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***** IMMEDIATE ATTENTION REQUIRED *****

August 17, 2016

Via Email: so_wriggelsworth@ingham.org
so_spyke@ingham.org
Via Fax (517) 676-8299
Via Fedex:

Sheriff Gene Wriggelsworth
Undersheriff Allan Spyke
Ingham County Sheriff's Department
630 N Cedar St
Mason, MI 48854

Re: Breastfeeding Accommodations for Christina Milliner

Dear Sheriff Wriggelsworth and Undersheriff Spyke,

We write to ask that the Ingham County Jail accommodate the lactation needs of Christina Milliner, who is scheduled to report for a brief incarceration starting this Friday, August 19, 2016. Failure to do so will subject her to the same severe pain that she experienced at the jail last weekend and thus violate her Eighth Amendment rights.

Ms. Milliner is breastfeeding her baby Micah, a premature infant who was born at 29 weeks weighing just over 3 pounds. To give her baby the best start on life, and in keeping with her physician's advice, Ms. Milliner has gone to great lengths to breastfeed. She expressed milk for Micah while he was in the neonatal intensive care unit, and has exclusively breastfed him since he came home. Micah, who is now six months old, nurses every 2 ½ to 3 hours during the day and several times at night.

Ms. Milliner is under court supervision for retail fraud. She missed several appointments, apparently due to the difficulty of finding childcare, and was ordered to serve two weekends in jail. This past weekend Ms. Milliner reported to the jail as directed on Friday evening, August 12. Ms. Milliner explained to jail staff at intake that one of her serious medical needs is to express milk. However, despite her repeated requests, Ms. Milliner was neither provided with a breast pump nor allowed to bring in her own pump.

Because Ms. Milliner was unable to pump or to feed her baby for three days, her breasts became engorged, an extremely painful medical condition in which the breasts become hard and inflamed. Ms. Milliner's breasts turned red and purple, and she experienced severe pain. Her

milk ducts were clogged and her breasts were so swollen that they extended out past her nipples. She was also severely dehydrated because there was no working source of water in the holding tank where she was held, and she was given only one glass of water with each meal, despite her body's need for additional fluids to produce milk.

Ms. Milliner's child was likewise in severe distress. Micah, who is exclusively breastfed, had great difficulty adjusting to a bottle. Because Ms. Milliner knew that she would need to report to jail, she worked for several weeks to try to get Micah to take a bottle. She even sought help from a specialist in the Early On program, who has been assigned to help Micah with the developmental issues arising from his prematurity. However, these efforts were unsuccessful, and Micah was unable to take milk from a bottle. When Ms. Milliner returned home, her breasts were so engorged that it has been hard for the baby to feed, and feeding the baby caused Ms. Milliner further pain.

For breastfeeding women, expressing milk is a serious medical need. Women who are unable to express milk not only experience excruciating pain, but are also at risk of mastitis, a serious infection.[1] A failure to address these issues in a correctional setting constitutes "deliberate indifference to [women's] serious medical needs" in violation of the Eighth Amendment to the United States Constitution. *Estelle v. Gamble*, 429 U.S. 97 (1976).

As a matter of public policy, there is an emerging consensus that penal institutions should meet the medical needs of women who are breastfeeding, either by giving them the ability to nurse their babies directly when possible, or by enabling them to express breast milk using a breast pump. For example, we attach, for your information, a statement by the American College of Obstetricians and Gynecologists, *Healthcare for Pregnant and Postpartum Incarcerated Women and Adolescent Females*, which explains:

> Given the benefits of breastfeeding to both the mother and the infant, incarcerated mothers wishing to breastfeed should be allowed to either breastfeed their infants or express milk for delivery to the infant. If the mother is to express her milk, accommodations should be made for freezing, storing, and transporting the milk.

