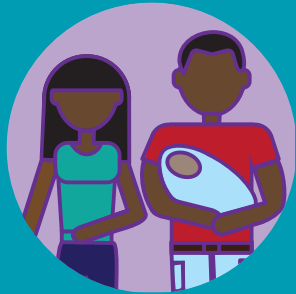




**UNDERSTANDING
YOUR RIGHTS DURING
PREGNANCY, LABOR AND
CHILDBIRTH, AND AFTER
GIVING BIRTH**



**A Companion Guide to the
New York City Standards for Respectful Care at Birth**

In New York City (NYC), Black people and other people of color are more likely to die or experience serious complications during pregnancy, during labor and childbirth, and after giving birth than White people. *The New York City Standards for Respectful Care at Birth* and this companion guide are part of the New York City Department of Health and Mental Hygiene's efforts to eliminate these unacceptable racial and ethnic inequities in maternal health outcomes. The Health Department is committed to improving maternal health care for all pregnant people in NYC. For more information, visit nyc.gov/health and search for **Sexual and Reproductive Justice or SRJ**.

The Health Department in collaboration with the Birth Justice Defenders and the Sexual and Reproductive Justice Community Engagement Group created this guide. Thank you to everyone who provided their input and time!

INTRODUCTION

ABOUT THE NEW YORK CITY STANDARDS FOR RESPECTFUL CARE AT BIRTH

The New York City Standards for Respectful Care at Birth inform and educate people about their rights during pregnancy, during labor and childbirth, and after giving birth — people like you. They give people the tools to be active decision-makers in their pregnancy and birthing experiences. The Health Department’s Sexual and Reproductive Justice Community Engagement Group in collaboration with community members who have given birth created *The Standards*.

The Standards include information about your rights related to the following topics:



Education: You deserve to ask for and receive simple information that you can easily understand about your health care, health care provider and birthing experience options.



Informed consent: You deserve to know and make your own decisions about all of your medical procedures.



Decision-making: You deserve to decide what happens with your body and to make decisions for your baby.



Quality of care: You deserve the highest-quality health care.



Support: You deserve to receive information and physical, emotional and social support during pregnancy, during labor and childbirth, and after giving birth.



Dignity and nondiscrimination: You deserve to be treated with dignity and respect during pregnancy, during labor and childbirth, and after giving birth — no matter what.

ABOUT THIS COMPANION GUIDE

After reading *The Standards*, you may still have questions about your rights and how to make sure you receive the respectful care you deserve. This guide can help, and it offers tools you can use throughout pregnancy, during labor and childbirth, and after giving birth. **This guide is not meant to provide medical advice or tell you what choices to make about your health.**

This guide includes three sections: *During Pregnancy*, *During Labor and Childbirth*, and *After Giving Birth*. Each section contains information, resources and scenarios designed to help you trust your instincts and build open and respectful relationships with your health care providers. We hope this guide will be useful when making decisions about your birthing experience and will help you have the safe and positive experience you want and deserve.



You will notice sticky notes throughout the guide. These notes offer tips that may be helpful during each stage of your pregnancy and birthing experience. You will also find a blank space at the end of each section. You can use this area to write down any questions, concerns or thoughts about what you have read. You can then share these notes with your health care providers, partner, doula and anyone else involved in your birthing experience.

Several key terms from *The Standards* will also appear throughout this guide. It may be helpful to understand what these terms mean and what role they may play in your birthing experience.



Under NYC law, **you are protected from discrimination** based on certain “protected classes” including your **age, citizenship status, color, disability, gender, gender identity, marital or partnership status, national origin, pregnancy status, race, religion, sexual orientation, and status as a veteran or active military service member.**¹



For a copy of *The Standards*, call **311** or visit **nyc.gov/health** and search for **NYC Standards for Respectful Care at Birth.**

KEY TERMS



Your Rights

What is the difference between a human right and a legal right? *The Standards* include both human rights principles and domestic laws.

Human Rights²

Legal Rights

Definition

Basic rights and freedoms that all human beings are born with. These rights belong to everyone, without discrimination.

Human rights are defined by an international framework, which makes sure that governments protect, respect and fulfill these rights.

Human rights are part of international law but they are not always covered by national and local laws.

Rights that are protected and enforced by countries, states or cities.

Example

You deserve to be treated with dignity and respect during pregnancy, during labor and childbirth, and after giving birth.

You have the legal right to an interpreter so that you can understand your health care provider and they can understand you.



If you believe you have been mistreated or denied care or services because of your gender, pregnancy or any other protected class under the NYC Human Rights Law, call **311** or **718-722-3131** to file a complaint with the NYC Commission on Human Rights.



Informed Consent³

Informed consent is a legal right in the United States (U.S.). Informed consent means that, by law, you deserve to know and make your own decisions about all medical procedures, tests and treatments. Providers should:

- Share clear explanations and information about all medical procedures, tests and treatments
- Provide information that is accurate, judgment-free and in a language you can understand
- Provide interpretation services if you need them
- Give you all the information you need about the procedure, test or treatment, including:
 - Why they recommend it
 - The benefits and possible side effects
 - Any alternatives
 - The opportunity to ask questions and make sure you understand their answers
 - Any health risks if you do not receive it
- Never make you feel forced to make a specific decision

After you make your decision, you have the right to change your mind. Your health care provider must respect your new decision, even if they disagree with you.

The law protects your right to be informed. Understanding all of your options can help you make the decision that is best for you and get the safe and respectful care you deserve. Ask as many questions as you need to.



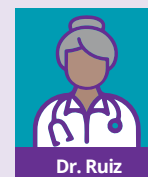
If you believe that your right to informed consent has been violated, you should contact an attorney who specializes in personal injury. The NYC Bar Association has a legal referral service that may be able to help you find an attorney by calling **212-626-7373**.

SCENARIO

Sophia believes that she is in labor and is waiting in the exam room for Dr. Ruiz, her obstetrician-gynecologist (OB-GYN). Dr. Ruiz enters the room and says that she is there to do a vaginal exam. Sophia does not understand exactly what Dr. Ruiz wants to do. She remembers that she has the right to know more about the exam and that Dr. Ruiz cannot perform it without Sophia's informed consent.



What does that mean?



I want to check your cervix — or the lower part of the uterus that opens up to allow the baby to be birthed through the vagina — to see how far along you are in labor.

What happens if you don't do the exam?

It is helpful to know how dilated — or open — the cervix is. We could wait and watch instead, since we can usually tell how labor is going by a person's breathing and behavior. But I would prefer to do a vaginal exam.

What could happen to me or the baby if you do it? Are there any risks or side effects?

