first years first priority

Thematic paper

NOVEMBER 2022

Ensure universal access to maternal healthcare in the European Union

The first 1.000 days of a child's life are crucial for its development, they provide the foundations which may determine lifelong health. This begins before the child is born and depends for a large part on the health of the mother.[1] A child's earliest experiences shape their brain development and have a lifelong impact on their mental and emotional health, as well as their physical, cognitive and social development. As part of a series by the First Years, First Priority (FYFP) campaign, this paper focuses on **maternal** and **perinatal healthcare** – the period from pregnancy to the first year after birth. A mother's own physical and mental health and wellbeing can affect a child's physical and cognitive development. Adversity during pregnancy and the first years of life can predict adversity across generations. The Child Guarantee's commitment to increased access to healthcare for children in need must also include universal access to quality healthcare during pregnancy, childbirth and the post-partum period, as prerequisites for maternal and child health and wellbeing.

To ensure the wellbeing of the child, the wellbeing of the parents is equally crucial. Support for parents through child-parent friendly care during the perinatal period and in **children's infancy** must be part of an integrated and comprehensive approach to implementing the European Child Guarantee.

1 Make Mothers Matter. Report: Maternal Healthcare in the EU. May 2021. Available at: https://makemothersmatter.org/wp-content/uploads/2021/12/2021.05.06-Maternal-Health-Care-in-the-EU-FINAL.pdf

As European Union (EU) Member State (MS) and their National Child Guarantee Coordinators work towards improving early childhood development, they must also address the importance of maternal health for women, children and their families. Barriers to pre- and post-natal care exist across Europe, but there are also good practices that show they can be overcome. This paper outlines the following recommendations and ways forward:

Recommendations

EU MEMBER STATES MUST:

- **Include universal access to maternal, newborn and child healthcare and parent-friendly care provisions in their Child Guarantee Action Plans**
- **Strive to achieve and provide Universal Health Coverage to all, as defined by the WHO, guaranteeing pre- and post-natal care for all women and children Education and Care services for children under the age of three**
- **Provide accurate and clear maternal health information, with a special focus on the needs of migrant, Roma and other women in vulnerable situations**
- **Guarantee privacy of information about the migration status of pregnant women and ensure that immigration status is not a barrier to accessing healthcare services**
- **Prioritise investment in easily accessible medical facilities, maternal support programmes, and training of health professionals based on best practice**
- **Invest in maternal mental health services, including prevention, screening and support programmes**

This paper explores access to maternal healthcare,[2] expanding on existing frameworks and considering barriers in access to pre- and post-natal care. With these in mind, the paper takes a closer look at some best practices from EU MS and civil society. Through exploring these systems and barriers, the recommendations aim to overcome some of these challenges.

2 Ibid

CURRENT CHALLENGES IN THE EU

Despite various international and European legal instruments[3] addressing the right to maternal healthcare, numerous obstacles remain, undermining Universal Health Coverage across the EU. The people who have the most difficulty accessing healthcare in at least half of the MS, are mainly the **rural** population, the **elderly,** the **less mobile, women** in vulnerable situations, **migrants, refugees and those who are undocumented**. Some women avoid seeking maternal healthcare because of access barriers, or because of confusing health systems, laws or policies. This places vulnerable groups – such as undocumented migrant women, Roma women and other minority groups – at risk of not receiving adequate medical maternal care and support when needed. Health inequalities in maternal healthcare also negatively affect children's development. According to neuroscience, the **first 1.000 days** of life, from conception to the first two years, are a critical stage for brain development and emotional, physical and mental wellbeing of children, with an influence on adult life (bonding, learning, income, health).[4] It is therefore crucial to remove barriers to good quality maternal healthcare.

AFFORDABILITY OF MATERNAL CARE

The single most important limiting factor behind accessing maternal medical services in EU countries is the affordability of maternal care due to **high out of pocket payments.**[5] The existence of **informal payments**[6] made to healthcare professionals, especially in Central and Eastern Europe, represents an additional barrier for many women. These informal payments seem to be more common in the maternal sector due to the many procedures needed and the prolonged contact with healthcare professionals.[7] The lack of financial means affects migrant and non-migrant mothers alike.[8] MINE, a Hungarian member of Make Mothers Matter, reports that in hospitals those who want to accompany the mother during labour are obliged to buy special clothing. This barrier results in many mothers being alone during the delivery.[9] Poor financial planning also causes limitations in access to maternal care. One example is Romania, where monthly budget constraints in hospitals often limit access to maternal healthcare despite the constitutional right to access.[10]

LACK OF INFORMATION AND LINGUISTIC BARRIERS

Language barriers and the absence of clear policies and information available in various languages are a barrier to access, which leaves many migrant women **uninformed** about the procedures to follow.[11] The **lack of adequate interpreters** often leads to interruption of treatment or to other dangerous situations in which consent to medical interventions is granted without properly understanding them (e.g. procedures such as episiotomy, caesarean, labour induction).

