	Health Care Access
Central California Women's Facility	OPERATIONAL PROCEDURE M-3116 Patient Care during Pregnancy and Childbirth
	Revised: August 2020

I. TITLE:

Patient Care during Pregnancy and Childbirth

II. PURPOSE:

A. To ensure health care concerns are met for the pregnant patient population both pre and post-partum and for the birth of children at local hospitals.

III. REFERENCES:

A. California Department of Corrections and Rehabilitation (CDCR), California Correctional Health Care Services (CCHCS), Health Care Department Operations Manual (HCDOM), Chapter 3, Article 1.16., Patient Care during Pregnancy and Childbirth Policy (July 2020).

IV. APPROVAL AND REVIEW:

This Local Operational Procedure (LOP) will be annually reviewed and updated, as necessary and in accordance with Central California Women's Facility (CCWF) LOP M-0108 Implementation and Review of Health Care Policies and Procedures, in the month of June, and submitted to the Chief Executive Officer (CEO) for review and signature, who will then forward to the Warden for their review and signature.

V. RESPONSIBILITY:

A. The CEO is responsible for the implementation, monitoring, and evaluation of this LOP.

B. The CEO shall implement and manage a system to administer this procedure. The CEO shall delegate decision making authority to designated institutional health care

executives for daily operations of the health care delivery system and ensure adequate resources are deployed to support the required elements of care:

1. Provision of obstetrical (OB) services 24 hours per day.
2. Emergency treatment and management of preterm and/or precipitous delivery 24 hours per day.
3. Provision of hospital, surgical, and neonatal services.
4. Provision of social and educational services pertaining to pregnancy, childbirth, and health promotion.

C. The CEO and all members of the institution leadership team shall ensure all necessary resources are in place to support the successful implementation of this procedure at all levels; including, but not limited to:

1. Institution level
2. Patient panel level
3. Patient level

D. The CEO and all members of the institution leadership team shall ensure access to and utilization of equipment, supplies, health information systems, patient registries and summaries, and evidence-based guidelines, to ensure coordinated and integrated management of pregnancy and childbirth.

E. The Warden is administrative responsible for Custody staff's adherence to this LOP.

VI. DEFINITIONS:

A. **High-Risk Pregnancy:** A pregnancy that threatens the health or life of the mother or her fetus.

VII. PROCEDURE:

A. General Requirements:

1. CCWF health care staff shall conduct a health screening, including a pregnancy screening, during their initial health screening in Receiving and Release (R&R).

   a. Stated or documented pregnancy will be confirmed with a Urine Pregnancy Screening in the R&R.
   b. If the test shows positive for pregnancy, the patient will be escorted to the Triage and Treatment Area (TTA) for fetal heart tone monitoring.

1) Fetal heart tone monitoring can only be conducted for patients who are 12 weeks gestation or greater, prior to this fetal heart tones are not reckonable.

c. The R&R Registered Nurse (RN) will send e-mail notification to the Utilization Management (UM) RN, Primary Care Provider (PCP), Obstetrics (OB) RN, On-site RN and health care supervisors.
d. The Onsite Specialty Office Technician, or designee, shall ensure the patient's name and information is added to the OB Roster and the updated roster is emailed to the Onsite Specialty OB Roster distribution list.

2. Upon discovery of a patient pregnancy the patient shall be ducated, by the OB RN, for a next business day assessment by the OB RN, or designee. During this encounter the OB RN, or designee, shall:

   a. Complete the 'Antepartum Intake Nursing Powerform'
   b. Document the patient's first day of last menstrual period in the patient's chart in the Electronic Health Records System (EHRS)
   c. Ensure orders are entered in the EHRS for:

      1) Pre-natal vitamins, outlined in Section B, below
      2) Laboratory Testing, outlined in Section B, below
      3) CCWF Medically Indicated Snack Card (Attachment A), outlined in Section B, below
      4) Mobility Vest (The OB RN will issue the mobility vest and complete the Durable Medical Equipment and Medical Supply Issuance CDCR 7536 Powerform)
      5) Low Bunk, outlined in Section B below
      6) Vaccinations such as Flu vaccine (in season), outlined in Section B below

3. The PCP shall evaluate patients within seven calendar days of self-reporting a suspected pregnancy or when pregnancy is suggested by the patient's physical appearance, and/or signs and symptoms of pregnancy are present.
4. The PCP shall submit patient orders in the EHRS for diagnostic studies to be obtained within three business days of the PCP's evaluation.
5. Upon confirmation of pregnancy, the patient's Primary Care Team (PCT) shall provide and coordinate OB and health care services to include a written care plan.

   a. The PCP shall submit patient orders, in the EHRS, and arrange for an expedited OB appointment for pregnant patients desiring to terminate pregnancy.

