

WOMEN

MOTHERS

BODIES

**WOMEN'S HUMAN RIGHTS
IN OBSTETRIC CARE**
IN HEALTHCARE FACILITIES
IN SLOVAKIA

SUMMARY

Editor: Janka Debrecéniová

Authors: Kristína Babiaková – Janka Debrecéniová –
Miroslava Hlinčíková – Zuzana Krišková –
Martina Sekulová – Sylvia Šumšalová

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Citizen, Democracy
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- Editor: Mgr. Janka Debrecéniová, MJur., PhD.
- Authors: Mgr. Kristína Babiaková
Mgr. Janka Debrecéniová, MJur., PhD.
Mgr. Miroslava Hlinčíková, PhD.
Ing. Zuzana Krišková, PhD.
Mgr. Martina Sekulová, PhD.
Mgr. Sylvia Šumšalová
- Consultant: PhDr. Šarlota Pufflerová, PhD. (and the co-ordinator as well)
- Language editing: PaedDr. Zuzana Bariaková, PhD., Mgr. Martina Kubealaková, PhD.
Greg Soulliere, M.A., Bc. Ľubica Trgiňová
- Translation: Mgr. Tomáš Donoval
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Summary

Description of publication context and its basic features

Women – Mothers – Bodies: Women’s Human Rights in Obstetric Care in Healthcare Facilities in Slovakia is the first publication to discuss obstetric care in the country from the perspective of women’s human rights. As obstetric care in Slovakia is concentrated almost exclusively in healthcare facilities and provided under the supervision of physicians – with no alternative options, for example, in the form of birthing houses led by midwives, or an official home-birth system organised by the state –, the monopolised and institutionalised aspect of this care, coupled with women being particularly vulnerable during pregnancy, birth, and puerperium, makes it a specific phenomenon demonstrating a power imbalance that deserves consistent and critical examination. In this context, obstetric care in Slovakia is a topic that deserves and requires consideration from a human rights perspective.

Public discourse regarding obstetric care in Slovakia also considerably lacks a human rights perspective. Its absence only highlights the dissonance between, on the one hand, the authoritative views of medical science and practice (represented mainly by male obstetricians in the public space) that remain unchallenged, and which, in addition, are granted both official and high-profile status within the public discourse (for example, by opinion-making media, expert forums, etc.) and, on the other hand, the authentic experience of women of varied social background, age, education, ethnicity, or other characteristics, whose voice can as yet only be heard on internet discussion fora and pages of women’s magazines, or at the fora of women’s organisations and informal groups. The views of these women and of those who actually make decisions governing obstetric care in Slovakia can hardly meet, neither in reality nor at a symbolic level. It is the human rights view of obstetric care – one that is based on the concept of women being the primary holders of rights, and healthcare providers along with the state being the primary holders of obligations and responsibilities – that can make these differing views eventually meet and facilitate subsequent discussion, and, perhaps, future cooperation based on equality and mutual respect that will bring satisfactory and positive results.

Women – Mothers – Bodies: Women’s Human Rights in Obstetric Care in Healthcare Facilities in Slovakia is trying to present both perspectives that are currently missing in the public discourse in Slovakia – i.e., the perspective of an authentic women’s experience and the human rights perspective – while combining and complementing them at the same time. The publication not only provides insight into national and international standards on the human rights of women that govern obstetric care, but, especially, it describes feedback provided by and obtained from the authentic holders of these rights through the lens of these particular human rights standards.

The publication summarises the results of more than two years of intensive efforts of two non-governmental organisations that promote the human rights of women in Slovakia: Občan, demokracia

a zodpovednosť (Citizen, Democracy and Accountability), and Ženské kruhy (Women's Circles), as well as their close collaborators. It also delivers and describes the results of various kinds of data that we collected, processed, and analysed, beginning with in-depth authentic testimonies of women who have had a personal experience with maternity and obstetric care provided in Slovak hospitals, continuing with data published on hospitals' and birthing facilities' websites or obtained from them directly, with varying levels of formality, and, as the Ministry of Health of the Slovak Republic is the key governmental authority in charge of the provision of healthcare in Slovakia, the publication closes with data officially obtained from the Ministry of Health. All the data contained in the publication were collected and processed using standard methods of social scientific research, and methods used in human rights monitoring. The research, monitoring, and writing resulting in this publication were carried out by an inter-disciplinary team of experts in several fields, including law, ethnology and anthropology, sociology and psychology. The project team regularly consulted its work with other experts, including persons with education and experience in gynecology and obstetrics, and midwifery. We also consulted several aspects of our work with persons who provide various forms of consultancy to women before and after birth (especially where traumatising or otherwise harmful birthing experience is involved), as well as with doulas who accompany women during childbirth in Slovakia and abroad.

The publication is divided into four chapters. The first chapter provides an overview of basic international and national standards on the human rights of women that must be complied with during childbirth. The second chapter is a summary of internationally recognised medical standards and guidelines on obstetric care which are also relevant from the point of view of protection of, and compliance with women's human rights. These human rights standards and medical standards served as the basis for the conceptualisation and preparation of chapters three and four. Chapter three presents the findings of a qualitative research on women's birthing experience in Slovak healthcare facilities, prepared on the basis of fifteen semi-structured interviews. The fourth chapter describes the outcomes of the monitoring into the information provided by birthing facilities in Slovakia, with a particular focus on the information the expecting women need in order to choose a healthcare provider.

Overview and summary of individual chapters

1. Human rights at childbirth: basic international and national standards

Chapter one describes the basic international and national human rights standards applicable to the provision and receipt of healthcare services during childbirth. Since these rights concern the reproductive health of women, they are also known as reproductive rights and include, in particular:

- the right to human dignity;
- the right to the protection of health and the right to healthcare;

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- the right to information and informed consent;
- the right to the protection of private and family life;
- the right to equality and non-discrimination;
- the right not to be subject to violence, torture and other cruel, inhuman, and degrading treatment;
- the right to enjoy the benefits of scientific progress and its application.