3 The annex includes an overview of relevant international and European frameworks and legal instruments

4 Raspini, B., Porri, D., De Giuseppe, R., Chieppa, M., Liso, M., Cerbo, R. M., ... and Cena, H. (2020). Prenatal and postnatal determinants in shaping offspring's microbiome in the first 1000 days: study protocol and preliminary results at one month of life. Italian journal of pediatrics, 46(1), 1–14. Available at: https://link.springer.com/content/pdf/10.1186/s13052-020-0794-8.pdf

5 Center for Reproductive Rights, *Perilous Pregnancies: Barriers in access to affordable Maternal Health Care for Undocumented Migrant Women in the European Union* (2018), available at: https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/CRO/INT_CCPR_CSS_CRO_37141_E.pdf

6 Mishtal, J. (2010). Neoliberal reforms and privatisation of reproductive health services in post-socialist Poland. Reprod Health Matters, Mishtal, J. (2010). 18(36), 56-66. doi: 10.1016/s0968-8080(10)36524-4.

7 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

8 Expert Panel on effective ways of investing in Health (EXPH), Preliminary Report on Access to Health Services in the European Union.

9 Mother Centers International Network for Empowerment (MINE) minemothercenters.org

10 According to Make Mothers Matter member Mame Pentru Mame, see https://mamepentrumame.ro EN site and see https://mamepentrumame.ro/mothers-for-mothers-association/

11 Policy Department for Citizens' Rights and Constitutional Affairs Directorate General for Internal Policies of the Union PE 608.874, Access to maternal health and midwifery for vulnerable groups in the EU, Woman's rights and gender equality, April 2019

FEAR OF DEPORTATION

Due to fear of being reported to immigration authorities, many migrant women avoid seeking any antenatal care. Some countries, such as Portugal, Spain, France, Italy, the Netherlands, Czech Republic and Denmark, prohibit healthcare professionals from reporting the immigration status of their patients. In other countries, such as Sweden, Slovenia, Croatia and Germany, health professionals are required to report the immigration status of their patients. In these cases, it is crucial to guarantee **privacy of information** about the **migration status** of pregnant women and to ensure access to maternal healthcare irrespective of migration status, thereby encouraging all women to seek such care, rather than avoid it.

GEOGRAPHICAL DISTANCE

Geographical distance to medical facilities can also be a barrier to accessing adequate and timely maternal healthcare. Many EU countries still struggle with ensuring **geographical accessibility of services** because of lack of maternal wards in **rural areas** and because no public transport exists between these areas.[12] The closure of small local hospitals and clinics for lack of funding and medical personnel has caused a narrowing of access to essential healthcare services for women. Romania, for example, reports a staggering number of women who have their first contact with a medical professional when already in labour: in almost a quarter of all yearly births, women report not having had access to any prenatal check-up.[13]

DE-PRIORITISATION OF MATERNAL MENTAL HEALTH

Pregnancy and the first year postpartum constitute a period of tremendous physiological, psychological, and social changes in women's lives. This may increase a woman's vulnerability to poor mental health. In fact, 1 in 5 women worldwide will develop a mental illness in the peripartum period.[14] Furthermore, from the 23.000 mothers who participated in a survey conducted in France by Make Mothers Matter,[15] one-third experienced post-partum depression. Poor perinatal mental health is associated with an increased risk of obstetric complications, of low infant weight, a lower likelihood of attending antenatal and postnatal appointments and more difficulties with infant feeding and child-parent bonding.[16] In recognition of this important issue, WHO provides guidance for integrating perinatal mental health in maternal and child health services.[17] Any kind of stress experienced by the mother during pregnancy can cause disruptions that undermine a child's development and could trigger lifelong stress and physical and mental disorders, hampering participation in society later in life.[18] Mental health and social support for mothers can buffer stress and build resilience while also helping the child to be able to regulate stress and other adversities in the future. De-prioritising mental health prevention and screening programmes comes with a heavy cost: new mothers affected by severe postnatal depression are at a high risk of suicide and infanticide.[19] The importance of addressing perinatal mental health is also highlighted in the *Nurturing Care Framework for Early Childhood Development*[20] *and the WHO recommendations on maternal and newborn care for a positive postnatal experience.*[21]

