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<b>Section-14 Office of Medical Services Resource Manual</b>	<b>MSRM-140145-01</b>	<b>Page: 1</b>	<b>Effective Date: 03/07/13</b>
<b>Management of Pregnancy</b>	<b>ACA Standards: 4-4353M, 4-4436, 4-ACRS-4C-14</b>		
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## Management of Pregnancy

The Oklahoma Department of Corrections is committed to providing high quality, safe and effective obstetrical services to its female offenders. Receiving proper health care during pregnancy can result in an uncomplicated delivery and a healthier baby. It is important that prenatal care begins or continues with entry into the Department of Corrections.

The scope of services for uncomplicated obstetric care include prenatal care (care during pregnancy), intrapartum care (care during delivery) and postpartum care (care after delivery).

Prenatal care encompasses those services that are necessary for the health of the pregnant woman and her fetus and will include offender education, on-going risk assessment and development of individualized offender management plan.

### I. Initial Visit

- A. Pertinent medical history to include but be not limited to:
1. Chief complaint, if any
  2. Menstrual history
  3. Past pregnancies and their outcomes
  4. Past medical history, including medical illnesses, fractures, blood transfusions, surgeries, IV drug use, shared needles
  5. Family history/psychosocial assessment
  6. Social history
  7. Identification of risk factors/genetic screening (Sickle cell disease, Tay-Sachs disease, Alpha/Beta thalassemia)
  8. Infection history
  9. Allergies/adverse reactions
  10. Current medications
  11. Nutritional history
- B. Initial comprehensive physical examination to include but be not limited to:
1. Vital signs (temperature, pulse, respiration's, blood pressure, weight, height)
  2. HEENT / teeth / thyroid
  3. Breasts
  4. Heart / Vessels
  5. Lungs
  6. Skin/lymph nodes
  7. Neurological
  8. Abdomen
  9. Pelvic examination (to include pelvic measurement)
  10. Rectum
  11. Extremities

C. Initial Laboratory/Test(s)

1. Prenatal profile (CBC with auto diff., ABO group, RH type, antibody screen, HbsAg, rubella titer, RPR and syphilis serology)
2. Clean catch UA for routine and culture
3. Pap Smear
4. GC/Chlamydia culture
5. HIV testing/counseling
6. Others as clinically indicated by history or exam

D. Initial Medication(s)

1. Prenatal vitamin, one by mouth daily
2. Folic Acid 1 mg by mouth daily
3. Citracal with D 500 mg by mouth bid
4. Fergon one by mouth daily or as directed
5. Antacid-preferably Maalox or tums by mouth prn
6. Rhogam at 28 weeks when indicated

E. Diet

1. Diet for health with OB snack x2

II. Subsequent Visits

A. Frequency

1. Low risk pregnancies:
  - a. Less than 28 weeks – monthly
  - b. 28 weeks to 36 weeks – every 2-3 weeks
  - c. 36 weeks to labor – weekly
2. High risk pregnancies:
  - a. The frequency of visits will be determined by the medical provider. If appropriate, the offender will be referred to the Department of Obstetrics and Gynecology at the OU Medical Center.

B. Subsequent Examination at each visit

1. Vital signs (temperature, pulse, respiration's, blood pressure, weight)
2. Fundal height / fetal presentation
3. Fetal heart rate / movement

C. Subsequent Laboratory/Test(s)

1. Maternal serum testing at 15-18 weeks (triple screen for Down's syndrome, Maternal serum alpha-fetoprotein).
2. Maternal genetic amniocentesis if age 35 or older at 15-18 weeks gestation
3. Screening ultrasound at 16-18 weeks
4. Diabetic glucose screen 24-28 weeks or whenever offender arrives
5. HCT 26-30 weeks or as indicated by offender condition
6. VDRL/Chlamydia/GC repeat as indicated
7. Beta -hemolytic strep culture (vaginal and rectal) at 35-40 weeks

D. Counseling/Education

1. First trimester
  - a. Exercise, diet
  - b. Options of sterilization if reached family size
2. Third trimester
  - a. Signs of labor
  - b. Danger signs
  - c. Common discomforts

III. Intrapartum Care

- A. All offenders should be delivered at OU Medical Center, Department of Obstetrics and Gynecology. Prior to or at the time of transport, DOC Medical Services staff will notify OUMC that the patient is en route.

