San Bernardino County Sheriff Health Services Division
Operational Policy and Procedure Manual

Section: 14.0 Special Circumstances	
Policy and Procedure: 14.8 Care of Pregnant and Postpartum Patients	
Effective Date: 2/22/2023 **Revision Date: 6/26/25**	**Affiliated Standards, Statutes, and Regulations:** **SBSD Policy: 9.310.00, 17.800** **NCCHC: J-F-05** **Title 15: 1206, 1058.5**
***Replaces to Previous Policy 314 Care of Pregnant and Postpartum Patients**	

Purpose: To ensure pregnant patients and patients capable of becoming pregnant receive timely and appropriate pregnancy testing, comprehensive care, and counseling, and that housing, transportation, and restraint of pregnant and postpartum patients is performed in an appropriate manner.

Applicability: Qualified Health Professionals (QHP), Qualified Mental Health Professionals (QMHP), and custody staff.

Responsibility: Health Services Administrator, Chief Medical Officer, Chief Psychiatric Officer, Chief Dentist, Supervisor II Committee, and Custody Administration as applicable.

Policy: All patients shall receive appropriate, timely, culturally responsive, and medically accurate and comprehensive care, evaluation, and treatment of existing or newly diagnosed chronic conditions. Pregnant patients and patients capable of becoming pregnant shall be offered pregnancy testing and comprehensive care and counseling, in accordance with applicable standards and their expressed desires, to include prenatal and postpartum care, and family planning counseling. Pregnant and postpartum patients shall be housed, transported, and restrained in a manner that appropriately considers their pregnancy status.

Procedure:

A. **Election of Provision of Medical Care:** A pregnant patient may elect to use some or all of the medical care services that the County offers and may request to receive some or all of their medical care from the medical care provider(s) (e.g., nurse practitioner, certified nurse midwife, or physician assistant) of their choice. The medical care provider's orders shall be followed throughout the pregnancy and postpartum period, unless emergency conditions warrant otherwise.

   Whenever a pregnant patient elects to receive non-County medical care:

   i. The patient should notify the Nurse Supervisor/Charge Nurse and the Registered Nurse (RN) from the Patient Management Team (PMT) of any election to utilize any non-County medical care provider. The patient should provide the name and

address of the provider and a description of the medical services being privately provided.

ii. Any non-County medical care provider who will be providing services to the patient shall possess a current, valid, and unrevoked license or certificate for their profession. The Nurse Supervisor/Charge Nurse and the PMT RN shall confirm this information.

iii. The Nurse Supervisor/Charge Nurse and the PMT RN shall ensure continuity and coordination of treatment plans and services among the County and any non-County medical care providers.

iv. The patient is responsible for all expenses incurred from services the patient receives from a non-County medical care provider.

B. Intake — Initial Receiving Screening:

i. Informed Consent: The patient will electronically sign the *General Informed Consent* in the patient's Electronic Health Records (EHR).

ii. Pregnancy Screening: Every patient identified as possibly pregnant or capable of becoming pregnant shall be asked if they are pregnant during the intake process. If indicated from the patient's responses or how the patient presents, or if requested, a pregnancy test shall be offered within 72 hours of the patient's arrival at the facility and given with the patient's consent. The result will be documented into patient's EHR.

iii. Abnormal Signs and Symptoms of Pregnancy/Medical Clearance: If the following abnormal signs and symptoms of pregnancy are identified at the time of the intake process, the pregnant patient shall be transported to the Emergency Department and shall require a medical clearance prior to acceptance into the detention facility:

a. Vaginal bleeding.

b. Acute, persistent abdominal or pelvic pain and/or severe cramping.

c. Leaking fluid.

d. Decreased or no fetal movement.

e. Headache or blurred vision.

f. Rapid weight gain with marked edema.

g. Abnormal vaginal discharge.

h. Urinary tract infection.

i. Fever.

iv. Opioid Dependence Screening/Medical Clearance and Treatment: Every patient identified as pregnant or possibly pregnant shall be screened for possible opioid dependence/treatment during the intake process. If the patient admits opioid dependence/treatment, or a probation officer has documented such dependence/treatment in writing, the patient shall require a pre-jail check/medical clearance and initial obstetrics (OB) evaluation at Arrowhead Regional Medical Center (ARMC) Labor and Delivery prior to acceptance into the detention facility so the patient can be assessed and appropriately treated. Patients with opioid dependence/treatment will be counseled on the risks of withdrawal and offered both medication-assisted treatment with methadone or buprenorphine and mental health counseling, and provided with the same, if desired.

v. Depression Screening: Depression screening shall occur upon intake for all patients. Those identified as depressed shall be referred to Correctional Mental Health Services.

