



Pregnancy and maternal health for incarcerated women in Louisiana

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Executive Summary

Incarcerated women have unique healthcare needs and during their incarceration, are only able to access medical and mental health services offered through the prison, jail, or detention center where they are housed. Women are a small percentage of the total incarcerated population, raising concerns that their distinct healthcare needs are overlooked.

In 2021, the Louisiana Legislature requested the Louisiana Public Health Institute (LPHI) to study the current policies in Louisiana's correctional facilities regarding pregnancy management and care and maternal health, the implementation and enforcement of Act No. 761 of the 2012 Regular Session, Act No. 392 of the 2018 Regular Session, and Act No. 140 of the 2020 Regular Session. LPHI sent out 67 public records requests asking for all current policies regarding pregnancy management, health care services, and mental health services for all incarcerated populations in January 2022. Receiving accurate and current information from all facilities has been exceptionally challenging due to non-responsive facilities or incomplete responses.

Healthcare Needs: Incarcerated women are more likely face to significant healthcare challenges compared to non-incarcerated women, according to national studies. In Louisiana, data on healthcare use and diagnoses is only available for women in state custody under the Louisiana Correctional Institute for Women (LCIW) and shows significant healthcare needs for incarcerated women. LCIW had the highest share of its population on prescription medication, compared to other state prisons, averaging 91% over twelve months. Approximately 60% of women were on levels 3 and 4 for mental health care, higher than all other state prisons. Women in LCIW also have higher average rates of diabetes and COPD than other state prisons. Excluding COVID-19 and labor and delivery, the three most common reasons for hospital admission of incarcerated women were sepsis, schizoaffective disorder, and pneumonia. Heart disease is a leading cause of medical-related mortality for incarcerated women, followed by respiratory illness and cancer for deaths 2015-2019. On average, formerly incarcerated women who were also Medicaid members were five years younger at the time of death than similarly situated men.

Compliance with Legislative Acts: The study documented a lack of full compliance with three legislative acts. The study identified gaps in adopted policies, failures in implementation and a lack of documentation required by the Safe Pregnancy for Incarcerated Women Act (2012). Several agencies are wrongly interpreting the legislative requirement to provide feminine hygiene products for free to incarcerated women under the Dignity for Incarcerated Women Act (2018). Instead, agencies are only providing these products with proof of indigence and deducting the cost if

the woman receives funds in the future. Most agencies do not have policies implementing limits on restrictive housing for pregnant women (2020) and existing law does not require facilities to maintain records or documentation.

Pregnancy Management & Care: There is generally a lack of publicly available data on pregnancy in local jails, both in Louisiana and nationally. This study received reports of 643 jail and prison admissions of pregnant women, 71 births and four miscarriages by incarcerated women 2017-2022. Almost all births occurred in hospitals. Jails lacked a uniform process for identifying pregnancy and varied on the types of pre-natal care and accommodations provided. Records received indicate only six women received post-partum care and did not receive records on lactation support for incarcerated new mothers. Except for pregnancy counseling, none of the reported educational, counseling or substance use disorder programming appeared targeted to pregnant and post-partum women.

Maternal Healthcare: One of the most impactful improvements to carceral healthcare is the ability to detect, diagnose, and treat health conditions at the earliest stage possible to prevent worsening health. While incarcerated, people are fully dependent on the ability of the facility to maintain their health. Department of Public Safety and Corrections (DPSC) appears to have more robust health care policies for incarcerated women than jails. This is consistent with the general function of prisons, which only house people convicted of a crime and serving generally longer terms of incarceration. LCIW policy, for example, provides for annual pap smears, pelvic exams, and breast exams and requires these exams to be completed within six months of arrival for newly admitted women. Jails in Louisiana, however, house women for both short-terms (pre-trial) and long-term (state convictions). Jail policies vary, with some facilities automatically scheduling GYN/Mammogram testing for women 40 years and older at intake, while others do not have specific policies and procedures for female healthcare.

Incarcerated women also require specific services to maintain their reproductive health, including services related to menopause and contraception (particularly pre-trial). Untreated sexually transmitted infections can lead to other serious health problems. Only three agencies provided data on treatment for sexually transmitted infections (STI) and only one provided the type of STI diagnosed. Interruptions to contraception coverage may lead to unintended pregnancies, as well as hormonal irregularities and changes in a woman's cycle. Only six agencies provided data on contraception prescriptions for incarcerated women, with the majority reporting zero prescriptions. Seven agencies reported zero diagnoses for cervical cancer, hysterectomies, or tubal ligation.

Administration of Healthcare: Prison, jail, and detention centers generally provide access to health care through a sick call system. According to taskforce members, the sick

call system is designed to respond to symptoms, but not disease. Members who experienced incarceration discussed how sick call visits focused on alleviating a particular symptom, but not in diagnosing a broader pattern of health challenges. While all facility policies indicate that healthcare is provided regardless of a person's ability to pay, fees charged to access healthcare may discourage incarcerated women from using the sick call system. Agencies vary widely in terms of the amount of fees, the frequency of sick call, and the personnel employed.

Informed consent ensures the patient's right to receive all the proper information about a recommended treatment and to ask questions. Policies varied significantly by agency, from limited to more robust policies that included an oral explanation of the alternatives, benefits, and risks of a procedure, followed by a written consent form identifying the specific recommended treatment. None of the policies reviewed required providing the incarcerated woman with written materials explaining the diagnosis or treatment or provided additional time for informed decision making by the incarcerated woman.

Recommendations: Based on the difficulties in obtaining full and complete information via public records request regarding data and policies for incarcerated women's healthcare, the taskforce **strongly recommends that the Legislative Auditor complete an audit of all correctional facilities' compliance with prior legislative acts addressing healthcare for incarcerated women, including Act 761, Act 392, and Act 140.**

Based on the taskforce review of submitted materials, standards of care, and member experiences in healthcare for incarcerated women, the taskforce also recommends full implementation and enforcement of prior legislative acts, adopting standards to guide facilities on healthcare for incarcerated women, appointing a coordinator for incarcerated women's healthcare and other strategies (see IX. Policy Recommendations) to maintain the physical and mental health of incarcerated women and girls.

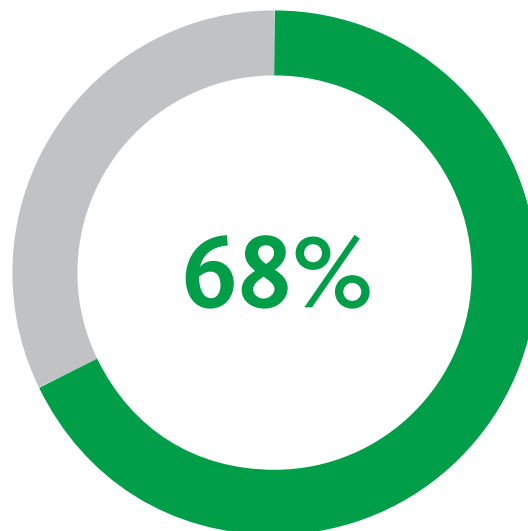


I. Introduction

Incarcerated women have unique healthcare needs and during their incarceration, are only able to access medical and mental health services offered through the prison, jail, or detention center where they are housed. Women are a small percentage of the total incarcerated population, raising concerns that their distinct healthcare needs are overlooked.



AS OF JULY 2022, WOMEN ARE 5.2% OF STATE SENTENCED POPULATION



68% OF WOMEN SERVING A STATE SENTENCE ARE HOUSED IN A LOCAL JAIL

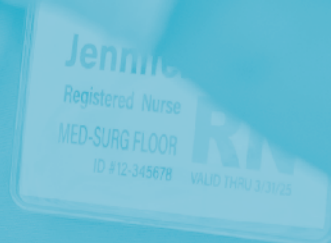
Healthcare access for women while incarcerated, particularly for women housed in jail, is a critical issue. In 2020, the Louisiana Women’s Incarceration Taskforce released its final report and recommendations.¹ The taskforce found that housing women serving state sentences in local jails impedes full access to adequate health programs and gender specific programming. In addition, given the relatively small share of incarcerated women versus incarcerated men, prisons are typically designed for men, which has led to gaps in addressing women’s unique health needs while incarcerated.

Many of the recommendations by the Louisiana Women’s Incarceration Taskforce are also relevant for this taskforce on healthcare for incarcerated women, including:

- Improve physical spaces:
 - Create a central reception center for women under DOC custody - create a single reception center that all women go through when they are first incarcerated to ensure all women admitted to DOC custody are consistently screened and assessed
 - Create space for programming within LCIW - ensure efficient space is provided to expand program and behavioral health services
 - Create space at LCIW for women who have recently given birth and their babies - creating a separate wing or building for women to be with their babies after giving birth
- Expand access to physical and behavioral health education and treatment while incarcerated:
 - Assess all women for trauma and provide treatment to address it - adopt a uniform trauma screening tool to assess women on intake. When trauma is detected, incorporate into case plan and treatment
- Increase institutional programming options:
 - Create a process for incarcerated women to identify their programming needs - a feedback system to ensure women have the opportunity to inform DOC of their needs



II. Methodology



In 2021, the Louisiana Legislature requested the Louisiana Public Health Institute (LPHI) study the current policies in Louisiana’s correctional facilities regarding pregnancy management and care and maternal health, the implementation and enforcement of Act No. 761 of the 2012 Regular Session, Act No. 392 of the 2018 Regular Session, and Act No. 140 of the 2020 Regular Session. In addition, 2021 House Concurrent Resolution 85 (HCR 85) further authorizes the study to be conducted in facilities owned by the Department of Public Safety and Corrections (DPSC), parish jails or institutions, and in private correctional institutions.

The Louisiana Public Health Institute (LPHI) created a taskforce to implement HCR 85. The taskforce included the National Birth Equity Collaborative, Lift Louisiana, the Justice and Accountability Center for Louisiana, Birthmark Doulas, and Loyola University New Orleans, College of Law, in addition to individuals with expertise in women’s medical and mental healthcare, family services, and incarceration, including formerly incarcerated women. This taskforce met once a month to review material requested from local and state facilities and solicit feedback on drafts of the report. This report was drafted by Prof. Andrea Armstrong, with the assistance of Kenly Flanigan, based on the records collected by the taskforce.

LPHI sent out 67 public records requests asking for all current policies regarding pregnancy management, health care services, and mental health services for all incarcerated populations in January 2022. Additionally, LPHI requested any records or aggregated data over the last five years (January 2017 to January 2022) regarding all pregnancies, pregnancy outcomes, postpartum services, perinatal mental health care, contraception, and any prevention or diagnoses related to cancer or other medical conditions. Two public records requests were sent to the Department of Public Safety & Corrections (DPSC) and 65 were sent to all jails in Louisiana. As of November 1, 2022, we received two responses from DOC and 45 responses from jails. In addition, this study utilized relevant public records obtained in 2017 by Lift Louisiana and in 2020 by Representative Mandie Landry.