In the international context applicable to the Slovak Republic, these rights are contained in UN human rights conventions and in the Council of Europe conventions, and further elaborated by individual UN committees and the European Court of Human Rights. The relevant UN conventions include the Convention on the Elimination of All Forms of Discrimination against Women, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of Persons with Disabilities, Convention on the Elimination of All Forms of Racial Discrimination, and the Convention on the Rights of the Child. Relevant conventions adopted by the Council of Europe are the Convention for the Protection of Human Rights and Fundamental Freedoms, the Convention on Human Rights and Biomedicine, and the European Social Charter (revised). Pursuant to the Constitution of the Slovak Republic, these conventions take precedence over Slovak national laws.

At the national level, these rights are explicitly or implicitly contained in a number of legislative regulations on various fields. An important piece of legislation that includes many of the rights related to childbirth is the Healthcare Act. Relevant provisions can also be found in other laws, such as the Antidiscrimination Act, the Civil Code, as well as the Criminal Code.

The duty to respect, protect, and fulfil the human rights of women is vested primarily with the State and its authorities. However, institutions and individuals providing healthcare are always also liable.

2. Internationally recognised medical guidelines on the provision of birth-related healthcare

The second chapter is a summary of internationally recognised medical standards on obstetric care which are also relevant from the point of view of the protection of, and compliance with women's human rights. Experts in medicine and midwifery, community and consumer representatives, health policy-makers, and governments themselves are involved in activities the aim of which is to find and establish the best possible recommendations and guidelines for the attainment of the highest possible standard of maternal and newborn health. Together, they examine various models and methods of care, interventions, and their effects and risks. Clinical recommendations, guidelines, and, sometimes, legally-binding rules are then formed at the local, national, and international levels. This chapter focuses on selected procedures and recommendations concerning the provision of healthcare to women during birth in the context of recommendations published by internationally-renowned organisations: the World Health Organization (WHO), the International Federation of Gynecology

and Obstetrics (FIGO), and the National Institute for Health and Care Excellence (NICE). We consider these recommendations a good practice standard and essential part of respectful healthcare. Taking into account said standards, the following facts and guidelines served as our basic reference framework:

- Childbirth is an intimate affair. Women need to have their privacy ensured, they need to have the opportunity to be accompanied by a person of their own choosing, and medical personnel should give them as much information as they desire and need.
- Obtaining informed consent is essential in the provision of healthcare, with informed consent being one of women's fundamental human rights.
- The freedom of movement during stage one and two of labour is an effective means of pain relief. The best position to give birth is the one a woman has freely chosen.
- A routinely-performed episiotomy is harmful and needs to be eliminated. Perineal suturing must be performed using adequate pain relief.
- Uninterrupted skin-to-skin contact between the mother and her child should be allowed as soon as possible. Routine procedures that separate the mother and her child (including measuring and weighing) should be avoided during the first hour after birth. Exceptions can be made if the woman herself requests it, or if her child's health conditions so require.

3. Birthing experience in a Slovak healthcare facility through the lens of women's human rights

Chapter three presents the findings of qualitative research whose aim was to explore women's birthing experience in Slovak healthcare facilities. We primarily focused on how the women perceived the medical personnel's style of care and practices used during labour and delivery and the immediate post-partum period in the hospital. Researchers experienced in qualitative research and human rights conducted semi-structured interviews in which women's point of view and their own research categories, language, concepts, reflection, and interpretation were explored. The interviews followed a chronological order: they held the form of a retrospective narration regarding preparations for childbirth and a chronological description of the birth, as well as the stay in the hospital. From the point of view of methodology, the interviews consisted of a descriptive component when the respondents described how their births had gone without giving any assessment, and, at the same time, we also wanted to know how they had imagined the birth would take place, as well as how they assess their birthing experience in retrospect. A research interview scenario is included in Annex 1 (also available at <http://odz.sk/en/women-mothers-bodies/>).

All interviews were anonymous, voluntary, unpaid, and recorded with the respondents' consent. A total of 15 interviews were conducted with the respondents selected based on the qualitative research criteria set in advance. 11 respondents were primiparous women; four women gave more than one birth. The respondents ranged in age from 26 to 39. The majority of respondents were middle-class

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women with a higher-level education (secondary and university education). The respondents included no women from ethnic minorities. One respondent was a single mother. The interviews took between 70 and 120 minutes. The data were collected from 15 July 2014 to 15 August 2014. The research sample included women who had given a vaginal birth in the previous three years (June 2011 – June 2014) in a hospital in the Bratislava or Trnava district. The selected women had had not more than two childbirths; the primary interest focused in their most recent childbirth, which they compared with their first birthing experience during the interview. This was a pilot research that had no intention to be taken as a representative survey.

The findings were analysed and interpreted within the framework of WHO recommendations for good practice in normal birth, FIGO and NICE standards and guidelines, and human rights standards governing the women's rights during childbirth.

The testimonies of the 15 interviewed women about their birthing experience in a hospital setting indicate a number of violations of their rights. Throughout the entire birthing process, violations occurred with respect to the women's right to information, to informed consent, to refuse a proposed procedure, and to have their personal choice respected. In addition, during all stages of labour (and after birth as well), the women suffered from a lack of information regarding obstetric procedures, the entire birthing process, and their own and their newborn's health conditions. They described the communication by the medical personnel as insufficient. They mentioned in this respect that the medical personnel had treated them as objects incapable of autonomous expression and making their own decisions about themselves, their bodies, and proposed procedures.

Several women said some of the procedures during the birth had been carried out without their consent, for example, the administration of oxytocin and other medicines, episiotomy, breaking the waters, or fundal pressure applied by a member of the medical staff in order to speed up delivery. There were several procedures the medical personnel had used during the labour and delivery, of which the women learnt only afterwards. They were performed not only without women's consent, but even without their knowledge. In some cases, interventions were even performed against the will of these women. Our research indicates a widespread tendency to not actively provide information to birthing women, and to not provide healthcare solely on the basis of informed consent. In addition, as far as the signing of an informed consent form upon admission to a hospital is concerned, all respondents said they had had no idea what they had consented to, and what exactly they had signed.

