



# PIPS

Pregnancy In Prison Statistics

## Pregnancy in Prison Statistics Monthly Reporting Form

*Recurring survey to be completed by each facility's designee*

This survey is for the month of:

XXXXX

Today's date [MM/DD/YYYY]

Facility Name

\_\_\_\_\_

\_\_\_\_\_

Please report the following numbers at your facility for the month of XXXXX (between the first day of the month and last day of the month, except when noted as a one-day count). Responses are due by the 15th of each month.

Most items are required. Those items are marked with a [\*]. For all other items, please complete accurately and to the best of your ability.

We know that you may not be able to get some of this information. If you know that there were no women with a given condition, enter "0". If you do not know the answer to a question, choose the appropriate "no" option and explain in the following text field.

## VITAL STATISTICS

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*In the month of XXXXX, please report the total NUMBER of the following outcomes. Mark "0" if there were none. All responses required.*

Total number of pregnant women at your facility on the last day of XXXXX \_\_\_\_\_

Pregnant women newly admitted to this facility \_\_\_\_\_

Total number of women who gave birth to live babies \_\_\_\_\_

**Gestational age (must add up to total births):**

Number of full term births (greater than 37 weeks pregnant) \_\_\_\_\_

Number of pre-term births (between 24- 37 weeks pregnant) \_\_\_\_\_

Number of very early pre-term births (between 20-24 weeks pregnant) \_\_\_\_\_

**Multiples:**

Number of women who gave birth to twins \_\_\_\_\_

**Method of Delivery (must add up to total births):**

Number of vaginal births \_\_\_\_\_

Number of cesarean sections \_\_\_\_\_

**Location of Delivery:**

Number who delivered at hospital \_\_\_\_\_

Number who delivered at this facility \_\_\_\_\_

Number who delivered at other location \_\_\_\_\_

If "at this facility" or "other," please explain: \_\_\_\_\_

Total number of women who had miscarriages (loss of pregnancy before 20 weeks pregnant) \_\_\_\_\_

Number of first trimester miscarriages (< 14 weeks) \_\_\_\_\_

Number of second trimester miscarriages (>14 weeks) \_\_\_\_\_

Total number of women who had abortions \_\_\_\_\_

Number of first trimester abortions (<14 weeks) \_\_\_\_\_

Number of second trimester abortions (>14 weeks) \_\_\_\_\_

Total number of women who had stillbirths (fetus died inside the uterus; fetus born without a heartbeat) \_\_\_\_\_

Number of full term stillbirths (greater than 37 weeks pregnant) \_\_\_\_\_

Number of pre-term stillbirths (between 24-37 weeks pregnant) \_\_\_\_\_

Number of very early pre-term still births (between 20-24 weeks pregnant) \_\_\_\_\_

If you can, please provide additional details about these births. \_\_\_\_\_

Number of women who had ectopic pregnancies (pregnancy in the tubes instead of the uterus, usually treated with surgery or a shot of medication) \_\_\_\_\_

Number of maternal deaths (women who died while pregnant, during childbirth, or within 6 weeks of childbirth or abortion) \_\_\_\_\_

Total number of newborns who were born alive (either in XXXXX or the previous month), but died in XXXXX within 30 days of being born \_\_\_\_\_

**DETAILED PREGANCY INFORMATION [SUPPLEMENTAL, COLLECTED FOR 6 MONTHS]**

*Please provide counts of pregnant women who also had the following conditions during pregnancy in XXXXX (this includes women who were pregnant for part of the month and then their pregnancies ended [ie birth, miscarriage, abortion]).*

Do you know the number of pregnant women in XXXXX who had HIV?  Yes  
[\*] Please mark one response.  No

If YES:

Total number of pregnant women in XXXXX who had HIV \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who had HIV. \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who had Hepatitis C?  Yes  
[\*] Please mark one response.  No

If YES:

Total number of pregnant women in XXXXX who had Hepatitis C \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who had Hepatitis C. \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who had high blood pressure (pre-eclampsia, chronic hypertension, gestational hypertension)?  Yes  
[\*] Please mark one response.  No

If YES:

Total number of pregnant women in XXXXX who had high blood pressure (pre-eclampsia, chronic hypertension, gestational hypertension) \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who had high blood pressure (pre-eclampsia, chronic hypertension, gestational hypertension) \_\_\_\_\_

If NO: Please explain why this number is not available.