The most common side effect is pain and discomfort, which could be either physical or emotional. The exam can also lead to you or your baby getting an infection, especially if your water has broken. The risk of infection is small, but does increase with the number of times I check your cervix.⁴



Decision-Making

During pregnancy, during labor and childbirth, and after giving birth, you may need to make several decisions, such as:

- What kind of health care provider you will see (e.g., OB-GYN, midwife, family medicine doctor)
- Where you will give birth
- If you will take medicine to help relieve your pain during labor and childbirth
- Who will be in the room with you during labor and childbirth
- If you will accept or decline tests that your provider recommends for your baby

Before making a decision — no matter how easy or difficult — it may be helpful to use the BRAIN acronym. Going through the letters in the acronym can help you consider:

BENEFITS: What are the benefits of doing this procedure, receiving this treatment or taking this medication?

RISKS: What are the risks involved?

ALTERNATIVES: Is there something else we could try?

INSTINCTS: What is my gut telling me? Do I want to do this?

NOTHING: What would happen if we did nothing or waited for a while?



Whenever you see the brain icon in this guide, it may be helpful to use the BRAIN acronym to think through your decision.

Notes:

SCENARIO



Sophia is trying to decide if she should agree to the vaginal exam that Dr. Ruiz recommended. She uses the BRAIN acronym to think through her decision.

BENEFITS: The benefit of doing this procedure is that my doctor will be able to tell how dilated (open) my cervix is. This will help us know how far along I am in my labor.

RISKS: The exam may cause me some pain and discomfort. There's also a small risk of getting an infection if my water has broken already.

ALTERNATIVES: The doctor said we could watch and wait for changes in my breathing and behavior to help determine how far along I am in labor.

INSTINCTS: My gut feeling is telling me not to have the exam right now. I have only been laboring for a few hours, and I don't think my cervix has dilated much yet. If Dr. Ruiz does the exam and finds that my cervix is only a few centimeters dilated, I may feel discouraged.

NOTHING: I may feel discouraged if Dr. Ruiz does the exam now and finds my cervix has not opened much. If we wait to do the exam, my cervix may be more dilated.



Sophia

Dr. Ruiz, I do not want to do the exam right now. I want to wait and labor for a few more hours.



Dr. Ruiz

OK, Sophia. I understand. Try to get some rest. I'll be in to check on you in a while.

Notes:



DURING PREGNANCY

This section includes information about getting health insurance and finding a provider, resources, and support.

GETTING HEALTH INSURANCE

The Affordable Care Act requires all health insurance plans to cover prenatal care, labor and childbirth, but some older plans are not required to cover these services.⁵ For example, large group insurance plans are not required to cover these services for dependent children (who may be on their parents' plans until age 26). To find out which services and providers are covered by your plan, call your insurance company.

Low- or no-cost health care services are available to all New Yorkers at New York City Health + Hospitals, community health clinics, and Health Department Clinics. Call **311** for more information.



When calling your insurance company, it may be helpful to write down your questions, the answers you get, who you spoke with and the date, to refer to later.



After you give birth, you qualify for a Special Enrollment Period (SEP) in which you can enroll in a new insurance plan or change your plan, even if the open enrollment period has ended. When you enroll in a plan, your coverage starts the day your baby is born.⁷ To enroll, call the New York (NY) State of Health Customer Support Center at **855-355-5777**.

In NY State, Medicaid provides comprehensive coverage* for pregnancy care, including:⁶

- Routine prenatal checkups, lab tests and visits with specialists
- Hospital care during pregnancy, labor and childbirth
- Health care for you for at least two months after childbirth
- Health care for your baby for at least one year after birth
- HIV counseling and testing
- Help applying for other programs such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), or the Supplemental Nutrition Assistance Program (SNAP)
- Help applying for low- or no-cost health insurance for your children and family
- Family planning services

As a pregnant person in NY State, you may qualify for Medicaid if you:

- Meet certain income requirements
- Are unable to pay for prenatal care or your insurance
- Do not qualify for other health insurance plans because of your immigration status

*Medicaid coverage is free regardless of immigration status.



For more information about **Medicaid coverage during pregnancy** or to find a provider, call **311** or the NY State Growing Up Healthy Hotline at **800-522-5006**.



Applying for or enrolling into Medicaid coverage during pregnancy does not affect your immigration status. If you have concerns about your immigration status, contact the ActionNYC hotline at **800-354-0365** for free, confidential legal assistance.

SCENARIO



Hi, I'm Kelly. I would like to find a midwife who takes my insurance. Can you help me with this?

Yes. Sorry, I didn't catch your name.

Yes, thank you.

For Mina Nussbaum, do I need a referral or can I just call and make an appointment? Also, are all services covered?

Thank you for your time, Philip. I will let you know if I need any more help.



Hi Kelly, I will transfer you to someone who can give you the correct information.

The call is transferred.

Hi, I heard you are interested in finding a midwife who is covered by your insurance plan.

My name is Philip Manzone. I can check the system to see which providers take your insurance. Would you prefer to see a provider in or near your ZIP code?

Philip lists four midwives in Kelly's area who are covered by her insurance plan and asks if he can help with anything else.

You should be able to call and make an appointment. All prenatal and pregnancy-related services should be covered. If you have any additional questions, please give us a call.

FINDING A HEALTH CARE PROVIDER

During pregnancy, a health care provider will monitor your health and the progress of your pregnancy. This provider (or someone on their team) may also care for you during labor and childbirth. When choosing a provider, it may be helpful to consider your finances, location, insurance coverage, personal preferences and whether you are at risk for certain complications.

When choosing a health care provider, ask yourself the following questions:

- ✓ Do you feel comfortable with this provider?
- ✓ Is your pregnancy considered high-risk? If so, does this provider care for people with high-risk pregnancies or partner with a provider who does?
- ✓ Is this provider licensed to practice in NY State?
- ✓ Did this provider graduate from a nationally accredited midwifery or medical education program? What degree do they have?
- ✓ If you choose this provider, will you need to give birth at a certain hospital or birthing facility? Are you OK with giving birth there?
- ✓ How many births has this provider attended? Would you like to see a provider who is very experienced, or are you OK with seeing a provider who is just starting out?
- ✓ Do you know anyone who has seen this provider before? If so, was that person happy with their services?
- ✓ If you choose this provider, what other staff members will be involved in your care?
- ✓ Are this provider's values or expectations about birth similar to yours? For example, if you are interested in a non-medicated birth, does this provider support non-medicated births?
- ✓ Does this provider respect your cultural or religious beliefs and practices?
- ✓ Is this provider able to provide pain medication during labor and childbirth?



A **high-risk pregnancy** is a pregnancy that may threaten the health of the pregnant person or their baby. Some pregnancies become high-risk over time. Other people may be told by their provider that they are at an increased risk for complications because they:

- Have or have had certain health conditions (e.g., high blood pressure, diabetes, heart or lung problems)
- Have had multiple births
- Are younger than age 18 or older than age 35
- Are currently pregnant with twins or triplets
- Have had multiple surgeries on their uterus or a cesarean birth in the past

A high-risk pregnancy does not always mean you will have a high-risk birth, just as a low-risk pregnancy does not always mean you will have a low-risk birth. Ask your health care provider if your pregnancy is high-risk. If it is, ask them why it is high-risk and what steps you can take to help you have a healthy and safe pregnancy, labor and birthing experience.⁸

Different types of health care providers may be involved in your care during pregnancy, labor and childbirth. Examples include:



Obstetrician - Gynecologist

An obstetrician-gynecologist (OB-GYN) is a doctor who specializes in reproductive medical care, including preventive care; diagnosis and treatment of infections and other reproductive health problems; family planning; and care of pregnant people.