The women expressed that their right to privacy and intimacy had been violated throughout all stages of labour. Moreover, dissatisfactory conditions occurred during some stage of labour in every childbirth described during the interviews. In the first stage of labour, women said their privacy had been restricted during the time they had spent in a "waiting room" (including the disturbing presence of other women experiencing contractions, the way the rooms were organised, the absence of companions, stressful treatment by medical personnel, and the lack of adequate information). During the second stage, the factors that restricted the women's right to privacy included the way a delivery room was organised, the inability to exercise the right to choose a birthing position, the positioning of birthing beds towards a door or aisle, the restricting of the women's right to privacy by medical personnel, and unwanted persons (in terms of both their type and total number) entering the area where the birth was taking place. During the postpartum period when a woman is still hospitalised in a birthing facility, violations of the right to the protection of privacy and intimacy were identified, as well as violations of the right to confidentiality and the protection of personal data, and the right

to decent and respectful treatment without coercion, manipulation, and intimidation. The medical personnel entered the hospital rooms unannounced, violating the privacy and intimacy of the women; the women were examined during doctor's visits not only in the presence of other doctors, but also in the presence of other women in the room; the confidentiality and the protection of personal data were violated during doctor visits in the room; information regarding health conditions was provided in the presence of other hospitalised women and other persons.

The birthing experience described by the women during our interviews further indicates a widespread use of procedures and interventions, which raises further serious concerns, in the light of the obligations of medical personnel and healthcare facilities to protect the human rights of women, including the right not to be subject to violence, torture and other cruel, inhuman, and degrading treatment. A relatively often-used intervention was the so-called Kristeller's expression/fundal pressure – pressure applied on the belly of a birthing woman by a member of the medical staff in order to speed up delivery. This procedure was used even in the absence of consent by the birthing woman. According to our respondents, the intervention was performed routinely, without prior communication with the woman and without any explanation why it was necessary. The women had a similar experience with episiotomy and suturing. Even though it is extremely difficult in retrospect to assess whether an episiotomy was clinically required or if it was done routinely, a majority of respondents had an episiotomy. An episiotomy was carried out even in cases where the women had specified in their birth plan and/or during consultations with an obstetrician that they did not wish to have one. The way the medical personnel communicated this intervention differed. In some cases, the episiotomy was performed without prior consent, or without the medical personnel asking the woman whether she agrees or disagrees with it; in other cases, the woman was asked in advance or was advised that the episiotomy was necessary. In some cases, the episiotomy was performed even without the knowledge of the birthing woman. The women said that the suturing of perineal tears had been very painful – some of them even described this part of childbirth as worst and most painful. They encountered differences in the treatment by the medical personnel during suturing, including instances when the personnel failed to empathetically respond to their feelings of pain, or did not respond at all. At the same time, the women repeatedly described a lack of communication and information provided by doctors about their health conditions and the healing of their perineal traumas.

The accounts of the birthing experience also included examples of violations of the right to human dignity and decent treatment, i.e., such behaviour that does not respect women's personal integrity. The interviews illustrate this disrespectful and dignity-harming way of communication in detail, helping to better identify the various forms of misuse of power, such as: recurring symbolic objectification and degradation of women in communication; doubting their perception, feelings, and impressions; manipulation and coercion; making the fulfilment of women's legitimate demands conditional upon "repayment" on their part; ridiculing and mocking women after expressing a wish; personnel imposing their will on women in order to make their work during birth easier instead of respecting the women's wishes; or forcing women through authoritative orders to undergo some procedures. The interviews also revealed the lack of support and encouragement provided to the women by medical personnel, as well as imposing feelings of failure and guilt.

The findings of our research indicate that in some cases, the women were not aware of their rights as patients and clients of healthcare facilities. This may serve as a partial explanation for the relatively high rate of normalisation of disrespectful and infringing practices seen during the interviews, both on the side of the birthing women and the medical personnel. At the same time, it was extremely difficult

for women to exercise their rights when they were in labour and delivery. The failure by the medical personnel to perceive birthing women as autonomous human beings, and trying to force them into a position of passive recipients of their concepts, demands, and procedures, also often contributed to disrespectful treatment. A strong institutional hierarchy was felt in these attitudes, which resulted in a disadvantaged status of women within this structure. With the women being extremely vulnerable and reliant on assistance in this particular situation, the symbolic as well as the real power was in the hands of the medical personnel.

4. Information provided by healthcare facilities in Slovakia before birth

The fourth chapter discusses the provision of information by birthing facilities in Slovakia in a wider context, one that goes beyond obtaining informed consent with particular healthcare interventions from patients/clients. We argue that the sufficient information provided by individual facilities well in advance of an actual childbirth is not only essential for freely choosing a healthcare provider, but it also is an important condition for effective public control.

The monitoring exercise, performed between July and October 2014, the results of which are presented in this chapter, was also based on the acute lack of information given during the provision of obstetric care, as described by a number of women during the in-depth research interviews, the details of which are given in the third chapter. The monitoring attempted to identify the real options the women planning a childbirth (and the general public as well) have at their disposal in order to obtain information about individual birthing facilities, how these facilities ensure the provision of obstetric care, and how they fulfil the human rights of women. We wanted to find out what type of information women can obtain prior to the actual birth in order for them to make an informed and free decision about a birthing facility and model of care, as well as how the birthing facilities are prepared to accommodate the wishes and needs the women have with respect to childbirth. Therefore, we identified areas and issues relevant to women with respect to birthing, and made them the focus of our monitoring agenda. In terms of the content of the information provided, we focused on the information concerning:

- the obtaining of information from pregnant women before birth;
- the provision of information to women before, during, and after birth;
- the obtaining of informed consent before, during, and after birth;
- the women's privacy before, during, and after birth, and their companions;
- the actual labour and delivery – routinely applied procedures, practices, and interventions;
- feedback/assessment provided by the women who gave birth.