6. Patients with health care conditions that increase the risk of, or cause a high-risk pregnancy shall be identified, monitored, and referred to the appropriate level of care as indicated by the health care needs of the patient.
7. The PCP shall refer newly identified pregnant patients to the California Institution for Women (CIW) by referral to the CCWF Classification and Parole Representative (C&PR) and the completion of a Medical Classification Chrono, CDCR 128-C (Attachment B).

    a. Unclassified pregnant patients will be housed in CCWF Facility A pending the completion of the RC process and endorsement to CIW.

8. The PCT shall ensure communication with CIW and/or other healthcare providers regarding the patient's status and treatment plans to ensure continuity and coordination of services.
9. Patient transfers shall occur in accordance with the procedure outlined in HCDOM, Section 3.1.9, Health Care Transfer.

    a. The UM RN, or designee, shall ensure special consideration is given to ensure that the appropriate mode of transportation is selected and communicated.

B. Care of Pregnant Patients:

1. Pregnant patients shall be provided the following:

    a. The PCP shall submit patient orders, in EHRS, for an OB visit to occur within seven calendar days of pregnancy diagnosis.
    b. Diagnostic studies, ordered as medically necessary.
    c. All pregnant patients, in every pregnancy, shall receive a Tetanus, Diphtheria, Pertussis (Tdap) vaccination.

        1) Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

    d. The option to be tested for human immunodeficiency virus (HIV) testing.
    e. All newly arrived, pregnant patients shall be tested for syphilis.

        1) Order shall be placed for Treponema Pallidium Ab, Particle Agglutination.

    f. Education by the PCP or Obstetrician regarding the patient's choice of pregnancy options such as:

        1) Continuing pregnancy and childcare plans.
        2) Adoption.
        3) Termination services.

a) PCP or Obstetrician shall submit a CDC 7243, Health Care Services Physician Request for Services. (Attachment C)

4) Emergency contraceptives.
5) Obtaining pregnancy information pamphlets or other pertinent educational material.

g. Health care staff shall document the provision of this education in the patient's health record in the EHRS.

2. Pregnant patients shall be prescribed or issued the following dietary supplementation:

a. Prenatal Vitamins (which contain iron and folic acid).
b. CCWF Medically Indicated Snack Card which, per CCHCS HCDOM Chapter 3, Article 1, Section 3.1.12 Outpatient Dietary Intervention, entitles the patient:

1) Two extra cartons of milk.
2) Two extra servings of fresh fruit.
3) Two extra servings of fresh vegetables daily.
4) Additional nutrients or supplements, and/or referral to the CCWF Registered Dietician (RD), as clinically indicated.

c. The PCP may order, as medically indicated, in the patient's third trimester, or earlier, accommodations such as lower bunk, lower tier housing or any additional restrictions and/or necessary medical clearances. The ordering PCP shall electronically complete the required forms in the EHRS for the accommodation by using one of the following:

1) Combined 1845/7410 Power Form – Can be completed as a Dual Power Form or Standalone 7410 Power Form. The dual 1845-7410 Power Form will be completed in the EHRS to add or change the Disability Placement Program (DPP) code of an Armstrong Class Member.

a) A dual 1845/7410 Power Form will always be completed if additions or changes are made to a current Armstrong Class Member (for DPP code changes and or accommodation changes) or a patient who qualifies and is to become an Armstrong Class member.

2) Standalone 7410 Power Form – Can be entered as permanent or temporary with an expiration date and time.

