

# Maternal Health Care in the European Union

## Policy brief

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The risks and remaining challenges related to maternal health care impact the most at-risk populations and disadvantaged groups in the EU:

Strong disparities in maternal mortality remain among Member States today, illustrated for example by 2 deaths for 100 000 live births in Italy and Poland, in comparison to up to 19 maternal deaths per 100 000 live births for Latvia and Romania in 2017<sup>1</sup>. Furthermore, an estimated 500,000 women in the EU face huge difficulties in accessing antenatal health services<sup>2</sup>. Moreover, 1 in 5 women will develop a peripartum mental illness, according to the Cost Action research project<sup>3</sup>. These mental health concerns are exacerbated by the health crisis, impacting first and foremost the most vulnerable women.

The most exposed women and mothers during the pandemic and related lockdowns were also at higher risk of premature births, severe maternal morbidity, and mortality, with women affected by COVID-19 being 50% more likely to experience pregnancy complications compared to pregnant women unaffected by COVID-19<sup>4</sup>.

### WHAT DO MATERNAL HEALTH RIGHTS IMPLY IN THE EUROPEAN UNION?

Maternal health rights are encompassed under the Right to Health and therefore include its 4 fundamental elements enshrined in the International Covenant on Economic Social and Cultural Rights (ICESCR)<sup>5</sup>:

- Availability
- Accessibility
- Acceptability
- High quality of care

According to International Human Rights Law, these fundamental elements are universal and apply to all, including all women and mothers.

The right to maternal health care is underlined in all major international instruments covering four cornerstone rights:

- the Right to Privacy
- the Right to Equal Treatment
- the Right to Health
- the Right to Life

***Under International Human Rights treaties and instruments encompassing the right to health and maternal health care, the European Union must Respect, Protect and Fulfil the right to maternal health care for all women and mothers in Europe (see the full MMM Report on Maternal Health Care in Europe for further detail).***

### WHAT ARE CURRENT CHALLENGES IN MATERNAL HEALTH IN EUROPE ?

The most common institutional and organisational barriers in accessing maternal health care especially for poor households, are:

- Lack of affordable and high-quality maternal health care
- Absence of clear policies and information, available in native language
- Geographical distances to medical facilities
- Biases and discrimination from professionals.

Some general challenges regarding maternal health care needing urgent action are:

#### UNEQUAL ACCESS TO MATERNAL HEALTH CARE

**The lack of financial means**, due to high out-of-pocket payments, informal payments to health care professionals, as well as lack of free minimal coverage of health care cost remain common in the maternal

<sup>1</sup>Trends in maternal mortality: 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019. See: <https://data.worldbank.org/indicator/SH.STA.MMRT>

<sup>2</sup>Access to maternal health and midwifery for vulnerable groups in the EU, Policy Department for Citizens' Rights and Constitutional Affairs, DG for Internal Policies of the Union, PE 608.874 - April 2019. See: [https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL\\_STU\(2019\)608874\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU(2019)608874_EN.pdf)

<sup>3</sup>Rise up PPD, Research Innovation and Sustainable Pan-European Network in Peripartum Depression, see <https://www.riseupppd18138.com>

<sup>4</sup>Research uncovers high risk to pregnant women from COVID-19, April 2021, Oxford University

<sup>5</sup>As per the General Comment on the Right to Health enshrined in the ICESCR, the right to health contains 4 elements: availability, accessibility, acceptability and quality, also named AAAQ framework.

sector<sup>6</sup>, affecting both native and migrant mothers<sup>7</sup>.

**The insufficient availability of medical maternal health information in all languages as well as the lack of interpreters** lead to violations of health rights as well as higher risks on health.

**The fear of being deported**, deters some migrant pregnant women and mothers from seeking effective maternal health care in countries where health care professionals remain required to report the immigration status of their patients.

Lastly, **strong disparities in geographical coverage** of accessible maternal medical services as well as affordable transport remain, leading to struggles to access adequate and timely maternal care.

#### DISCRIMINATORY ATTITUDES AND DISRESPECTFUL PRACTICES

These include **biases among health professionals** based on cultural and religious differences, **discriminatory practices**, as well as **physical abuse, abandonment, and neglect** before, during and after birth. These discriminatory attitudes violate women's rights to respectful maternal care, their rights to life, bodily integrity, and freedom from discrimination.

**Disrespectful practices towards mothers** encompass all practices carried out with force or lack of consent due to insufficient communication and explanations, as well as delays in receiving timely and adequate health care, acts of mistreatment and negligent acts.

#### MATERNAL MENTAL HEALTH

Women are found to be much more at risk of developing mental health problems during the pregnancy and first year post-partum period, in most cases anxiety and depression. Peripartum mental health problems are at current risk of being deprioritised from prevention and screening programs.

#### THE IMPACT OF COVID-19 ON MATERNAL HEALTH





Lockdown measures, as well as the increase of transport disruptions, relocation of maternity units, the shortage of health care professionals, the lack of timely care, and the rise of medical anxiety have prevented many mothers from being able to access quality essential maternal and antenatal care.

The covid-19 pandemic has also had severe impacts with direct increases in the rates of maternal mortality,

morbidity, stillbirths, pregnancy risks, complications, and perinatal mental disorders.







### GOOD LEGISLATIVE AND NON-LEGISLATIVE PRACTICES IN EUROPE

Examples of best legislative practices:

-  **Norway** provides all women with equal access to free prenatal, perinatal, and post-natal care, as well as guaranteeing equal access to all.
-  **The Netherlands** prioritises access through an evenly distributed geographical coverage of medical professionals and maternal services.
-  **Germany** introduced anonymised health insurance vouchers to enable undocumented women to access maternal health care.
-  **Romania** has taken steps to address strong socio-economic inequalities in maternal health including a national plan granting pregnant and postpartum women special rights.

**Best practices in terms of non-legislative initiatives**, include nation-wide campaigns on maternal health issues and maternal mental health, training programs and protocols for maternal health professionals, actions for closing barriers to maternal health for migrants, as well as programs set up by civil society.

### RECOMMENDATIONS TO REDUCE GAPS AND DISPARITIES IN MATERNAL HEALTH CARE

-  **Enforcing a European Universal Health Coverage** ensuring equal access and reducing the financial burden for women in need.
-  **Providing robust and accessible maternity services**, especially in emergency situations.
-  **Implementing national schemes for health-care providers on robust antenatal and postnatal care**, to reach the most vulnerable.
-  **Implementing legal instruments monitoring the degree of compliance of hospitals to regulations on perinatal care**, to fight obstetric and gynaecological violence.
-  **Raising awareness and implementing measures addressing maternal mental health disorders.**
-  **Implementing policies guaranteeing privacy of information**, including the safeguard and anonymity of patients' immigration status during maternal health care visits.

<sup>6</sup> Parkhurst, J. O., Penn-Kekana, L., Blaauw, D., Balabanova, D., Danishevski, K., Rahman, S. A., Ssengooba, F. (2005). Health systems factors influencing maternal health services: a four-country comparison. *Health Policy*, 73(2), pp. 127-138.

<sup>7</sup> Expert Panel on effective ways of investing in Health (EXPH), Preliminary Report on Access to Health Services in the European Union.