The actual possibilities to obtain answers to these questions were then examined through various monitoring methods (all the methods we applied focused, in principle and insofar as practically

possible in the context of each particular method used, on all of the aforementioned areas of concern).

The first method involved examining the websites of all birthing facilities in Slovakia. The goal was to pinpoint the extent hospitals actively publish information about births. The list of examined items is included in Annex 2 (also available at <http://odz.sk/en/women-mothers-bodies/>).

The second tool used involved correspondence with hospitals, and included the sending of (in principle identical) letters to all birthing facilities in Slovakia, written by women who were to give birth in the near future. The women *de facto* presented their birth-related wishes and demands, and requested a reply from the hospital (by replying to these letters, the hospitals would, in fact, also answer questions regarding the birthing options they offer). A sample letter is included in Annex 3 (also available at <http://odz.sk/en/women-mothers-bodies/>).

The third way of obtaining data for our monitoring was in the form of either official or informal requests for information (dependent on whether sent to an entity obliged to provide such information under the applicable Free Access to Information Act or not) to each birthing facility. The content of the official and the informal requests did not differ. Citizen, Democracy and Accountability was the entity requesting the information. Sample official/informal requests are included in Annex 4 (also available at <http://odz.sk/en/women-mothers-bodies/>).

The fourth form of obtaining data for monitoring purposes was an official request for information sent to the Ministry of Health of the Slovak Republic (the entity requesting the information was again Citizen, Democracy and Accountability). Our aim was to discover whether the Ministry of Health, in its capacity as a central governmental authority in charge of this agenda, has an overall overview of the fulfilment of birth-related human rights standards, whether it collects and systematically analyses the data on the childbirth practices applied by individual facilities, and, in general, how it carries out its primary responsibilities in this area. The official request for information sent to the Ministry of Health is included in Annex 5, the Ministry's reply can be found in Annex 6 (also available at <http://odz.sk/en/women-mothers-bodies/>).

The monitoring covered all 54 gynecologic and obstetric departments (hereinafter referred to as "birthing facilities") in hospitals in Slovakia. The Bratislava region has 4 birthing facilities, along with 5 each in both the Nitra and Trnava regions, 6 birthing facilities in the Trenčín region, 8 such facilities each in the Banská Bystrica and Košice regions, 7 in the Žilina region, and 11 in the Prešov region.

The effectiveness, or the success rate in obtaining replies, considerably differed across the individual methods used to collect data for the monitoring. Generally speaking, it remains extremely difficult to obtain information about a particular facility before a birth, about the birthing procedures and practices it routinely applies, as well as about its preparedness and ability to meet the wishes and needs of birthing women, even if several methods of obtaining such information are combined, as done within our monitoring exercise:

- The results obtained by sending letters with women's birth plans (containing 16 identical demands/wishes) were the least satisfactory. Only 17 out of a total 54 birthing facilities replied to the letter. Of these, 12 replied using a minimal number of (very general and vague) sentences that lacked answers to the particular questions asked by the women (5 replies were clearly negative, 1 was more or less positive, and the rest proposed consultations in person or a visit to the facility).

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- The official and the informal requests for information sent by Citizen, Democracy and Accountability to all birthing facilities in Slovakia were answered by 18 birthing facilities which are so-called “obliged entities” under the Free Access to Information Act, and by 7 facilities that are not such entities. In addition, we received 4 official decisions in which the hospitals refused to provide any information (despite being “obliged persons” under the applicable legislation). The information received differed both in quality and scope. Even though this way of obtaining information seems much more effective compared to when the letters were written by the women themselves, one should keep in mind that not all women are (due to various reasons) prepared to make use of this legislative tool and, at the same time, that not all hospitals are “obliged entities” as defined in the Free Access to Information Act. Furthermore, the hospitals were less willing to respond to requests for information when the information is sought by an “ordinary” recipient of healthcare services (and, by contrast, more likely to respond if the information is requested by a renowned human rights non-governmental organisation, as was the case with our research).
- The quantity and quality of information one can find on the websites of the 54 birthing facilities covered by our monitoring varies. Our monitoring primarily focused not on the actual content of the information, but on whether the information we considered relevant to our research was contained on the websites. We have concluded that even though the birthing facilities have user-friendly websites, as far as the information we consider necessary in order for women to make informed decisions are concerned, the information provided is insufficient. They lack a great majority of data concerning the provision of information to birthing women (for example regarding the course of labour and delivery, procedures and practices used during labour and delivery), as well as information describing how the facilities obtain information from women (for example, in order to know their birth-related wishes or in order to obtain their feedback).
- While the Ministry of Health did respond directly to our request, it failed to provide much of the requested information. When asked how the Ministry regulates/manages the continuing education of healthcare personnel in the field of obstetric care, the Ministry expressly described the continuing education of midwives only. Regarding our question concerning research in obstetric care coordinated by the Ministry, the Ministry replied it has “no such research studies at its disposal”. We also asked how the Ministry monitors individual aspects of obstetric care provided by birthing facilities in Slovakia that are relevant in terms of the protection of the human rights of women (i.e., for example, the provision of information and obtaining informed consent, the protection of privacy and intimacy, the possibilities for women to be accompanied by persons of their own choosing, the possibility of free movement and possibility to choose a birthing position, the possibility to eat and drink during labour and delivery, the possibility to have skin-to-skin contact with a newborn baby, the application of intentional fundal pressure to speed up delivery, the use of episiotomy, the suturing of perineal tears without anaesthesia, and maternal deaths – all these aspects were individually listed, with a separate answer required for each; we also asked how these aspects are monitored and what the outputs of such monitoring are). The Ministry replied: “The Ministry of Health has no such information at its disposal. We recommend that you contact professional organisations and individual professional associations or healthcare providers that operate gynaecological and obstetric units.” The Ministry’s response to the questions concerning the protection of women’s human rights in