3) All previously entered accommodations selected on the 7410 portion of the Power Form are auto-populated via a "Copy Forward" functionality on subsequent Dual 1845/7410 and Standalone 7410 Power Forms.
4) Both Power Forms once complete, will transfer data to the Strategic Offender Management System (SOMS) real-time without delay.
5) SOMS will provide the designated users with the ability to view Disability and Accommodation information entered into the EHRS allowing the fast identification and facilitation of patient accommodations (endorsement, housing placement, etc.).
6) Both Power Forms are configured to automatically select appropriate housing restrictions/accommodations based upon the DPP code or condition entered (For example: if DPW is selected, Barrier Free Wheelchair Access, Ground Floor – No Stairs, Bottom Bunk, Full time Wheelchair user, and Transport Vehicle with Lift are Auto-populated in SOMS and EHRS Depart Paperwork).

d. A referral to the dentist on a priority basis, as early in the second trimester of gestation as possible, for a comprehensive dental examination and treatment of periodontal disease.

1) Pregnant patients shall benefit from the periodontal disease program as referred in the HCDOM Section 3.3.2.4, Periodontal Disease Program (E).

a) Diagnosis of Periodontal Disease

i. Pregnant patients shall be ducated for RC screening and comprehensive periodontal examination, charting and classification to determine their periodontal condition and an appropriate treatment plan within 30 days of arrival to CCWF.
ii. Pregnant patients shall have their Plaque Index (PI) score determined and recorded as outlined in the HCDOM Section 3.3.2.13(c)(2)., Facility Level Dental Health Orientation/Self-Care (E).

b) Treatment of Periodontal Disease

i. Methods and procedures to control periodontal disease shall be taught and demonstrated to pregnant patients by dental staff as outlined in the HCDOM Section 3.3.2.4(c)(2)(c)1.a., Periodontal Disease Program (E).

2) Clinical Treatment

a) Pregnant patients shall receive a prophylaxis or scaling and/or root planning regardless of their ability to maintain an acceptable PI score.
b) This treatment shall occur within their second trimester.
c) A charting and re-evaluation of their periodontal condition shall be accomplished approximately 30 calendar days following completion of prophylaxis or scaling and/or root planning procedures with subsequent care planned as needed.
d) The attending Dentist shall not utilize subgingival periodontal medications (e.g., Atridox, Periostat) that are contraindicated for use during pregnancy.

3. The PCP shall prepare a Request for Authorization of Temporary Removal for Medical Treatment, CDCR 7252 (Attachment D) for all pregnant patients who are within 30 calendar days of their estimated delivery date. This completed form shall be taken to the Watch Commander (WC) in advance to enable Custody staff to prepare for the patient's transportation to an outside facility in a timely manner.
4. Upon verification of pregnancy, the PCP shall submit orders, in the EHRS, for pregnant patients to be seen by the OB as follows:
   a. Every four weeks in the first trimester and up to 24-26 weeks gestation.
   b. Every three weeks up to 30 weeks gestation.
   c. Every two weeks up to 36 weeks gestation.
   d. Weekly after 36 weeks gestation up to delivery.

5. Pregnant patients shall be provided additional health care services as medically indicated.
6. Every pregnant patient electing to continue her pregnancy shall be referred to a Medical Social Worker for case management to discuss placement of her child and options available for placement and care of the child after delivery.

   a. A Medical Social Worker shall assist the pregnant patient to contact relatives regarding newborn placement, even while still in process of reception.

      1) Every pregnant patient electing to continue her pregnancy shall be referred to the CCWF CSW/FSC for case management to discuss placement of her child and options available for placement and care of the child after delivery.
      2) CCWF's CSW/FSC shall receive notification of confirmed pregnant patients.
      3) Pregnant patients will be given the hand-out: Message for Pregnant Women (Attachment E) for preparation for the CSW/FSC contact and options available for proper placement and care of the child after birth.

4) The CSW/FSC shall meet individually with each pregnant patient within 7 days of being notified of the confirmed pregnancy.
5) The CSW/FSC will inform the patient about the various options for placement of her newborn child and obtain the name of the person(s) she would like to authorize to pick up her infant after delivery at the community hospital.

b. The Medical Social Worker shall initiate and oversee the management of all newborn placements.

1) The Newborn Placement Information Form (NPIF) (Attachment F) will be provided to patients, during their initial RN visit, to assist in the proper placement of their child. The CSW/FSC will initiate and oversee completion of this form by the patient and manage all newborn placements. Placement assistance is provided by the CSW/FSC.
2) The CCWF CSW/FSC forwards the completed NPIF, which includes authorization to release the infant to the identified caregiver, to the community hospital social worker as soon as possible in order to have it on file at the hospital prior to the delivery of the infant.

a) Copies of the completed NPIF form are kept by the CSW/FSC, for their records, and a copy is given to the patient to keep on person, when she delivers the baby to ensure proper placement.

