

Attachment I.  
Interview Guide

## Maternal Health Feasibility Study: Interview Guide

Facility(ies): \_\_\_\_\_ Interviewer(s): \_\_\_\_\_

Facility POC: \_\_\_\_\_ Notetaker(s): \_\_\_\_\_

Date: \_\_\_\_\_ Interviewee(s): \_\_\_\_\_

### Introduction and purpose of the call

Hello, this is [INTERVIEWER NAME], calling from Abt Associates on behalf of the Bureau of Justice Statistics (BJS). Thank you for agreeing to participate in BJS's Maternal Health Feasibility Study!

**Information about the Study:** The purpose of the feasibility study is to learn about maternal health care standards and practices in your <<facility/facilities>>, data on maternal health care and services that are collected and how/where those data are housed, and potential challenges and solutions if BJS were to request administrative and/or individual-level inmate records for research purposes. We are collecting this information for internal BJS planning purposes to determine whether BJS should try to gather administrative and/or individual-level inmate data from prisons and local jails in the future.

**IRB Disclosures:** Individual responses about your <<facility/facilities>> will not be published or released outside of BJS. BJS and Abt are bound by federal law (34 USC 10231) to use data for research and statistical purposes only, maintain and protect the data securely, and ensure data confidentiality. The interview should take between 45 and 90 minutes. Your participation in this study is voluntary. You may decline to answer any and all questions, or stop your participation, at any time. However, we ask for your assistance with this study because your response is valuable for BJS to understand record keeping on maternal health, what information about maternal health is recorded, and the capability of facilities to share these data with us, so that BJS can make an informed decision on whether and how to proceed with collecting and reporting statistics on pregnant women in custody. **Do you consent to participate in the study?** *[If not, ask for clarification (e.g., is s/he the right person to answer the questions? Are there any specific concerns we can address?) and then thank individual for their time.]*

**Before we Begin:** We want to be sure your <<facility/DOC/company>> has identified the best person/people to talk with us. Can you please tell us your official title and role within the <<facility/DOC/company>>? *[Prompt to be sure the person has knowledge about the maternal health data and/or standards/processes.]*

We also want you to know that you may not have all of the answers to our questions – that's okay! We will be taking notes, and we will send them to you after the interview, along with any questions that were outstanding. Do you have any questions before we begin?

Great! We will begin taking notes now. *[Start notetaking]*

### Confirming Facility Information *[Pre-populated prior to call]*

I would like to begin by confirming some of the information we have collected on your <<facility/DOC/company>>. Let me read the information we have gathered, and you can tell me if there is any incorrect information.

▪ **Facility type(s) (check all that apply):**

- ☐ Jail
  - ☐ Locally operated
  - ☐ Privately operated
  - ☐ Tribal jail
- ☐ Prison
  - ☐ State operated
  - ☐ Privately operated
  - ☐ BOP operated
- ☐ Unified system (combined jail/prison)

▪ **Facility(ies) house (check all that apply):**

- ☐ Pretrial
- ☐ Holds for other agencies
- ☐ Sentenced
- ☐ Other (specify) \_\_\_\_\_

▪ **Respondent type**

- ☐ Reporting for a single facility
- ☐ Reporting for multiple facilities
  - ☐ DOC
  - ☐ BOP
  - ☐ Private corporation
  - ☐ Jail jurisdiction

▪ **Custody status(es) of inmates in your facility(ies) (check all that apply):**

- ☐ Minimum/Low
- ☐ Medium
- ☐ High
- ☐ Super
- ☐ Administrative

▪ **Sex:** Female-only / Coed facility / Combo

▪ **Average daily population of females (exclude if reporting for multiple facilities):** \_\_\_\_\_

**[\*\* If respondent is reporting on multiple facilities:]** Since you will be reporting on multiple facilities in your jurisdiction, I would like you to answer on behalf of those facilities, but please let me know if there are any questions that may have different answers for different facilities. For example, you may have the same maternal health policies and procedures for all of your facilities, however you may have case management system vendors that differ based on facility.

The interview has three sections:

- (1) The policies and procedures that guide your maternal health practices within your facility;
- (2) Your facility's data management system and particular variables of interest; and
- (3) Key challenges you may have in providing this data to BJS, and potential mitigation strategies.

