EVALUATION OF PREGNANT PATIENTS



Prepared and Presented by:

- Christine Richardson, LPN, JD, PhD
CCHP,
- Cynthia Moody-Malcom, CNP,
AGNP, CCHP
- Pamela Winn, Women's Legislative
Health Advocate

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LEARNING OBJECTIVES

- **Objective 1:** State the importance of using the most proper assessment for pregnant patients
- **Objective 2:** Discuss common issues associated with pregnant patients, including substandard medical and mental health care
- **Objective 3:** Determine the best methods to ensure compliance with the NCCHC accreditation standards with regard to pregnant patients

JOHN HOPKINS STUDY

- In 2016-2017, John Hopkins conducted an unprecedented study to determine how many pregnant women were in custody and to determine the outcome of those pregnancies. The study collected data in 22 state prison systems and all of the federal prisons for the duration of one calendar year.
- The study designated a “site reporter” who was responsible for tracking pregnancy outcomes on a monthly basis. The conclusions of the tracking included data on miscarriages, live births, stillbirths, maternal deaths, preterm births and abortions. Site reporters varied in capacity and ranged from wardens to other health care personnel, including medical directors. The findings were then sent to the researchers at Johns Hopkins through the utilization of a secure, web-based program, Research Electronic Data Capture (REDCap).

JOHN HOPKINS STUDY CONT'D

- The collected data revealed that there were at least 1,396 women who were already-pregnant when they were arrived at both the 22 state and all federal prisons during the 12 month period. The study did not divide the subjects by race, age, or any other identifiable factor.
- Further research revealed that 753 were live births, at least six percent of those live births were preterm, another thirty percent were delivered by cesarean. Six percent of the live births were preterm, and 30 percent were delivered by cesarean section. These figures pale in comparison to births in the community, only ten percent are cesarean and under thirty two percent were pre-term.
- Forty-six of the pregnancies ended in miscarriages, 11 ended in abortions, four ended in stillbirth and three newborns died. None of the mothers died. In the United States, there are more than 700 maternal deaths each year.

HOW ARE PREGNANT WOMEN TRACKED IN THE GEORGIA PENAL SYSTEM?

- * As of 2022, Georgia does not have an official means of tracking how many pregnant women who are incarcerated.
- In October of 2109 Pamela Winn, a women's legislative advocate authored the "Dignity Act".
- This bill also included an amendment that would have required all of Georgia's county jails (183 in total) to record the number of pregnant women in their custody and share that information with the Department of Public Health. Unfortunately, that amendment was struck down and was not considered to be an important facet of the overall bill.

WHAT IS THE DIGNITY ACT?

- The Georgia Dignity Act, which went into effect on October 1, 2019, provides “for prohibited practices related to a pregnant female inmate in the second or third trimester or a female inmate who is in the immediate postpartum period.” In addition to banning the use of restraints on such women, the law prohibits them from having to squat and cough during strip searches, being subject to vaginal examinations unrelated to the pregnancy, or placement in solitary confinement that is not in a medical setting. Additionally, the legislature expressed a desire for pregnant women awaiting transport to a state prison to “be transferred as expeditiously as possible.”

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NCCHC STANDARD “P-G-07”

- The NCCHC publishes Standards for Health Services as a set of best practices for the provision of health services in correctional settings and to govern its accreditation program for prisons and jails. The NCCHC standard titled "P-G-07: Care of the Pregnant Inmate" directs that "[p]regnant inmates receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care."

STANDARD “P-G-07” CONT’D

- This standard also discusses the need for facilities to be prepared to handle the prevalence of high-risk pregnancies among incarcerated women, and sets forth specific compliance indicators for pregnancy care generally, including:
- Prenatal medical examinations, including laboratory and diagnostic test such as HIV, and offering prophylaxis when necessary.
- Patient education related to levels of activity including prenatal nutritional guidance and counseling including maintaining a list of specialized obstetrical services
- Written agreement with a community facility for delivery
- Documented, appropriate postnatal care, keeping a list of all pregnancies and their outcomes, Having a written policy and defined procedures addressing compliance with this standard