3) The CSW/FSC will give the patient the Community Prisoner Mother Program (CPMP) Eligibility Criteria hand out (Attachment G) and shall instruct patients to contact their Correctional Counselor for further questions regarding CPMP placement and/or assistance with their application to the CPMP.
4) Within 14 days of the patients return to the institution, after delivery of the infant, the FSC meets with the patient for any necessary follow-up.
5) In the absence of the CCWF CSW/FSC, the Madera County Social Worker will facilitate the placement of the newborn, in coordination with the institutional OB Coordinator.

7. If clinically appropriate, patients shall be provided opioid maintenance therapy during pregnancy.

a. Methadone treatment shall be available when medically necessary and consistent with applicable requirements for pregnant patients under state and federal guidelines for opioid treatment.

1) Pregnant patients shall remain at CCWF for the length of pregnancy and receive Methadone treatment from the state contracted Methadone treatment facility (currently Aegis).

a) The OB RN, or designee, shall coordinate the Methadone treatment scheduling with the Offsite RN, or designee.

b. Pregnant patients on methadone are considered high-risk.

C. Outside Consultation or Non-emergent Labor and Delivery:

1. Transportation shall occur in accordance with the procedure outlined in the CCHCS, HCDOM, Chapter 3, Article 1.9 Health Care Transfer Process Procedure. Special consideration shall be given to ensure that the appropriate mode of transportation is selected and communicated.
2. The OB RN, or designee, will ensure copies of all prenatal forms and documentation for the completed electronic Physician Request for Services (eRFS) are available in the patient's health record and hard copies are in the OB Packet for the patient which is kept in the TTA Nurses Station.
3. The TTA or R&R RN shall ensure all pertinent medical documents accompany the pregnant patient when she is sent for medical treatment or consultation to an outside facility, and when the patient is transported for labor and delivery.
4. When a patient returns, the TTA RN, or designee, shall receive the patient's paperwork from the outside facility. The receiving nurse shall notify the PCP and Obstetrician of the patient's return, medical status, recommendations from the outside consultant, and ensure the documents are immediately routed to Health Information Management (HIM) for scanning into the patient's health record.

D. Precipitous Delivery:

1. A Precipitous Delivery kit is available in the TTA, OB clinic and ambulance.
2. In the absence of a provider, an RN may need to assist the patient in birthing, if delivery is imminent. A Precipitous Delivery Quick User Guide (Attachment H) is available in the Precipitous Delivery kit.
3. Any staff can call 911 if delivery is imminent.

E. Emergency Transport:

1. A pregnant patient in labor shall be treated as an emergency and be transported immediately via ambulance. In the event of an emergency transport for the delivery of a baby, the Obstetrician and PCP shall be immediately notified and provide appropriate assistance and/or orders.
2. Application of restraint gear and physical restraints shall be in accordance with the California Penal Code sections 3407 and 3423. If handcuffs are applied, the patient's arms shall be brought to the front of her body for application.

F. Postpartum Care:

1. Postpartum patients who deliver a child via cesarean section shall be admitted to the SNF via the TTA upon return to the institution.
2. All postpartum patients who deliver a child vaginally shall be assessed by the TTA RN who shall review discharge orders, and initiate postpartum care following communication and receipt of orders with the PCP or the Physician-on-Call (POC) and determine appropriate housing.
3. The PCP or POC shall order, in the EHRS, follow-up appointments; articulate treatment plans, and determine the need for continued limited duty, for all postpartum patients.
4. Patients shall be afforded family planning services if their release and/or parole date falls within 12 to 16 weeks after delivery.

G. Birth Certificates:

1. CCWF does not have a General Acute Care Hospital. As such, CCWF's Health care staff is not authorized to complete a birth certificate. That is the responsibility of the local community hospital.
2. If an infant were to be born at CCWF, health care staff would immediately send the patient and newborn baby to a higher level of care where the birth certificate would be completed.
3. CCWF health care and Custody staff ensures every effort is made to transport the pregnant patient to a local hospital for delivery.

