

HOUSE No. 1490

The Commonwealth of Massachusetts

PRESENTED BY:
Kay Khan

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:
An Act relative to pregnant and postpartum inmates in state prisons.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Kay Khan	11th Middlesex
Patricia D. Jehlen	Second Middlesex
Elizabeth A. Malia	11th Suffolk
Pam Richardson	6th Middlesex
Martha M. Walz	8th Suffolk
John W. Scibak	2nd Hampshire
Timothy J. Toomey, Jr.	26th Middlesex
Ellen Story	3rd Hampshire
Gloria L. Fox	7th Suffolk
Sarah K. Peake	4th Barnstable
Willie Mae Allen	6th Suffolk
Steven J. D'Amico	4th Bristol

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1540 OF 2007-2008.]

The Commonwealth of Massachusetts

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In the Year Two Thousand and Nine
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AN ACT RELATIVE TO PREGNANT AND POSTPARTUM INMATES IN STATE PRISONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 127 of the General Laws, as appearing in the 2004 Official Edition, is hereby amended by striking out section 118 and inserting in place thereof the following:—

Section 118. The department of correction shall provide a fulltime perinatal case manager, credentialed in childbirth education and with knowledge of high-risk pregnancy and perinatal addiction issues.

Female inmates, upon admission to a correctional facility, shall be screened and assessed for pregnancy, postpartum status and issued written material, in a form understandable by each inmate, outlining mandated services for pregnant and postpartum inmates.

Pregnant and postpartum inmates shall not be housed with any inmate suspected of having a communicable disease that is required to be reported to the department of public health by statute or regulation, which is capable of spreading by casual contact, and which could adversely impact pregnancy.

Pregnant and postpartum inmates shall have full access to appropriate prenatal and postpartum care at the correctional facility in which they are housed and at supporting medical facilities with expertise in assessing perinatal addictions. Prenatal care shall include:

- a. Pregnant inmates shall receive appropriate vitamins and iron supplements.
- b. Pregnant inmates shall receive a diet with accommodations for nutrients essential to a safe pregnancy and reviewed by a registered dietitian.
- c. Pregnant women shall have access to nutritional programs such as the Women, Infants and Children's Program.
- d. Pregnant inmates, including pregnant inmates in closed custody units or room detention for disciplinary reasons, shall be permitted the opportunity for a minimum of 30 minutes of ambulatory movement each day to prevent thrombosis.
- e. Pregnant inmates shall be given maternity clothes and adequate provision of appropriate undergarments.
- f. Pregnant inmates shall have access to labor and delivery care in an accredited hospital.
- g. Pregnant women who are being released from confinement in state and county correctional facilities before childbirth shall be offered referral resources to food and nutrition programs for themselves and for children who are born while the women are confined in facilities.

Pregnant inmates shall have access to prenatal/childbirth education classes taught by a certified childbirth educator and shall have access to education videos and materials.

The prenatal case manager shall provide access to the department of social services and/or designated infant/child caretakers as well as the support necessary to develop a custody plan for the newborn after delivery. This includes telephone calls to check on the well-being of the infant after the mother returns to prison.

The department of correction shall provide qualified screening for postpartum depression and psychosis.

Pregnant and postpartum inmates shall have access to mental health/HIV/hepatitis counseling, including screening and counseling for depression.

The department of correction shall use alternate transportation and restraints with pregnant inmates. Pregnant inmates beyond the first trimester shall not be shackled during transportation. Waist chains shall not be used and pregnant inmates shall be handcuffed only in the front. Pregnant inmates shall be transported in vehicles with front facing car seats, seat belts, and shoulder harnesses. Pregnant inmates shall not be cuffed to exam tables or labor beds during medical examinations and labor and delivery.

The Perinatal Case Manager shall provide discharge planning to assure safety and continuity of care for pregnant inmates, with particular attention to access to uninterrupted daily Methadone dosing for those pregnant inmates titrated on Methadone for the protection of the unborn child, and for any other high medical issues.

In order to assure the adequate provision of these critical services to pregnant and postpartum inmates, on site monitoring and evaluation, including interviews with inmates, shall be provided by the department of public health.

The department of correction shall provide adequate funding to assure the continuity of these services as well as to assure the purchase of supplies and educational materials necessary for the program to function well.