

# THE RIGHTS OF CHILDBEARING WOMEN



**CHILDBIRTH  
CONNECTION**  
since 1918

## FUNDAMENTAL PROBLEMS

### with Maternity Care in the United States

This statement was developed in response to serious and continuing problems with maternity care in the United States, including:

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The United States is the only wealthy industrialized nation that does not guarantee access to essential health care for all pregnant women and infants. Many women, especially those with low incomes, lack access to adequate maternity care.

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A large body of scientific research shows that many widely used maternity care practices that involve risk and discomfort are of no benefit to low-risk women and infants. On the other hand, some practices that clearly offer important benefits are not widely available in U.S. hospitals.

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Many women do not receive adequate information about benefits and risks of specific procedures, drugs, tests and treatments, or about alternatives.

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Childbearing women frequently are not aware of their legal right to make health care choices on behalf of themselves and their babies, and do not exercise this right.

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We must ensure that all childbearing women have access to information and care that is based on the best scientific evidence now available, and that they understand and have opportunities to exercise their right to make health care decisions. Women whose rights are violated need access to legal or other recourse to address their grievances.

# EVERY WOMAN'S RIGHTS

Consideration and respect for every woman under all circumstances is the foundation of this statement of rights, developed by Childbirth Connection.

**1** • Every woman has the right to **health care before, during and after pregnancy and childbirth.**

**2** • Every woman and infant has the right to **receive care that is consistent with current scientific evidence** about benefits and risks.\* Practices that have been found to be safe and beneficial should be used when indicated. Harmful, ineffective or unnecessary practices should be avoided. Unproven interventions should be used only in the context of research to evaluate their effects.

**3** • Every woman has the right to **choose a midwife or a physician** as her maternity care provider. Both caregivers skilled in normal childbearing and caregivers skilled in complications are needed to ensure quality care for all.

**4** • Every woman has the right to **choose her birth setting from the full range of safe options** available in her community, on the basis of complete, objective information about benefits, risks and costs of these options.\*

**5** • Every woman has the right to receive all or most of her maternity care from a single caregiver or a small group of caregivers with whom she can establish a relationship. Every woman has the right to **leave her maternity caregiver and select another** if she becomes dissatisfied with her care.\* (Only second sentence is a legal right.)

**6** • Every woman has the right to **information about the professional identity and qualifications** of those involved with her care, and to know when those involved are trainees.\*

**7** • Every woman has the right to **communicate with caregivers and receive all care in privacy**, which may involve excluding nonessential personnel. She also has the right to have all personal information treated according to standards of confidentiality.\*

**8** • Every woman has the right to **receive maternity care that identifies and addresses social and behavioral factors** that affect her health and that of her baby.\*\* She should receive information to help her take the best care of herself and her baby and have access to social services and behavioral change programs that could contribute to their health.

**9** • Every woman has the right to **full and clear information about benefits, risks and costs of the procedures, drugs, tests and treatments** offered to her, and of all other reasonable options, including no intervention.\* She should receive this information about all interventions that are likely to be offered during labor and birth well before the onset of labor.

**10** • Every woman has the right to **accept or refuse procedures, drugs, tests and treatments**, and to have her choices honored. She has the right to change her mind.\* (Please note that this established legal right has been challenged in a number of recent cases.)

**11** • Every woman has the right to **be informed if her caregivers wish to enroll her or her infant in a research study.** She should receive full information about all known and possible benefits and risks of participation; and she has

the right to decide whether to participate, free from coercion and without negative consequences.\*

12 • Every woman has the right to **unrestricted access to all available records** about her pregnancy, labor, birth, postpartum course and infant; to obtain a full copy of these records; and to receive help in understanding them, if necessary.\*

13 • Every woman has the right to **receive maternity care that is appropriate to her cultural and religious background**, and to receive information in a language in which she can communicate.\*

14 • Every woman has the right to **have family members and friends of her choice present** during all aspects of her maternity care.\*\*