See also American Bar Association, *ABA Standards for Criminal Justice: Treatment of Prisoners* 173 (3d ed. 2011) ("Governmental and correctional authorities should strive to meet the legitimate needs of prisoner mothers and their infants, including a prisoner's desire to breastfeed her child.."); Immigration and Customs Enforcement, Detention Standard 4.4, *Medical Care (Women)*, https://www.ice.gov/doclib/detention-standards/2011 (providing that initial medical assessment should determine whether the detainee is breastfeeding).

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[1] *See* Mayo Clinic, *Diseases and Conditions: Mastitis* ("Mastitis is an infection of the breast tissue that results in breast pain, swelling, warmth and redness. You also might have fever and chills. Mastitis most commonly affects women who are breast-feeding (lactation mastitis)."), http://www.mayoclinic.org/diseases-conditions/mastitis/basics/definition/con-20026633.

Based on the above, we ask that you take the following measures to protect the constitutional rights of Ms. Milliner and similarly situated women who come into your custody:

1. With respect to Ms. Milliner, we ask that at an absolute minimum, and as clearly required by the Eighth Amendment, you allow Ms. Milliner to express milk on a regular schedule this weekend using her breast pump. In addition we ask that you provide for safe and sanitary storage and collection of her expressed milk.[2]

2. Given that Micah has been exclusively breastfed and experienced distress when being bottle fed last weekend, we ask that in addition to Ms. Milliner being allowed to express milk, her family also be allowed to bring the baby to the jail to nurse during his mother's incarceration if she is held longer than 15 hours.

3. We request that the Ingham County Jail adopt a policy that (a) ensures all breastfeeding inmates be permitted access to a breast pump and allowed to express milk, (b) provides for safe and sanitary storage and collection of the expressed milk, and (c) allows requests to have infants brought to the jail to be nursed during regular visiting hours to be considered on a case-by-case basis.[3]

As noted above, this is an urgent situation because Ms. Milliner is required to report to the jail this Friday. **We therefore ask for your immediate attention to this matter and a response by 5 p.m. on Thursday, August 18.** You may reach attorney Miriam Aukerman at maukerman@aclumich.org or (616) 301-0930.

Sincerely,

Miriam Aukerman
Staff Attorney

Dan Korobkin (MJA)
Dan Korobkin
Deputy Legal Director

Galen Sherwin (MJA)
Galen Sherwin
Senior Staff Attorney, ACLU Women's Rights Project

cc: The Honorable Joyce Draganchuk

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[2] Safe use of the breast pump requires that its equipment be cleaned after each use. Therefore, please allow Ms. Milliner access to a sanitary area with running water and soap, so that she can do so.

[3] A model for such a policy, which was adopted by the Nevada Department of Corrections, is attached.

The American College of Obstetricians and Gynecologists
Women's Health Care Physicians

COMMITTEE OPINION

Number 511 • November 2011

Committee on Health Care for Underserved Women

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Reaffirmed 2016

Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Females

ABSTRACT: Clinicians who provide care for incarcerated women should be aware of the special health care needs of pregnant incarcerated women and the specific issues related to the use of restraints during pregnancy and the postpartum period. The use of restraints on pregnant incarcerated women and adolescents may not only compromise health care but is demeaning and rarely necessary.

Between 1990 and 2009, the number of incarcerated women increased 153% (1). Most women are incarcerated for nonviolent crimes, including drug and property offenses (2). On average, 6–10% of incarcerated women are pregnant, with the highest rates in local jails (3). Data on rates of pregnancy in juvenile facilities are limited, but indicate higher rates than in adult facilities (4, 5).