12 Miteniece, E. et al. (2017)

13 World Vision report on the barriers mothers meet in seeking medical services (2016), https://blog.worldvision.ro/wp-content/uploads/2016/09/Raport-sintetic-studiu-calitativ-Bariere-accesare-servicii-medicale-prenatale-si-de-PF-edited.pdf

14 Rise up PPD, *Research Innovation and Sustainable Pan-European Network in Peripartum Depression*, https://www.riseupppd18138.com

15 Make Mothers Matter, 'Donnons la parole aux mères' (Let's Give Mothers a Voice) in November 2020/21, https://makemothersmatter.org/mmm-france-presents-results-of-1000-days-survey-will-french-mothers-be-heard/

16 WHO (2022) *Guide for integration of perinatal mental health in maternal and child health services*

17 Ibid

18 Hilmar Bijma, Erasmus University, The Netherlands, Jodi Pawluski, University of Rennes, France, and Alain Gregori, Peripartum Depression in the Context of Public Health Emergencies and Humanitarian Crises Virtual Conference, 27.09.22, https://www.riseupppd18138.com/international-conference-2022.html

19 Tsivos, Z. L., Calam, R., Sanders, M. R., and Wittkowski, A. (2015). Interventions for postnatal depression assessing the mother-infant relationship and child developmental outcomes: a systematic review. Int J Womens Health, 7, 429–447. doi: 10.2147/ijwh.s75311

20 *Nurturing Care for Early Childhood Development. A framework for helping children survive and thrive to transform health and human potential* (2018) WHO, UNICEF, World Bank Group, Every Woman Every Child, Partnership for Maternal, Newborn and Child Health, Early Childhood Development Action Network

21 *WHO recommendations on maternal and newborn care for a positive postnatal experience* (2022)

PROVISION OF MATERNAL HEALTHCARE IN DIFFERENT MEMBER STATES

With these barriers in mind, some examples can be named of healthcare programmes in Europe which already provide a good basis for the provision of maternal care:

- In the Netherlands, maternal care is regulated under the Healthcare Insurance Act (*Zorgverzekeringswet*) with evenly distributed geographical coverage.
- Prenatal care in Germany is regulated through the Maternity Guidelines (*Mutterschafts-Richtlinien*). Prenatal care is based on a nationwide programme of care and every pregnant woman in Germany has a statutory right to medical care.[22]
- In Romania there is a promising system granting pregnant women and postpartum mothers special rights through *social health insurance*. Women who have difficulties paying are insured without having to pay insurance premium or co-payments.[23]

LEGISLATIVE PRACTICES RELATED TO VULNERABLE GROUPS, PARTICULARLY UNDOCUMENTED MIGRANT WOMEN

Two approaches to maternal healthcare are identified: The first consists of a group of MS (Belgium, Estonia, France, Germany, Greece, Italy, Ireland, the Netherlands, Portugal, Romania, Spain and Sweden) that have implemented laws and policies providing undocumented migrant women with ***full access to maternal healthcare either free of charge or at a subsidised rate****:*

- The Netherlands provides healthcare coverage for undocumented migrants living in the country, including emergency services and access to primary and secondary care.
- Germany has adopted the *Refugee Benefits Act* for asylum seekers and those with discretionary leave to remain or a temporary residence permit. It stipulates that the costs for maternity services are covered by the state.[24] However, since undocumented migrant women are not allowed health insurance, maternal healthcare still leads to high out-of-pocket expenses.
- According to Maternity Support Network, an Irish Make Mothers Matter member, Ireland[25] provides public maternity care for free to everyone residing in Ireland. However, poor infrastructure and lack of investment limit access to certain options and in many cases medication is not provided, forcing women to pay for it themselves.
- Under Spanish local laws, though they are entitled to healthcare coverage, migrants have to register in the 'local civil registry' for an individual health card. There have been situations where migrants could not register, as they had no habitual residence. In response, some regions now grant undocumented migrants health cards without requiring prior registration.[26]

The second group of Member States (Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, Hungary, Latvia, Lithuania, Luxembourg, Malta, Poland, Slovakia and Slovenia) have laws and policies that ***prevent easy*** *and* ***quick access*** *to affordable maternal healthcare, requiring undocumented migrant women to cover some or all of the costs themselves.*

22 Vetter K., Groeckenjan M., Prenatal care in Germany, Dec 2013, PubMed, available at: https://pubmed.ncbi.nlm.nih.gov/24337130/

23 Vlădescu C., Scîntee G., Olsavszky V., Allin S. and Mladovsky P., *Romania: Health system review*, Health Systems in Transition, 2008; 10(3): 1–172.