Receiving accurate and current information from all facilities has been exceptionally challenging due to non-responsive facilities or incomplete responses.

The following jails reported that they do not house women pre-trial (or only house for limited pre-arraignment purposes) or for DPSC:²

Assumption	Grant	St. Helena
Bienville	Jackson	Tensas
Evangeline	LaSalle	West Carroll
Franklin	Red River	West Feliciana

The taskforce utilized qualitative and quantitative research approaches. First, the study team reviewed all policies and data received from the facilities. Second, researchers gathered publicly available data, including from the Louisiana Department of Public Safety and Corrections' (DPSC) Briefing Book July 2022 and reports by the Louisiana Department of Health (LDH), among others. Qualitative data was provided by the taskforce members and their clients. The standards of care outlined in this report are based on published standards by the following leading authorities: the Centers for Disease Control (CDC), the National Institute of Health (NIH), the World Health Organization (WHO), the American Cancer Association and the American College of Obstetricians and Gynecologists (ACOG).



III. Background

Though women are a small percentage of the overall incarcerated population, the health care they receive has a magnified impact on public health. Incarceration has life-long impacts on a person's health long after release back to community.³ When compared to the female population in the US generally, incarcerated women are more likely to “have had a chronic condition, an infectious disease, any disability, a cognitive disability, or a mental health or substance use disorder.”⁴ Thus, jails, prisons, and detention centers must be equipped to meet these significant health needs.

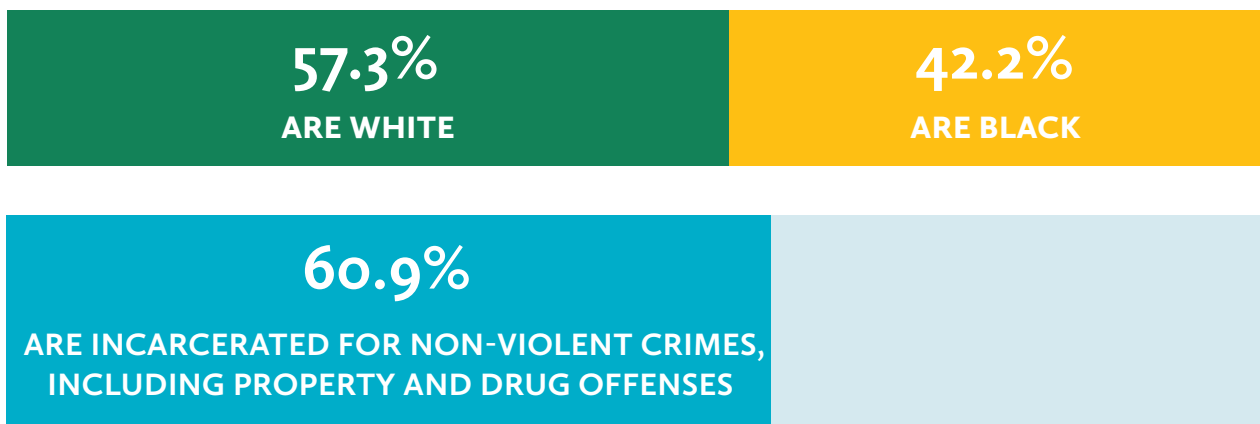
Prisons, jails, and detention centers are required to provide constitutionally adequate physical and mental health care, consistent with the healthcare available in community.⁵ All jails are subject to the Minimum Jail Standards in the Louisiana Administrative Code,⁶ though these standards drafted primarily in 1980 do not contain specific guidelines on incarcerated healthcare for women. For jails housing women serving a state sentence, jails are contractually obligated to provide care consistent with the Basic Jail Guidelines⁷ (BJG). The BJG only contains one female specific healthcare requirement, which requires jails to provide access to obstetrical services by a qualified provider and notify the DPSC Medical Director if a state-sentenced woman is pregnant.⁸

Population Characteristics⁹

As of June 30, 2022, there were approximately 2900 women and girls behind bars in Louisiana, including pre-trial, sentenced and youth populations.

- Women were 5.2% (1,395) of the total state sentenced population, with 68% serving sentences in local jails.
- In the fourth quarter of 2021, the Office of Juvenile Justice reported 22 girls were held in secure care.¹⁰
- The latest publicly available data for women held in jails in Louisiana is from 2019 and indicates approximately 1,500 women were held pre-trial.¹¹

FOR WOMEN SERVING STATE SENTENCES IN LOUISIANA:¹²



FOR WOMEN SERVING STATE SENTENCES IN LOUISIANA:¹² (CTD.)

82% OF WOMEN SERVING STATE SENTENCES ARE IN THEIR CHILD-BEARING YEARS (15-49)



10%
OF NEW ADMISSIONS EACH YEAR TO STATE PRISONS ARE WOMEN



9.4%
132 ARE 50+ YEARS OLD, COMPRISING 9.4% OF THE FEMALE STATE SENTENCED POPULATION

WOMEN GENERALLY HAVE LOWER RATES OF RECIDIVISM WITHIN FIVE YEARS OF RELEASE

The lack of data from jails is particularly concerning. There is no statewide data available that indicates which facilities hold women or the demographics of those women, such as their age or race. Both race and age are associated with particular health conditions, which may require specialized resources or treatments.

Local Housing v. State Prison

As of July 2022, the state-operated Louisiana Correctional Institute for Women (LCIW) has two units (Jetson & Hunt) for housing incarcerated women. LCIW houses approximately one-third of women serving a state sentence, with the remaining two-thirds serve their sentence in a local jail since the 2016 flooding of the St. Gabriel facility.

$\frac{1}{3}$ STATE PRISON

$\frac{2}{3}$ LOCAL JAILS¹³



Jails are designed and operated primarily as short-term facilities, impacting the availability of health care for long-term medical and mental health conditions. In addition, jails may not provide female-specific healthcare or services since women are a small percentage of people incarcerated.

Historically, LCIW offered the following health care (as of 2014): OBGYN, optometry, emergency, chronic, sick call, prenatal, gynecology, end-of-life care, radiology, and health education.¹⁴ A mobile unit offered on-site mammograms monthly.¹⁵ Woman's Hospital in Baton Rouge provided labor and delivery services, with 18 deliveries during a seven month period in 2014.¹⁶ Due to the lack of an emergency unit in-house, LCIW emergency/hospital services were provided by three hospitals: St. Elizabeth's Hospital in Gonzales, Louisiana, Our Lady of the Lake Hospital in Baton Rouge, or the Interim Louisiana Hospital in New Orleans.¹⁷ With a higher proportion of women currently serving their sentence in local jails, it is unclear whether these standard healthcare services are accessible to all women serving state sentences.

DPSC has announced it is building a new women's prison,¹⁸ which would house women currently serving their sentence in a local jail. Plans for the new prison include expanded medical and mental health treatment areas, open dormitories, educational and training spaces, as well as a post-partum wing for new mothers and their infants. The prison is tentatively scheduled for completion in 2025.

Financial Costs

Actual expenditures on state-paid healthcare costs for women in prisons and jails is not available. However, the taskforce reviewed publicly available literature on the costs associated with labor and delivery for both non-incarcerated and incarcerated women.

Non-incarcerated women: Nationally, on average, costs associated with pregnancy, childbirth, and post-partum care without insurance total \$18,865.¹⁹ Vaginal deliveries average less (\$14,768), while c-section deliveries average more (\$26,280).²⁰

Incarcerated women: In Louisiana, a study by the Department of Health indicates Medicaid paid on average \$3,294.10 per hospitalized delivery.²¹ The remaining costs associated with delivering pregnancy care (such as pre-natal scans and check-ups) to incarcerated mothers are not reimbursable under Medicaid policy.

If we use national non-incarcerated cost estimates, agencies may have paid an additional \$15,500 per pregnancy for care delivered in the facility. As discussed below, our study found at least 71 pregnancy outcomes for incarcerated women in Louisiana hospitals, which would total at least \$1,100,500 in agency costs over five years.



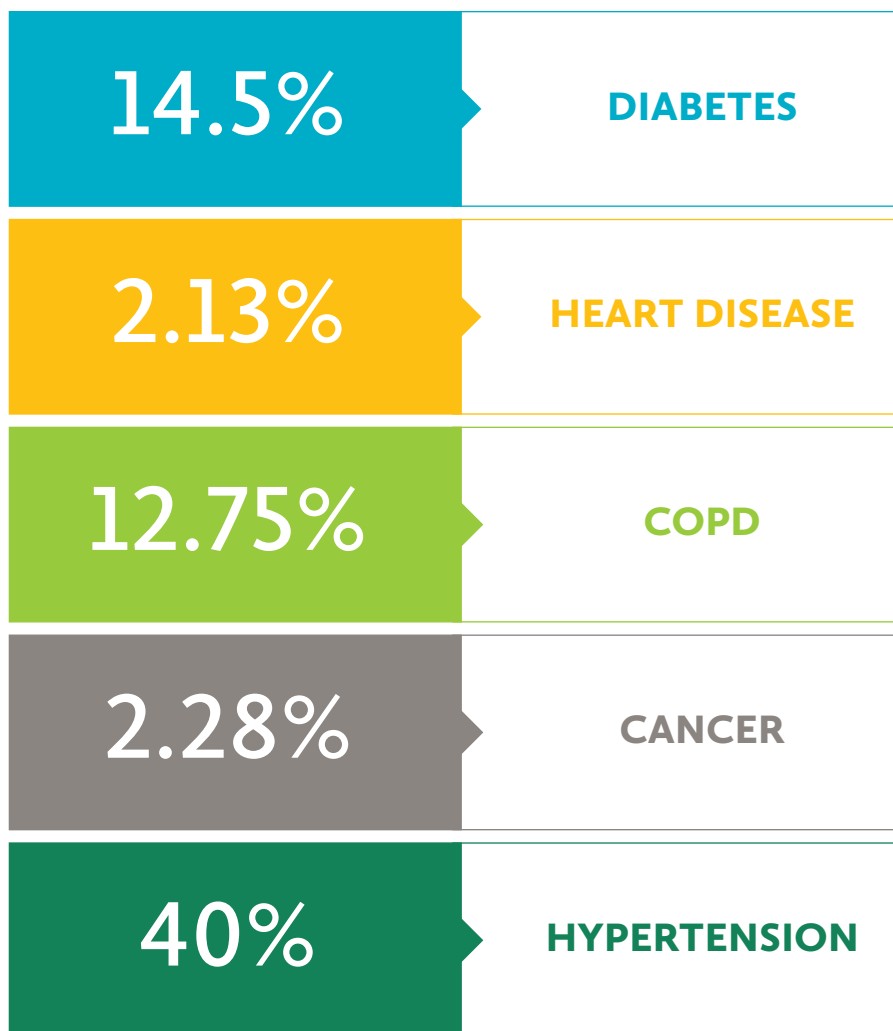
IV. Healthcare Needs

Data on healthcare use and diagnoses is only available for women in state custody under the Louisiana Correctional Institute for Women (LCIW). Women released from LCIW and regional re-entry centers are enrolled in Medicaid and in 2021, 53.75% of enrolled women were designated as “high need” based on their medical diagnosis.²²

LCIW provides healthcare onsite, offsite, and via telemedicine in two facilities (Jetson and Hunt). In fiscal year 2021-2022 at LCIW, DPSC reported: ²³

- a healthcare practitioner conducted on average 74 visits per month, for a total of 2,655 visits over twelve months seen by three health care professionals at LCIW.

