



## The right to sexual and reproductive health – Challenges and Possibilities during COVID-19

A member of



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- 1. Since the beginning of COVID-19 pandemic, States have adopted new policies, laws and other measures in response to the crisis. Please refer to the relevant measures in your country (or countries in focus) and their impact on the right to sexual and reproductive health. Please share information on opportunities and challenges.**

In march 2020, having seen the escalation of the pandemic in Italy, I personally urged the Ministry of Healthcare to prepare a protocol for women who go through childbirth while being Covid-positive. The Ministry of Healthcare adopted in April 2020 a new Methodology for the medical care during childbirth for women who are suspected or confirmed with the Covid19 infection. This protocol banned any relatives from having access in the maternity, instructed for the immediate separation of new mothers from newborns to prevent contamination and the isolation of new mothers until they yield 2 consecutive negative tests and are Covid free thus postponing initiation of breastfeeding until mothers recover from the infection (for a period that ranged from 2 weeks to 30 days). Maternity-hospitals all over the country were selected to care exclusively for Covid positive expecting women – this meant that some pregnant women who showed up in labor at their pre-pandemic hospital of choice and were found to be Covid-positive were hauled by ambulance to the nearest Covid-only maternity to finalize delivery while others, who were too close to delivery, were hauled immediately after birth, without their babies, to the aforementioned Covid-only medical facilities. This has wrought panic and anxiety for a lot of expecting and new mothers in Romania.

One particularly alarming incident was the case of Suceava, the capital city of a north-eastern county in Romania, where during the summer of 2020 Covid19 outbreaks affected almost all the medical staff in all the hospitals in the city forcing authorities to effectively close down all of them, leaving pregnant women in a panic as to where they could turn for medical care at birth. Terrified mothers searched for midwives to assist homebirths in the context where homebirth is not regulated in Romania, no professional guidelines exist for healthcare professionals and no protocols for emergency transfer of complicated homebirths. Finally, hospitals from the nearest towns and cities offered to receive women for medical care during childbirth but women had to travel from 50 to 120 km to reach these hospitals for delivery. Eventually, the military was brought in to take over the management of Suceava's hospitals and by autumn, women in Suceava could once again deliver their babies there. Mention must be made about the only private maternity in Suceava (Romania has a public healthcare system and private one) which allegedly offered to care for birthing women but could not do so because of bureaucratic hurdles that the County Public Health Authority did not know how to do away with.

Covid testing for pregnant women was also problematic in the first months of the pandemic – free of charge testing by the state was very difficult to access and birthing women who were suspected of being Covid-positive had to wait for days until their results came in. Until the results came in, these women would be managed as Covid-positive and would be kept separated from their newborns. Our organization succeeded to get suspected pregnant women on the list for prioritized free-of-charge testing at the onset of labor so that their infectious status is cleared as fast as possible and unnecessary separation from newborns is avoided.

We also kept communicating with the local WHO and UNICEF bureaus both of which issued formal recommendations that new mothers be allowed to breastfeed, with all the adequate protection measures, since medical studies already showed the virus is not transmitted through breastmilk. We assisted them for the translation of these recommendations and advocated for the updating of the national Methodology requesting that Covid-positive mothers who are asymptomatic or exhibit mild symptoms be instructed how to prevent contamination and be allowed to keep their babies nearby and breastfeed. In the autumn the Ministry issued the first update for the Methodology instructing maternities that each case of Covid positive mothers should be considered individually when the decision to separate and postpone breastfeeding is made. In the spring of 2021, the Methodology was once again updated to integrate our requests for facilitating rooming-in and breastfeeding for Covid-positive mothers who are asymptomatic or exhibit mild symptoms.

In June 2021, access for partners or relatives who wish to accompany and support the birthing women was made possible again, under strict regulations to prevent contamination.

Another problem was caused by the fact that the Romanian Government issued transient emergency measures that instructed all hospitals to restrict all medical procedures and treatments deemed non-emergency from patients and allocate as many hospital beds and ICUs towards caring for Covid19 patients. This meant that women had difficulties to come in for their prenatal care visits (some were even discouraged to do so by their doctors to prevent infection) but it also meant that medical abortion on-request became almost impossible to have. Out of the 112 public hospitals that offered this particular medical service only two medical facilities still did so during the summer of 2020. Desperate women all over Romania with unwanted pregnancies were left to carry those pregnancies to term for lack of access to safe abortion. Some allegedly sought to terminate their pregnancies with dangerous, non-medical means. Women's rights organizations all over the country requested the Government to specifically instruct hospitals that elective medical abortions were indeed essential emergency medical services and they should continue to provide them to women. After pressure in the media, the Government issued this formal instruction for all medical facilities to provide elective medical abortions, to facilitate prenatal check-ups for all women and breastfeeding for Covid-positive women.