Midwife

A midwife provides similar services to an OB-GYN, but does not perform surgery (i.e., cesarean birth, also known as C-section). NY State-licensed midwives provide

reproductive medical care to pre-adolescents, adolescents and adults throughout their lifespan. This includes during pregnancy, during labor and childbirth, and after giving birth. NY State-licensed midwives have graduated from a State-approved program that includes classroom training and clinical experience.⁹ In partnership with an OB-GYN or other medical doctor, midwives can provide care to those with moderate-risk pregnancies.



Family Medicine Doctor

A family medicine doctor is trained in primary, maternal and pediatric care. Family medicine doctors mostly care for people with low-risk pregnancies. They often refer people with high-risk pregnancies to an OB-GYN. Some people choose a family medicine doctor because they would like to continue seeing the same doctor who cared for them before they became pregnant.



Maternal Fetal Medicine Specialist

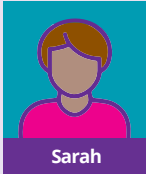
A maternal fetal medicine (MFM) specialist is a type of OB-GYN who provides care for people whose pregnancies have been labeled as high-risk. MFM specialists receive additional years of training and education. If your pregnancy is determined to be high-risk, or if you develop unexpected problems during your pregnancy, your provider may refer you to an MFM specialist, who will either take over your care or work as a team with your original provider to care for you and your baby.



While you may not be able to choose which nurses will care for you during your pregnancy, during labor and childbirth, and after giving birth, it is likely that several of them will be involved in your care. Nurses work in hospitals, clinics and medical offices, providing hands-on care. If you feel uncomfortable with a nurse on your care team for any reason, you can ask to change your nurse.

SCENARIO

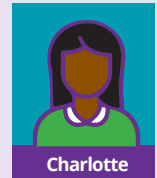
Sarah is six months pregnant with her second child and is talking to her friend Charlotte.



You really liked your midwife, right?

I like her as a person. I just noticed that we have different values when it comes to birth. For example, it's very important to me that I have a vaginal birth. I gave birth by cesarean with my first child, and the recovery was hard for me. But my OB-GYN has mentioned that she doesn't like to do vaginal birth after cesarean (VBAC). That concerns me. She also always seems very busy and she often doesn't answer all of my questions. What do you think I should do? She's nice and her office is close to work. Should I just stay with her?

You're right. I shouldn't settle. I'll call them today.



Yes! We still keep in touch even though it's been five years since Charlie was born. Why? Are you having issues with your OB-GYN?

You are months away from the birth; you should change providers if you aren't happy. Ask your insurance company if your plan covers my midwife's services. It's worth the call. And if they don't cover her services, ask them who they recommend.

FINDING SUPPORT AND ADVOCACY PROVIDERS

In addition to a health care provider, you may want someone to support you (and your partner) throughout your pregnancy and birthing experience. Doulas and lactation consultants can provide support during pregnancy, during labor and childbirth, and after giving birth.



Doula

What is a doula?

A doula is a trained professional who provides physical and emotional support before, during and shortly after labor and childbirth.¹⁰ Doulas may also provide information about pregnancy, labor, birth, postpartum and infant care, and can help you understand your options.

Doulas are not medical providers, so they do not perform clinical tasks. Many doulas are certified by doula training programs, but others provide services without a certification. You can use a doula regardless of where you give birth (e.g., in a hospital, at a birthing center, at home). The cost of a doula's services varies, depending on their experience and skill level. Some insurance companies may reimburse you for all or part of the cost of services.

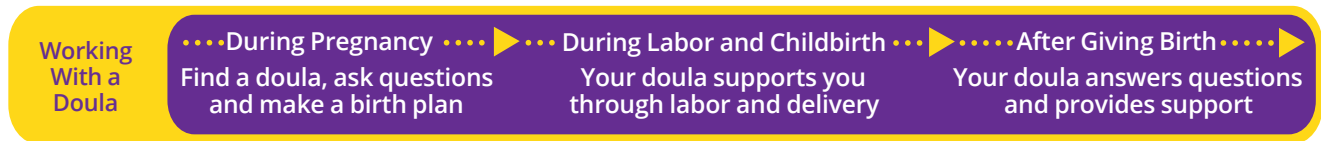
What services do doulas offer?¹¹

- Doulas can help you understand the information that your provider gives you and can help you with difficult decision-making.
- Doulas can help you communicate your preferences and decisions about pregnancy, labor and childbirth.
- If you give birth in a hospital, doulas may be able to help you understand hospital policies.
- Doulas can provide information and emotional support to your partner or family members, if needed.
- Some doulas have experience in or are licensed in techniques to help you feel more comfortable during labor and childbirth. Examples include massage, aromatherapy and hypnosis.
- Many doulas offer support after your baby is born. Some doulas, called postpartum doulas, only offer these services.



Many NYC doula organizations offer free or low-cost doula services. Call **311** for more information, or search online to find a free doula in your borough or neighborhood.

Working with a doula



During pregnancy:

- Find a doula online or by asking your provider, friends or family for recommendations.
- Once you have chosen a doula, set up a time to meet and talk about preparing for birth. Depending on your doula, you may meet more than once during your pregnancy.
- Throughout your pregnancy, you can check in with your doula and ask them questions.
- Your doula can help you think about your preferences for labor and childbirth, and create a birth plan.

During labor and childbirth:

- When you think you are in labor, you can call your doula to let them know. Your doula can meet you at your birthing location (e.g., hospital, birthing center, home) whenever you are ready for them to join you.
- Your doula will stay with you throughout your labor and until you move to a postpartum room. They will provide tips, help you feel more comfortable and support you as you labor and birth your baby.

After giving birth:

- Most doulas will call you in the days following childbirth to check in and answer any questions.
- Some doulas also offer postpartum visits to provide support with infant feeding, caring for your newborn, your postpartum recovery and adjustment, and postpartum depression or anxiety.

When choosing a doula, you may want to consider the following questions:

- ✓ Do you feel comfortable with this doula?
- ✓ Is this doula certified? If so, by what organization? Is having a certified doula important to you?
- ✓ How many births has this doula participated in? Does it matter to you that your doula is very experienced, or are you OK with one who is just starting out?
- ✓ When would your doula join you during labor?
- ✓ How does this doula plan to work with your partner during labor?
- ✓ What are their fees? What do those fees include (e.g., how many visits, how many hours of support)?
- ✓ If you are interested in specific comfort techniques (e.g., massage or aromatherapy), does this doula have experience in those methods?
- ✓ Do you know anyone who has used this doula's services in the past? If so, was that person satisfied with their services?
- ✓ Does this doula offer postpartum visits?



