Penn Medicine
Lancaster General Hospital

Optimizing Prenatal Care for Incarcerated Pregnant Persons

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Objectives

- Identify the unique challenges facing incarcerated pregnant persons

- List available community resources to support pregnant persons and their families during and after incarceration

- Describe barriers to continuing prenatal care after release

Who is incarcerated today?

- 37% drug offenses
- 80% report SUD
- 80% identify a history of IPV
- 75% report a history of physical or sexual abuse
- 75% report mental health problems

- 72% are sexually active and not using contraception

- 3-4% annually are pregnant on incarceration – extrapolating on limited data means

  - 3000 pregnant persons in state and federal prison annually
  - 55,000 pregnant persons in jails annually

Majority of charges I see – PAROLE VIOLATION

Sufrin et al, AJPH 2019; BOJ 2004 & 2017

Union Community Care- % incarcerated pregnant persons with current or past SUD/OUD

- 2014 n = 9/15 60%
- 2015 n = 11/21 52%
- 2018 n = 25/28 89%
- 2019 n = 15/18 83%
- 2020 n =13/14 92%
- 2021 to date n = 5/7 = 71%

Withdrawal vs Methadone vs Subutex vs Suboxone

- Current research does not support withdrawing a pregnant person from prescribed MOUD, but treatment recommendations vary between research and practice.
- Methadone, because of unique regulations, is easier to maintain in prison setting, after initial confirmatory calls/visits, but after release requires transportation for daily dosing until “take homes” are approved. Prior to 2017 all patients were on methadone unless refused.
- Buprenorphine (Subutex)is currently choice for pregnancy, but many forward thinking programs around the country are maintaining stable patients on their existing Suboxone (buprenorphine/naloxone) dose. There is no data on long acting Sublocade, and most women are converted to Subutex. In Union MOUD practice we discuss options; in prison, only Subutex is prescribed at this time
- Be aware of long acting depot of sublocade, even for months after last injection. Subutex/Suboxone

This is the underpinning of a criminal justice system in which 3-4% of women incarcerated annually are pregnant

The increases in prison population – mass incarceration - and the rapidly growing “prison” industry are rooted in decreased public funding for social services, increased targeting of people of color (5:1), and increased federal funding for prisons.

PrimeCare, a private medical care company, which covers Lancaster County Prison also is the primary medical provider for 49 other jails and state prisons, and works in the same manner as other MCO’s(managed care organizations).

Unique Challenges

The 8th Amendment states that incarcerated persons are entitled to safe care for serious medical needs, including pregnancy.

National Women's Law Center and The Rebecca Project last studied all prisons in state regarding their prenatal care, including shackling, and access to family centered drug treatment programs, and many did not pass. No recent studies have been done.

Grade for PA??

Mothers Behind Bars: A State-by-State Report Card and Analysis of Federal Policies on Conditions of Confinement for Pregnant and Parenting Women and the Effect on Their Children, 2010.

Why are you seeing these patients being brought by police to ER or OB triage settings ?

- Women complain of cramping, bleeding, when arrested before going into the known or unknown system, and know they will be evaluated
- Often SUD or OUD is precipitating arrest factor, and fear of withdrawing in prison
- Sometimes initial contact with health system during pregnancy
- Mental health issues; schizophrenia

Entrance into Care

Standard assessment H & P includes a *pregnancy test* on admission, but it is not tied to age, sexual activity, contraception, or LMP. The recommendation is a repeat in 2 weeks if the incarcerated person has not had a period; the majority have not been using contraception.

☆ opportunity to provide emergency contraception can be easily missed

Non coercive counseling regarding options is the recommendation. I have seen this once, and I did the counseling at the initial visit, consulted with the LCP medical staff, and patient changed her mind once faced with prison barriers.

Prenatal care follows ACOG guidelines, but hasn't kept up with some recent recommendations - HCV

Complications to the prison REGIMEN because of pregnancy and vice versa

- Bottom bunk
- Timing of meds and treatments – huge w GDM as doesn't match standard DM testing protocol
- Work assignment modification
- Prenatal diet options, "store and junk food – Ramen" regimented mealtimes
- Inmate and guard risk for violence

PRISON JARGON/SPECIAL RULES

- MCR – medical care request – letter written by inmate asking for medical visit or communication
- Chronos – special requests – ice, extra blanket, extra mattress, more time out of cell….
- Refusal of care – must come to Union visit (and other specialist appointments) and refuse to clinical staff
- No appointment times/dates can be shared, but I try to identify certain types of care and GA in which they will occur, e.g., MFM surveillance, so patients have expectations of being taken out for visits

LABOR, DELIVERY, AND POSTPARTUM CARE

- State guidelines require that disposition of newborn is arranged prior to delivery. Law emphasizes kinship – work with hospital SWs; we start this work at the first visit.

- Options for delivery – maintained in custody with guards in room at all times or furloughed for labor and birth, and security calls LCP when patient is ready for discharge. This is worked out in advance between LCP and WBH security and supervisor. There is a place in the guidelines for someone from the inmate's visitor list to attend the birth and be there as support (I rarely see this).

- Doula services (with or without support person) have been approved . We offered our own doula services as one of the provisions of our care; now through Diversity Doulas. Since some of our staff are doulas, they meet with patient briefly during visit.

Logistics

- Most of the incarcerated persons I see have not yet initiated prenatal care, and enter LCP from 8 – 36 weeks GA.