IV. Postpartum Visit and Examination

- A. Upon discharge from a Medical Center the offender will return to the Correctional Center for postpartum care for approximately 6 weeks. The offender will be seen in the medical services unit on her return to the facility for initial postpartum assessment.
- B. Initial Postpartum visit:
  - 1. Review any complaints
  - 2. Review delivery record
  - 3. Initiate postpartum orders
  - 4. Check vital signs, uterus (abdominally) and amount of bleeding, and incision if present
- C. Subsequent Postpartum Visit – at 6 weeks post delivery or as indicated:
  - 1. Physical Examination
  - 2. Vital signs (temperature, pulse, respiration's, blood pressure, weight)
  - 3. Breast
  - 4. Heart/lungs
  - 5. Abdomen
  - 6. Pelvic examination
- D. Laboratory Tests
  - 1. As clinically indicated by history and examination
- E. Medication
  - 1. Prenatal vitamin, one by mouth daily X 6 weeks
  - 2. Colace 100mg b.i.d. prn constipation
  - 3. Fergon one daily X 6 weeks
  - 4. Motrin 400mg by mouth q.i.d. prn pain X 6 weeks
- F. Treatment(s)
  - 1. Peri-care bottle to rinse perineum after voiding and stool
  - 2. Wear supportive bra or breast binder

3. Ice pack to breast for engorgement

#### G. Activities

1. Postpartum Lay-In Status (“Postpartum Lay-in Activity Status” form to case manager)
2. Inmate may have frequent rest times as needed
3. Inmate may go to bathroom, meals, sick call, pill line, count and appointments with medical staff
4. Inmate may have visiting privileges and/or telephone calls
5. Inmate work activities restricted to no lifting > 10lbs., no prolonged standing, mopping or sweeping
6. Inmate may not be removed from lay-in except by medical staff

#### H. Counseling/Education

1. Contraception
2. Postpartum “blues”/ assessment for postpartum depression

#### V. Forms

A. The following forms will be utilized to maintain obstetrical documentation:

1. “Antepartum Record” ([MSRM 140106.01](#))
2. “Care of Pregnant Inmate” ([MSRM 140106.01](#))
3. “Diagnostic/Laboratory Results” ([MSRM 140106.01](#))
4. “OB Information Sheet” ([MSRM 140106.01](#))
5. “OB Registration Information Sheet” ([MSRM 140106.01](#))
6. “Post –Partum Lay-In Activity Status” ([MSRM 140106.01](#))
7. “Pregnant Offender Guidelines” ([MSRM 140106.01](#))

#### VI. References

OP-140145 entitled “Female Offender Health Services”

Standards for Obstetrical/Gynecological Services published by American College of Obstetricians and Gynecologists.

VII. Action

The chief medical officer, Medical Services will be responsible for compliance with this procedure.

The chief medical officer, Medical Services will be responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure will be effective as indicated.

Replaced: Medical Services Resource Manual 140145-01 entitled  
"Management of Pregnancy" dated November 10, 2008

Distribution: Medical Services Resource Manual

Referenced Forms	Title	Location
<a href="#">MSRM 140106.01</a>	“Antepartum Record”	EHR
<a href="#">MSRM 140106.01</a>	“Care of Pregnant Inmate”	EHR
<a href="#">MSRM 140106.01</a>	“Diagnostic/Laboratory Results”	EHR
<a href="#">MSRM 140106.01</a>	“OB Information Sheet”	EHR
<a href="#">MSRM 140106.01</a>	“OB Registration Information Sheet”	EHR
<a href="#">MSRM 140106.01</a>	“Post –Partum Lay-In Activity Status”	EHR
<a href="#">MSRM 140106.01</a>	“Pregnant Inmate Guidelines”	EHR