Lactation Consultant

Lactation consultants can support you during pregnancy and after childbirth by providing education and tips on breastfeeding. Lactation consultants are certified by training organizations, such as the International Board of Lactation Consultant Examiners. They are often midwives, nurses, nurse practitioners or dieticians who received an additional certification.

Some lactation consultants work in hospitals, clinics and doctors' offices; others have private practices. Many health insurance companies cover lactation support and counseling. Call your health insurance company to ask if your plan covers these services.



Many terms are used to describe the practice of infant feeding. This guide will use **breastfeeding**, but you may prefer to use a gender-neutral term like **chest feeding** or **nursing**. Please ask your health care provider to use the term you prefer.

What services do lactation consultants offer?

- Lactation consultants can help you successfully start breastfeeding.
- They can help address problems with breastfeeding, such as latching difficulties, painful nursing and low milk production.
- Some lactation consultants teach breastfeeding classes.



Pregnant, breastfeeding and postpartum people enrolled in Medicaid are also eligible to enroll in the **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**. WIC provides lactation counseling services and nutritional support to eligible people and their children up to age 5. Every local WIC agency has a breastfeeding coordinator trained in lactation counseling.¹²



Many birthing facilities in NYC are Baby-Friendly. **The Baby-Friendly Hospital Initiative** recognizes facilities that give people the information, confidence and skills needed to start and continue breastfeeding their babies, as well as help them bond with their baby from the time they are born. For more information about Baby-Friendly facilities, visit babyfriendlyusa.org.



To find an **International Board-Certified Lactation Consultant**, visit uslca.org and search for **find a consultant**.¹³

DISCUSSING YOUR BIRTHING LOCATION OPTIONS

You deserve to give birth in a facility that treats you with respect, and makes you feel safe and comfortable. You can give birth at home or in any facility that is covered by your insurance. You may choose a facility that is close to your home, but you don't have to choose a facility just because it is closest to you. You can also discuss your birthing location options with your provider. If your pregnancy is considered **high-risk**, your provider may recommend that you give birth in a hospital. Ask your insurance company which facilities your plan covers.

Birthing location options include:¹⁴



Hospitals

- Hospitals are the most commonly used birthing locations in the U.S.
- Many pregnant people give birth in the hospital that their health care provider is associated with.
- Hospitals offer pain medication, including epidurals.
- Every hospital has different accommodations, policies and procedures. Most hospitals provide free tours to pregnant people so they can see what the hospital offers before giving birth.
- After you are admitted to the hospital, you are usually moved to a private room where you labor and give birth. After giving birth, you are moved to a semiprivate or a private postpartum room to rest and begin to physically heal from giving birth. If there are no complications, you usually stay in the hospital for 24 to 48 hours after giving birth.
- Most insurance plans, including Medicaid, cover all or most of the cost of a hospital birth. Ask your insurance company which services your plan covers.



When deciding on a hospital, it may be helpful to **compare hospitals' overall ratings**, which range from one to five stars. The more stars a hospital has, the better it performed on certain quality measures such as safety and patient experience. To compare hospital ratings, visit **medicare.gov** and search for **compare hospitals**. Remember, these ratings don't always give the full picture of how each patient is treated by hospital staff. It may also be helpful to talk to friends or family about their experience giving birth at a specific hospital.



To **compare different hospitals' childbirth practices and procedures**, visit **health.ny.gov** and search for **maternity procedures**. You can search hospitals by county to find out the number of vaginal and cesarean births performed and the number of newborns fed breast milk at each hospital.



Homes

- You may choose to give birth in your home with a licensed midwife who supports you during labor and childbirth. In NY State, licensed midwives are trained to provide care during pregnancy, during labor and childbirth, and after giving birth, including during home births.
- Midwives do not offer pain medications, including epidurals, but they may offer alternative pain relief methods.
- If you begin to have complications at home, you may be transferred to a hospital for monitoring or treatment.
- A home birth is generally only recommended for people with low-risk pregnancies and only if a qualified provider is present. Ask your health care provider if it is an option for you.
- Some insurance plans cover all of or part of the cost of a home birth. Ask your insurance company which services your plan covers.



In NY State, insurance companies must cover a licensed midwife's home birth services if the midwife regularly provides those services. To find a home-birth midwife, visit nycmidwives.org and search for **find a midwife**. Ask your insurance company if your plan covers your midwife's services.

Notes:



Birthing Centers

- A birthing center is a facility that provides labor and childbirth services, often in a homelike environment.
- There are two types of birthing centers: freestanding birthing centers run by midwives and birthing centers that are associated with a hospital and located in or near the hospital.
- Birthing centers are usually run by midwives, but they may also have OB-GYNs on staff.
- If you begin to have complications at a birthing center, you may be transferred to a hospital for monitoring or treatment.
- Birthing centers do not offer epidurals, but they may offer other medications and alternative pain relief methods.
- Giving birth at a birthing center is generally only recommended for people with low-risk pregnancies. Ask your health care provider if it is an option for you.
- Some insurance plans cover all of or part of the cost of giving birth at a birthing center. Ask your insurance company which services your plan covers.



To find a **freestanding birthing center** near you, visit **birthcenters.org**.
To find a **hospital-associated birthing center**, call the hospital you are interested in or search online to find out if it has a birthing center.

Notes:

CHANGING FACILITIES

You deserve to give birth in a facility that provides you with respectful treatment, a safe and clean environment for your labor and childbirth, and a safe and quiet postpartum room. If you do not feel comfortable with the staff, environment, policies or procedures of the hospital or birthing center where you are scheduled to give birth, you can change facilities.



If you find a facility you like, you can ask your provider if they can work there. If your current provider does not work there, you can contact the facility to see if any of their providers are taking new patients. Ask your insurance company which facilities your plan covers.

PRENATAL APPOINTMENTS

Prenatal care is an important part of a healthy pregnancy. Regardless of the type of provider you choose, you will probably have regular appointments with them or members of their team throughout your pregnancy.^{15,16} The recommended appointment schedule may vary by health care provider. For a low-risk pregnancy, providers typically see patients as follows:



During your first prenatal appointment, your provider may:

- Ask you about your medical history
- Estimate your due date
- Do a physical exam to check for any health issues that may affect your pregnancy

- Do lab tests to monitor your health and the health of your baby
- Recommend screening tests to check for fetal abnormalities (i.e., conditions that affect the baby while you are pregnant and may cause disease or death after birth)
- Explain how to manage any existing chronic illnesses during your pregnancy



From week 14 to week 36, your provider may:

- Test your blood pressure
- Take urine samples
- Do ultrasounds
- Listen to your baby's heartbeat
- Monitor your baby's growth
- Monitor your weight gain
- Offer you vaccinations, including the tetanus, diphtheria and acellular pertussis (Tdap) vaccine, and influenza (flu) vaccine
- Check the baby's position in the womb
- Test for gestational diabetes (i.e., a type of diabetes that is first seen in pregnant people who did not have diabetes before they were pregnant)

From week 36 until you give birth, your provider may:

- Continue to check the baby's position in the womb
- Recommend they check your cervix for signs of labor
- Test you for a bacterial infection called *group B streptococcus* (GBS) and provide antibiotics if you test positive

Notes:



During your prenatal visits, you may want to consider asking the following questions.

