PREPARING A MODEL JAIL PREGNANCY POLICY CHECKLIST

WITH SPECIAL CONSIDERATIONS FOR OPIOID USE DISORDER (OUD)

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Having an official jail policy for pregnant and postpartum patients in custody, including those with OUD, promotes a standardized approach to treatment and suggests readiness to provide care. The policy can serve as a reference and resource for medical and custody staff of what to do when a pregnant or postpartum individual with OUD enters and leaves custody and will keep staff accountable. Your jail's policy for pregnant and postpartum individuals in custody should be informed by national guidelines and standards on perinatal care, correctional health, and substance use disorder treatment. The checklist below serves as an example of what information should be included in your jail's policy for pregnant and postpartum individuals in custody, especially those with opioid use disorder (OUD). Use the table to assess whether your current jail policy thoroughly includes the items listed.

- Sufficient = your jail policy includes this item and provides specificity on who does what, when, how, where and to whom. It lists contact information if an outside organization or person is involved.
- Insufficient = your policy includes the item listed but lacks the detail needed to adhere to the policy or perform the task.
- Missing = this item is missing from your jail policy entirely
- Unsure = the item is in your policy but you are unsure whether the content is thorough enough

Items designated as insufficient, missing and unsure should be reviewed with jail leadership and an action plan should be put in place to revise and enhance the policy for real-time practice.

	POLICY ITEM	SUFFICIENT	INSUFFICIENT	MISSING	UNSURE
1	Screening for pregnancy and postpartum status				
2	Options counseling and abortion referral, if legal in your state				
3	Prenatal care components (who provides, where, frequency, care components, lab tests, ultrasounds, vaccines)				
4	Screening for substance use, assessment, counseling and plan for substance use treatment (medications and behavioral counseling)				
5	Counseling patients and gaining consent for all medical procedures				
6	Step-wise procedures for initiating and continuing both methadone and buprenorphine in pregnancy and postpartum, including allowing for frequent dose adjustments and split dosing as needed in pregnancy - This should align with the policy of the outside vendor (e.g. OTP or hospital) if used to provide MOUD				
7	Management of withdrawal symptoms in pregnancy for those who decline MOUD or experience symptoms while awaiting MOUD				
8	Confirming MOUD patient history by contacting community providers and/or checking the Prescription Drug Monitoring Program (PDMP)				
9	Step-wise procedures for what to do if a pregnant person is experiencing cramping, bleeding or other dangerous maternal warning signs				
10	Where to take pregnant patients during a medical emergency and who to contact				
11	Emergency delivery kit on-site				
12	Care and clinical guidance for postpartum individuals, including frequency of visits, screening for postpartum depression and other mental health support, and adequate access to menstrual pads postpartum				
13	Lactation including milk expression, storage, and coordination of getting the milk to the infant				
14	Circumstances in which the jail should get medical clearance from a hospital before admitting a pregnant person to jail				
15	Community providers for reentry continuation of prenatal and substance use care				
16	Patient release of information (ROI) for sharing medical records between the jail and community providers and a process for doing so				
17	Process for assisting pregnant person with infant care plan if they give birth in custody				
18	Non-use of restraints on pregnant and postpartum individuals that are aligned with national recommendations and in compliance with your state's law				
19	Delineation of custody officer presence outside hospital room or, if necessary to have officer in room, compliance with PREA that only female officers are present during pelvic exams/delivery				

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