The women in the criminal justice system are among the most vulnerable in our society. Pregnancies among incarcerated women are often unplanned and high-risk and are compromised by a lack of prenatal care, poor nutrition, domestic violence, mental illness, and drug and alcohol abuse (6). Upon entry into a prison or jail, every woman of childbearing age should be assessed for pregnancy risk by inquiring about menstrual history, heterosexual activity, and contraceptive use and tested for pregnancy, as appropriate, to enable the provision of adequate perinatal care and abortion services. Incarcerated women who wish to continue their pregnancies should have access to readily available and regularly scheduled obstetric care, beginning in early pregnancy and continuing through the postpartum period. Incarcerated pregnant women also should have access to unscheduled or emergency obstetric visits on a 24-hour basis. The medical care provided should follow the guidelines of the American College of Obstetricians and Gynecologists (see Box 1) (7).

Special Clinical Considerations

Because of high rates of substance abuse (8) and human immunodeficiency virus (HIV) infection (9) among incarcerated women, prompt screening for these conditions in pregnant women is important. All pregnant

Box 1. Recommended Care

Intake

- Assess for pregnancy risk by inquiring about menstrual history, heterosexual activity, and contraceptive use and test for pregnancy as appropriate

During Pregnancy

- Provide pregnancy counseling and abortion services
- Provide perinatal care following guidelines of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists*
- Assess for substance abuse and initiate treatment; prompt initiation of opioid-assisted therapy with methadone or buprenorphine is critical for pregnant women who are opioid-dependent
- Test for and treat human immunodeficiency virus (HIV) to prevent perinatal HIV transmission
- Screen for depression or mental stress during pregnancy and for postpartum depression after delivery and treat as needed
- Provide dietary supplements to incarcerated pregnant and breastfeeding women
- Deliver services in a licensed hospital that has facilities for high-risk pregnancies when available
- Provide postpartum contraceptive methods during incarceration

*American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 6th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2007.

women should be questioned about their past and present use of alcohol, nicotine, and other drugs, including the recreational use of prescription and over-the-counter medication (7). Identification of pregnant women who are addicted to opioids facilitates provision of opioid-assisted therapy with methadone or buprenorphine. Maintenance of opioid-assisted therapy can reduce the risk of withdrawal, which can precipitate preterm labor or fetal distress (10). In addition, substance abuse can continue during incarceration despite efforts to prevent drugs from entering correctional facilities. Effective drug and alcohol treatment programs are essential. Pregnant women universally should be tested for HIV infection with patient notification unless they decline the test as permitted by local and state regulations (7). Screening for HIV infection allows for the initiation of essential treatment to optimize maternal health and to prevent perinatal HIV transmission for HIV-positive pregnant women. Incarcerated pregnant women should be screened for depression or mental stress and for postpartum depression after delivery and be appropriately treated.

Good maternal nutrition can contribute positively to the delivery of a healthy, full-term newborn of an appropriate weight. The recommended dietary allowances for most vitamins and minerals increase during pregnancy (7). Therefore, provision of dietary supplements to incarcerated pregnant and breastfeeding women is recommended, as is access to a nutritious diet and timely and regular meals.

Pregnant women who are required to stand or participate in repetitive, strenuous, physical lifting are at risk of preterm birth and small for gestational age infants. In addition, a recovery period of 4–6 weeks generally is required after delivery for resumption of normal activity (7). This should be taken into consideration when assigning work to incarcerated pregnant women and during the postpartum period.

Pregnant women are at high risk of falls. Activities with a high risk of falling should be avoided (7). Specifically, incarcerated women should be given a bottom bunk during pregnancy and the postpartum period.

Although maintaining adequate safety is critical, correctional officers do not need to routinely be present in the room while a pregnant woman is being examined or in the hospital room during labor and delivery unless requested by medical staff or the situation poses a danger to the safety of the medical staff or others. Delivery services for incarcerated pregnant women should be provided in a licensed hospital with facilities for high-risk pregnancies when available. Incarcerated pregnant women often have short jail or prison stays and may not give birth while incarcerated. Postpartum contraceptive options should be discussed and provided during incarceration to decrease the likelihood of an unintended pregnancy during and after release from incarceration (11).

