

<p>STATE OF ALASKA DEPARTMENT OF CORRECTIONS</p>  <p>POLICIES & PROCEDURES</p>	SECTION: Health And Rehabilitation Services		PAGE: Page 1 of 7
	CHAPTER: 807	NUMBER: 807.24	P&P TYPE: Public
	TITLE: Treatment and Management of Female Prisoners		
	APPROVED BY:  Jennifer Winkelman, Acting Commissioner		DATE: 07/05/2022
ATTACHMENTS / FORMS: (A.) Lactation Program Agreement.		AUTHORITY / REFERENCES: 22 AAC 05.155 DOC P&P 807.08 AS 33.30.011 DOC P&P 807.14 AS 33.30.021 AS 44.28.030 2018 NCCHC Standards For Health Services In Prisons, [P-B-03], [P-B-06], [P-E-02], [P-E-04], [P-F-05]. 2018 NCCHC Standards For Health Services In Jails, [J-B-03], [J-B-06], [J-E-02], [J-E-04], [J-F-05].	

POLICY:

- I. It is the policy of the Department to provide essential health care and social services specific to the needs of female prisoners.
- II. It is the policy of the Department to provide a gender-responsive commissary list in all facilities that house female prisoners.
- III. It is the policy of the Department to provide feminine hygiene products at no cost to female prisoners.
- IV. It is the policy of the Department to utilize a second HARS staff member as a patient chaperone during sensitive examinations and procedures unless an emergency exists.

APPLICATION:

This policy and procedure shall apply to all Department employees and prisoners.

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DEFINITIONS:

As used in this policy, the following definitions shall apply:

Cervical Pap Smears

A test carried out on a sample of cells from the cervix to check for abnormalities that may be indicative of cervical cancer.

Contraception:

Contraception (birth control) or fertility control is a method, medication or device used to reduce the likelihood of pregnancy.

Elective Non-Therapeutic Abortion:

Induced termination of a pregnancy for purposes that are not emergent or urgent.

Health Care Provider:

A licensed physician, advanced practice registered nurse or physician's assistant that provides preventive, curative, promotional or rehabilitative health care services.

Health Care Staff:

Health care staff includes licensed physicians; psychiatrists; psychologists; physician assistants; advanced practice registered nurse; registered or practical nurses; dentists; dental assistants; dental hygienists; optometrists; pharmacists; mental health clinicians; clinical social workers; psychological associates; dispensing opticians; physical therapists; and occupational therapists that provide preventive, curative, promotional or rehabilitative health care services.

Hormonal Therapy:

Medications which directly affect the endocrine system and are used to replace deficient levels of hormones (hormone replacement therapy) or to suppress the release of hormones (as when used to control dysfunctional uterine bleeding). Medications include estrogen or progesterone.

Initial Health Examination:

A physical examination performed within 14 days of sentencing.

Mammogram:

A medical test using low-energy X-rays to examine a breast for screening and diagnosis. The goal of mammography is the early detection of breast cancer.

Medication Assisted Treatment (MAT)

The use of medication with cognitive behavioral therapies to treat opioid use disorders and aid in the prevention of overdose.

Routine Health Examination:

A health assessment that is clinically indicated or recommended as part of a treatment plan.

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Sensitive Examination or Procedure:

The physical examination of, or a procedure involving exposure of the genitalia, rectum, (regardless of gender) or female breast or the breast of a patient who identifies as female.

PROCEDURES:

I. Booking:

- A. The booking screen and assessments shall be completed for female prisoners consistent with DOC P&P 807.14, Health Examinations.
- B. All females under the age of 55 shall be tested for pregnancy as soon as a possible after remand and prior to the administration of any prescription medication. Any prisoner refusals or positive results shall be documented in the medical record and the provider notified.
- C. A prisoner who is pregnant and reports opiate use shall immediately be referred to a health care provider and a urine drug screen shall be obtained.
- D. If a pregnant prisoner is on an opiate maintenance program, the program shall be continued consistent with current Medication Assisted Treatment (MAT) guidelines and protocols.

II. Initial and Routine Health Examinations:

In addition to the elements described in DOC P&P 807.14, Health Examinations, the following elements apply to physical examinations for female prisoners:

- A. A gynecological and obstetrical history, including sexual activity and any recent sexual assault history.
- B. Breast examination with self-examination instructions given at the time of the breast examination.
- C. Pelvic examinations including cervical pap smears shall be performed consistent with current clinical standards and recommendations on unsentenced prisoners in custody greater than twelve months and all sentenced prisoners.

III. Mammography:

Mammography shall be offered consistent with current clinical standards and recommendations on unsentenced prisoners in custody greater than 12 months and all sentenced prisoners.

IV. Breast Procedures:

- A. Breast reconstruction shall not be covered by the Department without approval by the Medical Advisory Committee.
- B. Surgical removal of ruptured implants or correction of implant displacement shall not be covered by the Department without approval by the Medical Advisory Committee.

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V. Contraception:

- A. Informed consent and information pertaining to available methods of contraception shall be provided by a health care provider. A community agency may be utilized to provide this information.
- B. Female prisoners who are on a method of contraception at intake shall be permitted to continue the medication as clinically indicated until the medication cycle is complete.
- C. Hormone medication prescribed for contraceptive purposes shall be dispensed, if prescribed by a DOC provider or contract agent, up to 90 days prior to release if requested by a prisoner. An implanted device shall not be authorized.
- D. Emergency contraception shall be available when clinically indicated and requested by the prisoner as soon as possible upon remand after evaluation by a health care provider.
- E. If a prisoner has an intrauterine device, the device shall be removed upon request if clinically indicated.
- F. Sterilization shall not be provided by the department.

