

## Pregnant Inmate Miscarriage Optional Report

Name of county/facility \_\_\_\_\_

Reporting Month \_\_\_\_\_

Instruction: See instruction sheet for detailed instructions

**DO NOT PROVIDE INMATE IDENTIFYING INFORMATION** (including name or county, state or federal ID number)

Officials should create a case number that will allow recall of inmate information, but does not identify the inmate in any way on this form

Case #	# of weeks pregnant prior to miscarriage	Length of incarceration prior to miscarriage	Synopsis of prenatal care prior to incarceration	Synopsis of prenatal care during incarceration	Current Drug or or alcohol offense