It is important to avoid separating the mother from the infant. Prison nurseries or alternative sentencing of women to community-based noninstitutional settings should be considered for women during the postpartum period. Correctional facilities should have provisions for visiting infants for women in facilities without prison nurseries. When adequate resources are available for prison nursery programs, women who participate show lower rates of recidivism, and their children show no adverse effects as a result of their participation. In fact, by keeping mothers and infants together, prison nursery programs have been shown to prevent foster care placement and allow for the formation of maternal–child bonds during a critical period of infant development (12).

The American College of Obstetricians and Gynecologists strongly supports breastfeeding as the preferred method of feeding for newborns and infants (13). Given the benefits of breastfeeding to both the mother and the infant, incarcerated mothers wishing to breastfeed should be allowed to either breastfeed their infants or express milk for delivery to the infant. If the mother is to express her milk, accommodations should be made for freezing, storing, and transporting the milk. This can be difficult to facilitate and is another argument for prison nurseries or alternative sentencing of women to community-based noninstitutional settings.

Barriers to Care

Barriers currently exist to the provision of recommended care for incarcerated pregnant women and adolescents. Thirty-eight states have failed to institute adequate policies, or any policies, requiring that incarcerated pregnant women receive adequate prenatal care. Forty-one states do not require prenatal nutrition counseling or the provision of appropriate nutrition to incarcerated pregnant women, and 48 states do not offer pregnant women HIV screening (14).

Limiting Use of Restraints

Use of restraints, often called *shackling*, is defined as using any physical restraint or mechanical device to control the movement of a prisoner's body or limbs, including handcuffs, leg shackles, and belly chains. In 2007, the U.S. Marshals Service established policies and procedures for the use of authorized restraining devices, indicating that restraints should not be used when a pregnant prisoner is in labor, delivery, or in immediate postdelivery recuperation (15). In 2008, the Federal Bureau of Prisons ended the practice of shackling pregnant inmates as a matter of routine in all federal correctional facilities (16). That same year, the American Correctional Association approved standards opposing the use of restraints on female inmates during active labor and the delivery of a child. The standards also state that before active labor and delivery, restraints used on a pregnant inmate should not put the woman or the fetus at risk (17). More recently, in October 2010, the National Commission on Correctional Health Care, which accredits correctional facilities, adopted a position statement that opposes the

use of restraints on pregnant inmates (18). These standards serve as guidelines and are voluntary, not mandatory. State and local prisons and jails are not required to abide by either the Federal Bureau of Prisons policy or the National Commission on Correctional Health Care standards, but several state legislatures and departments of corrections have enacted antishackling policies recently. Despite progress, 36 states and the Immigration and Customs Enforcement agency of the Department of Homeland Security, which detains individuals who are in violation of civil immigration laws pending deportation, fail to limit the use of restraints on pregnant women during transportation, labor and delivery, and postpartum recuperation (14).

The use of restraints on pregnant incarcerated women and adolescents may not only compromise health care but is demeaning and rarely necessary. The apparent purpose of shackling is to keep incarcerated women from escaping or harming themselves or others. There are no data to support this rationale because most incarcerated women are nonviolent offenders. In addition, no escape attempts have been reported among pregnant incarcerated women who were not shackled during childbirth (19). This demonstrates the feasibility of preserving the dignity of incarcerated pregnant women and adolescents and providing them with compassionate care. The safety of health care personnel is paramount and for this reason, adequate correctional staff must be available to monitor incarcerated women, both during transport to and from the correctional facility and during receipt of medical care.

