

Attachment A
NPS-MatHealth instrument

NPS-MatHealth

OMB No. xxxx-xxxx: Approval Expires xx/xx/202x

RETURN TO	Abt Associates National Prisoners Statistics Survey 55 Wheeler Street Cambridge, MA 02138	FORM NPS-MatHealth (xx-xx-202x)	2023 Maternal Health Special Data Collection	US DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING COLLECTION AGENT ABT ASSOCIATES INC.		
DATA SUPPLIED BY						
NAME				TITLE		
ADDRESS						
TELEPHONE	Area Code	Number	FAX NUMBER	Area Code	Number	
E-MAIL ADDRESS						

GENERAL INFORMATION

- If you have any questions about completing this form, please contact the Abt Associates Project Director, **Jennifer Bronson** (301-347-5647 or jennifer_bronson@abtassoc.com) or **BJS Statistician, Laura Maruschak** (202-598-0802 or laura.maruschak@usdoj.gov).
- Please complete the questionnaire before **June 28, 2024** by emailing a scanned copy of the form to jennifer_bronson@abtassoc.com, by mailing the completed form to Abt Associates at the address above, or by FAXing all pages to 617-218-4500.
- Please retain a copy of the completed form for your records.

WHAT TO ✓ INCLUDE AND ✗ EXCLUDE IN THIS DATA COLLECTION

Facilities

- ✓ **INCLUDE** state-and BOP-operated correctional facilities (e.g., prisons, penitentiaries, and correctional institutions; release centers, halfway houses, boot camps; prison farms; reception, diagnostic, and classification centers; and road camps; forestry and conservation camps; vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners).
- ✗ **EXCLUDE** private or contracted facilities housing persons under your authority

Admissions

- ✓ **INCLUDE** all types of admissions to your prison system, for sentences of any length or any total time served.
- ✗ **EXCLUDE** females under your jurisdiction held in local jails or in out-of-state prison facilities

Custody population

Persons physically held in your state- or BOP-operated correctional facilities

- ✓ **INCLUDE**
 - Persons who are unsentenced or who are sentenced to any length of time.
 - Persons who are temporarily absent (less than 30 days), out to court, or on work release.
 - Persons held in your facilities who are serving a sentence for your jurisdiction and another jurisdiction at the same time.
 - Persons held in your facilities for another jurisdiction.
- ✓ **EXCLUDE**
 - Persons held in local jails, private facilities, and in facilities in other jurisdictions.

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, Washington, DC 20531; and to the Office of Management and Budget, OMB No. xxxx-xxxx, Washington, DC 20503.

1. Does your prison system —

	Yes	No
a. Train staff on best practices for housing and caring for pregnant women.....		

	Yes	No
b. Have a pre-existing arrangement for where they would transport a pregnant women in the event of a pregnancy emergency or labor.....		

2. Do any of your correctional facilities —

✓ **INCLUDE** testing and appointments that are conducted either on or off facility grounds.

	Yes	No
a. Conduct pregnancy tests during intake..		
b. Have an on-site medical infirmary or unit that can care for pregnant women.....		
c. Have 24/7 nursing care or on-call medical providers for pregnant women.....		
d. Conduct a medical appointment with a qualified pregnancy care provider (e.g. obstetrician-gynecologist, a family physician, certified nurse midwife, women’s health nurse practitioner)		
i. Within 2 weeks of a positive pregnancy test or from admission if already pregnant.....		
ii. Routinely throughout the pregnancy..		
iii. Within 3 weeks after delivery.....		
e. Provide pregnant women with		
i. Lower bunk assignment.....		
ii. Extra pillows.....		
iii. Special diet.....		
iv. Prenatal vitamins.....		

	Yes	No
f. Provide support services to assist pregnant women throughout their pregnancy		
i. Social workers.....		
ii. Psychologists.....		
iii. Doulas.....		
g. Screen for depression during pregnancy.		
h. Screen for postpartum* depression.....		
* <i>Postpartum</i> refers to the period following the birth of a child.		
i. Provide the opportunity to pump breastmilk to maintain milk supply or to provide to baby or baby’s caregiver.....		
j. Provide a specialized diet for those breastfeeding or pumping breastmilk....		
k. Have a nursery or residential program where mothers and infants co-reside....		

If YES to 2k, GO ➔ Q3

If NO to 2k, GO ➔ Q4

3. On December 31, 2023 —

How many women in your custody were participating in a nursery or residential program where mothers and infants co-reside?

4. Between January 1, 2023 and December 31, 2023 —

a. How many women were admitted to your prison system?
<i>Count individuals multiple times if they were admitted more than once during this time period.</i>
b. Of the admissions reported in item 4a, how many were tested for pregnancy?
<i>Count individuals multiple times if they were admitted and tested for pregnancy multiple times during this period.</i>
1. How many tested positive for pregnancy?
<i>Count individuals multiple times if they were admitted and tested positive multiple times during this period.</i>

5. On December 31, 2023 —

a. How many women in your custody were pregnant?

IF zero (0) SKIP → Q6

b. Of the pregnant women reported in item 5a, how many were –

White, not of Hispanic origin

Black, not of Hispanic origin

Hispanic or Latino

American Indian or Alaska Native, not of Hispanic origin

Asian, not of Hispanic origin

Native Hawaiian or Other Pacific Islander, not of Hispanic origin

Two or more races, not of Hispanic origin

Other racial category, not of Hispanic origin

Unknown racial category, not of Hispanic origin

TOTAL (Sum should equal item 5a TOTAL)

6. Between January 1, 2023 and December 31, 2023, how many women while in your custody —

a. Gave birth to a live baby(ies)

b. Experienced a miscarriage

c. Experienced a stillbirth

d. Experienced an ectopic pregnancy

e. Experienced an abortion (exclude terminations from ectopic pregnancy)

END OF SURVEY