*It may be helpful to ask the starred questions at every visit.

First Appointment

- ? What routine prenatal tests will you need to have? When will you start to have these tests?
- ? What are prenatal vitamins and do you need them?
- ? Is there someone you can call or email with non-urgent pregnancy questions?
- ? What emergencies can come up during pregnancy? What are the signs? Where should you call or go if you have an emergency?*
- ? Should your diet change during pregnancy?
- ? What work or home conditions can increase your risk of pregnancy complications?
- ? Which genetic tests can you get?
- ? What types of exercise can you do during pregnancy?*
- ? Who will be on your care team during your pregnancy? Are medical students and residents part of the care teams at this facility? Will you see the same provider at every visit?
- ? What complications can lead to miscarriage, and what are the signs?*

Second and Third Trimesters

- ? Is it safe to travel? If so, up until what date?
- ? Are you gaining an appropriate amount of weight? If not, what should you do?*
- ? What vaccinations should you receive?
- ? What other tests does your provider offer? What information will these tests give you?*
- ? Can you find out the baby's sex before birth?
- ? Will the same provider you see for prenatal visits be with you during your labor and childbirth?

Last Month of Pregnancy

- ? How close to your due date should you work until?
- ? Should you go to the hospital or birthing center as soon as labor begins?
- ? What should you expect during labor?
- ? Can your provider go over your birth plan with you?
- ? What should you do if you are not in labor by your estimated due date?
- ? If you are giving birth in a hospital or birthing center, how many people, including a doula, can be in the room with you during labor and childbirth?



It may be helpful to write down any questions you have for your provider before each appointment. You can also take notes during the visit to remember what you and your provider discussed and any of their recommendations. You can ask as many questions as you need to understand the answers and can always let your provider know if you have any concerns.

PREGNANCY LOSS

Pregnancy loss includes **miscarriage** (i.e., an unexpected loss of pregnancy before the 20th week of pregnancy³⁷) and **stillbirth** (i.e., an unexpected loss of pregnancy after the 20th week of pregnancy, occurring before or during labor or childbirth).³⁸ Pregnancy loss can happen for many reasons and sometimes happens without a clear cause. If you experience pregnancy loss, talking to a counselor or joining a support group may help you process your loss and your grief. Ask your health care provider or doula for more information, or see the *Finding Resources* section on Page 29. If you decide to get pregnant again, you can work closely with your provider to lower the risk of pregnancy loss. Many people who experience pregnancy loss go on to have healthy babies in the future.



Several organizations and hospitals in NYC provide free support to those who have experienced pregnancy loss. For information about support groups, counseling and other services in your community, you can ask your provider, search online or visit [pregnancyloss.org](https://www.pregnancyloss.org).

SIGNS AND SYMPTOMS TO WATCH FOR DURING PREGNANCY, LABOR AND CHILDBIRTH

If you experience any signs or symptoms that worry you, or you feel like something is not right during your pregnancy, labor or childbirth, it is important to tell your provider. Trust your instincts. You know your body best, and you have the right to speak up. If you feel that your provider isn't listening to you or isn't responding to your concerns, remember that you can ask to see a different provider, or go to another facility for your care.

Examples of signs and symptoms to watch out for include:



- Excessive swelling or puffiness in your face, hands, feet, arms or legs
- Dull or severe headaches that won't go away
- Nausea or vomiting that is sudden and happens after mid-pregnancy (around 20 weeks of pregnancy)
- Pain under your ribs on the right side or in your lower back or shoulder
- Sudden weight gain of more than 2 pounds in one week
- Changes in your vision such as blurry vision, seeing spots or flashing lights, and sensitivity to light
- Shortness of breath or a racing pulse
- Increased feelings of anxiety (if you have never experienced anxiety before)
- Fever
- Less fetal movement
- Increased vaginal discharge
- Fluid leakage before the 37th week of pregnancy

If you can't reach your provider, call **911** or go to the emergency room.



This is not a complete list of examples. Everyone is different and may experience symptoms differently. **If something doesn't feel right, tell your provider.**

SCENARIO

Esmeralda is seven months pregnant with her first child. She has been experiencing symptoms that concern her and decides to tell her provider at her next appointment.



How are feeling today?

Swelling is normal during pregnancy. Don't worry about it too much. There are no signs that anything is wrong.



I have noticed that my hands and face are very swollen and puffy. It just doesn't seem right.

Esmeralda goes home. A few days later, she notices the swelling has spread to her arms and legs, which are very red and puffy. She's worried and calls her OB-GYN's office to speak to one of the nurses.



I see on your chart that the doctor has examined you and everything looks OK. Your swelling is normal. There is nothing to worry about. Try to get some rest and put your feet up every day to help. We will see you at your next appointment.

I know swelling is common during pregnancy, but this puffiness feels different. My arms and legs are very swollen. I think something may be wrong.

Esmeralda is upset. Her instincts tell her something is not right. The next day, she decides to see a doctor her coworker recommended. After listening to Esmeralda and doing some tests, the new doctor diagnoses Esmeralda with preeclampsia (i.e., dangerously high blood pressure caused by pregnancy).¹⁷ Esmeralda is admitted to the hospital, where she is given medicine to control her high blood pressure, and her labor is induced.



FINDING RESOURCES

You deserve access to education, information, resources and support during your pregnancy, during labor and childbirth, and after giving birth. There are many community-based organizations and programs in NYC that provide this support. Many are free or low-cost.

To find resources in your area:

- Call **311** and tell the operator which services or programs you are looking for. For example, you can ask for **free doula services, breastfeeding support, free cribs, the Nurse-Family Partnership program, childbirth education classes** and more.
- Search online for programs or services in your community.
- Ask your health care provider. Most health care facilities can connect you to organizations that provide resources and support.
- Ask a friend or family member. They may have used similar services in the past and can provide recommendations.
- Ask a librarian. Your local library may have information about programs and services in your community.
- Ask members of any churches, temples, mosques or other faith-based organizations in your community. They may offer services or may be able to refer you to outside programs.

Notes:



DURING LABOR AND CHILDBIRTH

This section includes information about planning for labor and childbirth, what you can do if something doesn't go as planned and making sure that your birth plan is respected. During labor and childbirth, you will need to make many decisions.

Remember, the BRAIN acronym can be helpful when making these choices.



CREATING A BIRTH PLAN

What is a birth plan?

