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<b>Policy Number:</b>	<b>500.108</b>
<b>Title:</b>	<b>Adult Offender Abortion</b>
<b>Effective Date:</b>	<b>6/21/18</b>

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**PURPOSE:** To provide incarcerated offenders with medical and social services related to an abortion.

**APPLICABILITY:** Minnesota Correctional Facility-Shakopee; incarcerated pregnant adult offenders

**DEFINITIONS:**

Elective abortion – an abortion induced legally by a qualified physician for any reason other than a therapeutic abortion.

Therapeutic abortion – an abortion induced legally by a qualified physician to safeguard the health of the mother.

**PROCEDURES:**

- A. The department, through its medical vendor, provides for therapeutic abortions and elective abortions where the pregnancy resulted from rape or incest. For all other elective abortions, the offender must pay for the abortion.
- B. When an offender informs nursing/medical staff that she wants an abortion, a nursing staff person schedules an appointment for the offender with an obstetrician/gynecologist (OB/GYN) practitioner.
- C. The OB/GYN practitioner discusses the abortion process and offers appropriate social services, and mental health services, if indicated. The decision to have an abortion lies solely with the offender.
- D. Offenders must not be placed in restraints prior to or three days after the procedure. The policy regarding use of force on pregnant offenders must be followed until the abortion has occurred. See policy 301.081, “Use of Force and Restraints – Adult.”
- E. The associate warden of operations (AWO) convenes a multidisciplinary team made up of the parenting coordinator, nursing representative, mental health representative, the captain, and the offender’s caseworker. The team develops a plan to ensure the offender has all resources related to the abortion.
- F. The offender must sign the Abortion Request form (attached) to document the fact that she chooses to have an abortion before the abortion can occur. The Abortion Request form is retained in the legal section of the medical file.
- G. Scheduling  
After the offender requests an abortion and signs the Abortion Request form:
  - 1. Nursing staff make arrangements for therapeutic abortions or elective abortions when the pregnancy resulted from rape or incest.

2. The parenting program coordinator, in conjunction with the caseworker, assists the offender in making arrangements for an elective abortion. This includes identifying financial resources, potential providers, and other resources as necessary. The department may expend funds to escort the offender to the outside facility for the procedure.
  3. The caseworker is responsible for having the offender sign the Agreement to Pay for Private Health Care form, letter to Private Health Care provider, Administrative approval form, and transportation delegation form.
  4. Funds for the procedure are deducted from the offender's account, and if the offender has insufficient funds, a debit is placed on the account.
  5. The offender may request to have a doula present during the procedure. The parenting coordinator arranges for the doula to be present.
- H. Following an abortion, a medical practitioner and mental health practitioner meet with the offender and make appropriate referrals. Offenders are authorized up to four sick days, post-procedure, for recovery.
- I. The health services administrator/designee and psychological services director/designee provide training to nursing and mental health staff on this policy upon hire and annually. Training records are retained in the employee's supervisory file.
- J. Department staff who wish not to be involved in arranging, transporting, or providing security during an abortion are not required to do so. Individual requests must be discussed with the supervisor.

**INTERNAL CONTROLS:**

- A. Minnesota Correctional Facility-Shakopee health services documentation of training on this policy is located in the employee's supervisory file, which is maintained by the registered nurse supervisor.
- B. The Abortion Request form is retained in the legal section of the offender's medical file.

**ACA STANDARDS:** 4-4436

**REFERENCES:** Minn. Stat. §§ [241.021, subd. 4](#); [243.212](#)  
[Division Directive 500.135, "Offender Requested Private Health Care"](#)  
NCCHC standard P. 58

**REPLACES:** Division Directive 500.108, "Adult Offender Abortion," 8/1/17.  
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

**ATTACHMENTS:** [Abortion Request form](#) (500.108A)

**APPROVED BY:**

Deputy Commissioner, Facility Services  
Deputy Commissioner, Community Services  
Assistant Commissioner, Facility Services

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