Physical restraints interfere with the ability of health care providers to safely practice medicine by reducing their ability to assess and evaluate the mother and the fetus and making labor and delivery more difficult. Shackling may put the health of the woman and fetus at risk (see Box 2). Shackling during transportation to medical care facilities and during the receipt of health services should occur only in exceptional circumstances for pregnant women and women within 6 weeks postpartum after a strong consideration of the health effects of restraints by the clinician providing care. Exceptions include when there is imminent risk of escape or harm. If restraint is needed, it should be the least restrictive possible to ensure safety and should never include restraints that interfere with leg movement or the ability of the woman to break a fall. The woman should be allowed to lie on her side, not flat on her back or stomach. Pressure should not be applied either directly or indirectly to the abdomen. Correctional officers should be available and required to remove the shackles immediately upon request of medical personnel. Women should never be shackled during evaluation for labor or labor and delivery. If restraint is used, a report should be filed by the Department of Corrections and reviewed by an independent body. There should be consequences for individuals and institutions when use of restraints was unjustified.

Box 2. Examples of the Health Effects of Restraints

- Nausea and vomiting are common symptoms of early pregnancy. Adding the discomfort of shackles to a woman already suffering is cruel and inhumane.
- It is important for women to have the ability to break their falls. Shackling increases the risk of falls and decreases the woman's ability to protect herself and the fetus if she does fall.
- If a woman has abdominal pain during pregnancy, a number of tests to evaluate for conditions such as appendicitis, preterm labor, or kidney infection may not be performed while a woman is shackled.
- Prompt and uninhibited assessment for vaginal bleeding during pregnancy is important. Shackling can delay diagnosis, which may pose a threat to the health of the woman or the fetus.
- Hypertensive disease occurs in approximately 12–22% of pregnancies, and is directly responsible for 17.6% of maternal deaths in the United States*. Preeclampsia can result in seizures, which may not be safely treated in a shackled patient.
- Women are at increased risk of venous thrombosis during pregnancy and the postpartum period†. Limited mobility caused by shackling may increase this risk and may compromise the health of the woman and fetus.
- Shackling interferes with normal labor and delivery:
  - The ability to ambulate during labor increases the likelihood for adequate pain management, successful cervical dilation, and a successful vaginal delivery.
  - Women need to be able to move or be moved in preparation for emergencies of labor and delivery, including shoulder dystocia, hemorrhage, or abnormalities of the fetal heart rate requiring intervention, including urgent cesarean delivery.
- After delivery, a healthy baby should remain with the mother to facilitate mother–child bonding. Shackles may prevent or inhibit this bonding and interfere with the mother's safe handling of her infant.
- As the infant grows, mothers should be part of the child's care (ie, take the baby to child wellness visits and immunizations) to enhance their bond. Shackling while attending to the child's health care needs may interfere with her ability to be involved in these activities.

*Diagnosis and management of preeclampsia and eclampsia. ACOG Practice Bulletin No. 33. American College of Obstetricians and Gynecologists. Obstet Gynecol 2002;99:159–67.

†Thromboembolism in pregnancy. Practice Bulletin No. 123. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;118:718–29.

Recommendations

- Federal and state governments should adopt policies to support provision of perinatal care for pregnant and postpartum incarcerated women and adolescents that follow the guidelines of the American College of Obstetricians and Gynecologists. Mechanisms to ensure implementation of these policies and adequate funding to provide this care need to be put in place.
- Educational efforts are needed to increase the knowledge of health care providers and correctional officers about issues specific to incarcerated pregnant and postpartum women and adolescents.
- Obstetrician–gynecologists should support efforts to improve the health care of incarcerated pregnant and postpartum women and adolescents at the local, state, and national levels. Activities may include the following:
  - — Advocating at the state and federal levels to restrict shackling of incarcerated women and adolescents during pregnancy and the postpartum period.
  - — Partnering with other organizations in the medical community opposed to shackling incarcerated pregnant women such as the American Medical Association and the Association of Women's Health, Obstetric and Neonatal Nurses (20, 21).
  - — Gaining representation on the boards of correctional health organizations.
  - — Working in correctional facilities to provide services to incarcerated pregnant and postpartum women and adolescents and continuing care after the woman's release, when feasible.
  - — Undertaking efforts to ensure that medical needs of pregnant and postpartum incarcerated women and adolescents are being addressed appropriately, such as by providing training or consultation to health care providers and correctional officers in prison settings.

