



POLICY & PROCEDURE:	13.04
UNIT:	Detention and Corrections
CHAPTER:	Medical and Health Care Services
SUBJECT:	OB-GYN Clinic and Pregnant or Postpartum Inmates
ISSUED DATE:	July 01, 1989
REVISION DATE:	March 16, 2026
NOTES:	
RELATED ORDERS:	MJS 1206 P&P 16.03 , 18.12 AB 2507 (2018) PC 3407 , 6030(f) HS 123466(a) Injunctive Relief: Mohrbacher, et. al. V. Alameda County
ATTACHMENTS:	

PURPOSE: To ensure all women incarcerated at the Alameda County Sheriff's Office (ACSO) Santa Rita Jail (SRJ) have access to community standards of medical service and the opportunity to provide breastmilk to their infant or toddler while incarcerated.

POLICY: Female inmates will be provided access to Obstetrics and Gynecology (OB-GYN) clinic facilities and services in addition to standard medical services to ensure proper health care at the SRJ. ACSO Agency members and medical staff will coordinate their efforts to provide a program that ensures every verified pregnant or postpartum inmate has an opportunity to receive the proper medical care and housing needs necessary for her health and well-being.

Within the program, Agency members and medical staff have specific and shared responsibilities. Therefore, all staff, including ACSO Agency members, having contact with pregnant and/or postpartum inmates will be familiar with related laws and Agency written directives. All Agency members will receive training in managing pregnant and/or postpartum inmates.

Medical treatment is provided as a service. All inmates may decline, refuse, or opt-out of any or all medical procedures or treatments.

DEFINITIONS:

- A. **EXPRESSION OF MILK:** The pressing or squeezing of milk from the mammary glands, either manually or via a breast pump.
- B. **LACTATION:** The process of producing breast milk.
- C. **PUMPING:** To express milk from the breast using a breast pump.
- D. **EFFECTIVE COMMUNICATION:** Efforts made to ensure any written or spoken communication is as clear and understandable to incarcerated persons with disabilities as it is for incarcerated persons without disabilities.

PROCEDURE:

A. OB-GYN CLINIC:

1. Female inmates will have access to OB-GYN clinic services, family planning, and birth control in addition to the standard medical clinic services. The clinic will be staffed with a physician and nurse practitioner, trained in obstetrics and gynecology, which will provide clinic services to all female inmates.
2. Medical staff will provide regular evaluations of OB-GYN patients and coordination with the Alameda County Medical Center (ACMC) for regular visits, monitoring dietary and exercise needs, and evaluating other non-OB-GYN medical needs.

B. PREGNANT or POSTPARTUM INMATE PROGRAM:

1. The Pregnant or Postpartum Inmate Program will be offered by a Nurse Practitioner or Doctor under the direction of the Medical Director. Additionally, services will be provided and monitored by the following personnel:
 - a. Perinatal Coordinator
 - b. Nurse in charge of the Medication Assisted Treatment (MAT) drug program
 - c. Nursing personnel and Clinicians - Assigned to female housing
 - d. ACSO Medical Consultant
2. Pregnant or postpartum inmates will be offered comprehensive counseling and assistance in keeping with their expressed desires in planning for their unborn children. The counseling and assistance program shall:
 - a. Assess new pregnant inmates for psychosocial needs
 - b. Ensure appropriate placement of infants born to incarcerated inmates
 - c. Provide ongoing needs assessment, counseling, and advocacy
 - d. Document all interactions with inmates and related advocacy
 - e. Provide inmate advocacy for assessing community resources after release
 - f. Coordinate services with the SRJ case manager from the ACMC and their perinatal education
 - g. Interface with family members, probation officer, attorney and child protective services, etc.
3. Any Agency member or other staff member aware of a pregnant or postpartum inmate claiming or displaying any of the following emergency signs or symptoms, shall immediately contact and advise the on-duty Nurse or Doctor. Medical staff is responsible for responding immediately to such requests and will make the decision

as to what procedures are necessary for the inmate's care. Signs and symptoms include, but are not limited to:

- a. Any complaint of bleeding
- b. Ruptured membrane or "water broke"
- c. The inmate fainted or passed out or says she fainted or passed out
- d. Complaint or observation of blood in her urine
- e. Complaint of pain which may be in the abdomen or stomach, a bad headache, or the inmate thinks she is going into labor, etc.
- f. Opiate dependency or suspected withdrawal
- g. Alcohol dependency or suspected withdrawal
- h. Observed bleeding, whether uterine or vaginal
- i. Recurrent abdominal or pelvic pain
- j. Leaking fluid from vagina
- k. 40-weeks or more gestation
- l. Blood pressure greater than 140/90
- m. Recurrent nausea and vomiting with Ketonuria
- n. History of:
 - i. Diabetes
 - ii. Multiple births
 - iii. Pre-term labor
 - iv. Threatened abortion
 - v. Acquired Immune Deficiency Syndrome (AIDS)
 - vi. Psychiatric disorders
- o. Greater than 40 years of age
- p. Previous stillbirth
- q. Current Methadone treatment
- r. Other conditions will be assessed and scheduled for an evaluation by the Nurse Practitioner or Doctor in due course, not to exceed regular weekly visits

scheduled at the facility, unless ordered otherwise by the Nurse Practitioner or Doctor or other Clinician as necessary for the welfare of the patient.

- s. If the pregnant inmate has not felt the baby move for an extended period of time.
- 4. Emergencies concerning pregnant or postpartum inmates at the SRJ will be dealt with according to the pregnant or postpartum inmate emergency protocol.
- 5. All OB-GYN emergencies will be reported to the Nurse Practitioner or Doctor. When outside intervention is necessary, inmates will be transported to the ACMC or nearest appropriate emergency medical facility according to standard emergency protocol.
- 6. Regular examinations will be scheduled and performed by the appropriate medical staff monthly, or more frequently as determined by the Nurse Practitioner or Doctor on the basis of the patient's needs.
- 7. Drug and alcohol detoxification will be dealt with according to the drug and alcohol detoxification protocol, as directed by the SRJ Nurse Practitioner, Doctor or Medical Director.
 - a. Drug dependent inmates will be evaluated and placed on the appropriate detoxification program as designed by the SRJ Nurse Practitioner or Doctor, medical director
 - b. Pregnant or postpartum inmates whose existing Methadone Treatment Program has been confirmed shall be evaluated, treated, and continued on appropriate Methadone usage.
 - c. Alcohol detoxification will be treated under the direction of the Nurse Practitioner or Doctor in the best methods available for the patient(s).
- 8. Postnatal care will be provided as directed by the postnatal care protocol.
 - a. As defined by the currently contracted SRJ medical provider postnatal care is that period after birth which includes six weeks for a vaginal birth and eight weeks for a Cesarean Section (C-section) birth, providing maternal examination by the Nurse Practitioner or Doctor. Such care includes, planning for infant placement and care as described by the perinatal coordinator in conjunction with Adult Forensic Behavioral Health (AFBH) staff and in keeping with the inmate's desire and capabilities.
 - b. If deemed necessary by the appropriate medical personnel, postnatal care including medications, special diets, and/or medically-approved accommodations may be extended to twelve weeks.
 - c. Each pregnant or postpartum inmate will have a program planned by the perinatal coordinator from the time of incarceration, and necessary agencies will be contacted to direct the continued care for the mother and child. This plan will be a part of the medical record and supervised by the OB-GYN and the Medical Director.

9. Abortion: There shall be no condition or restriction on obtaining an abortion by a female inmate. Inmates found to be pregnant and desiring abortions, and who are determined to be eligible, shall be permitted to obtain an abortion. An inmate's right to an abortion shall be posted in the clinic holding area for the SRJ and any location housing female inmates. All pregnant or postpartum inmates will be offered information and education about family planning services and programs.

C. INFANT AND TODDLER BREAST FEEDING PROGRAM:

1. Any inmate who is incarcerated that is either breast feeding or actively lactating will be referred to medical staff.
2. Lactating inmates desiring to breast feed their infants will be provided a manual breast pump with instruction on use or a family member may provide an inmate an electric pump for use, if approved by the SRJ Operations Captain and the SRJ Medical Director. Inmates wishing to use their own pump shall contact medical staff to make necessary arrangements.
3. The inmate will be provided a private location to use the breast pump.
4. The breast milk will be pumped into clean breast milk bags or bottles and retrieved by medical staff who will label the container with the date and time of the pumping. After each use, the inmate will be provided sterilization supplies, soap and access to hot water to clean the pump. Medical staff will be responsible for collecting and maintaining sterilization supplies.
5. The breast milk will be placed in a freezer in the medical unit. It will be the responsibility of the infant's caregiver to pick up the milk within seven (7) days. Milk not retrieved within seven (7) days will be disposed of by medical staff. The infant's caregiver will be responsible for signing the SRJ medical provider's Medical Services Commitment for Transfer of Breastmilk for to acknowledge their responsibility to pick up the breastmilk.
6. Medical staff will provide the inmate with the necessary education to support them in the infant and toddler breast feeding program. This education may include but is not limited to the following:
 - a. Washing their hands with soap and water prior to pumping.
 - b. Cleaning the pump using the sterilization supplies with soap and hot water after each use.
 - c. Notifying medical staff upon completion of pumping so milk can be collected and frozen or discarded at the direction of the inmate.
 - d. Maintain a health diet to ensure milk supply.
7. Medical services staff shall also provide medically appropriate support and care related to the cessation of lactation and weaning.
8. Medical staff shall have procedures in place for conditioning an inmate's participation in the program upon the inmate undergoing drug screening.

