

4.4 Health Care (Females)

Introduction

This Family Residential Standard ensures that women and girls in U.S. Immigration Customs and Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care. This standard details expected outcomes and practices that are applicable specifically to women and girls and are to be read in conjunction with the ICE Family Residential Standard on *Health Care*.

Various terms used in this standard may be defined in the ICE Family Residential Standard on *Definitions*.

Program Philosophy

The requirements of this standard must be implemented in accordance with the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes*.

A. Language Access and Disability Requirements

Centers will adhere to the language access and disability laws, regulations, responsibilities, requirements, and laws cited in the ICE Family Residential Standard on Program Philosophy, Goals, and Expected Outcomes and the ICE Family Residential Standard on Disability Identification, Assessment, and Accommodation. These requirements must be promulgated in all Center policies, practices, and operations and its themes must be fully incorporated into every Center activity. This is of critical importance and will directly impact resident life, health, and safety.

Expected Outcomes

The expected outcomes of this Standard are as follows (specific requirements are defined in Expected Practices):

1. Women and girls will be offered routine, age-appropriate gynecological and obstetrical health care as indicated, consistent with recognized community guidelines for female health services.
2. The Center's provision of gynecological and obstetrical health care will be in compliance with standards in accordance with State licensing and consent requirements.
3. As part of every resident's intake health assessment, women and girls also will receive age-appropriate assessments and preventive health services, as medically appropriate.
4. A pregnant resident will have access to pregnancy services consistent with recognized community guidelines.
5. At no time will a pregnant resident be restrained, absent extraordinary circumstances that render restraints necessary and then subject to the requirements specified in the ICE Family

4.4 Health Care (Females)

Residential Standard on *Use of Physical Control Measures and Restraints*.

6. Medical and mental health interviews, screenings, appraisals, examinations, procedures, and administration of medication will be conducted in settings that respect residents' privacy in accordance with safe operations of the Center.
7. A resident's request to see a health care provider of a specific gender should be accommodated, whenever possible. Otherwise, same-sex chaperones will be provided.

Standards Affected

Not applicable. This is a new standard.

Expected Practices

A. Overview

In addition to the medical, mental health, and dental services provided to every resident as required by the ICE Family Residential Standard on *Health Care*, every Center will directly or contractually provide women and girls with access to:

- Pregnancy services, including pregnancy testing, routine or specialized prenatal care, postpartum follow-up, lactation services, and abortion services as outlined herein;
- Counseling and assistance for pregnant women in keeping with their express desires in planning for their pregnancy, whether they desire abortion, adoptive services, or to keep the child; and
- Routine, age-appropriate, gynecological health care services, including offering women's specific preventive care.

B. Initial Health Intake Screening and Health Assessment

1. Initial Screening

Within 12 hours of arrival, during their initial medical screening, all female residents will receive information on services related to women's health care as provided for in this standard and the ICE Family Residential Standard on *Health Care*.

2. Initial Health Assessment

If the initial health intake screening indicates the possibility of pregnancy, then an immediate referral will be initiated and the resident will receive a health assessment within two business days.

If the initial health intake screening indicates that a resident has experienced prior sexual victimization or perpetrated sexual abuse, staff will, as appropriate, ensure that the resident is immediately referred to a qualified health care or mental health practitioner for health care and/or mental health follow-up as appropriate.

If the initial health intake screening indicates sexual assault within 7 calendar days, then the resident will be referred immediately for health care and/or mental health follow-up as appropriate, consistent with the ICE Family Residential Standard on *Health Care*. Prophylactic

4.4 Health Care (Females)

treatment, emergency contraception, and follow-up examinations for sexually transmitted infections (STIs) will be offered to all victims, as appropriate. Emergency contraception should be available in accordance with local jurisdiction requirements and regulations. The resident will be referred to a provider within 24 hours of identification or sent to an emergency department for further treatment.

If the initial health intake screening indicates any history of domestic abuse or violence, then the resident will be referred for and receive a mental health evaluation within 72 hours consistent with the ICE Family Residential Standard on *Health Care*.

All initial health assessments for women and girls will be provided by a trained and qualified health care provider. In addition to the criteria listed on the health assessment form, the evaluation will inquire about the following as is developmentally appropriate:

- Pregnancy testing and documented results (ages 10-56);
- If the resident is currently nursing (breastfeeding);
- Use of contraception;
- Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);
- Menstrual cycle;
- History of breast and gynecological problems;
- Family history of breast and gynecological problems; and
- Any history of physical or sexual victimization and when the incident occurred.

Pelvic examination, breast examination, cervical cancer screening, breast cancer screening, and STI screening will be offered and provided as deemed appropriate or necessary by the health care provider.

C. Preventive Services

Preventative services specific to women will be offered for routine age and developmentally appropriate screenings, to include breast examinations, cervical cancer screening, sexually transmitted infections testing, and mammograms. These services will not interfere with resident's discharge from custody date.

1. Contraception

Upon request, appropriately trained health care personnel within their scope of practice will provide residents with non-directive (impartial) advice and consultation about family planning and birth control, and where medically appropriate, prescribe and dispense birth control.

D. Pregnancy

Upon confirmation by health care personnel that a woman is pregnant, she will be given medical supervision. Pregnant residents will have access to prenatal and specialized care, and comprehensive counseling inclusive of, but not limited to nutrition, exercise, complications of

4.4 Health Care (Females)

pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation, family planning, and abortion services.

The Center Administrator will ensure that the Field Office Director (FOD) is notified as soon as practicable of any female resident determined by health care personnel to be pregnant.

If a pregnant resident has been identified as having a high-risk pregnancy or a complication of pregnancy, the resident will be referred, as appropriate, to a physician specializing in high-risk pregnancies.

All chemically dependent pregnant residents (psychological dependence includes alcohol, sedatives/hypnotics, anxiolytics and opioids) are considered high risk and referred to an obstetrician or another health care provider capable of addressing their needs within 24-48 hours.

E. Non-use of Restraints

1. Restraints on Pregnant Women

At no time will a pregnant resident be restrained, absent extraordinary circumstances that render restraints necessary and then subject to the requirements specified in the ICE Family Residential Standard on *Use of Physical Control Measures and Restraints*.

F. Abortion Access

In the event continued residence is necessary and appropriate, and consistent with the practice of our federal partners, if the life of the mother would be endangered by carrying a fetus to term, or in the case of rape or incest, ICE will assume the costs associated with a woman's decision to terminate a pregnancy.

In this instance, or in a situation where a woman opts to fund the termination of her pregnancy, ICE will arrange for transportation at no cost to the resident for the medical appointment and, if requested by the resident, for access to religious counseling, and non-directive (impartial) health care resources, and social counseling, to include outside social services or women's community resources groups.

If a resident requests to terminate her pregnancy, then ICE will document the request in the resident's health records. The resident's statement should be signed personally by the resident and include clear language of the resident's intent.

G. Mental Health Services

In addition to mental health services offered to all residents, mental health assessments will be offered to any resident who has recently given birth, miscarried, or terminated a pregnancy.

References

- ICE Family Residential Standard on Health Care
- ICE Family Residential Standard on Program Philosophy, Goals, and Expected Outcomes
- ICE Family Residential Standard on Use of Physical Control Measures and Restraints

4.4 Health Care (Females)

- National Commission on Correctional Health Care, Standards for Health Services in Jails (2014)
- National Commission on Correctional Health Care: Position Statement on Women’s Health Care in Correctional Settings (2014)
- “Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities,” 79 Fed. Reg. 13100 (Mar. 7, 2014)