H. Administrative Segregation Unit (ASU) Placement of Pregnant Patients:

1. Pregnant patients who have committed a serious disciplinary offense warranting placement in the ASU shall be placed in segregation status pending medical evaluation and administrative review.

    a. When escorting a patient to the ASU, application of restraint gear shall be restricted to the handcuffs to the front of the patient only.
    b. The PCP, or RN with concurrence of the POC, shall perform a medical evaluation within 24 hours to evaluate and document the patient's suitability for housing in the ASU.
    c. Pregnant patients housed in the ASU shall be placed only on the lower tier.

I. Local Oversight-Quality Management Committee (QMC) Process:

1. The Chief Physician and Surgeon and/or Chief Nurse Executive, or their designees, shall report monthly to the Medical Subcommittee all pregnant patients and any care deficiencies related to their pregnancy.

2. The Medical Subcommittee will report monthly to the QMC to provide oversight of the systems and processes dedicated to the health care management of pregnant patients.
3. Tracking and monitoring activities shall be performed to identify trends and opportunities for improvement.

VIII. ATTACHMENTS:

A. CCWF Medically Indicated Snack Card
B. Medical Classification Chrono, CDC 128-C
C. Health Care Services, Physician Request for Services, CDC 7243
D. Request for Authorization of Temporary Removal, CDC 7252
E. Handout: Message for Pregnant Women
F. Newborn Placement Information Form
G. Community Prisoner Mother Program Eligibility Criteria
H. Precipitous Delivery Quick User Guide

IX. APPROVAL:

R. DE LA CERDA
Chief Executive Officer

9-9-20
DATE

M. PALLARES
Warden (A)

9/11/2020
DATE

ATTACHMENT A

MUST BE COPIED ON GREEN PAPER

NAME: **CDC #:** **MEDICALLY INDICATED SNACK CARD A:** ☐ Issue (one) fresh fruit and Two pkgs. cheese & crackers or Two pkgs. peanut butter & crackers **MEDICALLY INDICATED SNACK CARD B:** ☐ Issue Two extra 8 oz cartons of milk a day and Two fresh fruit servings and Two fresh vegetable servings	**NAME:** **CDC #:** **MEDICALLY INDICATED SNACK CARD A:** ☐ Issue (one) fresh fruit *and* Two pkgs. cheese & crackers *or* Two pkgs. peanut butter & crackers **MEDICALLY INDICATED SNACK CARD B:** ☐ Issue Two extra 8 oz cartons of milk a day *and* Two fresh fruit servings *and* Two fresh vegetable servings	**NAME:** **CDC #:** **MEDICALLY INDICATED SNACK CARD A:** ☐ Issue (one) fresh fruit *and* Two pkgs. cheese & crackers *or* Two pkgs. peanut butter & crackers **MEDICALLY INDICATED SNACK CARD B:** ☐ Issue Two extra 8 oz cartons of milk a day *and* Two fresh fruit servings *and* Two fresh vegetable servings
Central California Women's Facility **California Correctional Health Care Services** _____M.D. _____ Date of Issuance _____ Expiration Date	**Central California Women's Facility** **California Correctional Health Care Services** _____M.D. _____ Date of Issuance _____ Expiration Date	**Central California Women's Facility** **California Correctional Health Care Services** _____M.D. _____ Date of Issuance _____ Expiration Date

NAME and NUMBER

CDC-128-C (Rev. 01/96)

ATTACHMENT B

DATE

MEDICAL-PSYCHIATRIC-DENTAL

NAME and NUMBER

CDC-128-C (Rev. 01/96)

DATE

MEDICAL-PSYCHIATRIC-DENTAL

NAME and NUMBER

CDC-128-C (Rev. 01/96)

DATE

MEDICAL-PSYCHIATRIC-DENTAL

ATTACHMENT C

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME	CDC NUMBER	INSTITUTION
DATE OF BIRTH	EPRD DATE	GENDER
PRINCIPLE DIAGNOSIS	ICD - 9 CODE	CPT CODE(S)
REQUESTED SERVICE(S)		# OF DAYS RECOMMENDED

Please circle all that apply: **Diagnostic Procedure/Consultation** **Outpatient/Inpatient** **Initial/Follow-up**

Requested Treatment/Service is: **EMERGENT** **URGENT** **ROUTINE**

For the purpose of retrospective review, if emergent or urgent, please justify: _____

Proposed Provider: _____ Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): _____