9. The SRJ does not have the appropriate space for nursing of infants or toddlers and will not offer an onsite breastfeeding option.

D. PREGNANT OR POSTPARTUM INMATE PROGRAM - SECURITY/HOUSING:

1. Emergency signs and symptoms:
 - a. The Chief of OB-GYN at the APMC and the Assistant ACSO Medical Director, have identified signs and symptoms that require Agency members to immediately request a Nurse to examine a pregnant or postpartum inmate.
 - b. Any Agency member aware of a pregnant or postpartum inmate claiming or displaying any of the above-described signs or symptoms shall immediately contact and advise the on-duty Nurse or Doctor. Medical staff is responsible for responding immediately to such requests and will make the decision as to what procedures are necessary for the inmate's care.
2. Identification and movement of pregnant or postpartum inmates:
 - a. The Intake Transfer and Release (ITR) Sergeant shall ensure that:
 - i. All newly booked female inmates are screened by the medical staff within two hours of arrival at the SRJ. (Mohrbacher, et. al. V. Alameda County)
 - ii. All Female inmates are provided four pairs of new underwear and two sports bras during the intake process. (Mohrbacher, et. al. V. Alameda County)
 - (a) ACSO cannot guarantee female inmates will retain the same underwear if they choose to use the SRJ's laundry services.
 - iii. All female inmates will have the option of taking a pregnancy test. If the female inmate declines the pregnancy test, she must sign a Pregnancy Testing Refusal & Release form.
 - iv. All female inmates have the right to summon and receive the services of any physician, nurse practitioner, certified nurse, midwife, or physician assistant of their choice in order to determine whether they are pregnant. Pursuant to Penal Code (PC) 3406 (b) and 4023.6 (b) – Any expenses occasioned by the services of a physician, nurse practitioner, certified nurse, midwife, or physician assistant whose services are not provided by the institution (Santa Rita Jail) shall be borne by the inmate.
 - v. All female inmates who refused to take a pregnancy test, will have the option of taking the test at a later date.
 - vi. Medically identified pregnant or postpartum inmates are given the option of wearing an orange armband upon initial entry into the facility, or as soon as possible.
 - vii. A red dot shall be affixed to the upper right corner of the court disposition

forms and custody cards of all medically identified pregnant or postpartum inmates.

- viii. The orange armband and red dots will be removed when notified by the medical staff that the inmate no longer requires monitoring pursuant to the pregnant or postpartum inmate protocol.
- b. The Classification Sergeant shall ensure that:
 - i. Medically identified pregnant or postpartum inmates are housed appropriately.
 - ii. Agency members assigned to a housing unit are notified when an inmate is identified as pregnant or postpartum or no longer requires monitoring pursuant to the pregnant or postpartum inmate protocol.
- c. The movement of pregnant or postpartum inmates outside their assigned living area will be given special consideration and will be prioritized accordingly. Agency members having custody of those inmates will return them to their living area as expeditiously as possible, upon the completion of the appointment or activity.
- d. Agency members shall take special precautions to protect pregnant or postpartum inmates from injury during labor, transport, delivery and recovery. The following restrictions shall take place while placing pregnant or postpartum inmates in restraints.
 - i. During the transport of a female inmate in labor to the hospital, Agency members shall utilize the least restrictive transport means available, while ensuring the safety and security of the female inmate, medical staff, the public, and Agency members.
 - ii. When required medical transportation is related to a pregnant or postpartum inmate, best efforts will be made to have the transporting Agency member be a female. Best efforts must be made to have the Agency member relieving the current transporting Agency member be a female when related to a pregnant or postpartum inmate, particularly in delivery rooms or postpartum recovery rooms. For further information on emergency medical transportation refer to D&C P&P 8.11. (Mohrbacher, et. al. V. Alameda County)
 - iii. Absent extenuating circumstances, an inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg restraints, waist restraints, or handcuffs behind the body. (Mohrbacher, et. al. V. Alameda County)
 - iv. A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the public, or Agency members. (Mohrbacher, et. al. V. Alameda County)
 - v. When restraints are used, and if safety permits, the pregnant or postpartum

inmate shall be given a choice between having a leg or an arm restrained to the bed or gurney. (Mohrbacher, et. al. V. Alameda County)

