



Make  
Mothers  
Matter



OBSERVATORIO DE  
LA VIOLENCIA  
OBSTÉTRICA



Via V. Colonnelli 66 Roma



Osservatorio sulla  
Violenza Ostetrica  
Italia



Irish Maternity Support Services

Brussels, 25<sup>th</sup> November 2018

## CIVIL SOCIETY JOINT STATEMENT

### International Day on the Elimination of Violence against Women: Time to stop obstetric violence

On this day, we would like to spotlight the need to promote **respectful maternity care**<sup>1</sup> and the **involvement of women and women's groups in decisions** concerning childbirth policies and practices in full compliance with the World Health Organization (WHO) statement<sup>2</sup>, WHO recommendations on positive pregnancy<sup>3</sup> and birth<sup>4</sup>, and the UN OHCHR Report of the Working Group on the issue of discrimination against women in law and in practice.<sup>5</sup>

We urge Governments to **eliminate all forms of obstetric and gynecological violence**, institutional<sup>6</sup> and against women, according to article 12 of the CEDAW Convention<sup>7</sup> and in compliance with the Istanbul Convention<sup>8</sup> that defines violence against women as *“a violation of human rights and a form of discrimination against women and [...] all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”*.

**Many women across the globe experience disrespectful, abusive or neglectful treatment during pregnancy, childbirth and postpartum care, in high, medium and low-income countries.** Such treatments include physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures (including sterilization), lack of confidentiality, failure to get fully informed consent, refusal to give adequate pain relief, violations of privacy, refusal of admission to health facilities, neglecting women during childbirth to suffer life-threatening avoidable complications, and detention of women and their newborns in facilities after childbirth.

<sup>1</sup> [www.who.int/woman\\_child\\_accountability/ierg/reports/2012\\_015\\_Respectful\\_Maternity\\_Care\\_Charter\\_The\\_Universal\\_Rights\\_of\\_Childbearing\\_Women.pdf](http://www.who.int/woman_child_accountability/ierg/reports/2012_015_Respectful_Maternity_Care_Charter_The_Universal_Rights_of_Childbearing_Women.pdf)

<sup>2</sup> [http://www.who.int/reproductivehealth/topics/maternal\\_perinatal/statement-childbirth-govnts-support/en/](http://www.who.int/reproductivehealth/topics/maternal_perinatal/statement-childbirth-govnts-support/en/)

<sup>3</sup> <http://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1>

<sup>4</sup> <http://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf;jsessionid=D3947457CD2C985FDDA08D374EA7D8A4?sequence=1>

<sup>5</sup> <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/072/19/PDF/G1607219.pdf?OpenElement>

<sup>6</sup> <http://www.may28.org/obstetric-violence/>

<sup>7</sup> [Convention on the Elimination of All Forms of Discrimination against Women](http://www.may28.org/obstetric-violence/) ratified by 175 countries.

<sup>8</sup> <https://rm.coe.int/168046031c>



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Although, in some countries<sup>9</sup> laws are in place to eliminate obstetric violence, recognised as a specific form of gender-based violence, **in Europe the phenomenon has just been tackled, raising heavy controversies. It is almost impossible for women to report it, as it is considered “normal”, both in medical as well as in legal contexts.** The extent of this issue has been measured in several European countries where civil society groups and mothers’ organizations have been raising public awareness collecting thousands of traumatic stories of mistreatment during childbirth within hospitals. The voices of mothers have been vastly ignored by the governments and advocates have been threatened and intimidated.

In **Greece**, the level of disrespect to women’s perinatal health has worsened because of the massive influx of refugees, the closure of borders and their entrapment in a country suffering from a long financial crisis. Lack of consent in childbirth and inhumane reception conditions are the rule breaching the rights of refugee birthing mothers and newborns according to a report<sup>10</sup>.

For instance, the first nationally representative survey<sup>11</sup> conducted in **Italy** in September 2017, commissioned by civil society associations of mothers, found that **the equivalent of one million women (21%) declared they suffered some form of obstetric violence during their first experience of childbirth** and 6% of women declared they don’t want any more children as a consequence of the treatment they received.

In **France**, the High Equality Council published its first report<sup>12</sup> on obstetric violence in June 2018 which was submitted to the Equality Secretary of State Marlène Schiappa. It includes **26** recommendations focused in 3 areas: admission of the facts, proposal on how to prevent them through the training of health professionals and setting up procedures to report and punish any illegal practices.

Recently in **Croatia**, Ivana Ninčević-Lesandrić MP publicly denounced at the session of the Chamber of Representatives the treatment she personally endured **during invasive procedures following a miscarriage where she didn’t receive adequate pain relief**, and over 400 other women joined in confirming this is a reality for many women.

In **Romania**, Mothers for Mothers Association (the leading activist organization for adequate care during maternity) has denounced obstetric violence as being deeply ingrained in birth-ward

<sup>9</sup> Venezuela, Argentina, Mexico, Chile, Brazil

<sup>10</sup> [PLEIADES report on refugee mothers in Greece – Preliminary findings on antenatal, perinatal and postnatal care](#)

<sup>11</sup> <https://ovoitalia.wordpress.com/2017/11/04/first-data-on-obstetric-violence-in-italy>

<sup>12</sup> [Sexist acts during gynecological and obstetrical monitoring: comments on violence, the need to recognise, prevent and punish sexism](#)



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practices: mandatory episiotomy for 95% of primiparous vaginal births<sup>13</sup>, mandatory bedridden birth position in over 98% of vaginal births, wide rejection of partners or other persons of support in the birth ward in spite of Patients' Rights Bill<sup>14</sup>, professionally disempowered midwives<sup>15</sup> not allowed to deliver any out-of-hospital medical services to women and preventing women from getting medical support for planned out-of-hospital births<sup>16</sup>.

