



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.90

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Effective Date: May 1, 2011

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Approved by: Derrick D. Schofield

Subject: HEALTH SERVICES FOR FEMALES

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To outline specific health services that shall be provided to female offenders in order to meet their health care needs.
- III. APPLICATION: Wardens, Health Administrators, medical contractors, all TDOC female inmates, and all health services staff and volunteers at facilities housing female inmates.
- IV. DEFINITIONS:
 - A. Chemically Dependent: The state of physiological and/or psychological dependence on alcohol, opium derivatives, barbiturates, and synthetic drugs with morphine-like properties (opioids), stimulants (i.e., amphetamines and cocaine), and depressants.
 - B. Elective Abortion: Termination of a pregnancy not deemed medically necessary by a physician.
 - C. Therapeutic Abortion: Termination of a pregnancy to preserve the life or health of the inmate as deemed medically necessary by a physician.
- V. POLICY: Female inmates shall be provided comprehensive health care services which shall meet the distinct health needs of women.
- VI. PROCEDURES:
 - A. General:
 1. The unique health care needs of female inmates shall be specifically recognized by institutional health care personnel and administrative staff.
 2. Medical specialists shall address the gynecological and obstetric needs of the female inmate population.
 3. Family planning services and health education shall be provided to all female inmates.
 - B. Intake Examination of Females:
 1. All females received into TDOC custody shall receive a comprehensive health history and physical examination in accordance with Policy #113.20.

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2. The intake health history shall include:
 - a. The menstrual cycle and unusual bleeding using an appropriate laboratory test
 - b. The current use of contraceptive methods
 - c. The presence of an IUD
 - d. Breast masses and nipple discharge
 - e. Pregnancy
 - f. Pap smear history of abnormalities

3. The physical examination shall be conducted in accordance with Policy #113.20 and include:
 - a. A pelvic examination
 - b. A breast examination
 - c. Laboratory procedures/specimens including:
 1. A culture for gonorrhea and chlamydia
 2. A pap smear
 3. A serological test for syphilis
 4. A pregnancy test
 5. Wet prep for trichomoniasis
 6. HIV testing (See Policy #113.45)

4. Pregnant inmates shall be screened for the human immunodeficiency virus (HIV) antibody upon intake into the TDOC and when indicated by the attending physician. (See Policy #113.45) The inmate shall be counseled by the physician regarding the implications of the test results for her and her baby. Results of the testing are to be maintained under strictest confidence according to Policy #113.45.

- C. Feminine Hygiene: Appropriate feminine hygiene items shall be provided to female inmates and be readily available. These shall include sanitary napkins, tampons, and other necessary supplies. Availability of these necessary supplies shall be consistent based on individual need and shall not be disrupted. (See Policy #112.08)

- D. Family Planning Services: Family planning services shall be made available, on request, to female inmates of child bearing age prior to transfer to a community setting, furlough, or release from custody. Routine health education classes shall be available to the inmate during her incarceration. Family planning services should include family planning education and referral to a community program for continuing family planning.

- E. Pregnancy Services:
 1. Initial Assessment: The initial health assessment of female inmates shall include an inquiry concerning signs and symptoms of pregnancy. If pregnancy is suspected, appropriate laboratory tests shall be performed to make an accurate diagnosis. If pregnancy is confirmed, the inmate shall be referred to the obstetrics clinic.

2. Prenatal Care

- a. Pregnant inmates shall receive a comprehensive program of prenatal care designed to engender a successful pregnancy and a healthy baby. This care includes, but is not limited to, prenatal clinic visits, laboratory tests, diets, diet supplements, and exercise. Routine prenatal procedures may be performed by physicians or other licensed health care professionals in accordance with current health care standards and physicians' recommendations for follow-up visits.
- b. Professional counseling and assistance by a professional family planning agency shall be provided to pregnant inmates in making decisions such as whether to keep the child, give the child up for adoption, or seek an abortion.
- c. Pregnant inmates shall be assessed to determine if they are at high-risk and/or chemically dependent. If a high-risk pregnancy or chemical dependency is diagnosed, additional prenatal care shall be administered as determined by the gynecologist or attending physician. In addition, an individual treatment plan shall be developed and implemented. When appropriate, the inmate shall be referred to specified community resources upon release.
- d. At the initial prenatal clinic visit, the following shall be completed:
 1. Full physical exam by the provider, including a breast exam
 2. Initial laboratory diagnostic testing of pregnant inmates, including but not be limited to:
 - a. Complete Blood Count (CBC), Complete Metabolic Panel (CMP), Rapid Plasma Reagin (RPR), and Urinalysis (UA)
 - b. Rubella Titer
 - c. Hepatitis B antigen and Hepatitis C Virus-Enzyme Immuno Assay (HCV-EIA)
 - d. Antibody Screen
 - e. Rh and Rh factor
 - f. Indirect Coombs
 - g. HIV testing after counseling and voluntary consent
 - h. Cultures to include
 - (1) Chlamydia
 - (2) Gonococcal
 - (3) Trichomonas
 - (4) Pap Test
 - i. Urine C&S (Culture and Sensitivity)
 3. Abdominal girth measurement
 4. Fetal heart tones
 5. Tetanus toxoid as directed by the provider
 6. Consult for abdominal ultrasound, then PRN as directed by the provider