- vi. Pursuant to PC 4023.8(o), During labor, the inmate in labor and delivery shall be given the maximum level of privacy possible during the labor and delivery process. If a sworn Agency must be present in the room, the sworn Agency member shall stand in a place that grants as much privacy as possible during the labor and delivery. Best efforts shall be made to have a female Agency member serve in this role. The sworn Agency member shall be removed from the room if a professional who is currently responsible for the medical care of the pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines the removal of the sworn Agency member is medically necessary. (Mohrbacher, et. al. V. Alameda County)
 - vii. Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary. (Mohrbacher, et. al. V. Alameda County)
 - viii. Upon confirmation of an inmate's pregnancy, she shall be advised verbally and in writing, of the standards and policies governing pregnant inmates, including the use of restraints and Agency written directives for pregnant inmates.
 - ix. Verbal advisement will be performed by an Agency member assigned to the Classification Unit and noted on the intake form.
 - x. Written notification shall be made by the medical professional confirming the inmate is pregnant by providing the inmate with an, "Information for Pregnant Inmates" form for the inmate to sign. The inmate shall receive a copy of this form. Additionally, all information from this form shall be posted in the OB-GYN Clinic, in conspicuous locations, as well as printed in the Inmate Rules and Information handbook provided to all inmates.
 - xi. Pursuant to PC 6030(f), women in labor shall not be restrained, EXCEPT as noted under PC 3407.
 - e. Daily, medical staff will provide the dayshift ITR and Classification Sergeants with a current list of pregnant or postpartum inmates. The list will indicate inmates whose status has changed for any reason and who no longer require monitoring pursuant to the pregnant or postpartum inmate protocol.
3. Pregnant or postpartum inmate diet: All inmates are provided meals which are nutritionally adequate, and properly prepared. Pregnant or postpartum inmates will receive the following dietary supplements in addition to the three (3) meals all inmates receive.
- a. Prenatal vitamins

- ii. Pregnant or postpartum inmates will not be issued sandals.

- iii. Pregnant or postpartum inmates may purchase shower shoes from commissary if they choose but may only wear them for showering purposes.
5. Programs and/or activities, including out-of-cell time, offered to any other similarly classified inmate shall be available to all pregnant or postpartum inmates, unless restricted by the medical staff. Restrictions shall be documented in the inmate's medical file and the inmate's custody file (Commonly referred to as "Jail Jacket").
6. Plastic chairs shall be made available to pregnant or postpartum inmates for use in the pod dayrooms or multipurpose rooms upon request. (Mohrbacher, et. al. V. Alameda County).
7. Weather permitting, at least three (3) hours a week of outdoor exercise will be provided to all pregnant or postpartum inmates. This may be accomplished by either the housing unit's small quasi yard, or the large yard as described in D&C P&P 18.12 – Recreation and Inmate Activity Program and Planning.
8. Confirmed pregnant or postpartum inmates shall be housed in a lower bunk on the bottom tier from the first day of incarceration or from the date the pregnancy is confirmed.

E. GRIEVANCE PROCESS:

1. It is the policy of the ACSO to resolve inmate concerns regarding health care prior to the documentation of a written grievance. Refer to D&C P&P 16.03 – Inmate Grievance Procedure.
2. Pregnant inmates who are dissatisfied with the care they receive should contact a sworn Agency member assigned to their housing unit immediately. The sworn Agency member shall in turn, contact the OB-GYN Clinic immediately for clarification of the issue. Every effort shall be made to resolve the grievance at this level. If the issue cannot be resolved, the inmate may file a grievance through the usual grievance process.
3. When a health care grievance or a grievance regarding MAT services is received from the ACSO grievance unit, the health record is reviewed and if necessary, the the appropriate medical professional will be interviewed.
4. The contracted SRJ medical health care provider is responsible for answering healthcare related grievances and obtaining answers from specific medical providers as needed at the SRJ.
5. A written response is given to the inmate by the ACSO grievance unit pursuant to D&C P&P 16.03.
6. Reasonable efforts will be made to reconcile the inmate's grievance.
7. The inmate may appeal the grievance through the SRJ grievance review process if she wishes to contest the outcome of the grievance. Refer to D&C P&P 16.03.