**Let's begin with Section 1.**

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**Section 1: Policies and Procedures**

- 1a. Does your <<facility/facilities>> have specific policies/procedures on how to care for pregnant women?
  - If **yes**: Do you have a hard or electronic copy that you would be willing to share?
- 1b. Does your <<facility/facilities>> have specific policies/procedures on the types of service(s) pregnant women receive?
  - If **yes**: Do you have a hard or electronic copy that you would be willing to share?

- 1c. Does your <<facility/facilities>> offer specialized training and/or modules for new COs or facility staff on how to care for and/or provide services to pregnant women?
- 1d. Does your <<facility/facilities>> have any certification (e.g., NCCHC, APA, other) as it relates to maternal health care/services?
  - [If **no**] Is this something you anticipate getting?
  - [If **yes**] Which certification and why? *[Nudge to try to get the impetus for the certification; reactive or proactive in nature?]*
- 1e. Does your <<facility/facilities>> provide any material on maternal health to pregnant women?
  - If **yes**, can you please provide it to us? *[If **no**, prompt for who designed/drafted the material]*
- 1f. How does your <<facility/facilities>> provide pregnant inmates access to healthcare?
  - Does your <<facility/facilities>> have an **onsite** medical infirmary or hospital to treat inmates?
    - o *[If **yes**] Is that onsite facility equipped with the conditions to handle prenatal care, live- or stillborn births, and post-natal care to the mother and baby?*
    - o *[If **no**] How are inmates transported in the case emergency care services are required? How long is the travel time to the nearest appropriate facility?*
- 1g. Does your <<facility/facilities>> have a special housing unit for pregnant women?
  - *[If **yes**] Can you please tell me more about what this looks like and how it differs from other housing conditions?*
- 1h. Does your <<facility/facilities>> have any special units that allow for a baby to stay in the facility with the mother?
  - *[If **yes**] How long can the baby stay in the facility? What are the conditions? What are the limitations and/or restrictions?*
- 1i. At what point are women screened for pregnancy?
- 1j. Are women of a certain age automatically screened for pregnancy?
- 1k. How quickly are pregnancy test results returned to the <<facility/facilities>>? To the pregnant woman?
- 1l. Once identified as being pregnant, what happens to the woman immediately afterwards? *[Allow to answer openly, then prompt below.]*
  - Specialized housing?
  - Specialized diet and/or prenatal medication?
  - Provided access to OB/GYN medical provider? *[Direct or indirect access?]*
  - Access to Substance Use Disorder (SUD) or other treatment?
  - Access to mental health counselor or social worker?
  - Standardized information provided on options regarding the pregnancy outcome and the baby's placement (if the woman will still be incarcerated)?
  - Connected to special ombudsperson or another designee to facilitate decision-making?

## Section 2: Data Management System

### *Facility Inmate Management System Characteristics*

2a. Vendor and product name for inmate case management system: \_\_\_\_\_

2b. Where is the data stored? In-house, external vendor, centralized, other?

- For **external** vendors, is there a charge to: Add in data elements? Pull the individual-level data at your request? Pull the aggregate-level data at your request?
- For **internally** developed and managed systems, do you have the ability to create new aggregate reports (e.g., the number of pregnant women in custody)?

2c. Are inmates' medical records housed in the case management system?

- If **no**: Where are the medical records housed? Who oversees/keeps that data? Can the data be linked to your inmate case management system?

Before we move forward, I want to remind you that the questions we ask are intended to help inform BJS of what is actually feasible to collect and report. I will be asking questions about PII and other protected data, and our intention is not to request this data, but to understand some of the challenges that BJS may have if they decided to pursue a request. Also, some of the questions in this section may be answered by any of your guiding policies and procedures documentation; by providing these documents, we can further report on additional challenges or resources that BJS can consider.

### *Availability of Individual Data Elements (Yes/No)*

2d. Does your <<facility/facilities>> case management system capture the following data elements on persons detained or serving time in your facility?