24 *Asylbewerberleistungsgesetz in der Fassung der Bekanntmachung vom 5. August 1997 (BGBl. I S. 2022), das zuletzt durch Artikel 18 des Gesetzes vom 12. Juni 2020 geändert worden ist*, available at: https://www.gesetze-im-internet.de/asylblg/BJNR107410993.html

25 The Maternity and Infant scheme is legislation implemented in 1954 under the Health Act 1953, subject to subsequent amendments and is contained in sections 62 and 63 of the Health Act 1970, available at: Health Act, 1970 (irishstatutebook.ie)

26 Rechel B. et al, European Observatory on Health Systems and Policies Series (2011)

GOOD PRACTICES TO HIGHLIGHT FROM VARIOUS COUNTRIES

- Awareness raising on maternal mental health such as the global *campaign "World Maternal Mental Health Day"* in May 2021.[27]
- Actions directed at closing barriers to maternal health for migrants, such as: training and communication programmes in order to improve the intercultural competence of hospital staff in Austria and Portugal,[28] and Finland[29]; focusing on information provision in Germany; programmes increasing migrant mothers' health literacy in Italy. Malta, Greece, Croatia and Slovenia have launched similar programmes, and available material is translated for migrants and then distributed at refugee centres and health access points.[30]
- Use of anonymised health insurance vouchers, such as in the Federal State of Berlin, entitling undocumented migrants to assistance which they can use without being reported.[31]
- Civil society solidarity programmes such as Maison de Tom Pouce in France, providing medical care, assistance and monitoring, and language and maternity lessons to vulnerable women; Fundação Nossa Senhora do Bom Sucesso in Portugal uses an Integrated Health Monitoring Model, providing universal access to maternal healthcare; the We Care Project in Bulgaria which managed to advocate for maternal healthcare, resulting in the reform of Ordinance 26 to include 4 medical check-ups and 2 hospitalisations for uninsured mothers.

Good practices like this would be even more impactful if they received **structural support from national governments**.

27 Riseup-PPD COST ACTION (CA18138), World Maternal Mental Health Day 2021, https://www.riseupppd18138.com/uploads/2/6/9/7/26978228/wmmhd_21statement.pdf

28 Policy Department for Citizens' Rights and Constitutional Affairs, Directorate General for Internal Policies of the Union PE 608.874 – April 2021, *Access to Maternal health and midwifery for vulnerable groups in the EU. Women's Rights and Gender equality*

29 Available at: https://thl.fi/en/web/immigrants-and-multiculturalism (Last accessed on 1 December 2020)

30 Available at: https://www.inmp.it/eng/content/view/full/15369 (Last accessed on 1 December 2020)

31 Flegar V., Dallí M., Toebes B., *Access to Preventive Health Care for Undocumented Migrants: a comparative study of Germany, the Netherlands and Spain from a Human Rights Perspective,* in *Laws 5* (2016), 9, available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2749197

Conclusions

European MS safeguard the right to pre- and post-natal care through many legislative frameworks. Despite this, barriers such as affordability, lack of information or language barriers, fear of deportation (in case of migrants), geographical distance, and the de-prioritisation of maternal mental health mean that many women do not enjoy full access to maternal healthcare. Many MS have legislation or programmes in place to address these barriers. With examples of good practices in mind, the implementation of the European Child Guarantee should ensure universal access to maternal and infant healthcare for all women and children. Maternal health is an indicator of global health, so each mother and each child have a right to quality maternal health care regardless of factors such as race, socio-economic status, nationality, immigration status or religion. **A child's health is largely determined by the mother's health**, so it is crucial to give all mothers the care they need, both for her and for her child's sake.

