



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
DETENTION SERVICES  
FACILITY MEDICAL POLICIES**

<b>Superintendent</b>  _____ Signature <b>Designated Health Authority</b>  _____ Signature	<b>Effective Date:</b> November 1, 2016	<b>Revised Date:</b> July 5, 2018	<b>Procedure Number:</b> <b>8030</b> <b>Medical Services</b>
<b>Subject:</b> PREGNANCY		<b>Reference:</b> 63M-2.010 F.A.C. Quality Improvement Standard 4.39, 4.40, 4.41	
<b>Purpose:</b>	The purpose of this policy is to ensure that appropriate treatment and consideration is given for youth admitted who are pregnant.		

**PROCEDURE:**

A. Pregnancy Screening and Testing

- a. Teenage pregnancy can result in serious health risks and social problems for teenage girls. Teen pregnancy is closely linked to poverty and failure to complete school. Additionally, medical complications are partnered with alcohol abuse, drug abuse and sexually transmitted disease.
- b. Each female youth shall be screened for pregnancy at the time of admission in the facility. This screening shall include any history of pre-existing medical conditions, medication therapy, alcohol use or substance abuse. The DHA shall be notified and provided with screening information within twelve hours of determining a newly admitted youth is pregnant.
- c. Any female identified as pregnant at the time of admission to the facility who confirms consumption of alcohol at any time during her pregnancy is eligible for Florida’s Healthy Start services <http://healthystartflorida.com>. These services should be utilized as a collaborative effort to reduce barriers to treatment, provide support for abstinence and assist the youth in getting needed health care upon return to the community.
- d. Any youth that identifies her menstrual cycle as more than two weeks late shall have a urine or blood pregnancy test performed.
- e. If the youth is identified as being pregnant, the DHA or designee shall be immediately notified and medications (excluding prenatal vitamins and insulin) held until explicit instructions are given regarding continuation of the current medication regimen.

B. Consent and Notification Issues for Pregnant Youth

- a. Pursuant to Section 743.065, F.S., a minor pregnant female may independently make health care decisions regarding her medical care related to her pregnancy. Thus, in the case of a pregnant female, although statutorily the consent or notification of the parent or guardian is not explicitly required, the youth should be encouraged to consent to parental notification when medical issues arise. Because of the Department’s unique responsibility for the health and safety of the youth and the unborn child, if the youth refuses, the facility Superintendent or designee shall consult with the regional general

counsel's office. Adolescent girls often need and seek the support and assistance of their family during pregnancy and after the birth of their child.

- C. Prenatal Health Care in the DJJ Facility or Program
- D. The Designated Health Authority or physician designee, PA or ARNP shall be responsible for appropriate gender responsive and age-related health care and services in addition to routine medical care and services.
- E. The Designated Health Authority shall be notified and provided with screening information within twelve hours of determining a newly admitted youth is pregnant.
- F. Prenatal care shall be provided by an Obstetrician and/or Perinatologist once it is determined that the youth is pregnant. The Designated Health Authority shall collaborate with the Obstetrician and/or Perinatologist in the oversight and management of the youth's pregnancy.
- G. If the pregnant youth is experiencing medical complications related to her pregnancy, the Designated Health Authority shall be immediately notified and medical care provided.
  - a. The Department's facilities and programs serving pregnant girls must provide the necessary medical, mental health and prenatal services to facilitate a healthy pregnancy. Department programs and providers must collaborate with the Department of Health and the Department of Children and Family Services in an effort to meet the needs of the pregnant female and infant while in the care of the department and during the transitional phase back into the community.
  - b. The DHA shall be responsible for ensuring that facility procedures are in place to provide necessary and appropriate health care services to the pregnant youth and youth who are parents. Necessary and appropriate services and procedures shall include, but are not limited to, the following components:
    - i. DHA recommended prenatal, postnatal, and neonatal (as applicable) medical care;
    - ii. Coordination of routine health care services (i.e. physician appointments, childbirth education, lactation consultations, postpartum examinations, and well baby care);
    - iii. Nutrition
    - iv. Mental health services to address mental health issues during pregnancy and promote mother-infant bonding and attachment
    - v. Aftercare planning, including community referrals.
  - c. The Designated Health Authority or designee shall be responsible for establishing procedures for the early identification of pregnancy in the adolescent female and the medical management oversight for provision of specialized prenatal, postnatal, and neonatal (as applicable) medical care for the pregnant female, adolescent parent and infant. Collaboration with community health care providers shall be utilized when necessary to obtain prenatal, postnatal, and neonatal specialized health care services.
  - d. Prenatal care shall begin immediately upon determination that the youth is pregnant. An appointment shall be made with an Obstetrician and/or Perinatologist. The Department of Health may be utilized to obtain these specialized medical services. Prenatal vitamins may be initiated prior to the Obstetrician and/or Perinatologist in the oversight and management of the youth's pregnancy.
  - e. The DHA or ARNP shall provide a routine, focused medical oversight evaluation of the youth's pregnancy every thirty days.