When thinking about what you would like your birth experience to be like, it can be helpful to write out a birth plan. **A birth plan is a document that you share with your providers, ideally during a prenatal appointment, that describes your labor and childbirth preferences and priorities, and any concerns you have.** Most birth plans also include a backup plan in case something unexpected happens, such as if your labor is delayed or if you or your baby experience complications.¹⁸



While everything included in your birth plan may not happen, writing a plan can help you communicate your preferences and priorities, and make sure your health care team is supportive of them. It may also help you stay flexible in case complications occur that require your health care team to follow a different plan.

SCENARIO

J went into labor two weeks before their expected due date. By the time J arrived at the hospital and was admitted, they were in a lot of pain. In their birth plan, J stated they did not want to use pain medication. Their partner tried to comfort them during the first few hours of labor. J's doctor arrived to see how their labor was going.

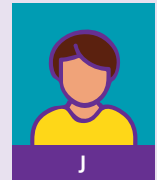


I would like to check and see how dilated your cervix is. Is that OK?

It looks like you are about 4 centimeters dilated.

I understand your frustration and concerns. If you'd like, we can give you pain medication through an epidural.

We understand. If you change your mind and want something to ease the pain, let us know.



Yes, that's fine. I think I should be almost 10 centimeters dilated.

Only 4 centimeters? How is that possible? I have been in labor for almost eight hours! I'm in so much pain and I'm exhausted. I don't think I can do this.

No, I want to have an unmedicated birth. Please check the clipboard with my birth plan. All of my preferences are on there.

J wanted everything to go exactly as described in the birth plan. J's partner reminded them that the most important thing is that J and the baby are happy and healthy and that the birth plan did not have to be followed word for word. When the pain increased, J asked the nurse for an epidural. A few hours later, J gave birth to their baby and did not regret using pain medication.



Write it out. Every birth is different and so is every birth plan. Only you can decide what your birth plan includes. Most plans are one to two pages long, with clear and brief bullet points or paragraphs.¹⁸ When creating your birth plan, you may want to consider the following questions:

- What should your health care team know about you?
- What pain management techniques, if any, would you like to use?
- How would you like to labor? Would you like to be able to move around? Use a birth ball? Dance?
- What type of environment would you like during labor? Would you like the lights off? Would you like to play music?
- Who would you like to be in the room with you during labor and childbirth?
- Are you OK with routine medical interventions (e.g., continuous electronic fetal monitoring, vaginal exams every few hours), or only if they are medically necessary?
- After giving birth, would you like immediate contact with your baby, or are you OK with the health care team moving the baby to a warmer for initial procedures (e.g., measuring weight and length, giving eye drops and vitamin K injection) and swaddling?
- How would you like to feed your baby?

Notes:

MAKING SURE YOUR PLAN IS RESPECTED

Going over your plan with all members of your health care team — including any nurses, doctors, midwives or doulas involved — can help you make sure your preferences and priorities are heard. You can also go over your plan with your partner and/or any other people who will be with you during labor. You may want to go over your birth plan with all of these people at one time to make sure everyone understands the plan equally. Let them know which parts of your birth plan are very important to you so that they can help make sure your preferences are followed. If you do not feel that your birth plan is being respected, discuss your concerns with a member of your health care team. If you have a doula, partner, family member or friend with you, they can also help you start this conversation.



If your provider suggests that you have an unplanned procedure, ask for more information. **It is important that you are involved in all decisions related to your care.** For examples of procedures your provider may suggest, see the *Understanding Possible Interventions* section below. Be sure to ask about any benefits, risks and alternatives to the procedure and whether you can do the procedure later or not do it at all. Most importantly, trust your instincts.



UNDERSTANDING POSSIBLE INTERVENTIONS

If you give birth in a hospital, your provider may suggest you receive certain medical interventions or procedures to help you or your baby as you labor and give birth. Some birthing centers may also suggest these interventions. **You have the right to receive information about these interventions and to decide to receive the intervention or not** (see the *Informed Consent* section of this guide on Page 4 for more information).



Examples of common medical interventions used during labor and childbirth include:

Cesarean birth (i.e., C-section): a surgery that allows the baby to be birthed through incisions (i.e., cuts) made into the pregnant person’s abdomen and uterus.¹⁹

Electronic fetal monitoring (EFM): while you’re pregnant, a procedure used to monitor how the baby’s heart rate responds to the uterus’ contractions during labor. There are three types of monitors: external monitors (wrapped around the pregnant person’s abdomen), telemetry units (placed on the pregnant person’s thigh), and internal monitors (placed on the part of the baby closest to the cervix).²⁰

Epidural: a procedure used to block pain in a certain area of the body without making the patient unconscious. During labor and childbirth, the epidural blocks pain in the lower part of the body. A health care provider places a tube into the pregnant person’s lower back, which delivers pain medication into a small area below the spinal cord.²¹

Episiotomy: an incision made to the perineum (i.e., the area between the vagina and the anus) and the muscle beneath it during the pushing stage of birth. This cut makes the vaginal opening larger to help the baby pass through.²²

Inducing labor (i.e., labor induction): medications or methods that are used to make labor start. Labor should only be induced for medical reasons to protect the safety of the pregnant person and/or baby.²³



If there are any interventions that you would like to avoid, you may want to include this information in your birth plan. Again, your plan may have to change if complications come up. But learning about the different interventions available can help you make decisions and communicate your preferences during labor and childbirth.

Notes:

SCENARIO

Keisha is 40 weeks pregnant and having a scheduled cesarean birth because her baby is in a breech (feet first) position. She has been admitted to the hospital and is waiting to be brought into the operating room.

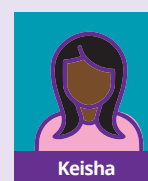


It looks like we're all set for your cesarean birth at noon today. In addition to Dr. Kim, one of the medical students training with us will be in the room during the birth.

Yes. I took a look at it.

Oh, I didn't think it would make a difference if the medical student joined. Plus, this will be a learning experience for him. This is a teaching hospital and we try to give our students as much practice as possible.

Ok, I understand. The medical student will not join us today.



Did you review my birth plan?

I wrote on my birth plan that I only want you and Dr. Kim in the room unless there is an emergency.

I understand, but I wrote my preferences in my birth plan for a reason. It makes a difference to me. If he doesn't need to be there for a specific medical reason, I do not want him in the room.



AFTER GIVING BIRTH

After giving birth, you will continue to make decisions about your care and your baby's care. You deserve to receive all the information you need to make the best decisions for both of you. This section discusses some common choices you may have to make and provides resources that may be useful after giving birth.

KNOWING YOUR OPTIONS AFTER BIRTH

Depending on where you give birth, your provider may recommend different practices after you give birth. Talk to your provider about your options and ask questions to determine if the practices are appropriate for you and your baby.