Estimated time for service delivery, recovery, rehabilitation and follow-up: _____

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): _____

Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

REQUESTING PHYSICIAN PRINTED NAME	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE
REQUESTING PHYSICIAN SIGNATURE	DATE	Utilization management tracking #:

DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT

FINDINGS: _____

RECOMMENDATIONS: _____

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: _____

CONSULTANT SIGNATURE	DATE
ETA RN SIGNATURE	DATE
PCP SIGNATURE	DATE

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:
ORIGINAL - FILE IN UHR
GREEN - TO UHR PENDING ORIGINAL
CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

ATTACHMENT D

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED

NATURE AND IMMEDIACY OF SERVICE: ☐ MANDATORY ☐ EMERGENCY ☐ ELECTIVE

NAME OF HOSPITAL, CLINIC, OFFICE OR OTHER PLACE RECOMMENDED

WHY CAN'T THE PROCEDURE BE DONE INTRAMURALLY?

PRECAUTION INSTRUCTIONS (DEFINED ON REVERSE): ☐ UNIVERSAL ☐ RESPIRATORY ☐ ENTERIC

ESTIMATED TIME AWAY FROM FACILITY (NOT MORE THAN 3 DAYS)

SIGNATURE OF CHIEF MEDICAL OFFICER

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE WARDEN)

OFFENSE	TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION ☐ MAXIMUM ☐ MEDIUM ☐ MINIMUM
COMMITTED FROM	DATE RECEIVED	CONDUCT DURING INCARCERATION	ESCAPE RISK

REMARKS

SIGNATURE OF ASSOCIATE WARDEN

DATE SIGNED

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATION IS GIVEN FOR THE TEMPORARY REMOVAL OF INMATE IDENTIFIED BELOW FROM THE FACILITY IN WHICH HE/SHE IS NOW CONFINED IN ORDER THAT HE/SHE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE RECOMMENDATIONS.

REQUEST: ☐ APPROVED ☐ DENIED

SPECIAL CONDITIONS:

WARDEN'S SIGNATURE	DATE SIGNED	FACILITY

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

DATE SIGNED

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

ATTACHMENT D

PRECAUTION INSTRUCTION DEFINITIONS

UNIVERSAL PRECAUTIONS:

Precautions that should be adhered to at all times. Universal precautions were developed to protect individuals from exposure to non-intact skin and other mucous membranes (e.g., mouth, eyes) from body fluids known to harbor infectious agents, such as HIV or Hepatitis.

Procedure: Wear protective barriers such a gloves, gowns, masks or face shields when blood and other body fluids are present. Examples of body fluids considered to be infectious include blood, bloody body secretions, semen, vaginal secretions, tissue, spinal fluid, and joint fluid.

Example: Wear gloves when assisting a patient with a bleeding finger.

RESPIRATORY PRECAUTIONS:

Precautions that should be adhered to when patients with air borne illnesses are being transported. Persons acquire air borne illnesses by breathing air that has been contaminated with an infectious germ, such as Tuberculosis, Measles, Chicken Pox, etc.

Procedure: Respiratory precautions include placement of patients in respiratory isolation room with special ventilation characteristics. When the patient must leave the room, other precautions must be followed. The patient and all others in the same room must wear Particulate Respirator (PR) masks. PR masks are specifically designed to filter out small particles. PR masks must fit tightly around the face for a proper seal.

Example: A patient with Tuberculosis may require transportation to an outside hospital. The transport team and the patient must all wear PR masks.

ENTERIC PRECAUTIONS:

Enteric precautions are indicated when patients are infected with germs transmitted into the stool.

Procedure: Gloves and gowns must be worn when in contact with stool material from a person on enteric precautions.

FOR ANY QUESTIONS CONCERNING ABOVE PRECAUTIONS, CONTACT THE MEDICAL DEPARTMENT.