• POPULATION AT LCIW WITH SIGNIFICANT MEDICAL DIAGNOSES: ²⁴





Routine sick calls at LCIW averaged 71.73%, higher than the statewide prison average.

LCIW population with prescription medication averaged 91% over 12 months, the highest population share of all state prisons.

Approximately 60% of women were on levels 3 and 4 for mental health care, higher than all other state prisons.

Higher average rates of diabetes and COPD than other state prisons.

Higher total use of specialty clinic diagnostic tests & procedures than other state prisons.

Hypertension rates at LCIW ranked third among state prisons.

The vast majority of women released from LCIW were enrolled in medicaid pre-release.



On-site emergencies averaged 22.97%, lower than the statewide prison average.

There were 102 offsite emergency room visits, of which 31.4% were admitted to the hospital. This was slightly lower than the average statewide prison ER admission rate (34.3%).

LCIW had one of the lowest rates of HIV infection, averaging 18 women in custody.

Lower average rates for heart disease and cancer than other state prisons.

Smaller percentage of people waitlisted for substance use disorder programming at LCIW compared to other prisons. Approximately 70% of women at LCIW were diagnosed with a substance use disorder, consistent with rates in other state prisons.

Data on healthcare use and diagnoses is not available for women held in local jails, whether pre-trial or serving a state sentence.

Hospitalizations

From 2018 to 2021, women in state custody represented 69% of female hospital admissions for longer than 24 hours and women in local custody accounted for 22%.²⁵ The average length of stay in the hospital for incarcerated women (4.4 days) was lower than for incarcerated men (6.1).²⁶ Excluding COVID-19 and labor and delivery, the three most common reasons for hospital admission of incarcerated women were sepsis, schizoaffective disorder, and pneumonia.²⁷

Mortality

Heart disease is a leading cause of medical-related mortality for incarcerated women, followed by respiratory illness and cancer for deaths 2015-2019.²⁸ On average, formerly incarcerated women who were also Medicaid members were five years younger at the time of death than similarly situated men.²⁹ Fifty percent of these deaths occurred at least one year after release from custody.³⁰



V. Implementation of Prior Laws

The Louisiana legislature has adopted three laws in the last ten years that specifically address aspects of healthcare for incarcerated women.

- Act No. 761 (2012) prohibiting routine shackling of pregnant women and training for staff
- Act No 392 (2018) requiring the provision of healthcare products for women
- Act No 140 (2020) prohibiting solitary confinement for pregnant women

Act No. 761: Shackling

The American Medical Association (AMA), American Congress of Obstetricians and Gynecologists (ACOG), National Commission on Correctional Healthcare (NCCHC), and the American Psychological Association (APA) all oppose the use of restraints on pregnant incarcerated women during labor and delivery unless necessary due to serious threat.

Physical and Mental Health Impact:

- Can cause extreme physical pain and complication due to the mother's inability to move
- Increases the chances of life-threatening embolic complications
- Obstructs detection of pregnancy complications (e.g., preterm labor, hemorrhage)
- Impedes the range of movement necessary for emergency caesarian section
- Increases the likelihood of falling
- Increases difficulty in administration of epidural
- Can cause severe mental distress, depression, anguish, and trauma

Restraining new mothers can prevent them from holding and bonding with their babies, which negatively affects the health of the infant. Additionally, women who are restrained are significantly less likely to initiate breastfeeding after the birth of their child.

Effective August 2012, the Safe Pregnancy for Incarcerated Women Act requires that all state and local correctional facilities (including jails, prisons, and youth detention facilities) provide written notice to pregnant women of limits on the use of restraints during their pregnancy³¹ and maintain records documenting the use of restraints for five years. In addition, facilities must allow requests for medical staff to be present during certain searches of her body after returning to the prison from childbirth or pregnancy distress-related medical visits.

i. Gaps in adopted policies:

Some parishes have included some, but not all, of the Act 761 mandates into their facility policies. The study identified the following gaps in submitted policies:

- Address *all* three categories of pregnant women: during second and third trimester,³² childbirth,³³ and during pregnancy-related distress³⁴ - in custody and during transport
- Require documentation of instances of restraint use³⁵
- Address searches after returning to prison from childbirth or distress-related medical visit.³⁶
- Provide written notice to pregnant women³⁷

Only six parishes - Assumption, Iberia, Livingston, Orleans, St. Charles and St. Martin - supplied policies that complied with the state requirement to notify pregnant incarcerated women of the restraint policy.³⁸

ii. Implementation

It is unclear whether these policies are in use or are orally communicated to women in custody in jails. The taskforce did not receive requested evidence of training materials for medical staff or correctional officers on the use of restraints on pregnant women.

Some facilities supplied policies that implemented Act 76I, but did not have responsive records detailing use of restraints on pregnant women.³⁹ The lack of responsive records may be indicative that the facility does not use restraints on pregnant woman or alternatively, that they do not maintain records even when restraints are used.

In some facilities, restraints appear to be the default option for transporting pregnant women. In Jefferson Parish, one record indicates a pregnant incarcerated woman was transported to the hospital for an unspecified scheduled surgery in handcuffs. During her surgery, her leg was also shackled to the bed.⁴⁰ In Livingston Parish, records from 2014-2017 indicate routine use of handcuffs in the front, but no leg irons, for transport for pregnancy-related medical visits, without reference to the statutory exceptions.⁴¹

Parishes also differ on the role of medical authorities. Lafayette Parish generally prohibits restraints during childbirth and also requires any security-concern deviation from that prohibition to receive approval and guidance from the medical authority.⁴² Lincoln Parish procedure, however, requires medical authorities to affirmatively advise that leg irons and belly chains are unsafe for the incarcerated patient or fetus.⁴³

iii. Documentation

Even where a jail collects the required documentation, it may still be incomplete. Act 76I requires documentation of 1) the type of restraints used, 2) the circumstances necessitating their use, and 3) the duration of restraints.

Iberia Parish, which has a policy, provided documentation of restraints on pregnant women during medical transports, but failed to document both the type and the circumstances necessitating use. For example, in July 2022, a pregnant incarcerated patient was taken to the hospital for cramping, i.e. pregnancy-related distress, but was in restraints for the duration of the visit, slightly less than three hours. Jefferson Parish documents the type of restraints used and the circumstances, however none of the cited circumstances fit within the exceptions allowed by law.⁴⁴ Other facilities provided a blank form that complies with Act 76I, but failed to provide the actual redacted records or indicate that they did not have responsive records.⁴⁵

Act No. 392: Hygiene Products

Practicing proper menstrual hygiene is almost impossible for women incarcerated in Louisiana’s jails and prisons. The challenges women face in obtaining additional feminine hygiene products on their own can be prohibitive for women with few financial resources and outside support. Feminine hygiene products are extremely important after delivery. Women will need access to more menstrual pads postpartum because bleeding after delivery is heavier than usual menstrual bleeding.

Effective August 2018, the Dignity for Incarcerated Women Act requires all correctional facilities to provide incarcerated women with specific healthcare products, including feminine hygiene products,⁴⁶ at no cost in sufficient quantities and to document searches conducted by male staff of incarcerated women, when female staff are not available. The majority of responding facilities do not have any training or written processes on accessing feminine hygiene products.

While some facilities have general provisions for providing items like toothbrushes and toothpaste, feminine hygiene products still have to be specifically requested and are not automatically provided. One participating taskforce organization provides these hygiene items for free to a few facilities because of reports that women still face shortages and lack of access. The taskforce also did not receive any materials providing evidence of training for correctional staff on the 2018 law.

Several facilities have improperly interpreted Act 392 to require proof of indigency to receive the items at no cost.⁴⁷ Funds subsequently received by incarcerated women may be applied to any balance owed to the facility. For example, Caddo policy provides hygiene items in “indigent kits” for women who have less than \$2 in their account. The full cost of the kit is applied to their account and becomes an owed debt to be paid if the woman’s account subsequently receives funds.⁴⁸

Act No. 140: Solitary Confinement

Restrictive housing, also known as solitary confinement, poses many harms to people who are incarcerated. Solitary can be especially dangerous for pregnant women because it impedes access to necessary and timely prenatal care and prevents women from getting the regular exercise and movement that are vital for a healthy pregnancy. In addition, many pregnant women experience stress and depression regardless of whether they have a mental illness, and solitary can exacerbate those emotions.⁴⁹ High levels of stress are hazardous for pregnant women, lowering their ability to fight infection and increasing the risk of preterm labor, miscarriage and low birth weight in babies.

Effective August 2020, Louisiana law prohibits solitary confinement for pregnant women, women less than 8 weeks post-partum, or women caring for a child in custody, unless the woman has committed (or there is substantial risk she will commit) violence likely to result in serious bodily injury or death.

Most of the responding facilities failed to provide information on their policies or practices limiting solitary confinement for pregnant women. Nor did they provide other records, such as training manuals, evidencing implementation of Act 140.

The legislature does not have any mechanism to ensure that this law is implemented, much less enforced. The existing law and regulations do not require facilities to maintain records or report on the use of solitary confinement generally or as applied to pregnant women. Nor do current laws or regulations require facilities to document when pregnant women are placed in solitary or the length of time they are held in solitary.



VI. Pregnancy Management & Care

There is generally a lack of publicly available data on pregnancy in local jails, both in Louisiana and nationally. Some studies indicate that nationwide, 3% of annual female admissions in jails are of pregnant women. This amounts to approximately 55,000 pregnancy admissions annually across the United States.⁵⁰ The federal government requires federal prisons, but not state or local facilities, to report pregnancy outcome data under the First Step Act.⁵¹

**PREGNANT ADMISSIONS, BIRTHS, AND SCREENINGS BY RESPONDING FACILITIES
2017-2021**

PARISH AGENCY	# OF PREGNANT ADMISSIONS	PREGNANCY OUTCOMES	# SCREENED FOR PERINATAL HEALTH CARE
Assumption ⁵²	5	0	
Caldwell	2	1 vaginal birth (hospital)	
Cameron	0		
LCIW (state)	101	64 births (hospital 39 vaginal; 25 caesareans;); 1 vaginal birth (in facility)	
Office of Juvenile Justice	2	1 birth (caesarean)	1
Ouachita	90	3 births (2 vaginal, 1 cesarean); 3 miscarriages (2 in hospital; 1 in facility)	1
Orleans	412	1 vaginal birth (hospital), 1 miscarriage (hospital)	
Pointe Coupee	5	0	1
St. John the Baptist	15	0	15
Webster	5	0	
Jefferson Davis	6	0	
TOTAL	643	71 births; 4 miscarriages	18 screened

Of the 75 pregnancy outcomes reported, 72 occurred in an external hospital. There were a total of 27 caesarean deliveries and 44 vaginal deliveries reported. Labor and delivery is the most common admission reason for hospitalization of incarcerated women and the majority of admitted women for labor and delivery were ages 20-29.⁵³

The *actual* number of births and miscarriages, however, is likely higher than reported to this taskforce. The majority of responding facilities did not provide data on pregnant admissions, outcomes, or screening after confirmation of pregnancy. A Louisiana Department of Health study indicates 71 women were hospitalized for labor and delivery over three fiscal years 2018-2019 to 2020-2021.⁵⁴ This taskforce only received reports of 75 pregnancy outcomes over a five year period (2017-2022).

