

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE 11/22/2021	NUMBER 04.04.155
SUBJECT PREGNANT AND POST-PARTUM PRISONERS	SUPERSEDES NEW	
AUTHORITY MCL 791.203; MCL 791.264; MCL 791.265; Administrative Rule 791.6607		
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POLICY STATEMENT:

Pregnant and post-partum prisoners shall be managed as set forth in this policy directive.

RELATED POLICIES:

- 04.04.135 Custodial Transportation of Offenders (Exempt)
- 04.05.112 Managing Disruptive Prisoners (Exempt)
- 04.05.120 Segregation Standards
- 05.03.140 Prisoner Visiting

POLICY:

BIRTH PLAN/DOULA

- A. Every pregnant prisoner shall be given the opportunity to develop a birth plan in consultation with health care staff with training related to pregnancy or childbirth and/or a doula. The birth plan shall respect the autonomy of the prisoner to make their own health care decisions subject to medical necessity and MDOC policy. As part of the birth plan, prisoners shall be given the opportunity to participate in Medication Assisted Treatment (if appropriate based on a Substance Use Disorder history). Prisoners shall have access to adequate peri-natal and post-partum vitamins as determined necessary by healthcare providers as part of their birth plan. The MDOC shall also seek to adopt practices for the care of pregnant and post-partum prisoners in a correctional setting.
- B. Every pregnant or recently post-partum prisoner shall be given the opportunity to work with a doula. If a pregnant prisoner is working with a doula, they may be present in the delivery room if approved by the hospital.

SUPPORT PERSON

- C. In addition to being given the opportunity to work with a doula, each pregnant prisoner shall also be given the opportunity to designate a support person that may be present at the hospital and support the prisoner and baby. The support person shall be subject to a criminal background check and approval of the Warden. The support person shall be contacted when the prisoner is transported to the hospital to deliver so they can be present in the delivery room. Both the doula and support person may be present in the delivery room if approved by the hospital.

LIMITATIONS ON THE USE OF RESTRAINTS ON PREGNANT AND POST PARTUM PRISONERS

Use of Restraints While in a Michigan Department of Corrections (MDOC) Facility

- D. Staff may only use restraints on a pregnant or post-partum prisoner for a period of up to one hour and only if the restraints are necessary to protect the prisoner, staff, another prisoner, or the public. The reason for the use of restraints shall be documented in the appropriate logbook. If the prisoner must remain in restraints for longer than one hour, the Warden or designee, in consultation with health care, must approve the use of the restraints, and the reason must be documented in the appropriate logbook.
- E. Staff shall only use handcuffs in front of the body for pregnant or post-partum prisoners. If the Warden decides that restraints in addition to handcuffs must be used to protect the prisoner, staff, another prisoner, or the public the reason shall be recorded in the appropriate logbook.

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Use of Restraints During Transportation

- F. Staff shall only use handcuffs in front of the body for pregnant and post-partum prisoners who are being transported outside of the facility. The Warden may approve the use of more restrictive restraints if the prisoner is a significant escape risk or there are significant security risks. In these situations, the restraints used shall be the least restrictive as necessary and the reasons for using additional restraints must be documented in the appropriate logbook.
- G. If a prisoner is in active labor during transport, the transporting staff shall remove the restraints. If the prisoner is a significant escape risk or there are significant security risks that have been documented in writing, the Warden may approve the continued use of restraints.

Use of Restraints During Labor/Post-Partum in the Hospital

- H. Prisoners shall not be restrained for custodial purposes during active labor or delivery (vaginal or cesarean) at the hospital.
- I. Prisoners shall not be restrained in their post-partum period at the hospital unless the Warden, in consultation with health care, determines that the prisoner is a substantial flight risk or significant security risk and that the use of restraints will not negatively impact the prisoner's health. The decision to utilize restraints at the hospital post-partum and the reasons for the decision must be documented in writing.

USE OF SEGREGATION FOR PREGNANT OR POST-PARTUM PRISONERS

- J. Pregnant and post-partum prisoners shall only be placed in segregation under the following circumstances:
1. The prisoner receives a non-bondable Class I misconduct, or a Class II misconduct in which bond is revoked.
 2. The prisoner is placed in medical isolation by health care staff to prevent the spread of a communicable disease.
 3. The prisoner requested protection and needs to be temporarily removed from general population.
 4. The prisoner is placed in an observation cell as set forth in PD 04.06.115 "Suicidal and Self-Injurious Behavior" or PD 04.05.112 "Managing Disruptive Prisoners (Exempt)."
 5. The prisoner is part of a Prison Rape Elimination Act (PREA) investigation, and no less restrictive means of placement is available.

VISITATION WITH THE NEWBORN AT THE HOSPITAL

- K. The MDOC shall not restrict the prisoner's contact with the newborn while in their assigned patient room subject to hospital protocols, and as set forth in Paragraph L. The MDOC shall also work with the hospital to provide opportunities for the prisoner to visit with their baby in the neonatal intensive care unit, subject to hospital policy and the safety and security of the prisoner and the public.
- L. Contact with the prisoner and their newborn shall only be restricted under the following circumstances:
1. Child Protective Services or the hospital restricts access to the child.
 2. The prisoner has a documented history of child abuse or neglect and the Warden consults with a QMHP and determines that allowing contact in the hospital may create a risk to the newborn or the prisoner.

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BREAST MILK

- M. The MDOC shall allow post-partum prisoners to pump breast milk, for disposal, regardless of their ERD, to allow for breastfeeding post-release. Post-partum prisoners shall be allowed to breastfeed their newborn during in-person visits.

STAFF TRAINING

- N. Appropriate staff shall be trained annually in managing pregnant and post-partum prisoners. The Women's Huron Valley Correctional Facility (WHV) Warden and/or designee(s) shall work with the Training and Recruitment Division to develop the training.

OPERATING PROCEDURES

- O. If necessary, to implement the requirements set forth in this policy directive, the WHV Warden and the Transportation Manager shall ensure procedures are developed or updated.

AUDIT ELEMENTS

- P. A Primary Audit Elements List has been developed and is available on the Department's Document Access System (DAS) to assist with self-audit of this policy pursuant to PD 01.05.100 "Self-Audits and Performance Audits."

APPROVED: HEW 10/14/2021