



PRENATAL/POSTPARTUM CARE AND BIRTH CONTROL

POLICY.

It will be the policy of the Deschutes County Adult Jail (DCAJ) and Work Center (WC) that female inmates will have access to materials for personal hygiene, and that pregnant or postpartum inmates, while in the facility, will have the same resources available to them as are available to the community.

PURPOSE.

The purpose of this policy is to set forth guidelines for the administration of birth control and care of pregnant and postpartum care females under the supervision of DCAJ and WC.

OREGON JAIL STANDARDS:

- G-208 Elective Procedures
- G-210 Pregnancy-Related Care

PROCEDURES.

- A-1.** Female inmates will continue to receive birth control prescriptions at their own expense unless a Health Assessment, Direct Medical Order or a health care professional indicates otherwise.
- A-2.** Any female inmate will be allowed to continue to use materials medically necessary with regard to her pregnancy, menstrual cycle, or postpartum follow up care.
- A-3.** If a female inmate indicates a need for medical care relating to her reproductive system, birth control, or pregnancy termination, the *Health Care Request Form No. 545* procedures will be followed.
- A-4.** Female inmates wishing to terminate a pregnancy will be permitted to determine their eligibility for an abortion pursuant to law.
- A-5.** Counseling is available from Deschutes County Health Department for pregnant inmates regarding abortion, adoption and keeping the child.
- A-6.** If a female inmate is pregnant, prenatal care as prescribed by the Facility Provider and/or her own physician will be provided.

A-7. If a female inmate has recently delivered a baby or terminated a pregnancy, care will be provided as needed throughout the postpartum period. This may include both medical and/or mental health care and will reflect medical standards of care in the community. If the female inmate is lactating when admitted to the facility, she will be assisted with either pumping milk for the baby or drying up her milk, depending on her need.

FORMS USED:

- Health Care Request Form No. 545