Screening

Jails lack a uniform process for identifying pregnancy. In some facilities, women are given a urine-based pregnancy test within 72 hours of admission.⁵⁵ Other facilities will administer a pregnancy test if the woman requests a test,⁵⁶ indicates she may be pregnant in response to questioning during intake,⁵⁷ or is visibly pregnant.⁵⁸ LCIW provides pregnancy testing for all newly admitted women in childbearing years.⁵⁹ Last, some facilities provided forms related to pregnancy testing, but did not provide specifics on when women are screened and/or tested.⁶⁰

Prenatal Care

Proper pre-natal care is vital for the health of the mother and the baby.⁶¹ Dr. Carolyn Sufrin, a national expert on pregnant incarcerated women, notes that facilities should ensure that pregnant incarcerated women have access to extra calories for meals, appropriate pre-natal medical care including screenings and pre-natal vitamins, special housing assignments and be assigned to a bottom bunk.⁶² The American College of Obstetrics and Gynecologists recommends that all pregnant women be screened for mental health conditions, since “mood and anxiety disorders are among the most common complications that occur in pregnancy.”⁶³

Over the past five years, there have been at least 643 admissions of pregnant women. Only a few facilities provided evidence of specific policies governing prenatal care and treatment. The policies that were received are not uniform and vary considerably. In addition, one facility stated they follow all DPSC procedures and guidelines for pregnancy management, but did not provide any facility policy documents.⁶⁴ A few examples of health care policies for pregnant women include:

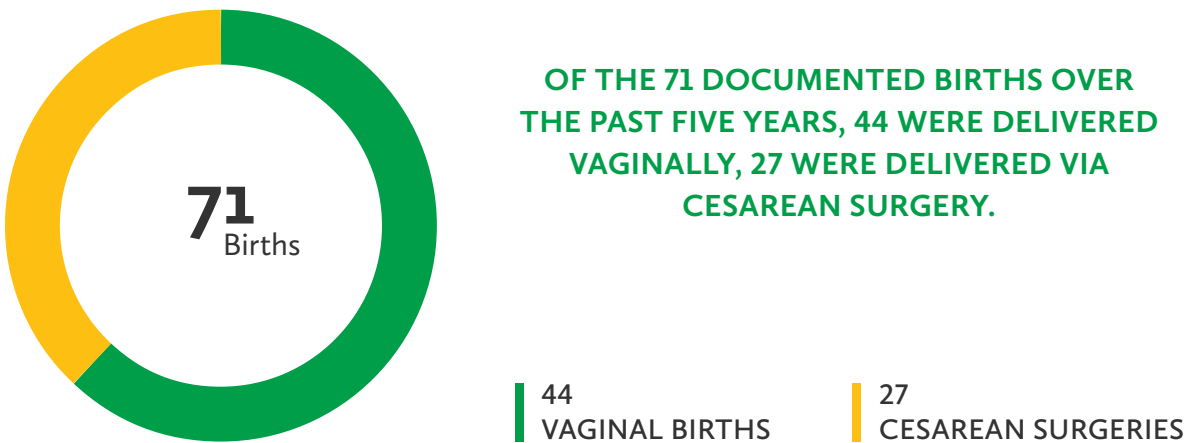
- **Acadia:** Prenatal care includes medical examinations, laboratory and diagnostic tests, comprehensive counseling regarding desires for pregnancy, counseling with healthcare staff.
- **Bossier:** Standing orders for prenatal vitamins, iron, and stool softeners; extra milk with meals; housing assignment to bottom bunk with a cellmate.

- **Caddo:** Pregnant women are immediately placed on a lower tier and lower bunk; meeting with medical staff is scheduled; pre-natal vitamins ordered.
- **Ouachita:** When pregnancy is confirmed, scheduled for next MD visit; placed on pre-natal vitamins and an OB/GYN appointment is made with University Health/Monroe. Pregnant females are placed on a bottom bunk, provided with a snack sack at night, and a double mattress is issued after the second trimester. OCC also has a drug withdrawal protocol for pregnant women and receive care from University Health Medical Center/Monroe High Risk Clinic.
- **St. John the Baptist:** When pregnancy is confirmed, the woman receives an extra mat, double meal portion, and pre-natal vitamins; assigned bottom bunk in dorm and standing order not to be placed in shackles; prior OB/GYN records obtained and reviewed; scheduled for contracted provider.

Several jurisdictions stated that they work with local judges to ensure the quick release of pregnant women post-arrest. For example, Jefferson Davis Parish has admitted six pregnant women in the last five years. According to the Sheriff’s Office, all six were released on bond or recognizance the day after arrest by the district judge.

Pregnancy Delivery

i. Live births



The majority of births occurred in hospitals, though at least two occurred in facility. All responding facilities indicated an average hospital stay of 2 days for vaginal births and 3 to 4 days for cesarean births. There may be additional births not included in this summary in non-responding jurisdictions.⁶⁵ In addition, it is unclear whether the births were pre-term and whether mother or newborn suffered complications related to the live births.

ii. Stillbirths

Stillbirths⁶⁶ occur when the fetus is no longer viable after 20 weeks of pregnancy or later. Each year, approximately 21,000 stillbirths occur, affecting 1 in 175 births. Certain groups are at higher risk of stillbirths including Black women, women over age 35, women who have other medical conditions including high blood pressure, diabetes, and obesity or who have previously experienced pregnancy loss, and women from lower socio-economic backgrounds.

We did not receive any records of stillbirths in the last five years from any facility. Court records indicate at least two women delivered stillborn babies alone in their cells at the Jefferson Parish Correctional Center in 2014 and 2017.⁶⁷

iii. Miscarriages

Miscarriages⁶⁸ occur when the fetus is no longer viable in the first 20 weeks of pregnancy. The frequency of miscarriage increases significantly with age: 9-17% for 20-30 years; 20% at age 35 years, 40% at age 40 and 80% at age 45.⁶⁹ Fifty percent of early pregnancy loss is due to fetal chromosomal abnormalities.⁷⁰

Common symptoms of a miscarriage include abdominal cramps, back pain and vaginal bleeding. To determine whether or not a miscarriage has occurred, medical staff review pregnancy hormones levels via blood test, conduct a pelvic exam to determine whether the cervix is dilated or thinned, and conduct an ultrasound. Treatment includes allowing the non-viable pregnancy to safely and completely leave the body to prevent infection and significant blood loss and is sometimes accomplished via surgery.

The taskforce only received reports of miscarriages from two facilities. Of the four reported miscarriages, three occurred in a hospital. However, given the general prevalence of miscarriage, the taskforce remains concerned about the possibility of miscarriage for incarcerated women.

Post-Partum Care

Post-partum care is an essential part of pregnancy management, as many women will experience vaginal soreness and discharge, contractions, incontinence, hemorrhoids, tender breasts, hair loss, changes in mood and skin, and weight loss.⁷¹ The majority of maternal mortality cases happen in the postpartum period, or after delivery. According to the CDC, over half of pregnancy-related deaths (53%) occur within the first year of delivery. Post-partum depression, which affects approximately one in seven women, occurs when depression and anxiety last longer than two weeks from the onset of pregnancy to four weeks of delivery.

Symptoms generally include depressive mood, lost of interest or pleasure, insomnia, psychomotor

retardation or agitation, worthlessness or guilt, loss of energy or fatigue, suicidal ideation, impaired concentration or indecisiveness, change in weight. Treatment usually includes a combination of therapy and antidepressant drugs and should continue for 6-12 months to prevent relapse of symptoms.

The taskforce only received reports of six women receiving post-partum care across three facilities, even though records indicate at least 71 births occurred across five facilities.

Lactation Support

The decision on whether or not to breastfeed is a personal choice between the mother and the doctor.⁷² Breastfeeding provides unique nutrients and vitamins for newborns and changes to meet the infant's developmental needs. Breastmilk must be properly stored,⁷³ which may pose challenges for facilities that support lactation for incarcerated mothers. Alternatively, if proper lactation support is provided and the mother so desires, iron-fortified formula can meet an infant's nutritional needs.⁷⁴

The taskforce did not receive any information about lactation support for incarcerated mothers.

Infant Care

Standards governing care of newborns includes cord clamping, thorough drying, assessment of breathing, skin-to-skin contact, and the early initiation of breastfeeding. Additionally, if any complications occur, facilities should be equipped to provide thermal care, resuscitation, support for breast milk feeding, infection prevention, suction, and to conduct an assessment of any health problems. All pediatric units and neonatal units should be fully equipped to respond to any life saving issue or health issue.⁷⁵

For pre-term infants, NICU support may be essential as prematurity and low birth weight are the leading causes of death in newborns. Pre-term infants may require antenatal corticosteroids, care at birth, kangaroo mother care, optimal feeding, providing micronutrients, respiratory care and follow up care.⁷⁶

Several jail policies indicate that the facility does not allow newborns to return to the jail with the mother.⁷⁷ News reports indicate that the new women's prison facility will provide specific housing for incarcerated mothers and their newborns.