ANNEX 1: Maternal Health in International and European Frameworks and Mechanisms

INTERNATIONAL FRAMEWORKS WITH EU MEMBER STATES	
Universal Declaration of Human Rights[32]	Article 25, Alinea 2: entitles motherhood to **special care** and **assistance**[33]
International Covenant on Economic, Social and Cultural Right	Article 12: highest attainable standard of health to all[34]
UN Convention on the Rights of the Child[35]	Article 24(2)(d): the right to appropriate **pre**- and **post-natal care** for mothers[36]
Convention on the Elimination of all forms of Discrimination Against Women	Article 12: provides for **family planning** and **perinatal care**, **prohibits discrimination** of women in healthcare, provides for **post-natal confinement**, **free services** if necessary and **adequate nutrition** during **pregnancy** and **lactation**[37] Article 14: focuses on **rural women**, access to adequate **healthcare facilities**, including information, counselling and services in **family planning**
UN Sustainable Development Goals	Goal 3: ensure healthy lives and promote well-being for all at all ages[38] Reduce the global **maternal mortality ratio** to less than 70 per 100.000 live births
EUROPEAN MECHANISMS	
Charter of Fundamental Rights of the European Union[39]	Article 35: right to access to **preventative healthcare** and right to **medical treatment** Article 3: prohibition of **inhumane** and **degrading treatment** Article 7: right to respect for **private** and **family life**
European Convention on Human Rights	Article 14, Protocol 12, Article 1: prohibition against **discrimination**[40]
European Pillar of Social Rights	Principle 16: right to timely access to **affordable**, **preventive** and **curative healthcare** of good quality[41]
European Health Union	"To improve the **resilience**, **accessibility** and **effectiveness** of their [MS] **health systems**"[42]
WHO: Universal Health Coverage for All[43]	**Equal access** to quality **healthcare** **No financial harm** to those receiving it Ensure **access** to **necessary medical care** to those living in **poverty**

32 UN General Assembly. Universal Declaration of Human Rights, 10 December 1948 (217 A (III), available at: http://www.refworld.org/docid/3ae6b3712c.html

33 Article 24(2) Universal Declaration of Human Rights: "Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection."

34 Article 12 ICESCR

35 United Nations. (n.d.). Convention on the Rights of the Child. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with Article 49. Geneva: Office of the High Commissioner for Human Rights. Retrieved 23 October 2019

36 Article 24(2)(d) UN Convention on the Rights of the Child: (2) "States Parties shall pursue full implementation of this rights and, in particular, shall take appropriate measures: (d) to ensure appropriate pre-natal and post-natal health care for mother"

37 United Nations General Assembly: Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), GA Res 34/180, 34 UN GOAR Supp. (No.46) at 193, UN Doc. A/34/46, 1979.

38 Available at https://www.who.int/health-topics/sustainable-development-goals#tab=tab_1

39 Charter of Fundamental Rights of the European Union, 18 December 2000, Official Journal of the European Communities (2000/C 364/01; Available at: http://www.europarl.europa.eu/charter/pdf/text_en.pdf

40 Guide on Article 14 of the European Convention on Human Rights and on Article 1 of Protocol No. 12 to the Convention, 30 April, 2022, Council of Europe, European Court of Human Rights. Available at: https://www.echr.coe.int/Documents/Guide_Art_14_Art_1_Protocol_12_ENG.pdf

41 Principle 16 on Health Care, Chapter III on Social protection and inclusion *"Everyone has the right to timely access to affordable, preventive and curative health care of good quality"*, see https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

42 Building a European Health Union: Reinforcing the EU's resilience for cross-border health threats, 11.11.20, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0724

43 WHO — Universal Health Coverage, see https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

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THE CAMPAIGN

The **First Years First Priority** Campaign focuses on prioritising children from birth to six years, with special attention to the first 1.000 days, and is rooted in an understanding that, from the first day they are born, all children are rights holders — despite their dependency status. The Campaign advocates for more political visibility and resource allocation to early childhood, focusing especially on the most vulnerable children — such as Roma and Traveller children, children with disabilities, migrant and refugee children, children in or at risk of entering alternative care, and those living in extreme poverty. With these aims in mind, the campaign works to ensure that early childhood development (ECD) remains high on the political agenda, by building a strong community of advocates at the EU and national level.

NATIONAL COORDINATORS OF THE CAMPAIGN:

- Bulgaria — For Our Children Foundation and Trust for Social Achievement
- Finland — Central Union for Child Welfare
- France — Ensemble pour l'Éducation de la Petite Enfance
- Hungary — Family, Child, Youth Association
- Ireland — Child Rights Alliance
- Portugal — Fundação Nossa Senhora do Bom Sucesso
- Romania — Step by Step Center for Education and Professional Development
- Serbia — Pomoc Deci
- Slovakia — Open Society Foundation Slovakia
- Spain — Plataforma de Infancia

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THE PARTNERSHIP

First Years First Priority is a joint initiative of **Eurochild** and the **International Step by Step Association** (ISSA). We are the leading European networks representing the children's rights and the early childhood sectors. Our partnership pools our respective strengths to campaign for the prioritisation of early childhood development in public policies across Europe. The European Public Health Alliance and Roma Education Fund are associate partners.

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