

Body and Soul Sovereignty, United

The Native Woman's Bill of Rights for Pregnancy, Labor and Birth

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“The Native Woman’s Bill of Rights for Pregnancy, Labor and Birth.”

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American Declaration on The Rights of Indigenous Peoples, 2016

Article XVIII – Health

- Indigenous peoples have the collective and individual right to the enjoyment of the highest attainable standard of physical, mental, and spiritual health.
- Indigenous peoples have the right to their own health systems and practices, as well as to the use and protection of their vital medicinal plants, animals and minerals, and other natural resources for medicinal use in their ancestral lands and territories.
- States shall take measures to prevent and prohibit Indigenous peoples and individuals from being subjects of research programs, biological or medical experimentation, or sterilization without their free, prior and informed consent. Likewise, Indigenous peoples and individuals have the right to access to their data, medical records, and documentation of research conducted by individuals and institutions, whether public or private.
- Indigenous peoples have the right to use, without discrimination of any kind, all the health and medical care institutions and services accessible to the general population. States, in consultation and coordination with indigenous peoples, shall promote intercultural systems and practices in the medical and health services provided in Indigenous communities, including training of Indigenous technical and professional health care personnel.
- States shall ensure the effective exercise of the rights contained in this article.

Article VII - Gender equality

- Indigenous women have the right to the recognition, protection, and enjoyment of all human rights and fundamental freedoms provided for in international law, free from discrimination of any kind.
- States recognize that violence against Indigenous peoples and individuals, particularly women, hinders or nullifies the enjoyment of all human rights and fundamental freedoms.
- States shall adopt, in conjunction with Indigenous peoples, the necessary measures to prevent and eradicate all forms of violence and discrimination, particularly against Indigenous women and children.

Native women have the right to:

1. Evidence-based and culturally appropriate healthcare during pregnancy, labor, birth and the postpartum period.
2. Choose a Midwife or an Obstetrician to care for her, both of which are skilled in normal childbearing. Midwifery care is typically for low-risk pregnancies but Midwives may collaborate with physicians to provide higher-risk care as needed. The Midwifery philosophy is to “be with woman;” a Midwife focuses on the empowerment of women to contribute to the planning and decision-making process regarding the state of her health. However, if she has a high-risk pregnancy, more than likely she will need to be cared for by an Obstetrician.
3. Decide on what type of prenatal care works best for her. She should request further information on the options which will depend on the county, state and country. Some models of maternity services may include conventional prenatal care in a hospital, Midwifery care at a birthing center, reduced visit care, pregnancy medical home, group prenatal care, telehealth, and integrated/connected care.
4. Request information on all options of prenatal/genetic testing that are available to her during the pregnancy. Some testing needs to be done very early in the pregnancy and the woman may miss that window of opportunity to have it done if prenatal care is started late or if the provider does not mention it. This may happen if the provider has decided that the woman is either not at risk, has no insurance or has insurance that will not cover this type of testing. The various options should always be disclosed to the woman, so she can make that decision for herself whether or not to pay if the testing is not covered by insurance.
5. Decide on her preferred birth setting from the full range of options available in her community. This choice should be made considering her pre-existing health risk factors, risks factors resulting from the pregnancy, her preferred mode of delivery, the costs of care and her insurance coverage.
6. Communicate with caregivers in a safe and private setting. Her personal information must be always be protected according to the agency’s standards of confidentiality.

7. An interpreter if she does not speak English, and access to disability accommodations in accordance with the Americans with Disabilities Act, even during the COVID-19 pandemic.
8. Be able to reach her prenatal provider during her pregnancy if she has concerns that cannot wait until the next scheduled visit. The woman should request alternative avenues of connecting with some provider if the usual provider is not available.
9. Receive maternity care that recognizes and addresses social, cultural and behavioral factors that may negatively or positively, contribute to her health and the health of her baby.
10. Engage in traditional practices to support herself and the birth of her baby as she deems necessary. She should inform her provider ahead of time and the staff on admission to the hospital, of her intent to include such cultural practices so that she and her family may be accommodated when she arrives (i.e. – preference to retain the placenta for ceremony).
11. Maternal agency or empowerment, dignity, bodily respect and autonomy during the pregnancy and childbirth process. The Native woman should always be consulted first regarding the management of any health issues, concerns and/or decision-making and be given the time to consider the requests to make a decision.
12. Receive trauma – sensitive care that considers the scientific evidence on the effects of previous trauma and other adverse historical events on the state of her health and the health of her future generations.
13. Report any form of “obstetrical violence” which includes being ignored in her time of need, loss of autonomy, yelled at and/or verbally abused, physical abused, threatened, or minimized. This also includes unauthorized exams by unknown providers or having a medical audience with exams and/or procedures. She has the right to mandate that her caretaker immediately discontinue any action that she finds discomforting. Obstetrical violence is unwarranted and unacceptable and should be reported and addressed appropriately.
14. Healthcare services performed by licensed, experienced personnel. She has the right to decline the involvement of students from any profession in her care unless, she has formed a relationship with the student and feels that the student’s services will be beneficial during her time of need.