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NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
657

BREAST PUMPING PROGRAM

Supersedes: NEW
Effective Date:

AUTHORITY: NRS 209.131

RESPONSIBILITY

The Director of Nursing (DON) at Florence McClure Women's Correctional Center (FMWCC) will be responsible for the oversight of the administration of this procedure. Licensed nursing personnel in the Medical Division are responsible for ensuring this procedure is followed.

657.01 PURPOSE OF PROGRAM

1. The breast pumping program is established to allow inmates who have recently delivered babies to provide nutrition for their children despite being incarcerated, and to provide services for inmates who are in the process of discontinuing lactation.

2. Pregnant inmates shall be informed about the benefits of breastfeeding, and educated about the effects on breastfeeding by active tuberculosis, HIV infection, illicit drug use and certain medications.

3. Participation in the program is voluntary, subject to approval by the Medical Division. Participation is subject to the following conditions:

A. The inmate must have given birth within the previous 30 days.

B. Prior to admittance to the program, a physician shall review the inmate's medication(s) for the purpose of providing the inmate with information on legitimate risks to an infant associated with the provision of breast milk while on particular medications, including the nature, level, and likelihood of such risks, and strategies on how the inmate may limit these risks, including but not limited to reducing dosage, eliminating the medication, or using an alternative medication. Admittance to the program may be denied only if, in the professional medical opinion of the physician, it will not be possible to provide milk that is safe for an infant's consumption while still maintaining the health of the mother. Where admittance is

denied, the physician must record the nature of the problematic medication, specified medical risks, and any proposed alternative accommodations.

C. The inmate must arrange for someone to pick up breast milk at the institution at least weekly. The person picking up milk must provide personal identification upon arrival, and must sign for the milk when picking it up.

D. Participation in the program is limited to 12 months after delivery.

4. Once approved, an inmate will receive training on how to use and clean the breast pump and be provided with adequate nutrition, including vitamins and/or nutritional supplements as ordered by the facility physician or medical provider.

657.02 BREAST PUMPING

1. Inmates will pump breast milk in a designated infirmary cell using equipment provided by the Department of Corrections. Privacy will be provided. Two inmates may use the cell simultaneously.

2. If authorized by the warden, inmates in this program may keep manual breast pumps in their cells to pump milk during the night without the need for repeated trips to the infirmary. If an inmate pumps in her cell overnight, she must have the appropriate accessories and tubing, collection bags and an insulated cooler with ice to store the milk overnight. Milk pumped in the inmate's cell must be delivered to the Medical Division no later than 0700 the following morning. Manual pumps may be used between the hours of 1800 and 0600 hours. After 0600 and until 1800, inmates must come to the infirmary and use the electric pumps.

3. Inmates are not allowed to take electric pumps to their cells. Electric pumps may only be used in the infirmary area.

4. Pumping will be scheduled for inmates approximately every three hours, depending upon institutional operations and restrictions. Times will be scheduled in advance by the Medical Division, with the intent of maintaining the mother's milk supply. Unscheduled appearances will not be accommodated. If an inmate refuses an appointment time, it will be counted toward the number of missed appointments. Extra pumping times will not be provided for those that are missed.

5. Scheduled pumping times may be delayed due to counts, institutional lockdowns, disruption of utilities (water, electricity, etc.), medical emergencies and other events that disrupt Medical Division or facility operations. Reasonable efforts will be made to accommodate program participants within a reasonable amount of time after the disruption ends. The warden may authorize the in-cell use of manual breast pumps in the case of a prolonged institutional disruption.

657.03 GENERAL REGULATIONS

1. The inmate must arrive at the Medical Division within ten minutes of her scheduled pumping time. If the inmate arrives later than this, her pumping time is subject to cancellation by medical personnel.

2. Three missed appointments are grounds for removal from the program, so long as the appointments were not missed due to an institutional disturbance such as those described in section 660.2.5.

