



Home Office

Detention Services Order 05/2016

Care and Management of Pregnant Women in Detention

November 2016



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Document Details

Process: To provide information for staff and suppliers on the care and management of pregnant women in detention

Implementation Date: June 2016 (reissued November 2016)

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Contains Mandatory Instructions

For Action: Home Office staff and suppliers operating in immigration removal centres, pre-departure accommodation and short-term holding facilities and escorting suppliers.

For Information: Relevant Home Office, Immigration Enforcement and Border Force staff.

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Processes Affected: Processes relating to pregnant women being detained, entering detention and during detention.

Assumptions: All staff will have the necessary knowledge to follow these procedures.

Notes: This DSO replaces DSO 02/2013 on pregnant women. This guidance supplements DSO 06/2016 on women in the detention estate.

Instruction

Introduction

1. This detention services order (DSO) provides guidance for all Home Office, centre supplier and healthcare staff working in immigration removal centres (IRC), pre-departure accommodation (PDA) and short-term holding facilities (STHF) where women are or may be detained, as well as escorting staff. It sets out instructions on the care and management of pregnant women in detention. For the purposes of care and management while detained a woman who claims she is pregnant, or who is suspected to be pregnant, must receive the same safeguards as a woman with a confirmed pregnancy, until such time as the pregnancy can be confirmed.

Policy on detention of pregnant women

2. The detention of pregnant women policy is set out in the Enforcement Instructions and Guidance and within the Border Force guidance document on pregnant women. Section 60 of the Immigration Act 2016 placed restrictions on the circumstances in which pregnant women may be detained for the purpose of removal and on the duration of their detention. The restrictions apply only where the Secretary of State is satisfied that the woman is pregnant. The restrictions do not apply to pregnant women detained at the border (whether held in port holding rooms or transferred to IRCs or residential STHFs) pending examination or further examination to determine entry to the UK, pending a decision to cancel leave to enter, on embarkation, or as a person liable to arrest/subject of an arrest warrant.
3. A woman who is to be detained pending removal or deportation and who the Secretary of State is satisfied is pregnant may be detained only if the removal will take place shortly or there are exceptional circumstances to justify detention. In either case, the detention of such a pregnant woman may be for no more than 72 hours, although this may be extended up to a total of 7 days if authorised by a Minister. In addition, there is a duty to have regard to the welfare of the pregnant woman in determining whether to authorise detention.

4. The time limit on detention is calculated from one of two points: **either** from when the Secretary of State is first satisfied that the woman is pregnant; **or** from when the woman's detention starts, whichever is the later point. If the Secretary of State is satisfied prior to or at the very outset of detention (at whatever location) that the woman is pregnant, the time limit will be calculated from the point the woman is first detained. Time spent under escort after this point will count towards the 72 hour limit. If the woman's pregnancy only becomes confirmed or is confirmed after detention has begun, and the Secretary of State is not therefore satisfied until that point that the woman is pregnant, the time limit will be calculated from the point at which the Secretary of State is satisfied. Time spent in detention prior to the point that the Secretary of State is satisfied as to the pregnancy will not count towards the 72 hour limit. It is therefore vitally important that information about a claimed, suspected or confirmed pregnancy is passed promptly to the Home Office caseworker responsible for managing the woman's case.

Initial detention

5. It is essential that centres and escorts are informed in advance of a detainee with a suspected, claimed or confirmed pregnancy being transferred into the detention estate irrespective of the place of initial detention.
6. Where detention of a pregnant woman is being planned in advance or is being requested by Border Force or ICE teams the detention gatekeeper must be notified and included in the planning. At the point of detention, either service of the IS91 or acceptance by the detention gatekeeper, the caseworker must open a 'DS: Pregnant' special condition on CID confirming that the Home Office is satisfied that the detained woman is pregnant. The 'DS: Pregnant' flag can be chosen from the drop down list. The start date must be entered and, in the notes field, the exact time of detention must be entered along with details of evidence provided to confirm pregnancy. The detaining casework officer must ensure that all relevant detainee records (Person Escort Record; movement order; and IS91 risk assessment) are updated immediately. It is important to note though that the 'DS:Pregnant' special condition should not be opened until pregnancy is confirmed.
7. In cases where a woman confirmed to be pregnant is detained without her pregnancy medical records or medication, all efforts should be made to ensure that she is able to get these items as a matter of urgency. If the woman is unable to make such arrangements on initial detention, assistance should be provided on arrival at the IRC by the IRC welfare officer and/or healthcare team to support the detainee in making any necessary arrangements.