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Do you know the number of pregnant women in XXXXX who had diabetes (either diagnosed in pregnancy or before pregnancy) [\*]  
*Please mark one response.*

- Yes  
 No

If YES:

Total number of pregnant women in XXXXX who had diabetes (either diagnosed in pregnancy or before pregnancy) \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who had diabetes (either diagnosed in pregnancy or before pregnancy) \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who had psychiatric diagnosis (eg major depression, bipolar disorder, schizophrenia) [\*] *Please mark one response.*

- Yes  
 No

If YES:

Total number of pregnant women in XXXXX who had a psychiatric diagnosis (eg major depression, bipolar disorder, schizophrenia) \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who had a psychiatric diagnosis (eg major depression, bipolar disorder, schizophrenia) \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who did not have a diagnosis of serious mental illness but who were enrolled in non-addiction related mental health services [\*] *Please mark one response.*

- Yes  
 No

If YES:

Total number of pregnant women in XXXXX who did not have a diagnosis of serious mental illness but who were enrolled in non-addiction related mental health services \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who did not have a diagnosis of serious mental illness but who were enrolled in non-addiction related mental health services \_\_\_\_\_  
If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who were taking psychiatric medications? [\*] *Please mark one response.*  Yes  
 No

If YES:

Total number of pregnant women in XXXXX who were taking psychiatric medications. \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who were taking psychiatric medications. \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who reported cigarette use prior to jail admission? [\*] *Please mark one response.*  Yes  
 No

If YES:

Total number of pregnant women in XXXXX who reported cigarette use prior to jail admission. \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who reported cigarette use prior to jail admission. \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who had alcohol use disorder? [\*] *Please mark one response.*  Yes  
 No

If YES:

Total number of pregnant women in XXXXX who had alcohol use disorder. \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who had alcohol use disorder. \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

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Do you know the number of pregnant women in XXXXX who had drug addiction (illegal drugs or addiction to prescription painkillers)? [\*]  Yes  No  
*Please mark one response.*

If YES:

Total number of pregnancies in XXXXX complicated by drug addiction (illegal drugs or addiction to prescription painkillers) \_\_\_\_\_

Number of newly admitted women's pregnancies in XXXXX complicated by drug addiction (illegal drugs and addiction to prescription painkillers) \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who had opiate addiction (eg heroin or prescription painkillers)? [\*]  Yes  No  
*Please mark one response.*

If YES:

Total number of pregnant women in XXXXX who had opiate addiction (eg heroin or prescription painkillers) \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who had opiate addiction (eg heroin or prescription painkillers) \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who were being prescribed methadone treatment in custody because of opiate addiction (heroin, prescription painkillers)? [\*]  Yes  No  
*Please mark one response.*

If YES:

Total number of pregnant women in XXXXX who were being prescribed methadone treatment in custody because of opiate addiction (heroin, prescription painkillers) \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who were being prescribed methadone treatment in custody because of opiate addiction (heroin, prescription painkillers) \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who were being prescribed buprenorphine/suboxone/subutex in custody because of opiate addiction (heroin, prescription painkillers)? [\*]  Yes  No  
*Please mark one response.*

If YES:

Total number of pregnant women in XXXXX who were being prescribed buprenorphine/suboxone/subutex in custody because of opiate addiction (heroin, prescription painkillers) \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who were being prescribed buprenorphine/suboxone/subutex in custody because of opiate addiction (heroin, prescription painkillers) \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the number of pregnant women in XXXXX who were detoxed from opiates (either “cold turkey” or with medications only to help with detox)? [\*]  Yes  No  
*Please mark one response.*

If YES:

Total number of pregnant women in XXXXX who were detoxed from opiates “cold turkey” \_\_\_\_\_

Number of newly admitted pregnant women in XXXXX who were detoxed from opiates “cold turkey” \_\_\_\_\_

Total number of pregnant women who detoxed with medications (such as methadone, buprenorphine, or other medications for symptom relief) \_\_\_\_\_

Number of newly admitted pregnant women who detoxed with medications (such as methadone, buprenorphine, or other medications for symptom relief) \_\_\_\_\_



If NO: Please explain why this number is not available.

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Do you know how many women requested an appointment/referral to have an abortion in XXXXX?  Yes  
 No

IF YES:

How many women requested an appointment/referral to have an abortion? \_\_\_\_\_

IF NO: Please explain why this number is not available.

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For the requests for an appointment or referral for abortion, how many appointments or referrals were made? \_\_\_\_\_

If there was a discrepancy between the number who requested an appointment/referral to have an abortion and the number who actually went to an appointment, please explain.

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## POSTPARTUM INFORMATION

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Please complete postpartum information for women who have given birth within the last 3 months.

On the last day of XXXXX, do you know the total number of women who were postpartum (delivered a baby within the last 3 months) in this facility? [\*]

- Yes  
 No

Please mark one response.