In **Hungary** a recent, representative study<sup>17</sup> shows that 72.2% of women still suffer from unnecessary and routinely performed episiotomy. The procedure is done without the informed consent of mothers in 62.0%. Freedom to choose a labour position for women having a vaginal birth was restricted in 65.7% of the cases."

In **Portugal**, a survey of women's experiences of childbirth<sup>18</sup> reveals the routine practice of unrecommended procedures, such as episiotomy (one of the highest rates in Europe)<sup>19</sup>, pubic shaving, systematic induction of labour without clinical indication, frequent vaginal exams by different health professionals, and the Kristeller manoeuvre. 43,3% of women state they were not given information about their options, and 43,9% were not asked for permission before an intervention.

In **the Netherlands**, Stichting Geboortebeweging conducted a "Break the silence" campaign this year where they received 600 hundred official submissions of obstetric violence becoming trending topic on Twitter. Nevertheless, it did not receive much attention from Public Health Authorities and several cases involving women's human rights in childbirth have been dismissed by Dutch (disciplinary) courts.

**In all those countries women were not believed, advocates have been publicly attacked and defamed, and there were no institutional efforts to address the issue while involving mothers and women's groups in the discussion. Their involvement is crucial in finding the solutions for this systemic, structural and interpersonal issue where the unbalance of power and patriarchal attitude is damaging women, mothers and babies, putting their lives at risk, with significant and unmeasured repercussions on their health and wellbeing.**

<sup>13</sup> [http://www.viata-medicala.ro/\\*articleID\\_13330-dArt.html](http://www.viata-medicala.ro/*articleID_13330-dArt.html)

<sup>14</sup> <http://legislatie.just.ro/Public/DetaliuDocument/41483>

<sup>15</sup> <https://www.oamr.ro/norme-privind-practica-independenta/>

<sup>16</sup> <https://hudoc.echr.coe.int/eng?i=001-172633>

<sup>17</sup> [http://www.ejmh.eu/5archives\\_ppr\\_szebik\\_et\\_al\\_181.html](http://www.ejmh.eu/5archives_ppr_szebik_et_al_181.html)

<sup>18</sup> [http://www.associacaogravidezeparto.pt/wp-content/uploads/2016/08/Experi%C3%A7%C3%A3o\\_Ancias\\_Parto\\_Portugal\\_2012-2015.pdf](http://www.associacaogravidezeparto.pt/wp-content/uploads/2016/08/Experi%C3%A7%C3%A3o_Ancias_Parto_Portugal_2012-2015.pdf)

<sup>19</sup> <http://www.euoperistat.com/images/doc/Peristat%202013%20V2.pdf>



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Therefore, we urge Governments to:

1. Support research and data collection in order to measure the prevalence of obstetric and gynecological violence during pregnancy, childbirth, and postpartum and investigate its impact on the health and autonomy of women;
2. Adopt national strategies on the involvement of maternity healthcare users in the decision-making process, at individual and policy levels;
3. Implement accountability and transparency policies in healthcare facilities allowing users to make informed decisions;
4. Support women's choices on birth settings (including homebirth and midwifery-led birth centers), as part of a regular offer within maternity care;
5. Set up mechanisms for women to report about their childbirth experience without stigma or fear;
6. Regulate a system of remedies and monetary compensation for violations during pregnancy, childbirth and postpartum;
7. Design educational programs on the respect of human rights in childbirth for both health care providers and users, starting from schools to universities;
8. Include women and mothers in educational programs aiming at teaching health care providers how to treat a childbearing woman and babies with dignity and respect.
9. Support midwives by increasing its number and guarantee the one-to-one ratio, setting up studies allowing for direct access to this profession in all countries.
10. Guarantee in any case that human rights defenders will be able to work and provide their support without fear of reprisals, harassment or undue hindrance.

Finally, we are joining the 16-day social media campaign until International Human Rights Day on 10<sup>th</sup> December 2018 to end obstetric violence around the world. To participate, please use **#Obstetricviolence** because **every woman has the right to the highest attainable standard of health, including the right to dignified, respectful health care throughout pregnancy and childbirth, as well as the right to be free from violence and discrimination.**

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### **Notes to Editors - Background**

Obstetric violence is the “appropriation of a woman’s body and reproductive processes by health staff, in the form of dehumanizing treatment, abusive medicalization and pathologisation of natural processes, involving a woman’s loss of autonomy and of the capacity to freely make her own decisions about her body and her sexuality, which has negative consequences for a woman’s quality of life.”<sup>20</sup>

### **About Make Mothers Matter**

*Make Mothers Matter advocates and supports mothers as changemakers for a better world. Created in 1947, MMM is an international, apolitical and non denominational NGO, with General Consultative Status to the United Nations.*  
[www.makemothersmatter.org](http://www.makemothersmatter.org)

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<sup>20</sup> <http://www.oas.org/en/mesecvi/docs/MESECVI-SegundoInformeHemisferico-EN.pdf>