

Addressing The Unique Challenges of Pregnancy in Corrections

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Educational Objectives

- **Describe the challenges of obstetrical care in corrections.**
- **Identify methods to meet those challenges.**
- **Debate restraint use for pregnant and postpartum women.**



Introduction

- **Approximately 5% of women in jails are pregnant, slightly lower percentage in prisons.**
- **Outcomes for mother and baby may improve with incarceration.**
- **Care focuses on assessment, risk identification, holistic.**



Prenatal



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Prenatal

- **Care meets the community standard of care.**
- **Screen all women of child bearing age at intake.**
- **Bottom bunk.**



Prenatal

High risk Pregnancies

- Alcohol abuse
- Malnutrition
- Drug abuse
- Tobacco abuse
- STDs
- HIV
- Hepatitis
- Mental Health issues



Prenatal

Outside Providers:

- **Site dependent**
- **OB**
- **High Risk OB**



Prenatal

Substance Abuse Management

Buprenorphine and methadone are safer than withdrawal.

Buprenorphine/naloxone is not strictly contraindicated.

Medication Assisted Treatment may be continued or initiated.



Prenatal

Education

Pregnancy Classes

Childbirth Classes

Family Planning

Counseling

Psychological disorders

Stress of incarceration

**Separation from the
infant**



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Prenatal

Nutritional Needs

Prenatal vitamin

Second trimester – extra 340 calories



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Dental

60-75% have gingivitis – early stage of periodontitis

Periodontitis is associated with poor pregnancy outcomes

Dental care is safe and recommended



Prenatal

Vertical Transmission of Disease

Prenatal labs for all pregnant women

Hepatitis B – antiviral therapy can be used during pregnancy. Vaccine may be given during pregnancy for high risk. Follow up for infant.



Prenatal

Vertical Transmission of Disease

HIV - antiviral therapy can be used during pregnancy. Pre-Exposure Prophylaxis (PrEP). Mode of delivery based on viral load. Follow up for infant.

Hep C – weigh risk/benefit of tx during pregnancy. Follow up for infant



Prenatal

The mother who refuses prenatal care

Why, address her concerns.

We cannot force her.

Document, document, document



Prenatal

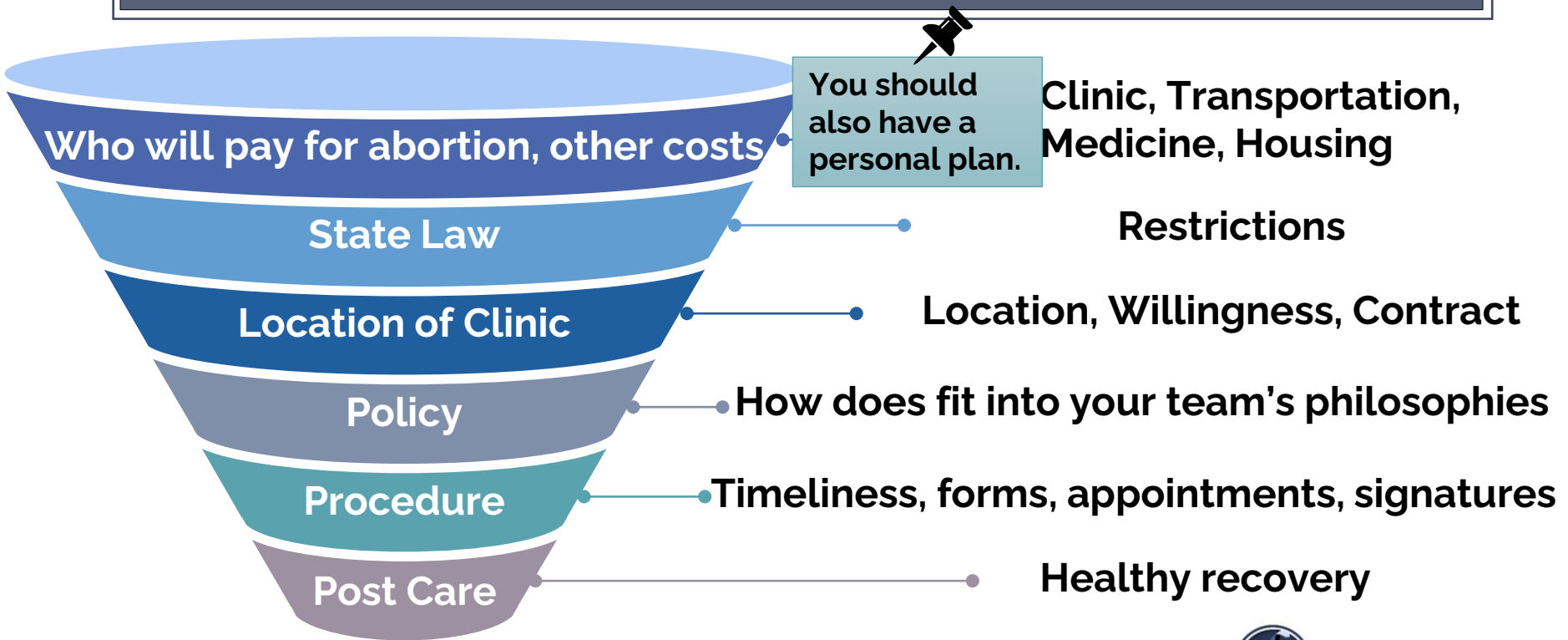
Abortion

Autonomy: We can not allow our beliefs to infringe on the woman's decision to abort or deliver.