Holding rooms

8. Detainee custody officers (DCOs) in the holding room should ensure that there are adequate and readily accessible provisions to address the needs of pregnant women, including food and drink, and maternity clothing where practicable. Extra pillows and blankets should be provided if this would make seating more comfortable for a pregnant detainee. There should also be easy access to a toilet.
9. As for all women, pregnant women must be searched only by female staff, taking into consideration any particular needs and physical limitations of the detainee and privacy must be given to the woman being searched. DSO 09/2012 sets out more general guidance for staff on the policy regarding searching detainees.

Transfer to a place of detention

10. When planning the transfer of a woman with a suspected, claimed or confirmed pregnancy the escorting supplier must ensure that the wellbeing of the woman is considered at all stages of the journey. The timing of the journey and route should be arranged to limit the impact on the woman. In order to minimise the journey time, pregnant women should be collected last when there are other women being escorted from other locations. The most direct route should be used wherever possible, with frequent comfort breaks and food and drink provided en route. Where possible inter-centre transfers at night should be avoided.
11. A detainee with a suspected, claimed or confirmed pregnancy should always have at least one female escorting officer and, subject to the dynamic risk assessment process, a medical escort may also be required. In case of a medical emergency escorts should be aware of hospital locations, with maternity facilities, on the journey route. The escorting supplier should make appropriate consideration to the particular needs of a pregnant detainee before and during the journey. Additional blankets and pillows should be provided if required.

Use of force

12. Force, or the use of restraints, must not be used on a pregnant woman unless it is necessary to prevent her from harming herself, any member of her family or any other person. In addition, pregnant women should not be placed at physical risk when force is used on another person. Force must not be used on a pregnant woman to secure compliance. Any force used on a pregnant woman must be appropriate, justified and proportionate. A pregnant detainee must not be placed in a waist restraint belt or leg restraints, or be placed in the mobile chair (for the purpose of restraint). DSO 07/2016 'use of restraints for escorted moves' sets out in more detail the limits to any use of restraints on pregnant women.

Pre-departure accommodation and residential short-term holding facilities

13. In certain cases pregnant women may be detained for a short period of time in PDA (as part of a family group undergoing ensured return), or in residential STHFs, which have more limited facilities than in an IRC. Within 2 hours of arrival a woman with a suspected, claimed or confirmed pregnancy will be screened by the onsite healthcare team. As there are no inpatient or midwifery facilities in this type of accommodation, if a pregnant detainee presents with any healthcare complications which cannot be addressed by the duty nurse she should be referred to the local hospital for necessary treatment and care. Access to ante-natal supplies such as maternity clothing will be provided on a case by case basis.
14. On notification of suspected pregnancy, healthcare providers at either the residential STHF or PDA will offer the detainee a voluntary pregnancy test to confirm pregnancy. Following confirmation of a detainee's pregnancy the onsite healthcare team must notify DEPMU, the supplier and the onsite Home Office Immigration Enforcement (HOIE) team of the pregnancy using an IS91RA Part C **only** if the detainee consents. Upon receipt of the IS91RA Part C, DEPMU will open a 'DS: Pregnant' special condition on CID. The exact start date of when the pregnancy was confirmed must be logged, and in the notes field the exact start time of when the pregnancy was confirmed must be entered along with details of evidence provided to confirm pregnancy.
15. If the detainee does not provide consent to inform others of her pregnancy healthcare staff should undertake the same process but complete the IS91RA Part C stating that the detainee is on a medical hold and force should not be used. The detainee should receive information about the risks and benefits of the decision to withhold consent from a healthcare professional in a format and language she understands, and this should be recorded fully in her healthcare notes. DSO 01/2016 'the protection, use and sharing of medical information relating to people detained under immigration powers' provides more detail on dealing with confidential medical information.
16. During office hours (Monday to Friday) the Home Office case owner should be notified of the pregnancy immediately using an IS91RA Part C form. This notification should be undertaken by the onsite HOIE team who will also follow up with a telephone call to the case owner to ensure that the information has been noted.
17. Outside of office hours (after 18.00hrs until 09.00hrs, and at weekends/bank holidays) the Home Office case owner should be notified of the pregnancy using an IS91RA Part C form. In addition the IRC supplier should immediately contact the local HOIE on call manager with the relevant details. The local HOIE on call manager should then immediately inform the Detention and Escorting Services on call senior manager, who will notify the on call duty officer for the relevant case working team.