obstetric care indicates that even though the Ministry has adopted several guidelines in this area, it does not monitor the situation in the provision of obstetric care in the context of the human rights of women and has not adopted any strategy or other policy documents in this area. For pregnant women, or for those planning to become mothers in the near future, the response provided by the Ministry clearly shows that if prospective mothers want to obtain comprehensive information about birthing options in Slovakia and to compare individual healthcare facilities (for example, in order to choose a particular facility), the Ministry of Health in its capacity as a central government authority responsible for this agenda is of no help to them. This finding, coupled with the fact that women have only a minimum of options to obtain information regarding obstetric care provided by healthcare facilities well in advance before birth – as proved by the results of the monitoring of birthing facilities' websites and the monitoring conducted in the form of letters written by women –, is extremely alarming and indicates that the right of a woman to make informed birth-related decisions, including with respect to the right to choose a healthcare provider, is not sufficiently applied in Slovakia.

Conclusions

The present publication is only an initial probe into the current state of affairs in the protection of the human rights of women in Slovak birthing facilities, and by no means covers all relevant aspects. However, it implies that serious violations of the human rights of women occur in connection with the provision of obstetric care in Slovakia which, in addition, could be of a systemic nature in many aspects.

In conclusion, the violations involve all human rights affected during births, and are caused by individual healthcare professionals, healthcare facilities, as well as the State (in the case of our monitoring, directly represented by the Ministry of Health, especially with respect to its regulatory, coordination and control responsibilities). The relatively considerable differences between medical guidelines generally accepted at the international level and the common practice applied by many Slovak healthcare facilities are also alarming. All the more so when combined with the fact that births conducted by health professionals in hospitals (being relatively closed institutional systems) are virtually the only option for women to give birth and receive healthcare guaranteed by the state.

We shall no longer turn a blind eye to the fact that Slovak birthing facilities violate the human rights of women. We believe this publication will help all stakeholders and responsible authorities to understand the core of the problem, encourage them to ask further questions and to subject themselves, others, and the entire obstetric care system – as well as wider social structures – to a critical reflection, and that it will contribute to measures, programmes, and policies set and designed to bring about a desired change. The change can also be facilitated by a dialogue and cooperation in partnership with those for whom obstetric care is primarily intended. If Slovakia genuinely wishes to meet its human rights obligations and commitments in actual practice – not through formal declarations alone –, it must not ignore the violations of the human rights of women that occur in situations with such substantial impacts on their lives.

Annexes

Annex 1 A research interview scenario with women

A research interview scenario¹ with women on the birthing experience in a healthcare facility in Slovakia

1) Introduction (introducing the purpose of the interview, goals of the research, requesting consent to record the interview, explaining how findings will be used, introducing the researcher and the respondent)

2) Selecting a birthing facility

- Could you describe how you chose the particular birthing facility?
- Please specify all the aspects you considered when choosing the hospital.
- How did you obtain information about the particular maternity ward?
- Did you consider choosing a particular obstetrician? Please describe why you decided/did not decide to choose a particular obstetrician.

3) Before giving birth

- Before giving birth, did you have at your disposal any information about giving birth in Slovak birthing facilities?
- If yes, please describe what type of information it was and what the information was about. What particular information were you interested in before giving birth? Where did you look for the information, who did you contact, and who did you ask? Which sources did you use?
- Did you have any ideas regarding how your delivery should take place?
- Did you make any preparations before birth? If yes, please describe how you prepared. In retrospect, how would you assess your pre-birth training (if you took any)?

4) Details of the birth²

- Could you, please, briefly describe your birth in the birthing facility, its individual stages, and

¹ The research scenario has been abridged due to publication purposes. Key questions and portions of interviews have been preserved.

² The interview always asked about one particular birth, one particular birthing experience. If the respondent had several children, the interview always focused on her last childbirth.

how they took place? How long did the birth (labour and delivery) take?

- Did you have any company? Were you accompanied by anyone during the birth?
- Who was present in the birthing room during your birth (health professionals, other persons)? What were the conditions/in what setting did your birth take place (were you the only one giving birth in the birthing room, or were there other women giving birth at the same time)? Were there other persons present in the birthing room that you did not wish to be there?

If the respondent does not mention it, ask the following questions:

- What procedures did you have to follow during your admission to the birthing facility? Did they ask you to sign an informed consent during admission? Can you remember what form it had/what it contained? What information did you receive before signing the informed consent?
- Following your admission to the healthcare facility, did they give you an intravenous cannula before birth?
- Please describe the medical procedures/interventions applied during birth.
- Did you receive an epidural analgesia during birth? Did they administer anaesthesia during the suturing of perineal traumas (tears)?
- What did you wear during/after the birth?
- Birthing room: Please try and describe briefly the room in which you gave birth, the birthing bed, etc. How was the birthing bed positioned, and where in the room was it placed?
- What were your physical/physiological feelings and needs during the birth? For example, did you feel hungry, thirsty, cold?
- How were the first moments you spent with your baby? Was the baby with you during the suturing? (If not, say why, or where the baby was at that time.)

5) Reflecting on/evaluating medical personnel's behaviour³

- How did they treat you during/after your admission to the healthcare facility?
- How did the obstetric personnel treat you during individual stages of birth?
- Did they introduce themselves to you?
- Who was present in the room during your labour and delivery? Were you accompanied by your partner/another companion (doula)? If yes, how did you feel about their presence? Was your partner of any help to you? How did the medical personnel communicate with your partner? Was your partner instrumental to you in communicating your needs/wishes during the birth?
- Did any other persons enter the delivery room during your labour and delivery? If so, how did you feel about it?
- Did you feel an urge to express yourself verbally or non-verbally (including screaming, sighing,

³ The researchers asked questions about the behaviour of individual categories of medical personnel separately: assistant personnel, nurses, midwives, obstetricians or hospital management.

etc.)? If yes, how did the medical personnel respond?