The pandemic also literally forced the Romanian Government to legalize and regulate remote-medical services/telemedicine in order to facilitate online medical consultations which was a long-awaited piece of legislation that the Government had been postponing for years.

2. **Please also specify legal or other measures introduced during the pandemic aiming at recognizing, or restricting, banning or criminalizing: a) access to legal abortion; b) consensual sex between adults; c) same sex sexual relations, d) consensual sex between adolescents of similar ages, e) sex work, f) same sex marriage, g) information on the right to sexual and reproductive health; h) HIV transmission and i) autonomy and free decision making on one's body and sexual and reproductive health.**

a) Access to legal abortions was impeded (see above account)

- e) Sex work is not legalized in Romania but the lockdowns severely affected the livelihood of sexworkers.
- g) Schools were closed for almost an entire year and students had even less access to the optional sex-ed class than they used to have before the pandemic.

**3. Regarding sexual and reproductive health care, what services, goods and information is being provided in your country (or countries in focus), during the pandemic?**

**3.1. Any changes compared to pre-COVID 19? Has any service, good or information been deprioritized or defunded? Who is this affecting in particular?**

Elective medical abortion was deemed as a non-emergency medical service (see above account)

Screening for HPV related cancers and cancer treatments were deprioritized and significant number of women simply lost all access to such medical care since the hospitals they were patients of were assigned to care exclusively for Covid-positive childbirth. This literally cut off medical care for thousands of women with gynecological health issues.

Vaccination rates fell for basic vaccines. Over 11000 children missed their boosters for several vaccines or failed to initiate vaccination schemes.

**3.2. Please explain if there has been any impacts on the availability, accessibility, acceptability or quality of sexual reproductive services during COVID – 19.**

Yes, the biggest impact was on childbirth healthcare services, elective medical abortion, screening and treatments for gynecological health issues which may have affected chances for survival and life expectancy for cervical cancer patients.

Women were the most affected patient category overall.

**3.3. Please also share information on other practical obstacles or challenges to access sexual reproductive services during the pandemic, and who were most affected.**

I would say that women who sought elective abortion to terminate unwanted pregnancies, pregnant women in Suceava and women who delivered while being Covid-positive and who separated from their babies were the most affected groups in Romania.

**3.4. Please also share good practices and opportunities in the provision of sexual and reproductive health care during the pandemic.**

The SAMAS organization, that I have also co-founded quickly devised a support programme called "SAMAS in sickness and in health": a nationwide project that aims to help Covid-positive new mothers to breastfeed their newborns after they get well from the infection. Mothers who are separated from their babies from birth in order to protect the newborns from being infected with Covid, receive free counseling by video-call from the SAMAS staff, called Perinatal Educators, who teach them how to maintain their lactation active for however long they need to until they are reunited with their babies and can start breastfeeding. Mothers also receive free emotional and psychological support from therapists to help them cope with the stress of separation. Also, new mothers who are in dire financial straits receive free breast pumps from SAMAS. The programme is present in all the Covid-assigned maternities and all services are free of charge.

The pandemic also generated the pressing context for the Romanian Government to finally regulate remote medical care/telemedicine which has been requested by civil society organization for years as a good solution for increasing access to medical care for isolated rural communities.

The pervasive public campaign promoting Covid vaccination has apparently increased parents' desirability of HPV vaccination for teens which has in turn generated political will to reform and extend the HPV vaccination programme to include boys and increase the age group that gets free HPV immunization.

**4. In connection to questions 1 to 3, please also share other relevant information on legal, policy or other changes affecting the right to sexual and reproductive health and related health care in your country or countries in focus, unrelated to COVID-19.**

In hindsight, I would safely say that the right to sexual and reproductive health and health care in Romania would have not been so affected by the pandemic if we had three major public policies in place:

- Easy and free access to contraceptives and online contraceptive counseling for teens and adults.
- Easy and free access to chemical abortion
- Comprehensive homebirth legislation

**5. Please indicate if your country, institution or organization has decreased financial support or aid to other State, donor or institution or programme in the area of sexual and reproductive health, including through international cooperation, compared to pre-Covid time.**

Not that I know of.

**6. Please indicate if your country, institution or organization has been affected by a decreased in financial support or aid, including through international cooperation, compared to pre-COVID time, and how this has affected sexual and reproductive health care.**

Not that I know of.