Examples of common practices used after childbirth include:

Delayed cord clamping: a practice when the umbilical cord is not clamped or cut until after it stops pulsing or until after the placenta is delivered. Delayed cord clamping has many benefits, such as increasing the baby's red blood cell and iron levels. The American College of Obstetricians and Gynecologists (ACOG) recommends delaying cord clamping for at least 30 to 60 seconds after birth.²⁴

Skin-to-skin contact: a practice when your baby lies naked on your chest with their bare skin touching yours. If there are no complications, skin-to-skin contact can usually start immediately after birth. Skin-to-skin contact can help soothe your baby, help them bond with you and help them start breastfeeding. It can also help your baby adjust to life outside the womb by making their body temperature, breathing, heart rate and blood sugar stable.²⁵ Skin-to-skin contact can help reduce the amount of blood you lose

after giving birth. If you are not able to provide skin-to-skin contact right after birth, another loved one can do skin-to-skin with your baby.

Infant feeding: This practice can take many forms. You may choose to breastfeed your baby or provide them with your own breast milk or donor breast milk using a bottle, cup, syringe or spoon. You may also choose to bottle feed using formula. Regardless of what option you choose, there are people and resources — such as lactation counselors, nurses and doulas — that can help you make an informed decision and successfully feed your baby.²⁶



For more information about breastfeeding, visit nyc.gov/health and search for **The New York City Mother’s Guide to Breastfeeding**.



If you have any questions or trouble breastfeeding, you can speak to a peer counselor by calling the National Breastfeeding Helpline at **800-994-9662**, Monday through Friday between 9 a.m. and 6 p.m.

Rooming-in: a practice when you and your baby share a room at the hospital or birthing center, instead of putting the baby in a separate nursery during the postpartum hospital stay. Rooming-in can help you bond with your baby. It can also help you learn how to recognize your baby’s hunger cues and feed them on demand, regardless of how you choose to feed your baby. All Baby-Friendly facilities offer rooming-in.²⁷

Male circumcision: a surgical procedure — usually performed at the hospital — to remove the skin covering the tip of a newborn male baby’s penis. **Circumcision is not mandatory;** some people choose to circumcise their babies for religious reasons. Talk to your provider about the benefits and risks of circumcision.²⁸

Notes:

TRUSTING YOUR INSTINCTS

Medical complications can also come up after childbirth. Just as you would during pregnancy, **tell someone if you don't feel well or if you notice any signs or symptoms that concern you after childbirth. Remember you have the right to speak up. If you are still in the hospital or birthing center, tell your health care provider. If you are at home, call your provider, call 911 or go to an emergency room.**²⁹

Call 911 if you have:



- Chest pain
- Trouble breathing or shortness of breath
- Thoughts about hurting yourself or your baby
- A seizure

Call your provider if you have:

- Headaches that won't go away, even after taking medication
- Headaches with blurry vision or other vision changes
- An incision that is not healing
- Bleeding (i.e., enough to soak through one or more pads in one hour) or passing large blood clots
- A temperature of 100.4 degrees Fahrenheit or higher
- Legs that are swollen, red, painful or warm to the touch



Whether you call your provider, call 911 or go to the emergency room, remember to tell them: 1) you recently had a baby, 2) when you had your baby and 3) what specific symptoms you are having. For example: "I had a baby six days ago, and I have had a bad headache that is not getting better even after taking ibuprofen."



This is not a complete list of all the signs and symptoms of postpartum complications. Everyone is different and may experience different symptoms. **Remember to listen to your body and if you feel like something is not right, tell your provider right away. If you don't feel that your complaint is being taken seriously and you still have concerns, you may want to seek care elsewhere to get another opinion.**

BIRTH CERTIFICATES

Birth certificates are important legal documents that you and your child will need in the future. The hospital will ask you to fill out paperwork for your baby's birth certificate within 24 hours of giving birth. When filling out this paperwork, remember:

- **Married parents, regardless of their sex, have the right to put both of their names on their child's birth certificate.** Some hospitals require proof of marriage. Before giving birth, ask the hospital if you need to bring a copy of your marriage license with you.
- **You do not have to put the name of your baby's father on the birth certificate.** This is your choice and it should be respected. To add the father's name to the birth certificate, you will need to complete an Acknowledgment of Paternity form. You will receive this form at the hospital when your child is born, but you can submit it up until your child's 21st birthday.³⁰



The Health Department will automatically mail you a free birth certificate about four weeks after your child's birth. **For more information about birth certificates and what kind of information you will be asked to provide,** visit [nyc.gov](https://www.nyc.gov) and search for **birth certificates**. You can also call **311** for more information.

FILING A COMPLAINT ABOUT A PROVIDER OR FACILITY

If something happens during labor, childbirth or your postpartum hospital stay that makes you feel uncomfortable, disrespected or upset, you have the right to file a complaint. Filing a complaint may help you begin to process what you went through and may help prevent similar experiences from happening to you or others in the future.

How to File a Complaint³¹

While you are in the hospital or birthing center:

1. If you feel comfortable doing so, you can explain your complaint to the doctors, midwives or nurses involved. It is helpful to be as specific as possible and ask how they will resolve the issue.
2. You can also speak to a hospital administrator or the doctor, midwife or nurse who supervises the providers involved.
3. You can also speak to a hospital social worker who can give you the necessary forms to file a complaint.

Different facilities may have different processes for filing a complaint. Ask about the specific process at the facility where you are giving birth.

If you don't feel comfortable speaking to a provider, hospital administrator or social worker, or if you've already left the hospital or birthing center, you can still file a complaint.³¹



Coping with and healing from troubling or traumatic birth experiences may be a difficult process. For free, confidential mental health support and referrals in your preferred language, call NYC WELL at **888-NYC-WELL** (888-692-9355) or text **WELL** to **65173**.

To submit a complaint about a physician or physician assistant:

Send a complaint form — including the full name of the provider, the address of the facility and any relevant information — to the NY State Department of Health Office of Professional Medical Conduct (OPMC). OPMC will investigate all reports of possible incompetent or negligent care by physicians and physician assistants. Forms must be mailed to:

**New York State Department of Health
Office of Professional Medical Conduct
Riverview Center
150 Broadway, Suite 355
Albany, New York 12204-2719**

To submit a complaint about a provider (other than a physician or physician assistant), a hospital or a birthing center:

Call the NY State Department of Health’s facility complaint hotline at **800-804-5447** or email **hospinfo@health.ny.gov**.



For more information or to get an OPMC complaint form, call **800-663-6114** or visit **health.ny.gov** and search for **OPMC**.



If you have questions or concerns about the services billed to you by the hospital, call the hospital’s billing office. If you have questions or concerns about the amount paid by your insurance, call your insurance company.

GOING BACK TO WORK

If you are employed when you become pregnant, you have certain rights. As of January 1, 2018, most employees who work in NY State for private employers are eligible to take **paid family leave**. If you are a public employee, your employer may choose to offer paid family leave. NY State’s paid family leave policy provides paid time off so that you can bond with your newly born, adopted or fostered child.³²

This time off is job-protected, which means your employer can't fire you for taking paid family leave. Your employer also can't discriminate or retaliate against you for requesting or taking paid family leave. They must also let you return to the same or an equivalent position when you return from paid family leave.³²

You can file a complaint with the NY State Workers' Compensation Board if you request or take paid family leave and your employer:

- Does not let you return to the same or an equivalent job
- Fires you
- Reduces your pay or benefits
- Disciplines you in any way³²

To file a complaint, call **877-632-4996**. Complaints should be made within two years of the incident.