C. Intake — Initial Receiving Screening:

i. QHP Assessment: A QHP shall interview the patient and document at least the following in the patient's EHR:

a. Current use of contraception, need for emergency contraception, and/or need for education regarding pregnancy prevention. If a patient,

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including a victim of sexual abuse while incarcerated, requests emergency contraception, refer to Policy 14.9 Contraception and Sterilization.

b. If requested or indicated from the patient's responses during the QHP assessment or how the patient presents, the RN shall test for pregnancy with the patient's consent. If there is a positive pregnancy result, the RN shall collect, assess, and document the following:
    - LMP: Date of last menstrual period.
    - EDC: Estimated due date.
    - Gravidity: Number of pregnancies.
    - Parity: Number of live births.
    - TAB: Number of therapeutic abortions, if any.
    - SAB: Number of spontaneous abortions, if necessary.
    - Prenatal care history (date of last prenatal follow up, OB provider's name, taking prenatal vitamins, significant weight gain, mood changes).
    - Any adverse symptoms that the patient is experiencing (e.g. vaginal bleeding or discharge, abdominal cramping or pain).
    - High risk factors if known (e.g., drug or ETOH use/abuse, smoking, pregnancy problems, and any other medical problems, such as cardiac, seizures, DM, HTN, etc.).
    - Recent use of opiate/methadone.

    Pregnant patients shall be transported to the ARMC Emergency Department for any adverse symptoms and/or recent use of opiate/methadone identified. Postpartum patients identified with recent use of opiate/methadone shall be scheduled for the next available OB sick call.

c. If there is a negative pregnancy result, the RN shall collect, assess, and document the patient's LMP: date of last menstrual period. If pregnancy is still suspected, the RN shall consult with the on-site or on-call provider.

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d. History of any birth (vaginal or C-section), miscarriage, or abortion, including the date and location of related medical services provided and any complications involved.
e. Allergies.
f. Retake vital signs, if applicable.
g. Current medications.

D. Pregnancy Testing: An on-site urine pregnancy test shall be offered to the patient within 72 hours of arrival, upon any report that the patient was a victim of sexually abusive vaginal penetration while incarcerated, and upon request. A QHP shall administer the test with the patient's verbal consent. A confirmatory blood test may be ordered as clinically indicated. The results of any pregnancy test and hCG result shall be documented in the patient's EHR.

All pregnancy testing shall be without financial cost to the patient and shall not require a sexual abuse victim to disclose the abuser or cooperate in any investigation about the sexual abuse.

The patient shall have the right to summon and receive the services of any physician, nurse practitioner, certified nurse midwife, or physician assistant of their choice to determine whether the patient is pregnant, subject to reasonable rules and regulations of the facility as to the conduct of any examination requested to effectuate the determination.

A patient declining a pregnancy test shall be asked to sign an *Informed Refusal* form.

Pregnancy testing rights shall be posted in at least one conspicuous place to which all incarcerated persons capable of becoming pregnant have access.

E. OB Evaluation and Plan of Care

i. **Referral and Transport:** All patients identified and/or confirmed as pregnant at intake shall be referred to ARMC Labor and Delivery Unit for an initial OB evaluation, which evaluation is to occur within seven days of the patient's arrival at the facility. The WVDC Intake RN shall coordinate with WVDC custody staff to transport the patient for the OB evaluation.

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ii. **Examination and Plan of Care:** OB evaluations and/or pregnancy examinations completed at ARMC Labor and Delivery shall include a determination of the gestational age of the pregnancy and estimated due date, and the ordering of any indicated prenatal labs and diagnostic studies needed based on gestational age or diagnosed health conditions.

During the pregnancy examination, a plan of care shall be developed. The plan may include referrals for specialty and other services to evaluate for the presence of chronic medical conditions or infectious diseases, and may inform on the appropriateness of other patient services, including those aimed at improving quality of care and addressing social and clinical needs in relationship to gestational age, and those pertaining to isolation practices, level of activities, bed assignments, use of personal protective equipment, and counseling for prevention and control of infectious diseases.

F. Implementation of Pregnant Patients

i. **Implementation of Prenatal Care:** Upon confirmation of pregnancy, the QHP shall:

a. Apply a pink wristband; if refused, document "informed refusal" in the EHR.
b. Complete a *Housing Assignment* form for lower bunk, lower tier, and no waist chains (applies to pregnant and postpartum patients).
c. Review and transcribe ARMC Emergency Department and/or Labor and Delivery provider orders.
d. Initiate orders as outlined in prenatal protocol.
e. Ensure the pregnancy status of the patient is noted in the patient's EHR.
f. Provide the *Rights Advisal for Pregnant, Laboring, and Postpartum Patients* form to the patient for review and signature. Scan the signed form into the patient's EHR and provide a copy to the patient.
g. Schedule the patient for the next available OB clinic for routine pregnancies without adverse or high-risk factors as listed. Prenatal care visits shall be scheduled in accordance with community standard of care.
h. Counsel the patient on the adverse signs, symptoms, and high-risk factors of pregnancy (e.g., vaginal bleeding, acute, persistent abdominal