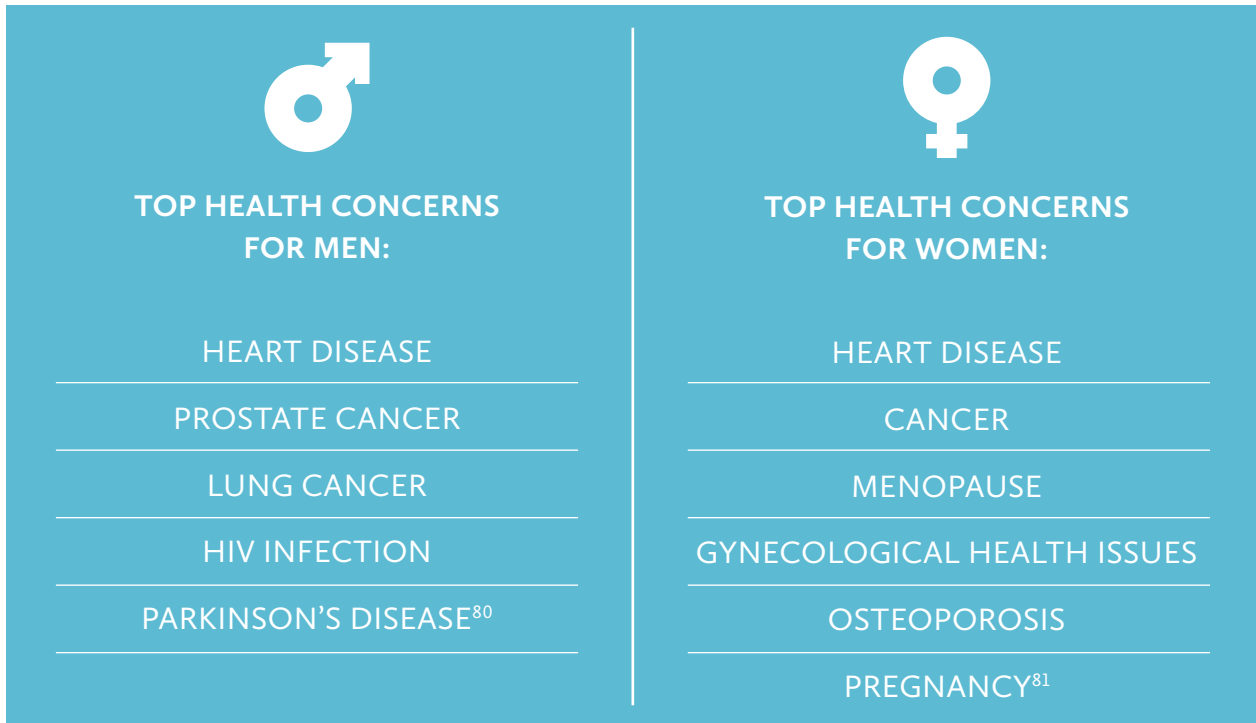
Educational, Counseling, Programming Support

A few facilities provided information on educational, counseling or substance use disorder treatment available for incarcerated pregnant and postpartum women. Reported support included parenting classes, substance abuse programming (including relapse prevention, addiction), and anger management.⁷⁸ Except for pregnancy counseling,⁷⁹ the reported programs do not appear targeted to pregnant and postpartum women.



VII. Maternal Healthcare

Incarcerated women have unique and significant healthcare needs. In general, women and men have different primary health concerns, though heart disease is a common concern for both women and men. Cardiovascular conditions are a significant leading cause of pregnancy-related deaths.



National studies indicate incarcerated women have higher rates of chronic and infectious diseases, mental illness, and substance use disorders compared to incarcerated men.⁸² Incarcerated women also have higher rates of sexually transmitted infections, cervical dysplasia, and cancer than non-incarcerated women.⁸³ Women in jail often have significant histories of prior trauma, including caregiver and partner abuse.⁸⁴ Perhaps relatedly, incarcerated women report higher levels of mental health distress and a history of mental health illness compared to incarcerated men.⁸⁵

“ By the time they get the news, it’s terminal ”

– TASKFORCE PARTICIPANT

Preventative Health Care

One of the most impactful improvements to carceral healthcare is the ability to detect, diagnose, and treat health conditions at the earliest stage possible to prevent worsening health. While incarcerated, people are fully dependent on the ability of the facility to maintain their health.

GENERALLY APPLICABLE STANDARDS OF CARE REQUIRE THE FOLLOWING ROUTINE SCREENING FOR WOMEN:⁸⁶

WOMEN 20 AND UP	WOMEN 40 AND UP
Blood pressure every two years ++++++	Bone density: at least once at age 65 and repeat as needed ++++++
Cervical cancer: pap-test/hpv every three years for women 21-65 ++++++	Breast cancer: mammography every two years ++++++
HIV/STI: at least once after age 20, annually is recommended ++++++	Colorectal cancer: as recommended by doctor if family history ++++++
Cholesterol: tests starting at age 20 ++++++	Lung cancer: annually if you are a smoker ++++++
Diabetes: screening yearly depending on blood pressure and prescribed medication	

DPSC appears to have more robust health care policies for incarcerated women than jails. This is consistent with the general function of prisons, which only house people convicted of a crime and serving generally longer terms of incarceration. LCIW policy, for example, provides for annual pap smears, pelvic exams, and breast exams and requires these exams to be completed within six months of arrival for newly admitted women.⁸⁷ At the same time, internal audits demonstrate that medical records at LCIW have not been adequately maintained as required by internal policy.⁸⁸ Proper medical records are required for proper treatment plans, diagnosis and analysis, and continuity of care.⁸⁹

Jails in Louisiana, however, house women for both short-terms (pre-trial) and long-terms (state convictions). Two-thirds of women convicted and serving a state sentence are incarcerated in a Louisiana jail. Jail policies vary, with some facilities automatically scheduling GYN/Mammogram testing for women 40 years and older at intake,⁹⁰ while others do not have specific policies and procedures for female healthcare.

Reproductive Health

Beyond pregnancy and the perinatal period, incarcerated women require specific services to maintain their reproductive health, including services related to menopause. Perimenopause (transition to menopause) usually begins mid-to-late 40s and lasts for approximately 4 years. The average age for menopause in the United States is 52. Due to menopause, women may face increased health challenges including osteoporosis, heart disease, stroke, and urinary incontinence. Other common reproductive health challenges include bacterial vaginosis, vaginal yeast infections, and uterine fibroids.

i. Sexually transmitted infections

Untreated sexually transmitted infections (STIs) can lead to other serious health problems including for example cervical cancer in the case of human papillomavirus (HPV). Undetected and untreated HPV can result in invasive, irreversible medical interventions, including hysterectomies.⁹¹

Louisiana has some of the highest rates for sexually transmitted infections (STIs), ranking third for chlamydia, fifth for gonorrhea, and ninth for primary and secondary syphilis in the U.S. in 2019.⁹² Louisiana also ranked fourth in the nation in 2020 for HIV case rates.⁹³

Only three agencies provided data on treatment for STIs for incarcerated women:

AGENCY	NUMBER	TYPE OF STI
Caldwell Jail	8	Not provided
LCIW	35	HIV
Office of Juvenile Justice	12	Not provided

ii. Contraception

Providing prescriptions for contraception is particularly important in jails, where women may only be incarcerated for short period of time. Interruptions in their access to prescriptions may result in unintended pregnancies after their release. In addition, certain contraception medicines are also used to regulate a woman's menstrual cycle, reduce bleeding, or address hormonal irregularities. Responding jails have different policies regarding providing contraception to incarcerated women. Ouachita parish reports that it does not provide routine contraception for incarcerated women, but does provide contraception to address cycle complications and excessive bleeding.⁹⁴ In contrast, Lafayette policy provides that incarcerated women may be provided with birth control medication when there is a verified and current prescription.⁹⁵ None of the orientation handbooks provided to the taskforce specifically address this common health concern.

Only seven facilities provided data on contraception prescriptions:

AGENCY	NUMBER	TYPE
Caldwell	1	Oral contraception
Ouachita	1	IUD (medical need)
LCIW	Unknown	Unknown
Cameron	0	
Pointe Coupee	0	
St. John the Baptist	0	
Webster	0	

iii. Cervical Cancer

Each year, approximately 4,000 women die from cervical cancer and 13,000 new cases of cervical cancer are diagnosed annually.⁹⁶ Early detection, through regular pap smears, is essential to prevent death.

The taskforce did not receive data from any responding jurisdiction on cervical cancer treatment. Seven agencies indicated zero diagnoses for cervical cancer,⁹⁷ while other responding facilities, including LCIW, failed to provide data on diagnoses.

iv. Hysterectomies or tubal litigation:

Hysterectomies and tubal litigation are permanent methods to end a woman's fertility. Hysterectomies may also be performed to address severe cases of endometriosis and cervical cancer. The availability and use of these procedures within jails and prisons, however, may prompt concerns of informed consent and provider choice.

The following agencies reported zero hysterectomies and tubal litigations in the last five years: Webster, St. John the Baptist; Pointe Coupee; Ouachita; Office of Juvenile Justice; Cameron; and Caldwell.



VIII. Administration of Healthcare

Access to Healthcare

Prison, jail, and detention centers generally provide access to health care through a sick call system. An incarcerated person must fill out a form to request a sick call, which lists their symptoms. In some facilities, incarcerated people must sign acceptance of the health care fee to submit their sick call forms,⁹⁸ though all jurisdictions also instruct that medical care will be provided regardless of ability to pay. Forms are reviewed by health care staff, who then triage the requests, prioritizing people with the most significant symptoms. For healthcare beyond the expertise of internal healthcare staff, patients may be scheduled for an external appointment, which may delay treatment. Incarcerated women may also use an emergency sick call process to be seen immediately.

According to HCR 85 taskforce members, the sick call system is designed to respond to symptoms, but not disease. Members who experienced incarceration discussed how sick call visits focused on alleviating a particular symptom, but not in diagnosing a broader pattern of health challenges.

The availability of sick call varies considerably. Several jails hold sick call once a week, some twice a week, while others hold sick call 3-5 times a week or daily.⁹⁹

Personnel

Facilities have a variety of approaches for providing healthcare. DPSC has its own medical department, which oversees the healthcare provided at LCIW. Jails may also have their own health care staff and several jurisdictions confirmed that all licensing and credentials are verified by the relevant state licensing boards. Other facilities contract for specific healthcare services, such as OB/GYN and dental.¹⁰⁰ As these external providers also practice in community, they are required to be fully licensed.

Some jails contract with private healthcare providers to provide all healthcare services to incarcerated people. Several agencies directed our record requests for diagnosis and treatment information to other entities, such as the police jury or the private provider. This raises the question of whether there is sufficient coordination between security and medical staff, if the sheriff's office cannot access or provide redacted copies of these records for purposes of this legislative task force. In addition, in litigation, a plaintiff who gave birth alone in her cell has alleged that the contracted health care provider did not specifically include staff trained in pregnancy delivery or labor.¹⁰¹

PARISH	PROVIDER	PARISH	PROVIDER
Acadia	CorrectHealth	Jefferson Davis Parish	CorrectHealth
Caddo	Per Diem Nursing Inc	Orleans	Wellpath
Claiborne	CorrectHealth	Ouachita	Faculty Group Practice
East Baton Rouge Parish Prison	TurnKey Health Clinics	St. James	CorrectHealth (ended Dec 2022)
Jefferson Parish	CorrectHealth Jefferson LLC	Tangipahoa	Correct Health
		Webster	Ochsner LSU

Healthcare Fees

“ And you’re being charged every time you go ”

- TASKFORCE PARTICIPANT

Assessing a co-pay or fee to access health services is routine practice in Louisiana prisons and jails. There are significant differences in the amount assessed by different facilities, with fees ranging from \$0 - \$10 for a sick call visit. All of the facilities specifically inform incarcerated patients that medical care will be provided regardless of ability to pay. However, in some instances, the fee is nevertheless applied to a person’s account and future money received is applied to the outstanding debt balance.¹⁰²

Fees may discourage incarcerated people from seeking healthcare, including mental health care.¹⁰³ Fees may also interrupt continuity of care if an incarcerated patient is required to pay a fee to receive approval for continuing prescriptions or medical treatments while incarcerated. Women who experience complications during pregnancy or in the postpartum period may be deterred from seeking care in a timely manner.