15 • Every woman has the right to **receive continuous social, emotional and physical support** during labor and birth from a caregiver who has been trained in labor support.\*\*

16 • Every woman has the right to **receive full advance information about risks and benefits** of all reasonably available methods for relieving pain during labor and birth, including methods that do not require the use of drugs. She has the right to choose which methods will be used and to change her mind at any time.\*

17 • Every woman has the right to **freedom of movement during labor**, unencumbered by tubes, wires or other apparatus. She also has the right to give birth in the position of her choice.\*

18 • Every woman has the right to **virtually uninterrupted contact with her newborn** from

the moment of birth, as long as she and her baby are healthy and do not need care that requires separation.\*\*

19 • Every woman has the right to **receive complete information about the benefits of breastfeeding** well in advance of labor, to refuse supplemental bottles and other actions that interfere with breastfeeding, and to have access to skilled lactation support for as long as she chooses to breastfeed.\*\*

20 • Every woman has the right to **decide collaboratively with caregivers** when she and her baby will leave the birth site for home, based on their conditions and circumstances.\*\*

\* At this time in the United States, childbearing women are legally entitled to these rights.

\*\* The legal system would probably uphold these rights.

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## OUR SOURCES

The following sources, in their present or earlier editions, helped guide the development of this statement of rights:

American Hospital Association. *The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities*, 2003.

**Available at:** [www.aha.org/aha/ptcommunication/partnership/index.html](http://www.aha.org/aha/ptcommunication/partnership/index.html)

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Annas, G.J. The Rights of Patients: *The Authoritative ACLU Guide to the Rights of Patients*, third edition. Carbondale, IL: Southern Illinois University Press, 2004.

The Boston Women's Health Book Collective. Sections on "Childbearing" and "Knowledge is Power." In: *Our Bodies, Ourselves: A New Edition for a New Era*. New York: Simon & Schuster, 2005;417-524, 699-758.

Coalition for Improving Maternity Services (CIMS). *The Mother-Friendly Childbirth Initiative*, 1996.

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Enkin, M., Keirse, M. J. N. C., Neilson, J., Crowther, C., Duley, L., Hodnett, E. and Hofmeyr, J. *A Guide to Effective Care in Pregnancy and Childbirth*, third edition. New York: Oxford University Press, 2000.

**Available at:** [www.childbirthconnection.org/article.asp?ck=10218](http://www.childbirthconnection.org/article.asp?ck=10218)

International Childbirth Education Association, Inc. *The Pregnant Patient's Bill of Rights*. Minneapolis: ICEA, 1975.

**Available at:** [www.aimsusa.org/ppbr.htm](http://www.aimsusa.org/ppbr.htm)

President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Appendix A: *Consumer Bill of Rights and Responsibilities*. In its *Quality First: Better Health Care for All Americans*.

**Available at:** [www.hcqualitycommission.gov/final/append\\_a.html](http://www.hcqualitycommission.gov/final/append_a.html)

United Nations. *Universal Declaration of Human Rights*, 1948.

**Available at:** [www.un.org/Overview/rights.html](http://www.un.org/Overview/rights.html)

Thank you to George Annas, professor and chair of Health Law at the Boston University School of Public Health, for clarifying the legal status of the individual rights.

**CHILDBIRTH CONNECTION** is a national not-for-profit organization that uses research, education and advocacy to improve maternity care for all women and their families. Founded in 1918 as Maternity Center Association, Childbirth Connection has grown from a small group of concerned individuals and community leaders that succeeded in reducing maternal and infant deaths in New York City, to a nationally recognized leader in maternity care quality improvement. Childbirth Connection is a voice for the needs and interests of childbearing families. Our mission is to promote safe, effective and satisfying maternity care through research, education and advocacy.

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Download source:

[www.childbirthconnection.org/rights](http://www.childbirthconnection.org/rights)

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*Helping women and health professionals  
make informed maternity care decisions*

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