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or pelvic pain and/or severe cramping) and tell the patient to immediately notify staff if any of those, or other medical concerns, are present.

ii. **Education:** Pregnant patients will be provided with educational information packets related to County-offered services, to include pregnancy, childbirth, postpartum, gynecological, pregnancy follow-up, mother and infant care, family planning, pregnancy support, and lactation services, and be given access to and written applications for community-based programs serving pregnant, birthing, or lactating incarcerated persons for which they are eligible.

iii. **Additional Care:** Prenatal care shall also include, but not be limited to, the provision of prenatal vitamins, and newborn care that includes access to appropriate assessment, diagnosis, care, and treatment for infectious diseases that may be transmitted to the infant during the pregnancy or birthing process, such as HIV or syphilis.

G. **Restraint:** A pregnant patient or patient in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body. Custody restraints, if used on pregnant patients, shall be limited to handcuffs in front of the body. Use of the restraint chair on a pregnant patient or patient in recovery after delivery is also prohibited, except in exigent circumstances. Whenever a restraint chair is used on such patients, the waist restraint shall not be used.

If the pregnant patient is in labor or delivery, or in recovery after delivery, the patient shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the patient, the infant, the staff, or the public. Any such restraints shall be removed if a professional who is currently responsible for the medical care of the patient determines that the removal of restraints is medically necessary.

A pregnant patient shall be transported in the least restrictive way possible and shall not be shackled to anyone else during transport.

H. **Housing:** Patients identified as pregnant or postpartum shall be housed at WVDC. Housing locations will be determined by classification with recommendation from medical staff when

necessary. Pregnant and postpartum patients shall be assigned lower bunk and lower tier housing.

I. **Management of Care:** Once the patient is housed, a QHP shall conduct an OB assessment and discuss the patient's express desires for the current pregnancy, whether she elects to use private physician services, continue with pregnancy, or desire a therapeutic abortion, after which appropriate referrals will be made.

J. **Counseling and Treatment:** During the first prenatal encounter, an OB Specialist shall provide contraceptive counseling. Additionally, a licensed health care provider or counselor with training in reproductive health care shall offer comprehensive and unbiased options counseling that includes information about prenatal health care, adoption, and abortion. The counseling shall be nondirective, unbiased, and noncoercive. Jail staff shall not urge, force, or otherwise influence a pregnant person's decision.

Any pregnant patient with additional health issues that occur between scheduled OB appointments shall be seen by QHP, who will determine whether to contact the on-site or on-call provider or send the patient to the Emergency Department for evaluation.

For patients a provider or OB Specialist has identified with "Precautions for SAB," a *Threatened Miscarriage Education and Instructions* form shall be provided, together with counseling and the opportunity to have questions answered.

Postpartum examinations and additional appointments shall be scheduled by the OB Specialist and/or provider as clinically indicated.

K. **Depression Screening:** Depression screenings occur for all patients upon request. Additionally, the OB/GYN Specialist screens for depression during routine prenatal and postpartum health encounters. Patients identified as depressed shall be referred to Correctional Mental Health Services.

L. **Labor and Delivery:**

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i. **Emergency Delivery:** In the event of an emergency delivery, OB emergency delivery kits are readily available in intake, the medical clinic, and in the female housing units at all facilities. The kits are accessible to both medical and custody staff. The QHP shall determine when an emergency delivery shall occur at the facility and maintain the emergency delivery kit inventories in each facility.

ii. **Transportation:** A pregnant patient shall be temporarily taken to a hospital outside the jail for the purpose of giving childbirth and shall be transported in the least restrictive way possible. A pregnant patient in labor or presumed to be in labor and not requiring an emergency delivery at the facility shall be treated as an emergency and transported to the outside facility, accompanied by jail staff.

iii. **Privacy:** A pregnant patient in labor and delivery shall be given the maximum level of privacy possible during the labor and delivery process. If custody staff is present, the staff member shall be stationed outside the room rather than in the room, absent extraordinary circumstances. If custody staff must be present in the room, the staff member shall stand in a place that grants as much privacy as possible during labor and delivery. The custody staff shall be removed from the room if a professional who is currently responsible for the medical care of a pregnant patient during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of custody staff is medically necessary.

iv. **Support Person:** Pregnant patients may elect to have a support person present during labor, childbirth, and during postpartum recovery while hospitalized. The support person may be an approved visitor or health staff designated by the department to assist with prenatal care, labor, childbirth, lactation, and postpartum care.

v. **Infant Placement:** Where childbirth is expected to occur during incarceration, a social worker at the hospital shall oversee and coordinate the placement of the newborn child. The social worker shall provide the patient with access to a

telephone in order to contact relatives regarding newborn placement, and shall discuss options available for feeding, the benefits of lactation, placement, and care of the child after birth.

vi. **Childbirth and Family Planning Upon Release:** Where childbirth is expected to occur after the patient's release from incarceration, that patient shall be given notice of, access to, and any written application for community-based programs that serve pregnant, birthing, or lactating persons.
At least 60 days prior to the patient's release from incarceration, the patient will be offered family planning services and, if requested, provided an appointment with a licensed physician to address family planning needs or the name of a physician to meet their family planning needs.