3. An inmate who intentionally misuses or damages equipment, or who violates facility rules while in the infirmary area for the purpose of pumping milk is subject to removal from the program. The inmate will be directly responsible for the cost of repair or replacement of any equipment that she damages or destroys.

4. An inmate who engages in violent or assaultive behavior that causes her to be housed in disciplinary or administrative segregation may be dropped from the program.

5. An inmate in protective custody (PC) will be housed in the infirmary until either her PC status or her program participation ends.

6. Upon completion of the program or withdrawal from it, a schedule of tapered pumping to abate breast engorgement will be offered to the inmate. The schedule will be determined by the facility physician.

7. Manual pumps will not be purchased or provided by the Nevada Department of Corrections (NDOC). Inmates may use the manual pumps that they were given at the hospital prior to discharge in situations when such use is authorized.

657.04 USE OF ELECTRIC PUMPS

1. A specific infirmary cell will be designated by medical personnel to be used for breast pumping. The windows of this cell will be covered while it is in use to ensure privacy.

2. Inmates must use breast pumps provided or authorized by the NDOC.

3. Inmates will be instructed in the proper care and use of breast pumping equipment, breast feeding and proper nutrition by nursing staff.

4. Each inmate will be provided with her own supplies for the purpose of breast pumping. These supplies will be stored in the Medical Division when not in use.

5. The maximum allowed time for pumping is 30 minutes.

6. Inmates are responsible for the cleaning and maintenance of supplies following pumping.

7. A nurse will collect the breast milk from the inmate, and apply a pre-printed label to each bottle. The label will contain the inmate's name and DOC number. The nurse will write the date and time of collection on the label and place bottles in the designated freezer for storage until pickup.

8. A log will be maintained for each inmate participating in the program to document her pumping times and any missed appointments.

657.05 STORAGE OF BREAST MILK

1. Pumped breast milk must be stored in a sealed container in a freezer. The ideal storage temperature is -4 degrees Fahrenheit. Every effort should be made to maintain this temperature. A daily temperature log will be maintained for this freezer.

2. Each inmate will have a separate bin in the freezer for the storage of her breast milk.

657.06 PICKUP OF BREAST MILK

1. Breast milk must be picked up at the institution each week on days and times determined by the Warden, but no fewer than two days per week. At the discretion of the institution and with warden approval, an alternative pick-up time may be made available if need is presented.

2. Pick-up will occur at the gatehouse. No visitors will be allowed inside the institution for the purpose of milk pickup.

3. The inmate may designate up to three persons who are authorized to pick up her breast milk. Each person authorized to pick-up milk will be provided with written instructions regarding the transportation and storage of breast milk. If an inmate's child is in the care of the State, milk will be released to the person who possesses documented proof of guardianship of the child (i.e., foster parent).

4. Medical staff will carry the collected breast milk containers to the gatehouse in an insulated container and give them directly to the person picking-up the milk. The NDOC will not provide a container for transportation to the person picking-up milk.

5. The person picking-up milk must bring an insulated container.

6. Three consecutive weeks of missed pick-ups are grounds for removal from the program. The inmate will be notified if a pick-up is missed, and given the opportunity to designate another pick-up agent.

7. The NDOC will not arrange or pay for the pick-up, delivery or shipping of breast milk.

657.07 DISCONTINUING BREAST FEEDING

1. When an inmate choses to discontinue breastfeeding or is no longer permitted to participate in the program, she will continue to have access to a breast pump to relieve engorgement and prevent discomfort, including a hand pump as authorized by the Warden to relieve overnight engorgement.

2. The inmate will have access to the breast pump for this purpose as long as it is determined to be medically necessary by her doctor.

APPLICABILITY

1. This regulation applies only to Florence McClure Women's Correctional Center (FMWCC).

2. This regulation requires an audit.

_____ _____

Medical Director Date

_____ _____

Director Date