## H. Complications of Pregnancy: Signs and Symptoms

- a. The licensed professional health care staff and trained non-licensed health care staff shall provide routine daily monitoring and observation for indications of danger signs associated with medical complications related to the female's pregnancy. These danger signs include, but are not limited to, the following:
  - i. Chills and fever
  - ii. Severe headache
  - iii. Dizziness
  - iv. Dim or blurred vision
  - v. Facial and body swelling
  - vi. Heavy pain under ribs that won't go away
  - vii. Bright red vaginal bleeding
  - viii. Leaking fluid from vagina (slow lead or sudden gush)
  - ix. Pain when passing urine
  - x. Constant back pain that will not go away
  - xi. Signs of pre-term labor: contractions 10 minutes apart
  - xii. Cramps like a period
  - xiii. Vaginal discharge: watery, mucus or blood
  - xiv. Low dull backache
  - xv. Pelvic pressure
- b. The pregnant youth shall be thoroughly evaluated by a health care professional when there are any complaints of illness or injury. If the pregnant youth is experiencing medical complications related to her pregnancy, the DHA shall be immediately notified. When this person is on the facility premises the youth shall receive an immediate medical evaluation.
- c. Licensed health care staff or facility direct care staff shall immediately call 911 when the pregnant youth is in need of emergency services.

## I. Housing Needs for Pregnant Youth

- a. A standard bed with adequate mattress support should be provided to the pregnant youth for the safety of the mother and baby during pregnancy. The pregnant female should be encouraged to sleep on her left side at all times. She should avoid sleeping on her back or stomach to prevent fetal injury and growth retardation.

## J. Testing for Sexually Transmitted Diseases

- a. Medical providers screen pregnant women and girls for sexually transmitted diseases (STD's) to improve the identification, management and treatment of STDs during pregnancy. Pursuant to Section 384.31 F.S., the Department of Health revised Florida Administrative Code (F.A.C.) 64D-3 to reflect the following STD testing requirements for pregnant women and girls:
  - i. Testing for the following STD's should occur:
    1. Chlamydia
    2. Gonorrhea
    3. HIV
    4. Syphilis
    5. Hepatitis B

- ii. The youth shall be informed of the specific STD's she will be tested for during screening and may refuse testing for one or more of the above STD's, should she choose to do so. The refusal should be documented in the IHCR.
- b. Sexually transmitted diseases shall be medically treated and reported in accordance with the established Florida Department of Health standards. [www.doh.state.fl.us](http://www.doh.state.fl.us)

#### K. Nutrition Related to Pregnancy

- a. The licensed health care professional staff shall provide routine monitoring of the pregnant youth's nutritional and weight status during the course of her pregnancy.
- b. Any pregnant female that experiences severe vomiting because of "morning sickness" shall be monitored closely for evident of dehydration.
- c. Adjustments shall be made to her dietary intake to promote improvement of her nutrition and hydration status.
  - i. These adjustments shall include eating small meals several times a day and providing a diet high in complex carbohydrates (such as whole wheat bread, pasta, bananas) to facilitate the reduction in the severity of nausea and vomiting.
  - ii. Lactating youth may need additional snacks and/or drinks. (For a youth who prior to admission was breastfeeding and chooses to continue after release).

#### L. Medical Conditions and Pregnancy

- a. Certain medical conditions may complicate a youth's pregnancy. The facility shall develop an individualized treatment plan to meet the needs of each pregnant girl with a chronic medical condition.
- b. A medical condition that necessitates a specialized treatment plan, includes, but is not limited to, the following:
  - i. Diabetes: Pre-existing and/or Gestational
  - ii. High Blood Pressure
  - iii. Infectious Disease: (i.e. STD, UTI, URI, HIV, Food Poisoning, etc.)
  - iv. Alcohol and/or Drug Use during pregnancy
  - v. Psychotropic Medication Therapy
  - vi. Cardiac Medical Conditions (i.e. Cardiac Insufficiency, Anomalies, etc.)
  - vii. Respiratory Medical Conditions (i.e. Asthma, Cystic Fibrosis, etc.)
  - viii. Ectopic Pregnancy
  - ix. Pre-eclampsia
- c. Community medical specialists shall be utilized with necessary for the management of girls with chronic conditions or complex needs.

#### M. Prenatal, Post-Partum and Parenting Education

- a. Each pregnant adolescent should be provided prenatal, postpartum and parenting education that includes the topics directly related to health care issues and medical risk for pregnant adolescents/teens. These topics include, but are not limited to, the following:
  - i. Alcohol and drug usage
  - ii. Smoking
  - iii. Nutrition
  - iv. Sexually transmitted diseases
  - v. Contraception
  - vi. Prenatal care

- vii. Birthing process
  - viii. Post-partum care
  - ix. Basic baby care (feeding, diapering, bathing)
  - x. Child/Infant development
  - xi. Parenting skills
- b. An individualized plan shall be created by the by the designated mental health authority to provide for post birth psychological care of the mother and child.
  - c. The DHA or designee will develop a post-birth physical care plan for the mother.
  - d. The Department of Health and Human Services Girl's Health website at [www.girlshealth.gov](http://www.girlshealth.gov) and Florida Department of Health ([www.doh.state.fl.us](http://www.doh.state.fl.us)) should be utilized to provide the adolescent female education in contraception, reproduction, prenatal, postnatal care and parenting.

N. Prenatal Staff Education

- a. Education and training on gender specific health care issues of the adolescent female should be provided to licensed health care staff, clinical staff and direct care staff working in DJJ facilities and programs which serve girls at a minimum on an annual basis.
- b. (10) All staff working in facilities and programs which serve girls shall be provided education and training on gender specific healthcare issues of the adolescent female. A licensed nurse shall provide in-service education on girls' healthcare on an annual basis to all non-licensed staff, at a minimum. A record of the in-service training shall be maintained in accordance with departmental training policy and procedures.