ATTACHMENT E

MESSAGE FOR PREGNANT WOMEN

Deciding who will take care of your child, or children, while you are incarcerated, is a very important decision. It is important that you decide where you want the baby to live as early as possible **before you give birth.** In addition to wanting a safe and loving environment for your child, there are other things that you must consider. There are several laws governing the placement of every child not living with his or her parents. To help make the best **legal** choice, you are being provided the following summary of placement options:

1. You may release your baby from the hospital to, or place you child with, one of the following relatives of the child:

   - Father, adult brother, sister, half-brother, half-sister, nephew, niece, aunt, uncle or first cousin.
   - All relatives whose status is preceded by the words 'step', 'great', 'great-great' or 'grand'
   - The spouse of any of the people listed above, even after the marriage has ended by death or divorce
   - Any person listed above who is related to the child's half-brother or half-sister

2. You may seek legal assistance for a private adoption with someone you know who wants to adopt the baby and will file an adoption petition in court. If you do not know anyone willing to adopt your baby, riverside or Madera County can assist you with adoption.

   When an adoption is approved by the court, it is permanent, so if adoption is the choice you are thinking about, you should be sure about it before you release the baby for adoption. You have a right to know all the facts and choices open to you and to have a counselor help you decide what to do. You have a right to change your mind right up until the time the court makes the adoption final, even if you have already signed the papers with an attorney. Be sure you know how long that time period will be.

3. Notification of the birth of your child to your County of Legal Residence Child Protection Office will occur when:

   - The placement plan fails. For example, the person with whom you arranged to care for your child does not pick up your child from the hospital
   - The child is abandoned. You did not make any arrangements for the care of your child

4. We recommend that you arrange for a Power-of Attorney to the caretaker of your infant. This can be arranged at the institution by a Notary Public for a small fee.

It is very important you contact the person you have identified in your placement plan prior to the birth of your child and make arrangements for your baby to be picked up from the delivery hospital

ATTACHMENT F

NEWBORN PLACEMENT INFORMATION FORM

Step 1

Inmate Name:	DOB:	CDCR #:	SS#:
Last Legal Address:		Estimated Date of Delivery:	
City:	State:	County:	
AKA s:	Length of Sentence:	Release Date:	

Step 2: FOR EXPECTED MOTHER – Please read and/or complete items a – f:

a) Placement Consideration Please carefully consider the placement of your child. The person should have the right skills and background to care for your child in your absence. You may release your baby from the hospital or place you child with one of the following relatives of the child:

- All birth relatives including those whose status is preceded by the words 'step", "great", "great-great", or "grand".
- The spouse of any of the people listed above even after the marriage has ended by death or divorce.
- Any person listed above, who is related to the child's half-brother or half-sister.

b) Consent I authorize the exchange of information among the California Department of Corrections, the County of Legal Residence Child Welfare Department and the Delivery Hospital. A copy of this document with signature is as valid as the original.

Signature: _____ CDCR# _____

Print Name: _____

c) Notice THE CHOICES FOR PLACEMENT I HAVE PROVIDED ON THIS FORM REPRESENTS MY PLAN AS TO WHOM I WANT TO BE A CAREGIVER FOR MY CHILD WHILE I AM INCARCERATED. I ALSO UNDERSTAND MADERA COUNTY IS NOT RESPONSIBLE FOR INITIATING AND/OR COMPLETING CAREGIVER BACKGROUND CHECKS AND/OR DETERMINING IF A RESIDENCE IS AN APPROPRIATE PLACEMENT FOR MY CHILD.

Signed: _____ Date: _____

d) FATHER'S NAME(S) (Known or Probable)

1. Name:	Telephone #:	SS#:	DOB:
Address:		City/State:	
2. Name:	Telephone #:	SSN#:	DOB:
Address:		City/State:	
Other children with same father? ☐ Yes ☐ No	Married to father: ☐ Yes ☐ No	Date of Marriage:	Place of Marriage:

e) SIBLING INFORMATION

Sibling Name(s)	DOB	Current Caregiver's Name	Full Address and Telephone #

f) MY PLAN AS TO WHOM I WILL CONTACT TO CARE FOR MY NEWBORN IS:

1.

Name:	
Address:	
City:	State:
Relationship to Inmate:	Phone #s:

2.

Name:	
Address:	
City:	State:
Relationship to Inmate:	Phone #s:

3. I do not have anyone available to care for my newborn child. I understand that the Child Protection Agency from my County of Legal Residence will be contacted when my child is born.