Category	Data Element	Availability
Personal identifiers and characteristics	Full Name	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Race and ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Years of schooling completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Occupation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fingerprint-backed State ID #	<input type="checkbox"/> Yes <input type="checkbox"/> No
	FBI number	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Full Social Security Number (SSN)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Last 6-digit SSN	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Defendant's prior criminal history	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Status in custody (e.g., pretrial, sentenced, hold for another agency)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Illicit drug use/SUD	<input type="checkbox"/> Yes <input type="checkbox"/> No

Category	Data Element	Availability
Initial Screenings	Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Prescription drug use/abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Alcohol use/abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other bodily injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Potential Maternal Health Complications (once identified as pregnant)	Method of delivery (vaginal or cesarean)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hospitalization(s) <i>unrelated to birth</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Preeclampsia	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Gestational Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other pregnancy-related complication(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Maternal hospitalization(s) <i>related to birth</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarceration Services/ Exposures	Mental health care services	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Substance abuse services (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of obstetrics exams	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of ultrasounds	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Regular prenatal counseling, as requested	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnancy Outcomes	Pregnancy loss such as stillbirth or other miscarriage (neonatal mortality)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Abortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Live birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Major neonatal abnormalities (structural, malformations, chromosomal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Live birth weight	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sex of child	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Apgar score	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Infant requiring NICU care	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Severe maternal morbidity and mortality (1-year post-partum)	<input type="checkbox"/> Yes <input type="checkbox"/> No

2e. Additional measures that your data management system collects on maternal health?

### Section 3: Key Challenges/Solutions

3a. Do you have a Data Use Agreement (DUA) or a Memoranda of Understanding (MOU) template for data sharing?

- If **yes**, would a DUA be required to share aggregate-level maternal health data with BJS?

- If **yes**, would a DUA required to share individual-level maternal health data with BJS?

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- ***Facility's Capability and Burden to Share Aggregate-Level Data with BJS***

- If BJS were to request aggregate-level maternal health data for statistical and research purposes:

- 3h. What administrative processes does your facility have in place for sharing aggregate maternal data with other agencies?

- 3i. Are there any major legal challenges to providing aggregate maternal health data to BJS? If yes, please explain.
- 3j. Are there any major technical challenges to providing aggregate maternal health data to BJS? If yes, please explain.
- 3k. Are there any major management/resource challenges to providing aggregate maternal health data to BJS? If yes, please explain.
- 3l. Any other challenges to providing aggregate maternal health data on maternal health? If yes, please explain.
- 3m. What types of assistance can BJS provide to you to decrease the challenges in providing aggregate-level maternal health data?

***Facility's Capability and Burden to Share Individual-Level Data with BJS***

If BJS were to request individual-level inmate maternal health data for statistical and research purposes:

- 3b. What administrative processes does your <<facility/facilities>> have in place for sharing individual-level maternal health data with other agencies?
- 3c. Are there any major legal challenges to providing individual-level maternal health data to BJS? If yes, please explain.
- 3d. Are there any major technical challenges to providing individual-level maternal health data to BJS? If yes, please explain.
- 3e. Are there any major management/resource challenges to providing individual-level maternal health data to BJS? If yes, please explain.
- 3f. Any other challenges to providing individual-level data on maternal health? If yes, please explain.
- 3g. What types of assistance can BJS provide to you to decrease the challenges in providing individual-level maternal health data?

***Burden to Pull Data Extracts [Can be hours of work and/or length of time from initial request to produce the data]***

- 3n. How long would it take you to create an aggregate data extract that contains the number of pregnant women in custody for a period of one year? You may use 100 fields per record for estimating purposes.
- 3o. How long would it take you to create an aggregate data extract that contains the number of pregnant women in custody for a one-day count? You may use 100 fields per record for estimating purposes.

- 3p. How long would it take you to create an aggregate data extract that contains the outcomes of pregnant women in custody for a period of one year? You may use 100 fields per record for estimating purposes.
- 3q. How long would it take you to create an individual-level data extract that contains the health care utilization and provision of services of pregnant women in custody for a period of one year? You may use 100 fields per record for estimating purposes.
- 3r. How long would it take you to create an individual-level data extract that contains the overall health status of pregnant women in custody for a period of one year? You may use 100 fields per record for estimating purposes.
- 3s. Of the surveys and data requests you are asked to report on an annual basis, which (if any) would be relevant to these answering these questions? (E.g., do you have any other data requests that may be applicable to answering questions on maternal health care and practices?)
- 3t. Who is your contact person should BJS wish to discuss maternal health practices and services with your <<facility/facilities>>? Is that the same individual who would be best to provide the data to BJS, should they request it?

**Thank you for your time and assistance. Do you have any questions we can answer?**