We also follow the law.



Your Plan for an Abortion Request



Prenatal

Restraints

- Can cause harm during pregnancy, labor, delivery, and postpartum. Falls with harm to mother, fetus, placenta.
- Only used for compelling security or safety risk.
- Use the least restrictive restraint possible.
- Limit to handcuffs in front.



Prenatal

Fetal well-being

Not simply fetal heart tones

Can it be monitored at your site?

Pregnancy Loss

Miscarriage in corrections \neq misdoings by staff



Labor and Delivery



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Labor and Delivery

Let's avoid this



<https://www.youtube.com/watch?v=0xsTTv05zEI>



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Labor and Delivery

Unexpected Delivery: Why it happens

- Preterm
- Fast Labor
- Stoic Mother
- Inattentive Staff



Labor and Delivery

Unexpected Delivery: Reduce the Risk

- When to transport policy
- Have an OB kit
- Educate nurses and custody staff

Dry the baby

Keep baby warm

Dry the baby



Labor and Delivery

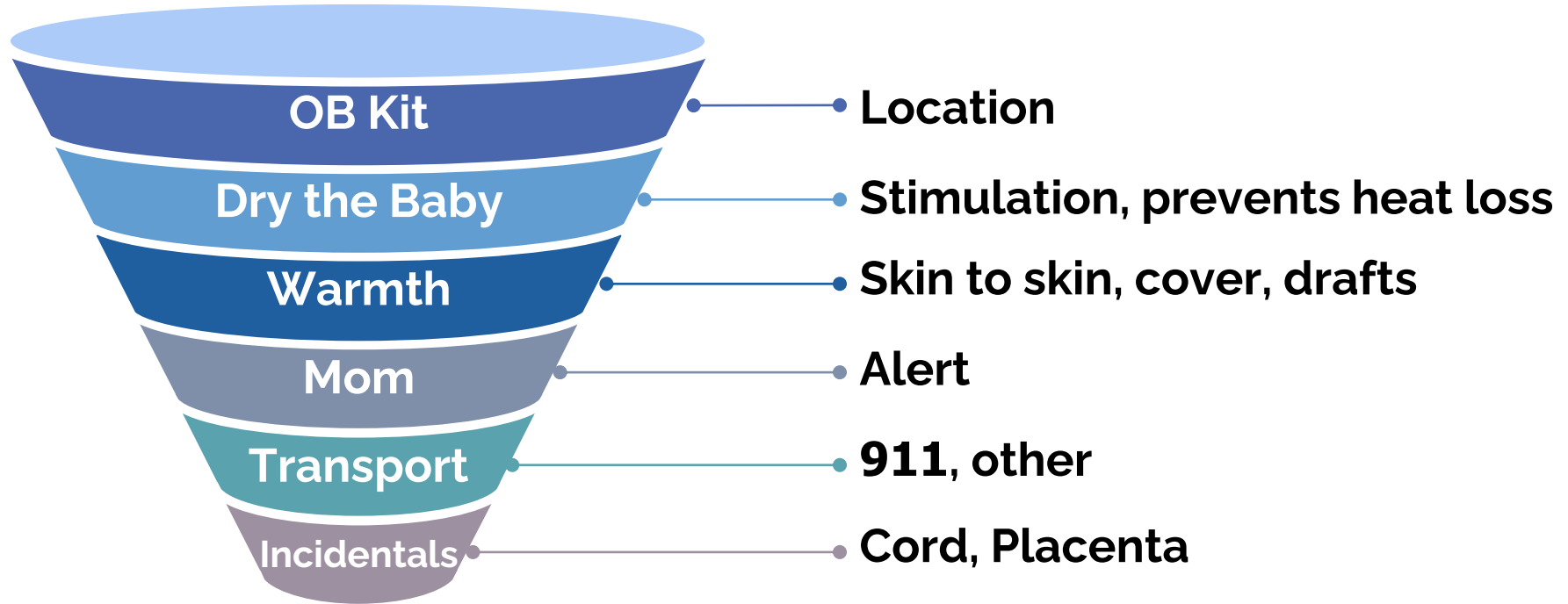
Bad outcomes

**Goebert v. Lee County: PROM, delayed care,
stillborn infant**

**Doe v. Gustavus: ROM, inaccurate assessments,
delivered alone in segregation**



Your Plan for an Unexpected Delivery



Labor and Delivery

Training for Corrections Staff

- **Labor cues: contractions, bloody show**
- **How to help at the hospital**

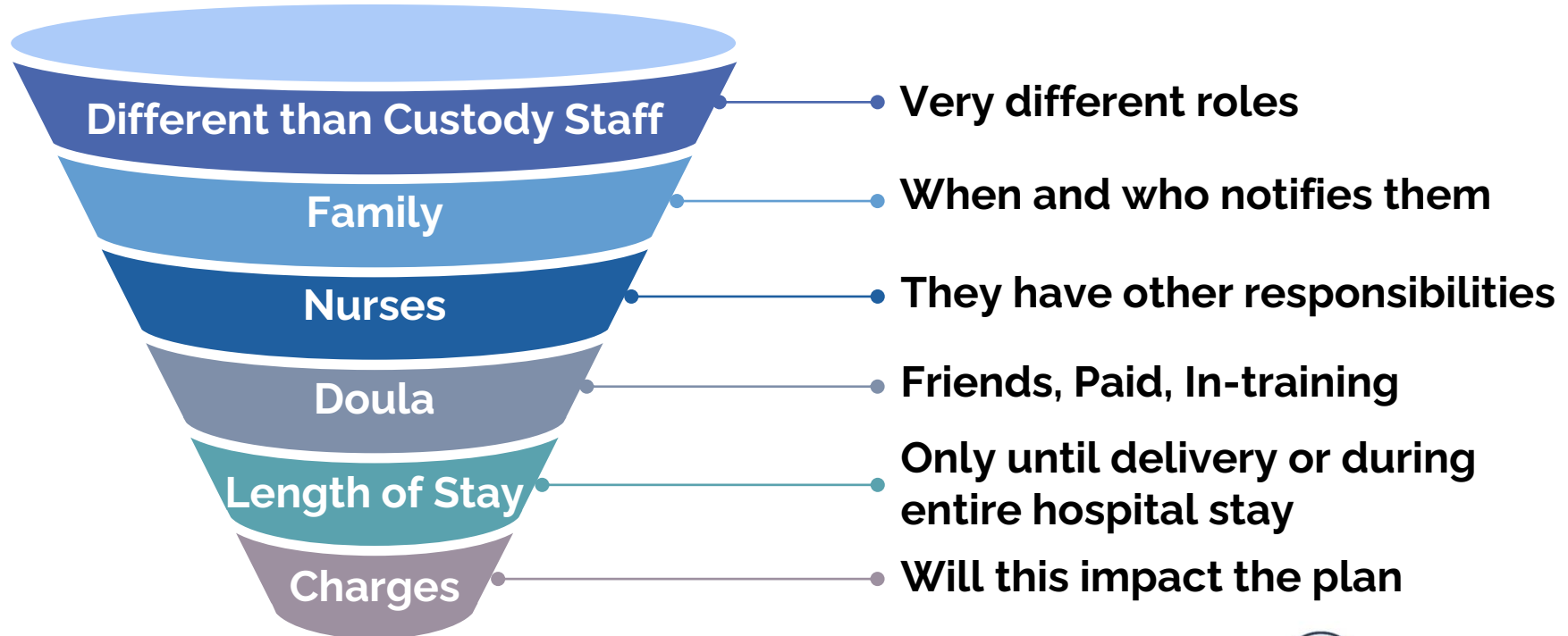
Maintaining role as custodial

Doula for labor support?

- **Restraints**
- **Dehumanizing acts during labor**
- **How to help during postpartum**



Your plan for Labor Support



Postpartum



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Postpartum

At the hospital

- **Hospital staff needs education about corrections**
- **Corrections staff needs education about birth**



Postpartum