Signed: _____ Date: _____

ATTACHMENT G

COMMUNITY PRISONER MOTHER PROGRAM (CPMP)
ELIGIBILITY CRITERIA

You must meet the following CPMP criteria to be considered for placement into the program:

- You must be eligible for Minimum Support Facility (MSF) placement.
- You must be pregnant or have a child six years old or younger.
- You must have legal custody of the child.
- You must receive permission from the Juvenile Court for the child's placement, if the child is a dependent of the Court.
- You must have been the Primary Caregiver prior to incarceration, which means a parent who has consistently assumed responsibility for the care, housing, and health of the child. You will not be excluded if, as primary caregiver, you arranged for temporary care for the child in the home of a relative or licensed foster home.
- You cannot have the child's placement challenged by Child Protective Services or the person currently caring for the child. (You are not necessarily ineligible for the CPMP if you have another child in a social service placement).
- You cannot be declared an unfit parent by a court.
- Your classification score must be 35 points or less.
- You must have less than six years remaining on your sentence after reduction for work-time credits.
- You have a "walk away" from a "non-secure setting" less than 10 years ago.
- You cannot have a current commitment or prior commitment conviction or enhancement (within the past ten years) for Weapons (manufacture, sale, or possession), PC Sections 12020, 12021 or 12022 (except PC Section 12022.6)
- You cannot have a current commitment or prior commitment conviction for kidnap per 207 PC.
- If your circumstances involved a crime that resulted in death to the victim your application will be reviewed on a case by case basis. You may be considered if the conviction was for manslaughter, or in response to a physically abusive male primary associate/partner, and you have no prior felony convictions, and no prior history of violence, whether convicted or not.
- You cannot have a current commitment or past prior convictions that require that you register pursuant to PC, Section 290.
- You cannot have an active or potential U.S.I.N.S. that precludes minimum custody placement or a felony hold.
- You cannot have served a Security Housing Unit term within 12 months.
- You cannot have a pending CDC Form 115, Rules Violation Report.
- You cannot have been found guilty of a serious rule violation during this term which resulted in a credit loss on one occasion of 91 days or more, or have a credit loss on more than one occasion of 31 days or more, and the credit has not been restored.
- You are cannot be documented as a prison-gang member, drop out, or prison gang-affiliated, nor have enemies who might jeopardize the security of the community or the CPMP facility.
- You cannot have demonstrated predatory sexual behavior including annoying children.
- You or your child cannot have current medical or psychiatric problems that require ongoing medical treatment not available in a CPMP facility.
- Your commitment offense cannot involve extreme public notoriety or be of the nature to draw unusual or negative attention to the program.
- You cannot have a history of adverse behavior in a community program requiring removal from the program.
- You cannot have documented evidence of drug use in last 6 months while incarcerated.

ATTACHMENT H

Precipitous Delivery User Guide

1. **Stay calm**, reassure mother
2. Notify Watch, Control and Emergency Medical Response team to prepare for transport
3. Prepare for eminent delivery by:

    a. Turn on infant warmer
    b. Open delivery pack on clean surface between mother's legs
    c. Put on protective equipment
    d. Prep perineum

        1) Pour sterile water or normal saline over perineum
        2) Wipe once top to bottom with 4X4's

4. If possible:

    a. Place on fetal monitor
    b. Place mother on Oxygen
    c. Start Intravenous 0.9 Normal Saline at 125cc/hour rate

5. Control delivery:

    a. Have mother pant during contractions
    b. Control delivery (place gloved hand on presenting part without pressure)
    c. Once head delivered *Check neck for umbilical cord.

        1) If cord around neck attempt to slip it over baby's head.
        2) If tight and can't be removed cord must be doubled clamped and cut.

    d. Once head presented bulb suction immediately (don't wait for entire body to be delivered)

        1) Suction mouth then nose

    e. Allow delivery to proceed at own rate. Do not pull or to prevent delivery.

    f. Deliver shoulders:

        1) Steady, gentle downward pressure to allow anterior shoulder to slip under pubis
        2) Smooth upward guidance to deliver posterior shoulder

    g. Once baby delivered:

        1) Suction, dry, and stimulate infant to cry (rub back, flick baby's feet)
        2) Double clamp and cut cord
        3) Keep infant warm, with skin to skin with mother or on infant warmer
        4) Preform 1-minute and 5-minute Apgar Score

    h. Deliver placenta ONLY if it separates spontaneously, and place in red bag for transport with mother. (can take up to thirty minutes after delivery)

6. Prepare mom and baby for transport, give report to paramedics and phone hospital report.
7. Document in Electronic Health Records System.