- Did medical personnel require your cooperation during labour and delivery? If yes, how did they want you to cooperate? How did you feel about their instructions?
- If an episiotomy was performed, how were your perineal tears sutured? How did the obstetric personnel treat you? Was your husband/partner/other companion present during the suturing? What role, if any, did they play?
- How did you feel about the care and treatment provided by medical personnel after the birth?
- Please describe your stay in the hospital after the birth, and your departure from the hospital.
- Based on your experience, how would you describe/assess the scope of care and information you received, the respect for your privacy, etc.?

6) Reflecting on/evaluating communication⁴ with medical personnel

- How do you perceive and evaluate the method and quality of communication provided you by medical personnel during the birth?
- How did they address you/speak to you during the birth?
- Did they keep you informed about the course of the birth what was going to happen, about the current situation and procedures that were applied?
- Did you feel you received enough information? How did you ask for additional information, if any? Were you actively informed by the medical personnel on their own initiative, or only after you had asked for information?
- Did they ask for permission before they touched you/performed any procedure? How do you assess the possibilities you had to express your consent to/disapproval of any procedure applied during the birth?
- What is your opinion regarding personnel's communication with you during the suturing of perineal tears?
- When they were asking a question, did they communicate directly with you? Did they look at you, or were they standing with their backs turned to you?
- If you were asked to describe your impression or feelings concerning the way the medical personnel communicated with you as "good" and "bad", which ones would it be? Please specify first the "positive or good" aspects of the communication, and then give us those you consider "bad or unpleasant".

7) Expectations concerning childbirth in a healthcare facility and how they were met (privacy, information, how did you expect the first moments with your baby would look like, needs/wishes)

- Could you please assess how closely the procedures and practices applied by the medical personnel during the childbirth complied with your wishes?

⁴ For the purposes of this research, "communication" means verbal expressions, such as providing information, talking to/in front of a patient, as well as the tone of voice, feelings, overall impressions from communicating with the medical personnel, their behaviour, including non-verbal expressions.

- Did the personnel accept/take into consideration your wishes or your refusal, if any, to undergo particular procedures?
- How would you describe your childbirth as far as your feelings of pain are concerned? What means did they use to relieve your pain? How did the reality differ from your expectations? How did you express your (dis)satisfaction, tiredness, pain, and what were the reactions of others, i.e., the medical personnel, your partner, other persons?
- When necessary, were you given anaesthesia during the suturing?
- How did the medical personnel attending your birth respond to your requests, needs, pain, or wishes?
- To what extent do you think they took them into consideration? Did you feel/have any needs?
- What aspects of the medical personnel's responses surprised, pleased or, on the other hand, displeased/upset/angered you?

8) Final assessment

- If you wanted to describe your birthing experience in this particular facility to a completely unfamiliar person, what would you highlight, or draw their attention to?
- Was there anything "odd", disturbing or unpleasant for you during your labour and delivery? Were there any issues you felt, but couldn't quite identify? Was there anything you felt intuitively contrary to your expectations?
- On the other hand, did you have any strongly positive experiences concerning the birthing facility? What were they?
- If you were asked to make a list of good and bad aspects of your birthing experience in the particular hospital facility orchestrated by the particular medical personnel, what would they be?
- Would you recommend this birthing facility to other expecting mothers/your friends?

Final question for women who gave more than one birth

- Could you, please, briefly compare your last birthing experience with the previous one? What are the main differences, positive, and negative aspects?

Thank you for the interview!

Annex 2 Survey of Slovak maternity wards' websites – items assessed

Survey of Slovak maternity wards' websites – items assessed

The question asks whether the information is or is not (yes = 1, no = 0) available at the website of a particular hospital (content is not assessed, only whether the information is available):

1. **Childbirth:** General information on the course of childbirth, from start to end (i.e., from the arrival to the healthcare facility until the departure from the facility).
2. **Wishes:** The information on how women can communicate their birth-related wishes and requirements, with which they can discuss their birth plan in a maternity ward.
3. **Informed consent (IC):** The information on how a maternity ward provides information to women about individual procedures throughout the actual labour and delivery, and/or how the maternity ward obtains their informed consent to those procedures. How the informed consent is obtained.
4. **IC form:** A form the maternity ward uses to obtain so-called "informed consent" from women.
5. **Internal procedures:** Internal standardised procedures for obstetric care.
6. **Description of the facility and equipment of a maternity ward and postnatal ward** – i.e., the premises where birth and post-birth care is provided (areas where a woman stays during individual birthing stages including the actual delivery and the time after birth, their equipment, rooms and their furnishings, amenities such as W/C, showers, etc. – so that women know what to expect and, most of all, how their privacy is ensured).
 - A) **Description of a maternity ward (standard)**
 - B) **Description of a maternity ward (extra standard)**
 - C) **Description of a postnatal ward (standard)**
 - D) **Description of a postnatal ward (extra standard)**
7. **Privacy:** Information about privacy – measures taken to guarantee the privacy.
8. **Accompanying persons – vaginal birth:** The possibility of being accompanied by a companion(s) during a vaginal birth.
9. **Accompanying persons – a caesarean delivery:** The possibility of being accompanied by a companion(s) during a caesarean delivery.
10. **Fee:** Fees for a companion(s) and their amount.
11. **Free movement during birth:** Information regarding whether women giving birth can move

around freely throughout the entire birth.