For pre-natal visits, some jurisdictions collect a health care fee while others explicitly do not collect a health care fee for scheduled visits.¹⁰⁴

AGENCY OR PARISH	AMOUNT
Assumption	\$10/parish \$5 DPSC
DPSC - Elayne Hunt	\$3/sick call \$6/emergency \$2/prescription No fee for referred or scheduled return visits
Jefferson	\$5/sick call \$5/prescription Same fee applies to all (parish and state)
Madison	First visit no fee \$5/sick call \$10/dental off campus \$2/over the counter meds \$10/doctor call \$6/reading glasses \$10/emergency off campus \$10/visual off campus \$30/malingering

AGENCY OR PARISH	AMOUNT
Orleans	\$2/nurse \$3/doctor \$3/dental \$2/prescription No fee for referred or scheduled return for same condition; no fee for initial medical assessment; no fee for mental health visits
Ouachita	\$10
Pointe Coupee	None
St. James	\$0 /nurse \$5 /doctor
St. John the Baptist	\$7
St. Landry	None
Tangipahoa	\$7/office visits - no fee for follow-up \$7/mental health consult \$5/dentist sick call \$10/after hours services (4:30pm to 8:00am) \$5/prescription \$5/prescription refill/ over the counter medication \$25/ ambulance (will be charged if the situation was deemed non-emergency) \$7/x-ray
Terrebonne	\$5/medical (physician) -10% entire bill Dental 10% entire bill /dental \$3/prescription \$.50 /over-the-counter (per dose) 30% entire bill or 100% if fraudulent /ambulance \$3/sick call (EMT, LPN or RN)
Vermilion	\$10 /medical \$5 /sick call \$10 /hospital, emergency room
Webster	\$10/sick call \$15/psychiatric care \$15/dental care \$5/prescription

Informed Consent

Informed consent is the process of obtaining permission prior to conducting a healthcare intervention or disclosure of personal information. Fundamentally, informed consent ensures the patient's right to receive all the proper information about a recommended treatment and to ask questions. Informed consent occurs through the communication between a patient and their doctor, which results in the patient authorizing the specific intervention.¹⁰⁵ The process of seeking informed consent requires three critical components:¹⁰⁶

1. The physician assesses the patient's ability to understand relevant medical information, the implications of treatment alternatives, and to make an independent, voluntary decision;
2. The physician provides all relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information and includes the diagnosis, the nature and purpose of recommended interventions, and the burdens, risk, and expected benefits of all options;
3. The physician documents all informed consent conversations and the patient's decision in the medical record. All written consent forms should also be included in the medical record.

The only time physicians are allowed to initiate treatment without prior informed consent is in emergency situations.¹⁰⁷

In some jurisdictions, incarcerated women sign a medical consent form during intake.¹⁰⁸ More robust policies included an oral explanation of the alternatives, benefits, and risks of a procedure, followed by a written consent form identifying the specific recommended treatment, which is placed in a patient's medical record.¹⁰⁹

Policies received by the taskforce concerning informed consent varied and may or may not include:

- Obtaining consent through next of kin when the incarcerated patient is incapacitated
- Ability to revoke consent at any time
- Documentation of refused consent
- Providing medical information in a language understood by the incarcerated patient

None of the policies reviewed required providing the incarcerated woman with written materials explaining the diagnosis or treatment or provided additional time for informed decision making by the incarcerated woman. In addition, several jurisdictions did not provide any information on their informed consent procedures.



IX. Policy Recommendations

Based on the difficulties in obtaining full and complete information via public records request regarding data and policies for incarcerated women’s healthcare, the taskforce strongly recommends:

- 1) **The Legislative Auditor complete an audit of all correctional facilities’ compliance** with prior legislative acts addressing healthcare for incarcerated women, including Act 76I, Act 392, and Act 140.

Based on the taskforce review of submitted materials, standards of care, and member experiences in healthcare for incarcerated women, the taskforce recommends the following actions:

- 2) **Full implementation and enforcement of prior legislative acts (Act 76I, Act 392, Act 140).** All correctional facilities should document compliance with these laws and adopt and document training on the legislative requirements such that:
 - a. Using restraints of any sort on pregnant women is the exception, not the default rule, particularly during transport;
 - b. Costs for healthcare and hygiene products are not automatically assessed against accounts, indigent or otherwise; and
 - c. Pregnant women are not housed in isolation or restrictive housing.
- 3) **Adopt standards to specifically address incarcerated women’s healthcare.**
- 4) **Create a rebuttable presumption of release pre-trial and delayed sentencing** for pregnant defendants.
- 5) **Require all state and local health care contracts include provision of on-site expertise in healthcare for women** for all correctional facilities that house women.
- 6) **Eliminate the use of healthcare access fees (“co-pays”)** for incarcerated people.
- 7) **Improve transparency by providing greater detail** (by race and age) on healthcare outcomes for incarcerated women and girls in public reports and DPSC briefing book.
- 8) **Appoint a statewide coordinator for incarcerated women’s healthcare** to ensure continuity of care, ongoing data collection, best practices, and support for both prisons and jails in addressing women’s healthcare needs.
- 9) **Adopt a clear statement of rights of incarcerated patients** that is posted in all facilities.¹¹⁰ This statement should be developed by a wide range of stakeholders including formerly and currently incarcerated people, custodial agencies, healthcare staff and external experts in healthcare, law, public health, and corrections.

- 10) **Require that an incarcerated patient receives a copy of their written diagnosis and treatment plan** in a timely manner when informed consent is required.
- 11) **Develop and apply criteria for selecting jails to house women serving state sentences**, including requirement that on-site healthcare staff include expertise in delivering healthcare for women specifically.
- 12) **Implement the recommendations of the Louisiana Women’s Incarceration Taskforce in its Final Report and Recommendations** issued in 2020.

Appendix 1:

List of Agencies with Shackling Policies

AGENCY NAME	POLICY NAME
Acadia Parish Sheriff's Office	Female Offender Health Care (undated)
Allen Parish Sheriff's Office	Medical Care of Women (undated)
Assumption Parish Sheriff's Office	Health Care Services: Pregnancy Management (rev. May 6, 2020)
Avoyelles Parish Sheriff's Office	Security: Use of Restraints for Pregnant Offenders, II-B-002-1 (June 19, 2019)
Beauregard Parish Jail	Categories of Force (undated)
Bossier Parish Sheriff's Office	Inmate Transportation, No. 09-003 (September 1, 2011)
Caddo Correctional Center	Mental Health Treatments and Doctor's Call, No. H-130.05 (Rev. July 11, 2014)
Calcasieu Parish Sheriff's Office	Counseling for Pregnant Inmates, No. 4-06-03 (October 3, 2005)
Department of Public Safety and Corrections	Pregnancy Management, No. HC-08 (September 15, 2017)
East Baton Rouge Parish Prison	Use of Restraints, No. E.320 (March 3, 2014)
East Feliciana Parish Sheriff's Office	Use of Restraints, BJG-2-B-002 (Sept 6, 2019)
Iberia Parish Sheriff's Office	Transporting Pregnant Inmates, IP-J-H-118 (undated)
Jefferson Parish Sheriff's Office	Non-Emergency Medical Care for Pregnant Inmates, JPCC – 4.45 (June 9, 2006)
Lafayette Parish Sheriff's Office	Female Offender Health Care, H-1900 (undated)
Lincoln Parish Detention Center	Offender Restraints, No. II-B-003 (undated)

AGENCY NAME	POLICY NAME
Livingston Parish Detention Center	Pregnant Inmate Restraints, No. D-255 (undated)
Louisiana Transitional Center for Women	Use of Firearms, Use of Force, Use of Restraints, Use of Chemical Agents, and Use of Restraints for Pregnant Women, No. 100-As (April 18, 2022)
Morehouse Parish Correctional Division	Use of Restraints, No. 220 (June 1, 2012)
Orleans Parish Sheriff's Office	Security and Control: Use of Restraints, No. 801.25 (Rev. October 16, 2009)
Ouachita Correctional Center	Use of Restraints, No. 220 (June 1, 2012)
Orleans Parish Sheriff's Office	Use of Restraints, 801.15 (October 2022)
Pointe Coupee Sheriff's Office	Use of Restraints for Pregnant Offenders, No. II-B-002-1 (July 1, 2009)
Rapides Parish Corrections Division	Restraint Chair, No. 05-07 (October 24, 2016)
Sabine Parish Sheriff's Office	Transport, No. 7 (May 16, 2022); Use of Restraints, No. 12 (May 16, 2022)
St. Charles Parish Sheriff's Office	Security and Control, No. H-114 (June 2014)
St. James Parish Sheriff's Department and Detention Center	Use of Restraints for Pregnant Offenders, No. II-B-002-1 (November 19, 2020)
St. John the Baptist Parish Sheriff's Office	Security and Control, No. OPS-H-117 (undated)
St. Landry Parish Sheriff's Office	Pregnancy Management, SLPCC 3537 (Rev. December 2018)
St. Martin Parish Correctional Center	Safe Pregnancy for Incarcerated Women, No. II-B-002 (July 25, 2012)
Tangipahoa Parish Sheriff's Office	Use of Restraints, No. II-B-002 (June 1, 2021)
Vermillion Parish Sheriff's Office	Shacking a Pregnant Female, No. 256 (March 12, 2012)
Webster Parish Sheriff's Department	Restraint and Transportation of Offenders, No. WPC-315 (July 1, 2020)

Appendix 2:

New York State Department of Corrections and Community Supervision, Patient Bill of Rights

PATIENT BILL OF RIGHTS

As a patient under the care and custody of the New York State Department of Corrections and Community Supervision (DOCCS), you have the right to:

Considerate and respectful care;

The name of the primary care provider responsible for coordinating your care;

The name and function of any person providing health care services to you;

Complete and current information concerning your diagnosis treatment and prognosis in a format and in a language you can understand. When it is not medically advisable to give such information, the information shall be made available to an appropriate person on your behalf;

Information in a format and in a language necessary to give informed consent prior to the start of any procedure or treatment involving either non-emergency treatment, procedure or surgery, or a diagnostic procedure involving invasion or disruption of the integrity of the body;

Refuse treatment to the extent permitted by law and be informed of the medical consequences of this action;

Privacy to the extent consistent with providing adequate medical care and the safety and good order of the facility. This does not preclude discussion of your case with appropriate health care personnel;

Privacy and confidentiality of health care records pertaining to your treatment, except as provided by law and consistent with the safety and good order of the facility;

Access, obtain copies, and/or request an amendment to your health record in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations at 45 CFR Parts 160 and 164,

New York State Public Health Laws 18 and 27F except as provided by law and consistent with the safety and good order of the facility. Access is free of charge, however you or your legal representative will be charged for copies of your health record.