IRC reception

18. On arrival at the IRC the supplier should prioritise any woman with a suspected, claimed or confirmed pregnancy during the admissions process and ensure that they are dealt with ahead of all non-pregnant women, or other detainees, to ensure their wait is as short as possible. For reasons of safety and security a DCO will undertake a 'pat down' search of all detainees on admission to an IRC as set out in DSO 09/2012 'searching policy'. Women detainees must be searched only by female staff and privacy must be given to the detainee being searched. Details of all searches must be recorded, including details of any item that was found. These records must be made available to the onsite HOIE team on request.
19. As part of the arrival process a personalised care plan and individual health and welfare risk assessment must be drawn up. Staff should refer to DSO 06/2013 for the reception and induction checklist and supplementary guidance. This should include consideration of suitable accommodation within the centre, for example on the ground floor if necessary to avoid use of several flights of stairs.

Healthcare reception

20. Detainees who arrive late in the evening will be screened at the earliest opportunity. For detainees who do not wish to have a full medical screening late at night they should receive a basic screening within 2 hours of arrival with a full screening the next day (and within 24 hours).
21. In line with the procedures in place for all detainees, every woman with a suspected, claimed or confirmed pregnancy must be offered an appointment with a GP within 24 hours of arrival at an IRC, which should include consideration of any medical requirements to enable removal to take place as planned.

Induction

22. The IRC supplier and onsite HOIE team must prioritise women with a suspected, claimed or confirmed pregnancy through their induction processes. Centre staff and healthcare staff must work together to undertake a risk assessment of the detainee as soon as possible, and within a maximum of 24 hours after arrival at reception. The risk assessment should include consideration of any pregnancy-related medical concerns and risks, and be completed on an IS91RA form. The form should be sent to DEPMU who will enter the details on CID and forward a copy of the IS91RA part C risk assessment form to the Home Office caseworker.

23. During the IRC supplier induction process the woman will be provided with information that sets out the IRC's specific provisions for pregnant women, including details of available ante-natal supplies that the IRC will provide on request, such as a pregnancy pillow and maternity clothes. Women may ask centre staff, the Independent Monitoring Board (IMB) or detainee welfare groups for help in understanding the support available to them. The IRC welfare team can assist with the following:
- Assisting with accessing their property and medical records, for example by contacting a landlord and asking for belongings to be collected and forwarded.
 - Assistance with financial matters (e.g. closing bank accounts), with making contact with friends and family overseas via the Red Cross Tracing Service, with the process of obtaining detainees' previous medical records and by arranging for the provision of maternity clothing when necessary.
24. Staff must ensure that any pregnancy-related issues are considered when undertaking the room sharing risk assessment (see DSO 12/2012) for the pregnant woman. A pregnant woman should be allocated a single room on request, where available.

Care and management during general stay

25. Any changes to the physical or mental health of a woman who is confirmed or suspected to be pregnant which may impact on the decision to detain should be notified to the Home Office case owner as a matter of urgency. This will include pregnancy-related events such as a suspected or confirmed miscarriage and any concerns regarding the unborn baby.
26. If a woman informs centre staff that she is pregnant or suspects that she is pregnant, the member of staff should notify healthcare staff, the onsite HOIE team, and the Head of Detention Operations as soon as possible. On notification healthcare staff should offer the detainee a pregnancy test to confirm the pregnancy. If the detainee does not wish to undertake a pregnancy test the case owner, with support from the onsite HOIE manager and healthcare staff, should consider all available physical, medical or other documentary evidence to decide whether, at that point, they can be satisfied that the detainee is pregnant. A negative decision should be kept under review, particularly if further evidence emerges or is provided subsequently.
27. Following confirmation of a woman's pregnancy healthcare staff should notify the onsite HOIE team **only** if the woman consents, unless Rule 35(1) applies in which case the medical practitioner is under a duty to report their concerns about the woman's health. If consent is not provided then the time limit on detention will not start until the Home Office case owner is satisfied that the woman is pregnant. This could include consideration of other physical, medical or documentary evidence. If the woman does not provide consent healthcare staff should complete an IS91RA Part C stating that the woman is on a medical hold and force must not be used (see paragraph 12).

