

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

American parents are becoming increasingly aware that health professionals do not always have scientific data to support common American obstetrical practices and that many of these practices are carried out primarily because they are part of medical and hospital tradition. In the last forty years many artificial practices have been introduced which have changed childbirth from a physiological event to a very complicated medical procedure in which all kinds of drugs are used and procedures carried out, sometimes unnecessarily, and many of them potentially damaging for the baby and even for the mother. A growing body of research makes it alarmingly clear that every aspect of traditional American hospital care during labor and delivery must now be questioned as to its possible effect on the future well-being of both the obstetric patient and her unborn child.

One in every 35 children born in the United States today will eventually be diagnosed as retarded; one in every 10 to 17 children has been found to have some form of brain dysfunction or learning disability requiring special treatment. Such statistics are not confined to the lower socioeconomic group but cut across all segments of American society.

New concerns are being raised by childbearing women because no one knows what degree of oxygen depletion, head compression, or traction by forceps the unborn or newborn infant can tolerate before that child sustains permanent brain damage or dysfunction. The recent findings regarding the cancer-related drug diethylstilbestrol have alerted the public to the fact that neither the approval of a drug by the U.S. Food and Drug Administration nor the fact that a drug is prescribed by a physician serves as a guarantee that a drug or medication is safe for the mother or her unborn child. In fact, the American Academy of Pediatrics Committee on Drugs has recently stated that there is no drug, whether prescription or over-the-counter remedy, which has been proven safe for the unborn child.

The Pregnant Patient has the right to participate in decisions involving her well-being and that of her unborn child, unless there is a clear-cut medical emergency that prevents her 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 she represents 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 her of any potential direct or indirect effects, risks or hazards to herself or her unborn or newborn infant which may result from the use of a drug or procedure prescribed for or administered to her 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 her need for drugs and obstetric intervention. She should be offered such information early in her pregnancy in order that she 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 her that any drug which she receives during pregnancy, labor and birth, no matter how or when the drug is taken or administered, may adversely affect her 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 section is anticipated, to be informed prior to the administration of any drug, and preferably prior to her hospitalization, that minimizing her and, in turn, her baby's intake of nonessential pre-operative medicine will benefit her baby.*

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