Be informed of your continuing health care requirements at the time of your release from DOCCS;

The identity of other health care and educational institutions that the facility has authorized to participate in your treatment;

Refuse to participate in medical research;

File a medical/dental grievance in accordance with Directive 4040 "Inmate Grievance Program" regarding your care without fear of reprisal.

Treatment without discrimination as to race, color, religion, sex, national origin, disability, age, veteran status, gender identify or any other status or condition protected by law.

Endnotes

- ¹ Louisiana Women’s Incarceration Taskforce, Final Report and Recommendations (May 2020). <https://drplibrary.legis.la.gov/dbtw-wpd/Reports/DPS&C/WomensIncarceration-2020.pdf>
- ² For example, Grant Parish will only hold “as long as it takes to book, bond or locate a bed in another facility.” Grant Parish Detention Facility, Policy and Procedure, Institutional Operations: Housing Female Inmates (Jan. 2006).
- ³ Julia Acker et al., *Mass Incarceration Threatens Health Equity in America*, Robert Wood Johnson Foundation (2019).
- ⁴ Jennifer Bronson & Carolyn Sufrin, Pregnant Women in Prison and Jail Don’t Count: Data Gaps on Maternal Health and Incarceration, 134:1 supp. Public Health Reports 57S (May/June 2019).
- ⁵ The U.S. Supreme Court has held that the U.S. Constitution requires the provision of medical and mental healthcare to incarcerated people consistent with the level of care provided in community. See e.g., *Estelle v. Gamble*, 429 U.S. 97 (1976); *Farmer v. Brennan*, 511 U.S. 825 (1994); *Brown v. Plata*, 563 US 493 (2011).
- ⁶ La. Administrative Code, Title 22, Part III, Subpart 2, Chapter 29 §2909.
- ⁷ Dep’t of Public Safety & Corrections, Basic Jail Guidelines (April 2019).
- ⁸ *Id.* at IV-C-006-1 at 36.
- ⁹ All demographic data in this report for female populations serving state sentences is drawn from the Dep’t of Public Safety & Corrections Briefing Book (July 2022).
- ¹⁰ Office of Juvenile Justice, Louisiana Quarterly Juvenile Justice Indicators, 2 (4th Quarter 2021).
- ¹¹ Bureau of Justice Statistics, U.S. Dep’t of Justice, Census of Jails, 2005-2019 – Statistical Tables, 16 tbl.6.
- ¹² Dep’t of Public Safety & Corrections, Briefing Book, 23-24, 36, 40 (July 2022).
- ¹³ *Id.* at 23-24.
- ¹⁴ American Correctional Association, Accreditation Report: Louisiana Correctional Institute for Women, 10 (Feb. 9 2015).
- ¹⁵ *Id.*
- ¹⁶ *Id.*
- ¹⁷ *Id.* at 10, 29.
- ¹⁸ Dep’t of Public Safety & Corrections, Inside Out Newsletter, 1 (Summer 2022).
- ¹⁹ Matthew Rae et al., Health costs associated with pregnancy, childbirth, and postpartum care, Kaiser Family

Foundation & Peterson Center on Health Care (July 13, 2022).

20 Id.

21 La. Dep't of Health, Fee-For-Service Hospitalization Payments for Incarcerated Louisiana Medicaid Members, 2 (Sept. 21 2022).

22 Karissa Page & Alexandria Van Dall, La. Dep't of Health, Medicaid Enrollment for the Justice Involved: 2021 Report, 24 tbl. 1.17 (Dec. 5, 2022).

23 Dep't of Public Safety & Corrections, Briefing Book, 92 (July 2022).

24 Id. at 95-96.

25 La. Dep't of Health, Fee-For-Service Hospitalization Payments for Incarcerated Louisiana Medicaid Members, 10 tbl. 6 (Sept. 21 2022). This may be explained by the fact the state tends to hold women who have more serious health conditions or are older in a state facility.

26 Id. at 2.

27 Id.

28 Incarceration Transparency, Dataset La. Deaths Behind Bars 2015-2019 (May 2, 2021). Of the 35 reported deaths of incarcerated women 2015-2019, 34.29% were related to heart disease, 17.14% were respiratory, and 11.43% were cancer-related. <https://www.incarcerationtransparency.org/wp-content/uploads/2021/06/Dataset-La-Deaths-Behind-Bars-2015-2019-05.2.21-.xlsx>

29 La. Dep't of Health, Mortality Analysis among Formerly Incarcerated Louisiana Medicaid Members, 2 (Jan. 13, 2022).

30 Id.

31 La Rev. Stat. 15:744 et seq. For women in their second or third trimester:

- The least restrictive restraint mechanism
- Prohibits leg irons, handcuffs behind the back, electronic restraint belts, and face-down restraints

For women in childbirth:

- Prohibits metal handcuffs and shackles while in labor or delivery.
- No therapeutic restraints during childbirth unless ordered by medical staff because she presents a danger to herself or others

For women in pregnancy related distress or post-partum

- No restraints during pregnancy related distress or post partum, unless she presents a risk to herself or others, is a flight risk and there are no alternative means to contain her
- Prohibits waist restraints during transport to and from medical facility or post-partum

32 See e.g., East Feliciana Parish Sheriff's Office, Security: Use of Physical Force Use of Restraints, 2-B-002-1 (September 6, 2019)(policy limits restraints during pregnancy-related medical distress or during transport, but does not include all statutory limits during second or third trimester or address restraints while in custody).

33 See e.g., Avoyelles Parish Sheriff's Office, Use of Restraints for Pregnant Offenders, II-B-002-1 (April 14 2019)

(policy includes restrictions during transport, but not childbirth).

- 34 See e.g., Lafayette Parish Sheriff's Office, Female Offender Healthcare, H-1900 (April 4 2016)(policy includes restraints during childbirth, but not transport).
- 35 See e.g., Jefferson Davis Parish Sheriff's Office, Email correspondence (March 6, 2017)(noting Section X.F policy, which states, "F. Female prisoners, who might be pregnant, will be handcuffed in the front only. No shackles or waist restraint chain will be used. Restraining sick or mentally disabled prisoners may be harmful to their condition. The transporting deputy should consult medical personnel to determine best method to restrain the prisoner" but does not specify documentation).
- 36 See e.g., Calcasieu Parish Sheriff's Office, Transportation of Offenders Outside the Secure Facilities, Policy 518.1 et seq (undated)(noting limits on restraints for pregnant women, but does not address searches after return to prison); Pregnant Offenders, Policy 700.1 et seq (undated); Use of Restraints-Pregnant Offenders, Policy 513.8 et seq (undated)(noting limits during pregnancy-related distress, but does not include limits on searches on return to facility).
- 37 See e.g., East Baton Rouge Parish Sheriff's Office, Policy and Procedures: Use of Restraints, No. E. 320, 3 (Rev. March 3 2014) (policy does not specifically provide for written notice).
- 38 Assumption Parish Detention Center, Policy: Restraining Pregnant Females, BJG: II-B-002, 2 (Rev. March 6, 2018); Iberia Parish Sheriff's Office, Policy and Procedure: Security and Control, IPJ-H-118, 3 (Rev. 2018); Livingston Parish Detention Center, Policies and Procedures: Pregnant Inmate Restraints, No. D-255, 3 (undated); Orleans Parish Sheriff's Office, Policy and Procedures: Use of Restraints 801.15 (Oct. 2022); St. Charles Parish, Nelson Coleman Correctional Center Pregnancy Notification Agreement, SCSO-COR-161-0712 (Aug 1, 2012); St. Martin Parish Correctional Center, Safe Pregnancy for Incarcerated Women Policy: Security and Control, II-B-002, 2 (Aug 25, 2012).
- 39 See e.g., Correspondence re: Louisiana Transitional Center for Women (May 13, 2022)(on file with author).
- 40 Jefferson Parish –Pregnancy Restraint Form (March 24, 2020).
- 41 Livingston Parish Sheriff's Office, Incident Summaries, (August 18, 2014; Sept. 26, 2014; Nov. 25, 2014; Dec. 5, 2014; Jan. 29, 2015; Jan. 30, 2015; Feb. 5, 2015; March 3, 2015; March 6, 2015; May 14, 2015; June 26, 2015; Jan. 4, 2016; Jan. 11, 2016; Feb. 7, 2017).
- 42 Lafayette Parish Sheriff's Office, Female Offender Healthcare, H-1900 (Rev. April 4 2016).
- 43 Lincoln Parish Detention Center, Policy and Procedure: Offender Restraints, No. 132 (undated, received 2017).
- 44 Jefferson Parish Sheriff's Office –Pregnancy Restraint Form, (various including June 27, 2018; June 28, 2018; July 12, 2018; July 13, 2018; July 3, 2018; Oct. 26, 2018; Nov. 19, 2018; Nov. 15, 2018; Nov. 16, 2018; Nov. 20, 2018; Nov. 20, 2018; Nov. 21, 2018; March 31, 2019; June 18, 2019; June 27, 2019; July 9, 2019; July 23, 2019; Jan. 23, 2020; Jan. 30, 2020; Feb. 27, 2020; March 12, 2020; March 23, 2020; March 23, 2020; March 24, 2020; April 6, 2020; May 4, 2020; May 18, 2020; May 25, 2020; May 26, 2020; June 7, 2021; Sept. 28, 2021); see also Jefferson Parish Correctional Center, Inmate Escort Transportation, JPCC 4.10 at G.2 (July 5 2018)(noting "whenever it is known that an inmate is pregnant, officers shall ONLY handcuff the inmate in the front. No shackles or other restraints should be utilized, unless exigent circumstances exist which would require more restrictive restraints.").
- 45 See e.g., Acadia Parish Sheriff's Office, Female Offender Health Care (2017). Acadia provided a blank "Pregnant Offender Restraint Record" that requires entries for the type of restraint used, the circumstances in which

they were used, the duration of time restraints were used, and the deputy's name and badge number.