Contact with the Newborn

- Attachment and bonding

Rooming-In, needs a support person

- Initial breastfeeding
- Prison Nurseries
- Community based programs



Postpartum

Standard of Care

- **Postpartum care**
- **Postpartum exams**



Postpartum

Breastfeeding and Breast Milk Pumping

Support women in providing breastmilk to their infants.



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Postpartum

What to consider when making your breast milk plan:

- **Newborn or established milk supply**
- **Pumping or feeding**
- **Pumping supplies**
- **Milk storage**

Bacterial contamination

Drug contamination

- **Contact visits**
- **Pump and dump**



Postpartum

Nursing moms as employees

Place and time to pump

Place to store milk

Benefits to employers

94% retention : 59%

Healthier baby = less missed work

Lowers health care costs

This is not down time.



Postpartum

Breastfeeding and Breast Milk Pumping

OK to breastfeed

Methadone

Buprenorphine

Hep C

Not recommended

HIV

Smoking

Substance abuse

Pump and feed for:

Active HSV on breast

Active TB



Postpartum

Breastfeeding and Breast Milk Pumping

Caloric need: extra 500 calories / day

Peanut butter sandwich, 1 Cup of milk, small fruit



Increased risk for Mastitis – breast infection
Risk of abscess

Empty the breast, Warmth, Antibiotic



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Postpartum

Postpartum Depression

Our patients are at higher risk:

- **Pre existing MH disorder**
- **Separation anxiety**
- **Screen and treat**



Postpartum

Contraception

Sterilization at Delivery

- Rare – most providers will not consider unless it was discussed before incarceration
- No pressure from corrections or medical
- Meaningful consent is difficult

LARC should be offered



Thank You



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