28. Once consent is provided the onsite healthcare team must raise an IS91RA Part C and submit this to DEPMU, with a copy provided to the centre supplier and onsite HOIE team. Upon receipt of the IS91RA Part C, DEPMU will open a 'DS: Pregnant' special condition on CID as outlined in paragraph 6.
29. During office hours (Monday to Friday) the Home Office case owner should be notified immediately by email using an IS91RA Part C form. This notification should be undertaken by the onsite HOIE team who will also follow up with a telephone call to the case owner to ensure that the information has been noted. A care plan should then be put in place by healthcare and IRC supplier staff jointly within 4 hours to ensure that the wellbeing of the pregnant woman is safeguarded.
30. Outside of office hours (after 18.00hrs until 09.00hrs, and at weekends/bank holidays) the Home Office case owner should be notified as soon as possible using an IS91RA Part C form. In addition the IRC supplier should immediately contact the local HOIE on call manager with the relevant details. The local HOIE on call manager should then immediately inform the Detention and Escorting Services on call senior manager, who will notify the on call duty officer for the relevant case working team. Simultaneously a care plan should then be put in place jointly by healthcare and IRC supplier staff to ensure that the wellbeing of the pregnant detainee is safeguarded.
31. The case owner should have regard to the woman's welfare when determining whether to authorise continued detention. Case owners must inform the onsite HOIE team of any Ministerial extension to the detention time limit.
32. Each IRC that holds women must have a pregnancy liaison officer (PLO), or an officer whose functions include that of a PLO. The PLO should be a female officer where possible. The PLO, with support from healthcare staff, will be responsible for the development of a welfare plan for the management of a pregnant woman's care while she is in detention. They are also responsible for providing ante-natal supplies on request, including pregnancy pillows and maternity or other specific clothing, e.g. support stockings. Access to pregnancy related hygiene supplies, vitamin supplements and additional dietary requirements should be arranged by the PLO in consultation with healthcare. Additional food and drink should be made available outside of usual mealtimes.
33. In addition to routine healthcare support from the centre, pregnant women will receive ante-natal care in line with NICE guidelines, where possible. The decision to prescribe specific medication to enable removal to take place as planned is a matter for healthcare.

Release/Removal discharge information

34. Prior to a detainee's release or removal the centre supplier must complete a discharge form in full and the onsite HOIE team should update the CID case notes outlining the discharge information. Once the detained woman has either been removed, released or is no longer pregnant, the caseworker must close off the 'DS: Pregnant' special condition on CID, entering the closure date and updating the notes field to include the time that detention ended.

Release to the community

35. In the case of release to the community, the IRC healthcare provider, where possible, will inform the relevant healthcare provider in the community to ensure continuity of care. This should include the provision of all necessary medical and healthcare information about the woman and her unborn baby, subject to the woman providing consent. The PLO should ensure that the detainee is adequately prepared on her release so that health and wellbeing is safeguarded on her journey to her destination address. This information should be set out on the discharge form.
36. This should include sufficient money if required to enable travel to her final destination, a supply of sufficient medication for the journey (and until an alternative supply can be arranged), a copy of her medical records where appropriate, assistance with heavy luggage and a travel warrant. Releases should be facilitated during daytime where possible, to ensure that the woman can reach her final destination without late night travel, unless she is being collected by friends or family or for other significant operational reasons that mean that release at other times would be unavoidable. Night releases should be exceptional and the reasons should be fully documented which will include consideration of the woman's safety.

Removal

37. All removals involving pregnant women should be treated as a complex removal with a complicated pregnancy, unless medical evidence indicates otherwise. In order to plan a safe and successful removal the IRC supplier should hold a multi-disciplinary meeting to agree the removal plan and risk assessment. Attendees should include, as a minimum, the onsite HOIE Manager/Deputy Manager, IRC and escort supplier representatives, healthcare supplier representative, and case owner. The IRC healthcare clinician should be invited to attend, where available. During the meeting consideration should be given to the individual detainee's fitness to fly and any requirement for a medical escort.

38. IRC supplier staff should inform the escorting supplier of any pregnancy-related needs for safe removal of the pregnant woman, which may include back support cushions and blankets for travel, more frequent comfort breaks, consideration of alternative means of transport and any particular dietary needs (e.g. mitigating nausea). In addition to standard procedures on removal, the IRC supplier will provide the woman with an individual travel pack before leaving the IRC. This pack should contain food and drink for the journey, support stockings, sufficient medication for the journey and until alternative supplies can be arranged in the destination country and other specialised equipment such as mosquito nets, where appropriate.

Revision History

Review date	Reviewed by	Review outcome	Next review