M. **Postpartum Care:**

i. **Childbirth and Family Planning Upon Release:** A postpartum examination shall occur within one week from childbirth and as needed for up to and during the postpartum recovery period. Clinically indicated postpartum examinations and additional appointments shall include, but not be limited to, an examination at two weeks after a cesarean delivery and six weeks after a vaginal delivery. If the patient is working, the examinations shall be used to determine whether the patient may be cleared for full duty or if medical restrictions are warranted.

ii. **Postpartum Recovery Period:** The postpartum recovery period shall be 12 weeks and may be extended if clinically indicated. During the postpartum recovery period, the patient shall not be required to resume normal activity. Once cleared from postpartum care, the pregnancy wristband, low tier/low bunk housing, and Pregnancy Diet may be discontinued, unless the OB Specialist or a provider orders otherwise.

iii. **Scope of Care:** Postpartum care will address symptoms of breast engorgement and perineal or postoperative pain, lactation support for breast-feeding women, screening for postpartum depression, and discussion of family planning and contraceptive counseling.

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iv. **Lactation Program: See Policy 14.10 Lactation Accommodation.**

v. **Mental Health Concerns:** If postpartum mental health concerns are present, the patient shall be referred to Correctional Mental Health Services for proper assessment and treatment.

N. **Personal Hygiene Product Use:** Upon request and at no cost to the patient, continued use of materials necessary for personal hygiene with regard to a patient's menstrual cycle and reproductive system, such as sanitary pads and tampons, shall be allowed.

O. **Abortion:**

i. **Patient Rights:** Incarcerated pregnant patients shall be entitled to the same reproductive rights as non-incarcerated persons. The authority or discretion to decide if a pregnant patient is eligible for an abortion shall not be conferred to or made by nonmedical jail staff. Further, jail staff may not urge, force, or otherwise influence a pregnant patient's decision to have an abortion or place impermissible restrictions on the obtaining of an abortion including, but not limited to:

   a. Denying any abortion-related service based on the patient's inability to pay for the service.
   b. Imposing gestational limits that are inconsistent with state law.
   c. Unreasonably delaying access to medical and counseling services leading up to the procedure and unreasonably delaying the procedure itself.
   d. Requiring court-ordered transport for an abortion procedure.

A patient deciding to have an abortion shall be offered, but will not be forced to accept, all due medical care and accommodations until she is no longer pregnant.

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ii. **Eligibility for Elective Abortion:** A pregnant patient desiring an abortion shall be permitted to determine her eligibility for the procedure pursuant to state and federal law. If the patient is determined to be eligible, she shall be permitted to obtain an abortion after giving informed consent.

iii. **Care:** A patient seeking an elective abortion shall be referred for comprehensive and unbiased, nondirective, and noncoercive counseling, options, and treatment, according to the patient's expressed wishes.

If a patient decides to have an abortion, she shall be referred to a QHP as specified in subdivision (b) of section 2253 of Business and Professions Code, who will confirm that the patient is eligible according to subdivision (b) of Health and Safety Code section 123468 and perform the procedure with the patient's informed consent.

iv. **Therapeutic Abortion:** A QHP shall interview female patients requesting a therapeutic abortion to determine eligibility and make any necessary referrals.

v. **Posting of Rights:** The patient rights described herein shall be posted in at least one conspicuous place to which all incarcerated persons capable of becoming pregnant have access.

Definitions: *For the context of this policy, the following definitions apply:*

QMHP: MH RN, MH Clinician, MH Provider who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

QHP (Qualified Healthcare Professional): includes physicians, physicians assistants, nurses, nurse practitioners, dentist, and other who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

EHR: Electronic Health Record

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PMD: Primary Medical Doctor

References:

Title 15: https://www.bscc.ca.gov/wp-content/uploads/Final-regulation-Text-2023.04.01-Clean-Copy-for-Web.pdf

SBSD Policy: 9.310.00, 17.800, Detention and Corrections Bureau Policy and Procedure

National Commission on Correctional Health Care. (2018). *NCCHC standards for health services in jails* (2018 ed.). National Commission on Correctional Health Care.

Reviewed and approved by	Signature and Date
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