- Because of delays in lab draws, treatments and US, I see pregnant patients q 2 weeks from incarceration until weekly at 36 weeks which is in keeping with state guidelines– in Covid one of those visits has been a telemed hybrid with the PA-C checking VS, urines, FH and FHT's. She has a packet of prenatal education handouts and she gives them at appropriate visits.

- We try to discuss the charges, private attorney vs PD, and what patient's expectations are for release as early as possible, so we can make plans. We also try to get a contact, so after release we can follow up by phone. If not staying with Union for care, we try to get ROI right away so we can contact primary office to alert them. With verbal consent, I often call HBP and NFPP nurses as well as primary OB offices so they know patient is not lost to care and will return.

LCP is responsible for payment for care for routine prenatal and high-risk care. We have a contract with them.

Community Resources

Our newest program is a cross agency countywide team effort, based on a many years of struggling and a comment made by Barbara Schmidt, RN, a couplet care nurse caring for an incarcerated mom and her newborn, “What could we do to stop this drama for these moms after they’ve just given birth?”

Welcome to the PrOUD* team!

Prenatal Care: Your prenatal clinician is Linda Gort, CRNP, and your Community Health Coordinator is Magaly Irizarry. You can leave a message for us at 299-6372 ext 11210, or text Magaly from 8 - 5 at 717-572-8747. If something is urgent between 8 and 5 during the week, please call or text a message to our OB triage nurse at 717-413-9169. For urgent concerns evenings and weekends, call the main number to leave a message, and one of the OB clinicians will call you right back from our **after-hours center.** You may have specialist visits with Maternal Fetal Medicine, High Risk OB, and/or the NICU during your pregnancy.

Mental Health Services and referrals for counseling and treatment are available at our health center after you are released.

Labor, Delivery and Postpartum. Our patients typically deliver at Women and Babies Hospital, where special programs of support in labor and postpartum, and to support babies who have been exposed to opiates (including Methadone and Subutex). Incarcerated women may use doula services. We use the “Eat, Sleep, Console” evaluation and care technique for our opiate exposed newborns. **And our NICU team is ready to provide more intense care for your newborn if needed.**

Support Programs

The following support programs are available to you at no cost, and we will make these referrals automatically and continue to coordinate your care among all of us. We hold case coordination meetings twice a month, to be sure pregnant and postpartum families are getting the care and services they need. Not all pregnant persons need or qualify for all services, but we want you to be aware of the whole range of services available through our collaboration.

RASE (Recovery, Advocacy, Service and Empowerment) Project: a program to assess severity of addiction and treatment options; to provide a step by step walk for pregnant and postpartum women in recovery; individual support by a Medication Assisted Treatment Specialist; assistance with door to door

ReNew: a program of intensive case management and service navigation for pregnant persons with any substance use disorder, and involvement in the criminal justice system; this program continues until your baby is 1 year old (*a program of Bethany Christian Services*)

STEPS: a program to empower pregnant and postpartum women with the tools to have a healthy pregnancy and be the best parent possible, through intensive case management, nurse navigation, and peer support (*A program of Penn Medicine Lancaster General Health*).

CYS (Children and Youth Services): a program to provide individual and on-going assessment of family safety and supportive services for pregnant persons and their families; this program now has a prenatal component to help develop plans for safe care for their newborns before they are born, so coordination is set up in advance, and pregnant persons have input into the services they need and supports they already have in place *(a program of the Pennsylvania Department of Human Services)*

Prenatal plans of care may not be available in other counties/states at the time of this presentation.

Early Intervention Services: some newborns who have had prenatal exposure to drugs have special needs as their systems clear from exposure to opiates and other substances; the occupational therapists are specially trained to help babies in the NICU and to continue with their services after discharge. Even babies who do not go to the NICU will receive a visit from a therapist to help families learn techniques such as soothing, swaddling, white noise, and others. *(a program of Lancaster County Behavioral Health and Developmental Services).*

Other Lancaster County Resources

Beth Shalom – faith-based housing for women

Compass Mark – family support for incarcerated persons with children

Justice Works – long term support as means of prevention

Lancaster County Reentry Coalition – works to provide multiple transitional services and support for people leaving prison

Lancaster General/Penn Medicine Centers of Excellence – broad based OUD/SUD programs

https://www.pennmedicine.org/for-patients-and-visitors/find-a-program-or-service/behavioral-health/drug-and-alcohol-addiction-treatment/center-for-opioid-recovery-and-engagement

Gaudenzia Vantage – long term mother –baby housing and treatment

Barriers to Care after Release

WHAT WE *DON'T* KNOW CAN HURT YOU

We don't know when you're getting out, and if and where you are going for "door to door" and if you will be on house arrest and require a letter covering the window for your prenatal visits. We don't know where you will be living.

We don't know if we have a good phone contact for you when you are released. We don't know if you will have transportation for your multiple prenatal visits.

We don't know if you will continue with us at Union or if you are able to return to your previous prenatal provider and how quickly you can get an appointment there. We don't know if you can make the previously arranged MFM or HR OB consults.

We don't know if your insurance was reinstated and how long until it will be until it can cover your medications; if you have new mental health medications, you will only be given a limited supply until you can make an appointment with a PCP and get a new prescription.

If you use MOUD, we only know that you have a few days of meds in your release pack, and a Rx for 1 week; we don't know if you have access to naloxone for safety.

Brief Bibliography and Opportunities for Learning

Advocacy and Research on Reproductive Wellness of Incarcerated Persons *(ARRWIP.org)*
Women's Law Project
The Rebecca Project for Justice

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Take Away Thoughts

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