- 12. Food/drinks:** Information regarding whether women can usually eat and drink throughout the physiological birth.
- 13. Choice of a birthing position:** Information regarding whether women can give birth in a position of their choice, and/or what birthing positions are available to them.
- 14. Bonding (skin-to-skin):** Information regarding whether skin-to-skin contact between a mother and her newborn baby is permitted immediately after birth, and for how long.
- 15. Kristeller's expression:** Information regarding whether the practice of applying intentional pressure on the belly of a woman in labour is used; if yes, in which cases?
- 16. Episiotomy (in %):** Information regarding the specific cases when episiotomies are performed in a particular facility, and their percentage.
- 17. Suturing:** Information regarding how the suturing of perineal traumas (tears) is performed.
- 18. Feedback:** Information regarding how the women who gave birth in a particular healthcare facility can provide their feedback to the facility about their delivery – whether the facility asks the women to provide such feedback.
- 19. Epidural analgesia:** Information regarding the possibility to use epidural analgesia and under what conditions.
- 20. Price of epidural analgesia.**
- 21. Possibility to contract an obstetrician:** Information regarding the possibility to contract a particular obstetrician.
- 22. How an obstetrician can be contracted.**
- 23. Price of contracting an obstetrician.**
- 24. Possibility to contract a midwife:** Information regarding the possibility to contract a particular midwife.
- 25. How a midwife can be contracted.**
- 26. Price of contracting a midwife.**
- 27. Enema:** Information regarding whether an enema is routinely performed.
- 28. Shaving:** Information regarding whether women are routinely required to have their pubic hair shaved.
- 29. Rooming-in:** Information regarding how the hospitalisation of a mother and her newborn baby is organised after birth (i.e., whether rooming-in is possible; if yes, what are its "specifics", for example, whether there is the possibility of taking the baby away for a night, whether the newborn infants are supplementary fed by glucose and breast milk substitutes, etc.).
- 30. List of personal items:** Information regarding what women should bring to the hospital with them.

- 31. Prenatal classes:** Information regarding pre-birth training courses organised by the hospital/ maternity ward.
- 32. Additional information:** Information regarding additional sources from which reliable information can be obtained (e.g. the WHO website).
- 33. History of the hospital:** Information regarding the hospital's history, how the hospital has changed over time, who was its senior consultant, etc.
- 34. Obstetric team.**
- 35. Number of newborns:** Information regarding the number of babies born in a particular hospital each year.
- 36. Baby-friendly:** Information regarding whether the hospital holds a "baby-friendly hospital" certificate.
- 37. Contact us:** Any invitation for clients to submit complaints if they are not satisfied with the services provided, or to ask for an explanation if something is unclear to them.
- 38. Information about patient's rights.**
- 39. Information (at least brief) about women's rights.**

Scale of difficulty – none (0), easy (1), medium (2), very difficult (3)

The scale describes how difficult it is to obtain birth-related information.

Annex 3 Template of the Women's Letter to Maternity Wards Regarding Their Birth Wishes

Template of the Women's Letter to Maternity Wards Regarding Their Birth Wishes

name of department's head
address of the facility

sender's name
place
date

Dear head of the gynaecological and obstetrics ward,

this year, I am expecting (my partner/husband and I are expecting) a baby (our second/third baby). My first child/first two children was/were born during our long-term stay abroad where I was extremely satisfied with the birth procedure and options I had at my disposal there). Therefore, I would like to learn about the options your facility provides. I have no wish to overstep my bounds, but I am confident that expectations concerning my coming birth can be met.

Please answer each question separately. If any of my requirements cannot be met, please indicate which one and why.

My requirements concerning the birth of my healthy baby are as follows:

1. I wish to be informed well in advance of all procedures/practices to be applied in connection with my birth, including an option to refuse any of the proposed procedures/practices.
2. I prefer to give birth in an atmosphere of intimacy. To preserve my privacy, I wish to give birth with the assistance of a single person, ideally a midwife. I wish my childbirth to take place in a separate room, without the presence of another woman and her companions.
3. I wish to be accompanied by my companions throughout the entire process of the birth, including the initial examination. I wish to be accompanied by my partner and my doula to support me. I have two questions in this respect:
 - What is the fee for having a companion(s) with me?
 - Do they have to take any special training?
4. I want no vaginal examination prior to the actual birth, except for the one taken upon my admission to the hospital. I wish to be examined by a single person throughout the entire birth, with my expressed consent. I wish that a vaginal examination, if any, is considerate and sensitive, and is not done during contractions.
5. I don't wish my birth be accelerated in any way (artificial rupture of membranes, administering synthetic hormones and other drugs, applying pressure on the belly, etc. in order to speed up the birth).

ANNEXES

6. I'm not planning to use epidural analgesia, but I would like to have it as an option if needed. Do I need to receive special instructions and/or undergo a special examination in that case? How much does an epidural cost? Is it paid in advance, or only after I use this option? If I won't need epidural analgesia, will I get a refund?
7. I wish to be allowed to move freely during the birth, from admission until transfer to a postnatal ward.
8. During the birth – of the child and the placenta – I wish to be in a position that I choose myself. I intend to deliver outside the obstetric chair.
9. I wish that any pushing be done as my body will need it, i.e. I will push when I feel an urge to push and the way I choose – I need no instructions or assistance from healthcare personnel.
10. I give no consent to an episiotomy. Also, I wish no perineal massaging, stretching or other manipulation of the vagina during the childbirth.
11. After the child is born, I wish he/she is immediately handed over to me skin-to-skin, with the umbilical cord still intact. If the baby is healthy, I do not wish to have him/her measured and weighed before he/she has crawled to the breast and self latched. I wish to be in permanent contact with the baby for at least 2 hours after the birth. I would like basic examinations to be performed with the baby on my body.
12. I want that the umbilical cord of my baby is let stop pulsating naturally and cut with my expressed consent only.
13. Unless I risk excessive bleeding after the birth, I do not want the delivery of the placenta be sped up in any way.
14. I want to have a skin-to-skin contact with my baby, assisted by healthcare personnel, even in the case of a caesarean delivery, directly in an operating room. I wish my companion(s) be present in the operating room.
15. I prefer that the suturing of any perineal trauma be performed by experienced medical personnel rather than by medical students. I wish any suturing of perineal and associated trauma is only done after anaesthesia has been administered, and must not start before it has taken effect.
16. I wish to be transferred to the postnatal ward along with the baby in my (my partner's or other companion's) arms.