15. Request assistance from another provider if during labor, her primary provider is pre-occupied. The hospital's lack of an adequately staffed unit should not detract from her right to receive timely, consistent, competent and holistic care.
16. File a formal complaint about concerns related to the care she has received, and to have the healthcare provider or institution respond to her concerns in a timely fashion. The woman may also request a different provider if she is dissatisfied or uncomfortable with the care a provider is giving, without stigma or retaliation.
17. Prior to the administration of any drug or procedure, the woman should be informed by her provider, of any potential side effects or risks to herself, her unborn or newborn infant. She has the right to inquire whether the safety and/or efficacy of the medications and/or procedures have been well established in the literature.
18. Full-informed consent when in the need for surgical delivery. If a cesarean or vacuum birth is being considered, the woman will be counseled and can expect a full disclosure from her provider, regarding the reason for the procedure, alternative options, potential risks/benefits, how it will be done, how long will the procedure take, anesthesia and pain relief post-op, the recovery period and her eligibility for a vaginal birth in the future. If it is emergent procedure, the woman may receive a shortened version of this counseling, however, she will be able to revisit the chronology of the events and experience with her provider after the surgery.
19. Be informed, prior to the administration of any procedure, clarifying whether that procedure is being administered for her or her baby's benefit (medically indicated) or as an elective procedure (for convenience, teaching purposes or research). If the woman chooses to partake in a research study, she should be given an expected time frame for completion, notification once available, access to a modality in which she can retrieve the results/outcomes and the availability of counseling from an involved and informed researcher from the study, to clarify the significance of the results and its impact on her health and the health of the baby.
20. Decline any medication, procedure or care recommendation as she deems necessary. However, it is vital that the woman explore all available options first so that the decision she ultimately makes, is a fully informed one.

21. Determine for herself, without force, fraud, or coercion from her attendant, whether she will accept the risks inherent in the recommended medication and/or treatment or decline.
22. Know the name and qualifications of the individual administering a medication or procedure to her during labor or birth.
23. Be accompanied during the stress of labor and birth by someone she cares for, or from a professional birth assistant or Doula, of whom she can seek out emotional comfort and encouragement from.
24. Choose a position for her labor and for birth, which is least stressful to her and her baby. She may request updates on the status of her baby's heartbeat before changing her position.
25. Maintain her baby nearby 24/7 and request that the Pediatrician examine her baby at her bedside. This type of arrangement is called "rooming in" and is beneficial to provide a safe and private forum for inquiry, for learning about caring for her baby and for expressing concern to the provider.
26. Nurse her baby right away after birth, unless there was a complication that requires her baby to be cared for by the staff on a warmer with easier access to equipment. Request that her baby not be given any formula or water which would sabotage her ability to provide for her baby in the manner in which she chooses.
27. Be informed in writing of the name of the person who actually delivered her baby and the professional credentials of that person. This information should also be on the birth certificate. She also has the right to request a copy of her baby's footprints after birth, if not freely offered to her.
28. To be informed if there is any known or indicated aspect of her or her baby's care or condition which may cause her or her baby to have health challenges later on.
29. The access of all of her medical records. She may request to have her and her baby's hospital medical records complete, accurate and legible and to have the records, including Nurses' Notes, retained by the hospital until the child reaches at least the age of maturity, or, alternatively, to have the records offered to her before they are destroyed. In this manner, she can avoid additional fees and not incur the expense of retaining an attorney if necessary.

30. Appropriate and complete follow-up for violence and mental health screening and management during her pregnancy, including up to one year postpartum (After the delivery).

This is especially true for women with past histories of domestic, sexual abuse or other forms of trauma, substance use, and anxiety and mood disorders, whether or not medication was needed. Adverse maternal mental health is noted to be one of the Nation's leading healthcare inequalities and has been associated with short and long-term physical health challenges, especially if left unaddressed.