If YES: On the last day of XXXXX, how many postpartum women who had delivered a baby within the last 3 months (either while in custody or before coming into custody) were in this facility? \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

For the month of XXXXX, do you know the total number of women who were pumping breast milk or directly breastfeeding their babies? [\*]

- Yes  
 No  
 Not applicable; mothers are not allowed to pump/breastfeed

Please mark one response.

If YES: In XXXXX, what was the total number of women who were pumping breast milk or directly breastfeeding their babies? \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

For the month of XXXXX, do you know the total number of women diagnosed with postpartum depression? [\*]

- Yes  
 No

Please mark one response.

If YES: In XXXXX, what was the total number of women diagnosed with postpartum depression? \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

For the month of XXXXX, do you know the total number of women who underwent a tubal ligation (had her "tubes tied") while in the hospital immediately after childbirth (either after vaginal delivery or cesarean section)? If you do not know this information, please attempt to obtain it from medical personnel. [\*] Please mark one response.

- Yes  
 No

If YES: In XXXXX, what was the total number of women who underwent a tubal ligation (had her “tubes tied”) while in the hospital immediately after childbirth (either after vaginal delivery or cesarean section)? \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

## **BABY PLACEMENT INFORMATION**

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*Please answer these questions about all babies born to women in custody in XXXXX or in a prior month as indicated.*

Total number of babies born alive to women incarcerated in this facility in XXXXX \_\_\_\_\_

For babies born in XXXXX, do you know where **all** babies were placed after they were born? [\*]  
*Please mark one response.*

- Yes
- No
- Not applicable; no babies born in time period

If NO: Please explain why this number is not available.

*If you know where some (but not all) of the babies born in XXXXX were placed, please also provide any information that IS available for them. This includes the number of babies:*

- *placed in foster care*
  - *placed with a designated family member or friend*
  - *adopted*
  - *who stayed with the mother in a prison nursery*
  - *who went with the mother to an alternative community-based program*
  - *still in the hospital at the time of reporting.*
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IF YES:

In XXXXX, number of babies born who were placed with a designated family member \_\_\_\_\_

In XXXXX, number of babies born who were placed with a designated non-family member \_\_\_\_\_

In XXXXX, number of babies born who went to foster care \_\_\_\_\_



In XXXXX, number of babies born who were adopted \_\_\_\_\_

In XXXXX, number of babies born who stayed with the mother in a prison nursery \_\_\_\_\_

In XXXXX, number of babies born who went with the mother to an alternative, community-based program \_\_\_\_\_

Please explain the name(s) and type of the program(s)

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In XXXXX, number of babies who are still in the hospital at the time of reporting \_\_\_\_\_

Do you know the number of babies born in a prior month who were discharged from the hospital in XXXXX? [\*]  Yes  
 No  
*Please mark one response.*

If NO: Please explain why this number is not available.

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If YES: How many babies born in a prior month were discharged from the hospital in XXXXX? \_\_\_\_\_

Do you know where all these babies were placed? [\*]  Yes  
 No  
 Not applicable- no babies born in a prior month discharged in XXXXX  
*Please mark one response.*

If NO: Please explain why this number is not available.

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*Please also provide any information that IS available for babies born in a prior month who were discharged from the hospital in XXXXX. This includes the number of babies:*

- *placed in foster care*
- *placed with a designated family member or friend*
- *who stayed with the mother in a prison nursery*
- *who went with the mother to an alternative community-based program*
- *still in the hospital at the time of reporting.*
- *Unknown placement*

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If YES:

In XXXXX, number of babies born in a prior month who were placed with a designated family member or friend \_\_\_\_\_

In XXXXX, number of babies born in prior month who went to foster care \_\_\_\_\_

In XXXXX, number of babies born in a prior month who stayed with the mother in a prison nursery \_\_\_\_\_

In XXXXX, number of babies born in a prior who went with the mother to an alternative, community-based program \_\_\_\_\_

In XXXXX, number of babies born in a prior month who are still in the hospital at the time of reporting \_\_\_\_\_

**BABY INFORMATION: NEONATAL INTENSIVE CARE UNIT (NICU)**

Of babies born in XXXXX, do you know how many of these babies spent time in the neonatal intensive care unit (NICU)? [\*]  Yes  No  
*Please mark one response.*

If YES: In XXXXX, how many babies spent time in the NICU? \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_

Do you know how many babies born in a PRIOR month spent time in the neonatal intensive care unit (NICU)? [\*]  
*Please mark one response.*

If YES: In XXXXX, how many babies spent time in the NICU? \_\_\_\_\_

If NO: Please explain why this number is not available.  
\_\_\_\_\_  
\_\_\_\_\_