VI. Maternity Care:

- A. Female prisoners shall be screened for pregnancy at booking, upon request, upon report of pregnancy, or as clinically indicated.
- B. The health care provider shall ensure that pregnant prisoners receive prenatal, natal, and post-natal care.
- C. Health care staff or community providers shall provide counseling to pregnant prisoners in accordance with the prisoner's expressed desires regarding her pregnancy.
- D. Pregnant prisoners in DOC custody shall be referred to mental health.
- E. In-house health care staff shall initiate prenatal care during the first trimester of pregnancy. Thereafter, care shall be guided by an obstetrician.
- F. After pregnancy is confirmed, a DOC social worker or designee shall meet with the prisoner to establish a delivery plan.
- G. In the case of pregnancy of a federal prisoner, Federal Bureau of Prisons staff shall be notified.
- H. Restraint and transport of pregnant prisoners shall be consistent with Policy # 1208.15, Transportation of Prisoners.

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VII. Medication Assistance Treatment for Pregnant Prisoners:

- A. Pregnant women who are arrested while prescribed an opiate agonist (methadone) or partial opiate agonist (buprenorphine) as part of an established opiate treatment program shall continue the opiate treatment medication until after delivery. Extending MAT for up to six months postpartum shall be considered if breastfeeding or participating in the lactation program as described in Section X below.
- B. Pregnant prisoners who are dependent on opiates, whether prescribed or illicit, but not established on an opiate treatment program shall be initiated on an opiate agonist or partial agonist therapy and it shall be continued until after delivery. If the medically indicated medication is not readily available and the pregnant prisoner is in moderate or severe opioid withdrawal, urgent referral to a hospital with obstetric capabilities shall be considered. Extending MAT for up to six months postpartum shall be considered if breastfeeding or participating in the lactation program as described in Section X below.

VIII. Childbirth:

- A. Arrangements shall be made for childbirth to take place at a hospital.
- B. The Superintendent shall determine which individuals may be present at the birth of the child. The US Marshall Service shall determine which individuals may be present at the birth of a child born to a federal prisoner.
- C. The child shall not be returned to a DOC institution. DOC shall not provide medical service for a newborn child or children of prisoners except for emergent stabilization in the event of an unexpected delivery within an institution.
- D. The child may remain with the mother until her discharge from the hospital unless other arrangements have been made for relinquishment.

IX. Postpartum Services:

- A. The prisoner shall be referred to a DOC health care provider or community obstetrician for a postpartum examination.
- B. A referral to the institution's mental health provider shall be made for a postpartum depression screening. Mental health checks for postpartum depression shall be completed monthly for a minimum of six (6) months.
- C. Postpartum prisoners shall be given access to supplies for expressing and disposing of breast milk.

X. Lactation Program:

Whenever possible and not precluded by security concerns or availability of adequate resources, a protocol shall be established and offered to postpartum prisoners who choose to participate in the lactation program

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for the purpose of providing breast milk to their infant:

- A. Health care staff shall counsel pregnant prisoners on the benefits and nutritional needs of breastfeeding and inform them of the supports in place at the institution.
- B. Prisoners may participate in the lactation program for up to six (6) months after the birth of a child.
- C. Prisoners wanting to participate in the lactation program must be medically cleared by a health care provider. The Superintendent shall give final approval for a prisoner to participate in the program.
- D. A prisoner who requests to participate in the lactation program shall be required to sign the Lactation Program Agreement (Attachment A), that outlines the conditions of the program.
- E. Failure to comply with the contract shall result in the prisoner being immediately terminated from the program. The decision to terminate the program shall be made in collaboration with the health care provider and the Superintendent or designee. The decision to terminate the program shall be documented in the health care record and written notice provided to the prisoner.
- F. The prisoner is responsible for arranging for the pickup of the expressed milk per program contract.
- G. Nutritional supplements may be offered to a nursing prisoner if determined necessary by a health care provider.
- H. A prisoner requesting to breastfeed during visitation must have medical clearance to do so, including a current negative drug screen.

XI. Elective Non-Therapeutic Abortion:

- A. If a prisoner indicates she is considering an abortion, a referral shall be made to the DOC lead medical social worker.
- B. The medical social worker shall assist a prisoner in facilitating communication with an outside agency for support services related to termination of pregnancy.
- C. DOC funds shall not be utilized to perform a non-therapeutic abortion.
- D. A non-therapeutic abortion, including administration of abortifacient medications, shall not be provided in a DOC institution.
- E. A prisoner who has terminated her pregnancy shall be referred to a mental health provider.

XII. Stillbirth

- A. If a prisoner experiences the death or loss of a baby at or after 20 weeks of pregnancy:
 - a. A referral shall be placed for a mental health consultation.

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- b. Post-partum obstetrical services shall be provided as appropriate.
 - c. The Chief Medical Officer or designee shall conduct a case review.
 - d. Health care staff shall obtain records such as placental pathology, perinatal autopsy, and/or clinical evaluation performed at the treating hospital and store these records in the mother's medical record.
- B. If a prisoner experiences the death or loss of a baby before 20 weeks of pregnancy:
- a. Health care staff shall coordinate post miscarriage medical and obstetrical care.
 - b. A referral shall be placed for a mental health consultation.

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