

Brussels, 25 November 2019 - On this day, Make Mothers Matter would like to reiterate the urgency in bringing an end to the mistreatment and violence mothers suffer in pregnancy and childbirth. This violence is widespread and a systematic human rights violation. It includes physical and verbal abuse, as well as a lack of medical support from health care professionals during childbirth, unconsented medical procedures and the refusal to provide pain relief. Harmful for the mothers, these practices also have an impact on the mother-child relationship and therefore on the **child's development and wellbeing:** we know how toxic stress and violence can negatively impact early childhood development and jeopardize a child's future¹.

Therefore, it is crucial to promote **respectful maternity care**² 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) statement³, WHO recommendations on positive pregnancy⁴ and birth⁵, and the United Nations (UN) OHCHR Report of the Working Group on the issue of discrimination against women in law and in practice.⁶

In May this year and for the first time, the UN Special Rapporteur on Violence Against Women, Ms. Dubravka Simonović gave the opportunity to all interested parties, including civil society, to submit reports documenting the situation women face across the world. 128 submissions were received and a Report was drafted. MMM contributed by submitting two reports: a comparative report presenting the situation concerning obstetric violence in Europe and a report about the situation in Argentina (in Spanish).

In October 2019, Ms. Simonović presented her report, "A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence", to the UN General Assembly⁷." She highlighted: "Women giving birth have the right to receive dignified and respectful care free from violence and mistreatment, yet the reality of millions worldwide who have finally spoken up is quite the opposite".

The Special Rapporteur's report⁸ is a significant step in recognizing and giving visibility to this hidden issue, as it is the first report exposing obstetric violence at the international level. The evidence provided not only depicts the widespread reality of obstetric violence, but also how legislation, policies

⁴ http://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1

¹ <u>https://nurturing-care.org/resources/Nurturing_Care_Framework_en.pdf</u>

²www.who.int/woman_child_accountability/ierg/reports/2012_01S_Respectful_Maternity_Care_Charter_The_Uni versal_Rights_of_Childbearing_Women.pdf

³ <u>http://www.who.int/reproductivehealth/topics/maternal_perinatal/statement-childbirth-govnts-support/en/</u>

⁵ http://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-

eng.pdf;jsessionid=D3947457CD2C985FDDA08D374EA7D8A4?sequence=1

⁶ https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/072/19/PDF/G1607219.pdf?OpenElement

⁷ https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25111&LangID=E

⁸ <u>https://digitallibrary.un.org/record/3823698</u>

and healthcare providers can bring an end to such a detrimental epidemic. "The root causes of these forms of mistreatment and violence, including failing health systems, the existing power dynamics within the provider-patient relationship, as well as discriminatory laws and practice must not be allowed to impact the health and wellbeing of women during childbirth and must be urgently addressed," Šimonović said.

In addition, it is essential that mothers become the primary consultant for consent during childbirth. Simonović also mentions the role of labour conditions in health systems that lead to this mistreatment during childbirth. To rectify the issue, she calls for, "cooperation between health institutions and professional associations with women's non-governmental organizations."

We are hopeful that Simonović's report will make an impact on policy makers, as its content and data efficiently show the severity and extent of the issue, and **the need for a systemic change** to tackle it.

Finally, the medical journal Lancet released a study in November 2019 on childbirth in hospitals in different countries including Ghana, Guinea, Myanmar and Nigeria. In these countries 35-42% of women on average experienced some kind of "physical abuse, verbal abuse, stigma or discrimination"⁹. It is important to note that women in this study documented that physical and verbal abuse peaked 30 minutes before birth and until 15 minutes after. Moreover, around 57% of women were not offered any pain relief in the hospital. Many women did not consent to episiotomy or caesarean section, despite receiving these procedures.

We call upon policy makers, health professional and all actors involved to create an adequate framework including preventive measures to put an end to obstetric violence as well as putting in place a system that provides reparation and compensation to victims.

Notes to Editors - Background

Obstetric violence is defined as 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."¹⁰

About Make Mothers Matter

Make Mothers Matter believes in the power of mothers to make the world a better place, advocating for their recognition and support as changemakers. Created in 1947, MMM is an international NGO with no political or religious affiliations, transparently voicing the concerns of mothers at the highest level: the European Union, UNESCO and the United Nations (General consultative status). www.makemothersmatter.org

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⁹ https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31992-0/fulltext

¹⁰ http://www.oas.org/en/mesecvi/docs/MESECVI-SegundoInformeHemisferico-EN.pdf