For more information about paid family leave, visit paidfamilyleave.ny.gov. If you do not qualify for paid family leave, you may still qualify for unpaid, job-protected leave under the *Family and Medical Leave Act of 1993* (FMLA). For more information about FMLA, visit dol.gov and search for **FMLA**.



Your Right to Breastfeed

If you choose to breastfeed your baby, you have certain protections under NY State and federal law:

- You have the legal right to breastfeed in public. The law protects you so that you can breastfeed in any public or private location, whether or not your nipple is covered.³³
- If you are employed, once you return to work, you have the legal right to:
 - Pump in a clean, private space (not a bathroom)
 - Pump at work for at least three years after your baby is born
 - Take paid or unpaid break time or mealtime to pump
 - Pump every three hours or more, if needed^{34,35}



Breastfeeding Mothers' Bill of Rights: By law, your birthing location must give you the information, resources and support you need to successfully begin and continue breastfeeding. You also have the right to make informed decisions with your providers about any care that you and your baby receive that may affect breastfeeding. For more information, visit health.ny.gov, search for **breastfeeding rights** and download the *Breastfeeding Mothers' Bill of Rights*.



If you feel that your right to breastfeed has been violated, call the NYC Commission on Human Rights at **718-722-3131**. You can also call **311** and ask to be connected to the NYC Commission on Human Rights.



Most health insurance plans must cover the cost of a new or rental breast pump. Some insurance plans may require pre-authorization from your doctor. Call your insurance company to ask which breastfeeding services and equipment your plan covers.



Certain NYC agencies are required by law to provide a private (non-bathroom) lactation space for people who prefer not to breastfeed in public. In collaboration with community partners, the City has also opened several lactation spaces for the public in all five boroughs.²⁷ To find a lactation space near you, visit nyc.gov and search for **community lactation spaces**.

RECEIVING SUPPORT AFTER GIVING BIRTH

The postpartum period can be an emotional time, and it can be helpful to turn to your partner, family, friends, providers and other community members for support. Most people have a follow-up appointment with their provider within the first six weeks of giving birth. At this visit, your provider will check on your health and well-being.

It is normal for your emotions to change, to feel sad or to cry after giving birth. If these feelings last for more than a few days, you may want to call your provider. They can screen you for **postpartum depression**, a mood disorder characterized by feeling sad, anxious, hopeless or empty for longer than two weeks after giving birth.³⁶

You will make many decisions during your pregnancy, during labor and childbirth, and after giving birth. We hope that this guide helps you to know your rights, trust your instincts and become an active decision-maker in your birthing experience. Everyone has the right to respectful care at birth, and we hope that all pregnant and parenting people in NYC and around the world know and fully use that right.

ADDITIONAL RESOURCES

We included several links to resources throughout this guide. To find all these links, as well as additional resources, visit nyc.gov/health and search for **Respectful Care at Birth**.

The Birth Justice Defenders

The Birth Justice Defenders are community members devoted to educating others about their right to a safe and dignified birthing experience. The Defenders use *The Standards*, as well as their personal birth stories, to promote respectful care at birth for all New Yorkers. Anyone can be a Birth Justice Defender. Birth Justice Defender groups hold meetings in several NYC boroughs. For more information, visit nyc.gov/health and search for **Respectful Care at Birth**. To join a Birth Justice Defender Group near you, email BirthJustice@health.nyc.gov.

Nurse-Family Partnership

For first-time parents with a lot of questions, the NYC Nurse-Family Partnership (NFP) program can help by providing a personal nurse. This nurse will answer questions and support you in having a healthy pregnancy and raising a healthy baby up until your child's second birthday. NYC NFP is a free program and is available regardless of your age, immigration status or gender identity. Anyone in NYC who is 28 weeks pregnant or less with their first baby and meets the program's income requirements can sign up. For more information about NYC NFP, visit nyc.gov/health and search for **NFP**, email nycnfp@health.nyc.gov, or call **311** and ask for **Nurse-Family Partnership**.

Newborn Home Visiting Program

The Newborn Home Visiting Program is a service for all parents with a newborn, regardless of age or immigration status. The program may be available to you if you live in North and Central Brooklyn; South Bronx; and East and Central Harlem. A health worker will visit you at home for one hour to provide breastfeeding support and help create a safe and nurturing environment for you and your family.

The health worker will discuss any concerns and questions you may have, share information, and help you find services and resources. If you have recently given birth and are interested in the program, call **311** and ask for the **Newborn Home Visiting Program**, or call the program nearest you:

North and Central Brooklyn: **718-637-5230**

South Bronx: **718-579-2878**

East and Central Harlem: **646-672-2894**

Healthy Start Brooklyn

Healthy Start Brooklyn provides support programs and classes for pregnant people and new parents who live in Brooklyn. You can get education and support about pregnancy, labor, childbirth, parenting, breastfeeding, fatherhood and healthy living. Services include free doula services, childbirth education classes, parenting skills workshops, father's groups, exercise groups and pregnancy loss support groups. For more information, call **718-637-5244**, email **HealthyStartBrooklyn@health.nyc.gov**, or visit **nyc.gov/health** and search for **Healthy Start Brooklyn**.

CenteringPregnancy

CenteringPregnancy offers prenatal care in a group setting. This gives you more time with your health care provider or midwife, instead of spending time in the waiting room. You can also connect with other pregnant people as you learn about labor, how to prepare for your baby, breastfeeding, healthy eating for two and other topics. The Health Department currently offers CenteringPregnancy at Bedford-Stuyvesant Family Health Center (**347-464-6655**) and Brookdale University Hospital and Medical Center (**718-240-6278**). Other hospitals, clinics and medical practices in NYC offer CenteringPregnancy. To find a site near you, visit **centeringhealthcare.org** and click on **Locations** at the top of the page.

Baby Café USA

Baby Cafés are sites offering free breastfeeding support for pregnant and parenting people. All sites are run by trained staff, including lactation consultants, midwives and nurses. In addition to education, Baby Cafés provide opportunities to share experiences and make friends. For more information, visit babycafeusa.org.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC provides healthy food for eligible pregnant people, parents and young children. WIC also provides information about other support services for prenatal care, breastfeeding and nutrition. For more information, visit health.ny.gov and search for **WIC**.

Mobile Milk

Mobile Milk is a text messaging service that provides weekly tips to encourage and support breastfeeding. To get started, text **MILK** to **87787**. Messages are available in English and Spanish.

Healthy Families New York

The Healthy Families New York Home Visiting Program offers home-based services to support pregnant people and new parents with the changes and needs that come with the birth of a new child. Services are voluntary and provided at no cost. For more information, visit healthyfamiliesnewyork.org and click on **Home Visits** at the top of the page.

Notes:

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