

**OKLAHOMA DEPARTMENT OF CORRECTIONS
CARE OF PREGNANT OFFENDERS**

Date: _____

To: _____

From: Medical Unit

This is to advise you that comprehensive counseling, assistance, and medical care is available to you at all times while incarcerated through your Unit staff, Medical staff, and Mental Health staff.

During your pregnancy, you will be seen for pre-natal check-ups as ordered by the medical provider.

Any questions you may have about your child's welfare should be directed to the appropriate staff and all precautions will be made to make you and your unborn child safe.

Offender Signature: _____ **Date:** ____/____/____

Witness: _____ **Date:** ____/____/____