- 46 La. Rev. Stat. 15:892.1 (“Feminine hygiene products; moisturizing soap that is not lye-based; toothbrushes; toothpaste; and any other healthcare product the custodian deems appropriate.”)
- 47 See e.g., Jefferson Parish Correctional Center, Inmate Rules, Regulations, & All Procedures, JPCC-3.30 (2017); Caddo Correctional Center, Inmate Handbook: Rules and Information, 30 (Oct. 2021).
- 48 Caddo caps the repayment at 25% of received funds. Caddo Correctional Center, Inmate Handbook: Rules and Information, 30 (Oct. 2021).
- 49 American Civil Liberties Union, Still Worse Than Second-Class Solitary Confinement of Women in the United States (2019) <https://www.aclu.org/report/worse-second-class-solitary-confinement-women-united-states>
- 50 Carolyn Sufrin et al., Pregnancy Prevalence and Outcomes in U.S. Jails, 135:5 *Obstetrics & Gynecology* 1177 (May 2020).
- 51 First Step Act of 2018, S. 756, 115th Cong. (2017-2018).
- 52 Note that Assumption Parish Sheriff's Office indicated it does not hold women. The sheriff transfers female arrestees to the Morgan City jail pre-arraignment and to Lafourche Parish Detention Center post arraignment. E-mail from Capt. Lonny Cavalier, Assumption Sheriff Dept, to Torrie Thibodeaux (Oct. 30, 2017, 12:32pm) (on file with author).
- 53 La. Dep't of Health, Fee-For-Service Hospitalization Payments for Incarcerated Louisiana Medicaid Members, 3 (Sept. 21 2022)(for Medicaid reimbursed hospitalizations from 2018 to 2021).
- 54 *Id.*
- 55 See e.g., Assumption Parish Sheriff's Office, Female Inmate Drug Testing/Restraining, Ch 3. § 103 (2020); Dr. Richard M. Haydel, Standing Orders & Instructions for Medical Department Terrebonne Parish Criminal Justice Complex. Terrebonne Parish (2019).
- 56 Calcasieu Parish Sheriff's Office, Health Care: Pregnancy Management, No. 4-05-11.1 (Oct. 3, 2005).
- 57 See e.g., Office of Juvenile Justice, Ware Youth Center, Health Care: Female Residents, No. 18.25 (Feb. 9, 2022).
- 58 Letter from Warden Jeanne Faciane, Beauregard Parish to Torrie Thibodeaux, (Feb. 6, 2016) (on file with author); Bossier Parish Sheriff's Office, Medical Screening, (undated); Caddo Correctional Center, Intake Orders, (no date); East Feliciana Parish Sherriff's Office, Booking Medical Sheet (Dec. 17, 2019).
- 59 Dep't of Public Safety & Corrections, Louisiana Correctional Institute for Women, Health Care: Health Care Services, No. 4-05-004 (Nov 10, 2017).
- 60 Livingston Parish Pregnancy Screening Form (undated, received 2017); Madison Correctional Centers Intake Health Screening (undated, received May 2022).
- 61 American Pregnancy Association, Healthy Pregnancy. <https://americanpregnancy.org/healthy-pregnancy/>
- 62 Jennifer Bronson & Carolyn Sufrin, Pregnant Women in Prison and Jail Don't Count: Data Gaps on Maternal Health and Incarceration, 134:1 *supp. Public Health Reports* 57S (May/June 2019).

- 63 American College of Obstetrics and Gynecology, Perinatal Mental Health Tool Kit.
<https://www.acog.org/programs/perinatal-mental-health>
- 64 Letter from Warden Kevin Wyles and Warden David Callender, to LPHI on Caldwell Correctional Center Pregnancy Management (Jan. 9, 2022).
- 65 In Jefferson Parish, court documents indicate that in February 2014, Latrice Diggs had a spontaneous vaginal delivery on site and in May 2017, Tiffini Woodward delivered her son on her cell toilet. Both live births occurred in Jefferson Parish Correctional Center. See Woodward v. Lopinto et al, No. 18-cv-4236, Memorandum in Support of Plaintiffs’ Partial Motion for Summary Judgment on Liability, Rec. Doc. 148-1 (E.D. La. Jan. 19 2021).
- 66 CDC, What is Stillbirth? <https://www.cdc.gov/ncbddd/stillbirth/facts.html>
- 67 See Maria Mendoza et al. v Kelly Bruzeau et al., Order & Reasons, No. 15-cv-4361, Rec. Doc. 18 (E.D. La. Jan. 27, 2016)(describing plaintiff’s claims she delivered a stillborn fetus in her cell); see also Woodward v. Lopinto et al., Memorandum in Support of Plaintiffs’ Partial Motion for Summary Judgment on Liability, No. 18-cv-4236, Rec. Doc. 148-1 (E.D. La. Jan. 19, 2021)(noting Sheena Lewis delivered a stillborn fetus on the floor of her cell on Oct. 12, 2017).
- 68 National Institute of Health, How Do Health Care Providers Diagnose and Treat Pregnancy Loss?.
<https://www.nichd.nih.gov/health/topics/pregnancyloss/conditioninfo/diagnosed>
- 69 The American College of Obstetricians and Gynecologists, Early Pregnancy Loss (2021).
<https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/11/early-pregnancy-loss>
- 70 Id.
- 71 Mayo Clinic Staff, Postpartum care: What to expect after a vaginal birth (Dec. 6, 2022).
- 72 U.S. Dep’t of Health and Hum. Services, Off. on Women’s Health, Making the decision to breastfeed(Feb. 22, 2021).
- 73 Ctr. for Disease Control & Prevention, Proper Storage and Preparation of Breast Milk (Jan. 24, 2022).
- 74 Ctr. for Disease Control & Prevention, Infant and Toddler Nutrition (June 3, 2022).
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- 77 See e.g., Acadia Parish Sheriff’s Office, Female Offender Health Care (Nov 6, 2017); La. Transitional Ctr. for Women, Use of Firearms, Use of Force, Use of Restraints, Use of Chemical Agents, and Use of Restraints for Pregnant Offenders, No. 100-As, 3 (April 18, 2022).
- 78 See e.g., Caddo Parish Sheriff’s Office, Inmate Handbook: Rules and Information, 36 (Rev. Oct. 2021); St. Martin Parish Sheriff Office Correctional Center, Inmate Handbook, 43 (Rev. Jan. 11, 2021); DPSC, La. Correctional Institute for Women, Policy No. 4-05-004, 13 (Nov. 10, 2017).

- 79 See e.g., Acadia Parish Sheriff's Office, Female Offender Health Care, 1 (Nov 6, 2017); Orleans Parish Prison Louisiana, Policies & Procedures: Counseling Care of Pregnant, Ref No. 17247, 2 (Rev. June 22, 2016).
- 80 National Institute of Health, Men's Health (June 2019). <https://www.nccih.nih.gov/health/mens-health>
- 81 Flavia Bustreo, World Health Organization, Ten top issues for women's health (Feb. 20, 2015). <https://www.who.int/news-room/commentaries/detail/ten-top-issues-for-women's-health>
- 82 Ashley Wennerstrom et al., 'You have to be almost dead before they ever really work on you in prison': A qualitative study of formerly incarcerated women's health care experiences during incarceration in Louisiana, U.S., Health & Social Care in the Community 1 (2021).
- 83 Id.
- 84 Shannon M. Lynch et al., Women's Pathways to Jail: The Roles and Intersections of Serious Mental Illness and Trauma, U.S. Dep't of Justice, Office of Justice Programs, Bureau of Justice Assistance 32 (2012). https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/Women_Pathways_to_Jail.pdf
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- 86 See generally, Harvard Health Publishing, Harvard Medical School. Screening Tests for Women (undated) <https://www.health.harvard.edu/topics/screening-tests-for-women>; Ctr. for Disease Control & Prevention, What should I know about Screening (2021); https://www.cdc.gov/cancer/cervical/basic_info/screening.htm; Ctr. for Disease Control & Prevention, What is a Mammogram? (2022). https://www.cdc.gov/cancer/breast/basic_info/mammograms.htm
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- 90 Security Management LLC, Women's Facility, Inmate Medical Orientation Checklist (Madison Parish) (undated, received May 2022).
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- 92 La Dep't of Health, Off. of Pub. Health, 2019 National CDC STD Rankings (April 13, 2021).
- 93 La. Dep't of Health, Off. of Pub. Health, Louisiana HIV, AIDS, and Early Syphilis Surveillance Quarterly Report (March 31, 2022).
- 94 Letter from Lt. Donna Norman, LPN, Ouachita Parish Correctional Center to Shelina Davis, LPHI, (Jan 21, 2022). (Ouachita will provide contraception for other medical purposes, including managing cycle complications and constant bleeding).

- 95 Lafayette Parish Sheriff's Office, Female Offender Healthcare, H-1900 (Rev. April 4, 2016).
- 96 Ctr. for Disease Control & Prevention, Cervical Cancer Statistics (Aug. 10, 2022).
<https://www.cdc.gov/cancer/cervical/statistics/index.htm>
- 97 Caldwell, Cameron, Ouachita, Pointe Coupee, St. John the Baptist, Webster and the Office of Juvenile Justice all reported zero diagnoses.
- 98 See e.g., Vermilion Parish Correctional Center, Offender Handbook, 13 (Rev. February 1, 2022).
- 99 Sick call examples include:
1x week: Sabine, Webster parish jails.
2x week: Ouachita (but also has a staffed medical unit on site 24 hours a day)
3-5x week: Beauregard, Webster- Bayou Dorcheat facility, Madison
Daily: Pointe Coupee, Caddo
- 100 See e.g., Miles for Smiles, Contract – Services – Non Construction (March 1, 2022) (contract for Caddo Correctional Center); Fresenius Kidney Care, Billing Agreement, (July 21, 2021) (contract for Ouachita Parish Correctional Center); University Hospital & Clinics, OBGYN Written Agreement, NCCHC: J-G-07-Essential (undated) (contract for Lafayette Parish Sheriff's Office)
- 101 Woodward v. Lopinto et. al, Order & Reasons, No. 18-cv-4236, 2021 WL 1969446 (E.D. La. May 17, 2021).
- 102 See e.g., La. Transitional Center for Women, Indigent Services and/or Supplies, 200-A5 (Feb. 1, 2022).
- 103 Ashley Wennerstrom et al., 'You have to be almost dead before they ever really work on you in prison': A qualitative study of formerly incarcerated women's health care experiences during incarceration in Louisiana, U.S., *Health & Social Care in the Community* 4 (2021).
- 104 Compare Vermillion (requires fee) with Tangipahoa (does not require fee). Vermilion Parish Correctional Center, Police and Procedure for Inmate Co-Payments of Medical, Dental, Lab Work/X-Ray, Prescription Medication, Over the Counter Medication, (July 3, 2013); Tangipahoa Parish Jail, Policy and Procedure: Pregnancy Management, 2, IV-C-006-01 (June 1, 2021) and Tangipahoa Parish Jail, Offender Handbook and Rules, 11 (Feb. 23, 2017).
- 105 American Medical Association. Code of Medical Ethics: Informed Consent.
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- 106 Id.
- 107 Id.
- 108 See e.g., Pointe Coupee Parish Sheriff's Office, Medical Consent Form, (undated); Ouachita Correctional Center, Informed Consent, No. 433, (June 1, 2012).
- 109 See e.g., Caddo Correctional Center, Health Services: Mental Health Treatments and Doctor's Call, No. H-120R, (Rev. July 11, 2014); La. Transitional Ctr. for Women, Offender Health Care, No. 200-A18, at 15 (April 10, 2022).
- 110 See Appendix 2: New York State Department of Corrections and Community Services

p2 Image by wirestock on Freepik
p6 Image by snowing on Freepik
p9 Photo by Laura James on Freepik
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