IMPORTANCE OF PROPER TRIAGE AND ASSESSMENT OF PREGNANT DETAINEES

- Safer outcome for patient and baby, as well as decreases liability for Medical Vendor and Facility
- Patient is given valuable education about how to care for themselves and their baby as well as allows the patient to be involved in their care and treatment.
- Establishes a greater continuity of care for mother and baby
- May serve to identify other medical or mental health issues which have gone un-diagnosed and/or un-treated.
- Creates the opportunity to form community based relationships for patients after they are released

IMPORTANCE CONTINUED

- Allows for the creation of strong external community resources i.e., women's health resource advocacy organizations, community mental health services, etc.,
- Promotes a healthy relationship between mother and baby,
- Establishes support system, (familial or otherwise)
- May serve as a valuable tool for the court where child custody is at issue, assist in the mothers current defense of her current case...
- Avails the mother to have direct contact with external agencies where she can receive assistance with the care of the child post incarceration....

ISSUES WHICH ARISE DURING DETENTION FOR PREGNANT DETAINEES

- Lack of medical treatment or care (i.e., substandard or inaccessible)
- Officers interfere with medical provider or nursing staff ability to provide care
- Lack of or inadequate security
- Patient symptoms or concerns being overlooked by medical staff
- Improper or Poor Assessment by medical staff
- Patient goes into active labor
- Fetal Demise
- Providers can be subject to legal action, not limited to Civil Penalties and Nursing Board Infractions

BEST METHODS PRACTICE AND PROPER EVALUATION OF A PREGNANT DETAINEE

- Once a positive pregnancy test is confirmed, patient should be referred to internal provider for regular prenatal care and education and should be seen within the first 72 hours upon admission into facility
- Release for medical records should be obtained as soon as practicable (if applicable)
- Dietary orders should be given as soon as positive test is confirmed
- Housing and Classification should be appropriate based on confirmed test

BEST METHODS CONTINUED

- Pregnancy counselor should be made available at the time of intake and during the patients incarceration .
- Patient should be placed on separate sick call should be established for routine treatment and follow up throughout Incarceration.
- Post Partum services should be established through community collaboration
- Most importantly, patient should be monitored and treated for depression throughout incarceration.
- Medical vendor should employ more staff with OB/GYN experience and establish a continuity of care for patients by creating a specific department for pregnant detainees.

CASE STUDY #1

- 31 y/o BF is booked into a jail on a Friday night charged with kidnapping, aggravated assault, and pointing a weapon at another. She has given birth to her fourth child six weeks prior to this arrest. She is experiencing heavy bleeding and “feeling faint” for the past three days. Patient is taken to the hospital by the arresting agency, no assessment is performed at the hospital, she is then released to the jail. Upon arrival to jail, patient is placed in a cell by herself, and continues to complain that she is bleeding very heavy and “not feeling well”. Patients concerns are not addressed, and ignored. Patient has a mental health history and has been at the jail on at least four prior occasions. Explain how you would assess this patient once she arrived to the jail.

CASE STUDY #2

- A 21 y/o BF was booked into the jail on a felony charges. At the time she was booked into the jail, she was 29 weeks pregnant. The patient requested to see the medical provider on numerous occasions, citing “ abdominal pain and spotting” after ten weeks the patient was placed in the infirmary. The jail assumed she had miscarried. The patient made numerous requests to go the hospital, however she was denied each time. Within three weeks of being placed in the infirmary, the patient delivered a pre-term baby boy. She was then taken to the hospital for further treatment. How would you have assessed this patient?

SUMMARY

- The Importance of Proper Triage and Assessment of a Pregnant Detainee is vital for the outcome of both the mother and baby
- Issues arising from improper assessment can lead to death of the fetus, and legal action against the nurse, facility and medical vendor.
- Follow the best methods approach by utilizing standard “ P-G-07” as promoted by the National Commission on Correctional Healthcare (NCCHC)

REFERENCES

<https://www.aclu.org/state-standards-pregnancy-related-health-care-and-abortion-women-prison-0#hd1>

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