

YOUR RIGHTS

Every pregnant person has the right to reproductive planning and humanized care during pregnancy, childbirth and the postpartum period, just as the child has the right to a safe birth and healthy growth and development within the Brazilian Health System (Sistema Único de Saúde - SUS).

Labor rights: 120 days of maternity leave for pregnant women with a formal employment contract; not being fired while pregnant and up to five months after giving birth, except for just cause; changing roles or departments in your job if it presents risks or problems to your health or the health of your baby; receiving a DECLARATION OF ATTENDANCE whenever you go to prenatal appointments or take any exam; being excused from work every day, for two half-hour periods or one one-hour period, to breastfeed until the baby is six months old; five days of leave for the father after the baby's birth.

Rights in healthcare services: to receive care with respect and dignity, without discrimination based on race, color, sexual orientation, gender identity, religion, age, or social status; to be called by your preferred name. If you are an adolescent: you have the right, according to the Child and Adolescent Statute, to be treated with confidentiality, privacy, autonomy and to receive information about reproductive planning and responsible sexuality; and the right to have a private consultation, if you prefer.

It's recommended that health services ensure that deaf or pregnant women with hearing impairment have the right to a sign language interpreter or a personal attendant of their choice during prenatal consultations, exams, and maternity care, especially during childbirth and postpartum. This recommendation also applies to migrant and indigenous pregnant women with communication barriers, guaranteeing access to an interpreter in their own language, in addition to the right to a companion guaranteed by Federal Law No. 11.108/2005.

Reference: adapted from the Pregnant Women's Handbook (8th edition) and Recommendation Note DAPPS/DAGAE/SES- No. 01/2022

USEFUL PHONE NUMBERS

- Emergency Central (SAMU): 192
- SUS General Call Center: 136
- Military Police: 190
- Women's Assistance Center: 180
- Fire Department: 193
- National Hotline for Sexual Abuse and Exploitation of Children and Adolescents: 100
- Quit Smoking Hotline: 0800 61 1997
- SES/RS Call Center Telephone Number: 0800 6450 644
- WhatsApp: (51) 98405-4165



This Birth Plan is based on the guide "Assistance in Normal Birth: a practical guide", by the World Health Organization – 2000 and the book "Normal Birth or Cesarean Section: everything women should know" by Ana Cristina Duarte and Simone Grilo Diniz – Ed. Unesp – 2000, in the Birth Plan of the Hospital of the Federal University of Uberlândia and in the Drauzio Varella Portal.



1ST EDITION



GOVERNO DO ESTADO
RIO GRANDE DO SUL
SECRETARIA DA SAÚDE

BIRTH PLAN

I WOULD LIKE TO BE CALLED:

MY BABY'S LIKELY NAME IS:

MY REFERENCE MATERNITY IS:

I WANT TO KNOW THE BIRTH CENTER:

() YES VISIT SCHEDULED FOR:
() NO _____

I WOULD LIKE TO HAVE A COMPANION WITH ME DURING MY HOSPITALIZATION IN THE MATERNITY WARD (FEDERAL LAW 11.108/2005):



I WOULD LIKE TO HAVE A SIGN LANGUAGE INTERPRETER OR PERSONAL ATTENDANT, OF MY CHOICE, PRESENT DURING THE CONSULTATIONS:

() YES () NO

I WOULD LIKE TO HAVE AN INTERPRETER IN MY LANGUAGE OF CHOICE PRESENT DURING THE CONSULTATIONS:

() YES () NO

PATIENT SIGNATURE

ACCOMPANYING SIGNATURE

PROFESSIONAL SIGNATURE

We are aware that labor can take different paths. Here we list our preferences regarding labor and birth, in case everything goes well. Whenever the plans cannot be followed, we must be informed in advance and consulted about the alternatives.



DURING LABOR:

- () I wish to have the freedom to drink water and eat food as I request;
- () I want a cozy environment, with little light and noise. I would like to be able to play music of my choice;
- () I want my privacy to be respected, without unnecessary exposure to people;
- () I want to be able to move freely and adopt the position that makes me feel comfortable;
- () I would like non-medication pain relief options to be available at the birth centre, and I would like to be able to choose the method that I feel comfortable with at the time. For example: shower, bath, birth ball, massage, essential oils;
- () I ask to be informed about the available analgesia options and I will request it when I find it necessary.



AT THE TIME OF BIRTH:

- () I want to stay in the same place as during labor for the baby to be born;
- () I want to choose the most comfortable position for me;
- () I prefer to push only during contractions, when I feel like it, rather than being guided;
- () I would like an especially calm environment at this time, with only the essential professionals on site;
- () I would like an environment with low lights;
- () I would like the air conditioning temperature to be at room temperature, comfortable for me and my baby;
- () If it is necessary to perform a cesarean section due to some clinical indication, I request to be informed of the reasons.



IF A CESAREAN SECTION IS NECESSARY:

- () I want labor to begin before deciding to perform a cesarean section;
- () I want my companion to be present in the operating room;
- () I would like the lights and noises to be reduced and the air conditioning turned off;
- () I would like the umbilical cord clamping to be done in a timely manner;
- () After birth, I would like the baby to be placed immediately on my chest in skin-to-skin contact, if we are able;
- () I would like to try breastfeeding the baby with the help of a professional at this time, if we are able to;
- () I want my baby and my companion to be with me during surgical recovery;
- () I would like to move into the shared accommodation as soon as I am able.

AFTER CHILDBIRTH

- () I would like to hold my baby immediately after birth in skin-to-skin contact, with freedom to breastfeed, if we are able;
- () I would like the umbilical cord clamping to be done in a timely manner, if possible, for my companion to perform the cutting;
- () If any laceration occurs and sutures are necessary, local anesthesia should be administered;
- () If available at the maternity ward, I would like a copper IUD inserted to take advantage of my hospital stay and ensure my contraception.



BABY CARE

- () I want the care provided in the hospital routine to happen after the first hour of life (golden hour);
- () If possible, I want to have the baby with me at all times while I am in the delivery room, even for exams and evaluations;
- () If the baby needs care and is taken, the companion must accompany him/her at all times;
- () I wish to be informed about any conduct adopted with my baby;
- () I wish to breastfeed my baby on demand and receive the necessary assistance and guidance;
- () I would like procedures that cause pain or discomfort to be performed while I hold the baby and preferably during breastfeeding;
- () I want the baby's first bath to be given by me or my companion, after at least 24 hours;
- () I want to stay with my baby in the shared accommodation all the time. If I'm tired or need help, I'll ask.



IS THERE ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOU? (INSERT IMPORTANT QUESTIONS HERE: CULTURAL, DESIRES, FEARS OR CONCERNS, ILLNESSES, RESTRICTIONS OR DISABILITIES YOU MAY HAVE)