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7. Additional diagnostic testing shall be completed as follows:
 - a. Quad marker screen at 16 – 20 weeks gestation
 - b. Group B strep test at 36 weeks gestation
 - c. RH immune globulin at 72 hours after delivery, following amniocentesis, at 28 weeks gestation, after miscarriage, after treatment for an ectopic pregnancy, after an abortion, or upon vaginal bleeding at any time during pregnancy.
 - d. Amniocentesis at 28 weeks gestation if antibody titers are elevated or upon bleeding at any time during pregnancy.
 - e. For inmates who give birth while incarcerated, suitable arrangements shall be made in advance for hospital delivery and for postnatal care. Arrangements shall be made for the mother to be counseled by a social worker so that all alternative plans for placement of the child are explored. Newborns are not allowed to return to the facility with the mother.

3. Postpartum Care: Following discharge from the hospital, the inmate shall be admitted to the TPFW infirmary and assessed by the obstetrician to confirm stability prior to infirmary discharge. The inmate shall be scheduled for follow-up care at one week, two weeks, and six weeks post delivery. Postpartum care shall also include education and counseling as directed by the provider.

- F. Physical Restraints: Use of restraint devices for pregnant inmates shall be in accordance with Policy #506.07

- G. Abortions:
 1. The legal right to therapeutic or elective abortions shall not be affected by reason of incarceration.
 2. No TDOC employee, contractor, or volunteer shall in any manner compel, encourage, or coerce an inmate to either have or not have an abortion.
 3. Abortions shall only be provided under the following guidelines:
 - a. If an inmate believes she is pregnant and requests an abortion or information regarding an abortion, she shall be referred to the institutional health services staff for confirmation of pregnancy.
 - b. If the pregnancy is confirmed, the inmate shall be referred for counseling. Such counseling shall take place in a clinic, hospital, or other licensed agency not under the direction or control of the TDOC.

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- c. If the inmate elects to proceed with the abortion, the institutional health administrator shall make the necessary arrangements with the outside clinic, hospital, or other licensed agency. Under no circumstances shall abortions, therapeutic or elective, be performed on the grounds of TDOC institutions. All abortions shall only be performed in a clinic, hospital, or other agency licensed to perform such procedures.
 - d. No TDOC employee, contractor, or volunteer shall delay (either actively or passively) the timely scheduling of an abortion once the inmate has elected to have an abortion.
 - e. Documentation of the abortion shall be placed in the inmate's health record.
 - f. No abortion shall be performed on an inmate who has been diagnosed as mentally retarded and/or mentally ill unless a psychiatrist evaluates her and deems the inmate to be competent to make such decisions. If the psychiatrist determines that the inmate is incompetent, the psychiatrist or designee shall contact the TDOC Legal Services division to obtain a conservator for the inmate. The court appointed conservator shall have the authority to make the decision and arrangements regarding elective abortion. This provision shall not apply if the physician has determined that the abortion is therapeutic or physically necessary to preserve the life or health of the inmate. In such cases, the attending physician shall take appropriate action.
4. The Department shall not be financially responsible for the cost of an elective abortion. Payment of fees for an elective abortion shall be the responsibility of the inmate. The inmate may arrange for payment of fees for an abortion through a family member, social service agency, etc. Such services may also be donated free of charge by any third party, clinic, hospital, or agency not under the direction or control of the TDOC.

VII. ACA STANDARDS: 4-4353, 4-4361, 4-4362, and 4-4436.

VIII. EXPIRATION DATE: May 1, 2014.