



## **THE PREGNANT PATIENT'S BILL OF RIGHTS**

The Pregnant Patient has the right to participate in decisions involving their well-being and that of their unborn child, unless there is a clear-cut medical emergency that prevents their participation. In addition to the rights set forth in the American Hospital Association's "Patient's Bill of Rights" (which has also been adopted by the New York City Department of Health), the Pregnant Patient, because they represent TWO patients rather than one, should be recognized as having the additional rights listed below.

1. The Pregnant Patient has the right, prior to the administration of any drug or procedure, to be informed by the health professional caring for them of any potential direct or indirect effects, risks or hazards to them or their unborn or newborn infant which may result from the use of a drug or procedure prescribed for or administered to them during pregnancy, labor, birth or lactation.
2. The Pregnant Patient has the right, prior to the proposed therapy, to be informed, not only of the benefits, risks and hazards of the proposed therapy but also of known alternative therapy, such as available childbirth education classes which could help to prepare the Pregnant Patient physically and mentally to cope with the discomfort or stress of pregnancy and the experience of childbirth, thereby reducing or eliminating the need for drugs and obstetric intervention. They should be offered such information early in pregnancy in order that they may make a reasoned decision.
3. The Pregnant Patient has the right, prior to the administration of any drug, to be informed by the health professional who is prescribing or administering the drug to them that any drug which they receive during pregnancy, labor and birth, no matter how or when the drug is taken or administered, may adversely affect the unborn baby, directly or indirectly, and that there is no drug or chemical which has been proven safe for the unborn child.
4. The Pregnant Patient has the right if Cesarean birth is anticipated, to be informed prior to the administration of any drug, and preferably prior to their hospitalization, that minimizing their and, in turn, their baby's intake of nonessential pre-operative medicine will benefit the baby.
5. The Pregnant Patient has the right, prior to the administration of a drug or procedure, to be informed of the areas of uncertainty if there is NO properly controlled follow-up research which has established the safety of the drug or procedure with regard to its direct and/or indirect effects on the physiological, mental and neurological development of the child exposed, via the pregnant person, to the drug or procedure during pregnancy, labor,

- birth or lactation (this would apply to virtually all drugs and the vast majority of obstetric procedures).
6. The Pregnant Patient has the right, prior to the administration of any drug, to be informed of the brand name and generic name of the drug in order that they may advise the health professional of any past adverse reaction to the drug.
  7. The Pregnant Patient has the right to determine for themselves, without pressure from their attendant, whether they will accept the risks inherent in the proposed therapy or refuse a drug or procedure.
  8. The Pregnant Patient has the right to know the name and qualifications of the individual administering a medication or procedure to them during labor or birth.
  9. The Pregnant Patient has the right to be informed, prior to the administration of any procedure, whether that procedure is being administered to them for their or their baby's benefit (medically indicated) or as an elective procedure (for convenience, teaching purposes or research).
  10. The Pregnant Patient has the right to be accompanied during the stress of labor and birth by someone they care for, and to whom they look for emotional comfort and encouragement.
  11. The Pregnant Patient has the right after appropriate medical consultation to choose a position for labor and for birth which is least stressful to their baby and to themselves.
  12. The Pregnant Patient has the right to have their baby cared for at their bedside if their baby is normal, and to feed their baby according to their baby's needs rather than according to the hospital regimen.
  13. The Pregnant Patient has the right to be informed in writing of the name of the person who actually delivered their baby and the professional qualifications of that person. This information should also be on the birth certificate.
  14. The Pregnant Patient has the right to be informed if there is any known or indicated aspect of their or their baby's care or condition which may cause them or their baby later difficulty or problems.
  15. The Pregnant Patient has the right to have their and their baby's hospital records complete, accurate and legible and to have their records, including Nurses' Notes, retained by the hospital until the child reaches at least the age of majority, or, alternatively, to have the records offered to them before they are destroyed.

16. The Pregnant Patient, both during and after their hospital stay, has the right to have access to their complete hospital medical records, including Nurses' Notes, and to receive a copy upon payment of a reasonable fee and without incurring the expense of retaining an attorney.

It is the pregnant patient and their baby, not the health professional who must sustain any trauma or injury resulting from the use of a drug or obstetric procedure. The observation of the rights listed above will not only permit the pregnant patient to participate in the decisions involving them and their baby's health care but will help to protect the health professional and the hospital against litigation arising from resentment or misunderstanding on the part of the client.

### **THE PREGNANT PATIENT'S RESPONSIBILITIES**

In addition to understanding their rights, the Pregnant Patient should also understand that they too have certain responsibilities. The Pregnancy Patient's responsibilities include the following:

1. The Pregnant Patient is responsible for learning about the physical and psychological process of labor, birth and postpartum recovery. The better informed expectant parents are, the better they will be able to participate in decisions concerning the planning of their care.
2. The Pregnant Patient is responsible for learning what comprises good prenatal and intranatal care and for making an effort to obtain the best care possible.
3. Expectant parents are responsible for knowing about those hospital policies and regulations, which will affect their birth and postpartum experience.
4. The Pregnant Patient is responsible for arranging for a companion or support person (partner, husband, wife, mother, sister, friend, etc.) who will share in their plans for birth and who will accompany them during their labor and birth experience.
5. The Pregnant Patient is responsible for making their preferences known clearly to the health professionals involved in their case in a courteous and cooperative manner and for making mutually agreed-upon arrangements regarding maternity care alternatives with their physician and hospital in advance of labor.
6. Expectant parents are responsible for listening to their chosen physician or midwife with an open mind, just as they expect their provider to listen openly to them.

7. The Pregnant Patient is responsible for honestly informing the midwife of any substances taken, or illness/injuries sustained during the pregnancy which may have an effect on the pregnancy or in the care they receive. (item #7 added by LWC)
8. Once they have agreed to a course of health care, expectant parents are responsible, to the best of their ability, for seeing that the program is carried out in consultation with others with whom they have made the agreement.
9. The Pregnant Patient is responsible for obtaining information in advance regarding the approximate cost of their obstetric and hospital care.
10. The Pregnant Patient who intends to change their provider or hospital is responsible for notifying all concerned, well in advance of the birth if possible, and for informing both of their reasons for changing.
11. In all their interactions with medical and nursing personnel, the expectant parents should behave towards those caring for them with the same respect and consideration they themselves would like.
12. During the patient's hospital stay, the patient is responsible for learning about their and their baby's continuing care after discharge from the hospital.
13. After birth, the parents should put into writing constructive comments and feelings of satisfaction and/or dissatisfaction with the care (nursing, medical and personal) they received. Good service to families in the future will be facilitated by those parents who take the time and responsibility to write letters expressing their feelings about the maternity care they received.

All the previous statements assume a normal birth and postpartum experience. Expectant parents should realize that, if complications develop in their case, there will be an increased need to trust the expertise of the physician and hospital staff they have chosen. However, if problems occur, the childbearing person still retains their responsibility for making informed decisions about their care or treatment and that of their baby. If they are incapable of assuming that responsibility because of their physical condition, their previously authorized companion or support person should assume the responsibility of making informed decisions on their behalf.