By attaching my signature below, I hereby confirm these are my own requirements and decisions for which I take full responsibility. In addition, I pledge to make the assertion to waive any of these requirements during the actual birth if necessitated by circumstances. I wish to be notified of any such circumstances in a due and timely manner.

Thank you in advance for your reply.

Best regards,
XY

In on

Annex 4 Template of the Request for Information Submitted to Maternity Wards



Template of the Request* for Information Submitted to Maternity Wards

DM. XY
Name of hospital YZ
Address

Občan, demokracia a zodpovednosť
Bratislava
17th September 2014

Request for information under Act No. 211/2000 Coll. on free access to information

Pursuant to Act No. 211/2000 Coll. on free access to information, we request that you to disclose the following information. All requested information relates to the provision of obstetric care at your facility. We ask that you provide a separate answer to each sub-question. The requested information is to be emailed to sekretariat@odz.sk, even if such information is also published elsewhere (in such a case, we request that you provide a reference/link to the published location of the requested information).

We request the disclosure of the following information:

1. How are the women who plan to have, and/or are having, a childbirth at your facility informed regarding individual procedures/practices performed in connection with a childbirth? Who provides such information to them, and how early before a childbirth?
2. How do you determine any childbirth-related needs and wishes of women who are having, and/or plan to have a childbirth at your facility?
3. How does your facility obtain informed consent from women in regards to obstetric/intrapartum care?
4. Does your facility have a standardised form for obtaining written consent with respect to obstetric/intrapartum care? If yes, please send us a sample. Also, please specify in which cases and how often it is used.
5. Does your facility have internal standardised obstetric/intrapartum care procedures in place? If yes, please send us a sample.

* We submitted requests for information to maternity wards, which are so-called "obliged persons", having the duty to reply pursuant to the Free Access to Information Act. To other maternity wards we submitted pleas for the same kind of information with the explanation that our civic association collects this information as an organization engaged in human rights protection with the objective of exploring conditions in providing obstetric/intrapartum care.

Občan, demokracia a zodpovednosť

Záhradnícka 52, 821 08 Bratislava, Tel.: +421-2-5292 0426, 5292 5568
odz@odz.sk, www.odz.sk, www.diskriminacia.sk



6. How does your facility guarantee privacy and intimacy to women giving birth? Please describe particular steps and system-level measures your facility has adopted and implemented for this purpose.
7. Does your facility provide women with a possibility in any circumstance to give birth without the presence of another birthing woman and her companions? If no, please specify the circumstances when it is not possible, and how often they occur.
8. Can women giving birth at your facility be accompanied by a companion throughout the entire process of birth, including an initial examination?
9. Can companions be present during the birth even in the case of caesarean section?
10. Does your facility charge a fee for a companion present during the birth? If yes, please specify its amount.
11. Can women giving birth at your facility usually move around freely (i.e., not being “confined” to bed) throughout the entire birth?
12. Can women giving birth in your facility usually eat and drink throughout the entire (physiological) birth?
13. Can women giving birth at your facility usually choose a position during the delivery – of a child as well as of the placenta – in which they want to give birth (including outside an obstetric chair)? If not, please specify how and why they are restricted to do so.
14. Do mothers have skin-to-skin contact with their child immediately after birth? If yes, for how long? If no, why not?
15. Does your facility employ the practice of applying an intentional pressure to the belly of a woman in labour during the second stage of childbirth? If yes, in what cases/under what circumstances?
16. Is an episiotomy a standard practice used at your facility? If yes, in what cases/under what circumstances?
17. Do you have cases where no painkillers are administered to women during the suturing of perineal and associated trauma after childbirth following vaginal delivery? If yes, please specify in which case and why.
18. Does your facility have a mechanism in place to obtain feedback from women who have given birth at your facility about the healthcare services that were provided to them? If yes, please describe this mechanism.

Thank you in advance for sending the information within the time limit set by law.

Yours sincerely,

PhDr. Šarlota Pufflerová, PhD.
Executive Director
Občan, demokracia a zodpovednosť

Občan, demokracia a zodpovednosť

Záhradnícka 52, 821 08 Bratislava, Tel.: +421-2-5292 0426, 5292 5568
odz@odz.sk, www.odz.sk, www.diskriminacia.sk

Annex 5 Request for Information Submitted to the Ministry of Health



Request for Information Submitted to the Ministry of Health

Ministerstvo zdravotníctva SR
(Ministry of Health of the Slovak Republic)
Limbová 2
P. O. BOX 52
837 52 Bratislava 37

Občan, demokracia a zodpovednosť
Záhradnícka 52
821 08 Bratislava
In Bratislava, 10th October 2014

Request for information under Act No. 211/200 Coll. on free access to information

Pursuant to Act No. 211/2000 Coll. on free access to information, we request that you disclose the following information. The requested information relates to the provision of obstetric care in the Slovak Republic in terms of competence and responsibility of the Ministry of Health of the Slovak Republic as the central government body in charge of healthcare. We ask that you provide a separate answer to each sub-question. The requested information are to be emailed to sekretariat@odz.sk, even if such information is also published elsewhere (in such a case, we request that you provide a reference/link to the published location of the requested information).

We request the disclosure of the following information:

1. All strategic and policy documents of the Ministry of Health and/or of the Slovak government on national health policy in the area of the obstetric care of women and children, covering the care before, during, and after the birth;
2. all guidelines of the Ministry of Health on the provision of obstetric care to women and children as specified above (point 1);
3. all standard diagnostic procedures and standard therapeutic procedures published by the Ministry of Health on the provision of obstetric care to women and children as specified above (point 1);
4. information about all research studies coordinated by the Ministry of Health in the field of the obstetric care of women and children as specified above (point 1), and their outputs;
5. information regarding how the Ministry of Health manages continuing education of healthcare professionals with respect to the provision of obstetric care and what the particular measures are, or which have been implemented in this field;
6. information regarding whether the Ministry of Health has issued a standard form for obtaining informed consent to the provision of obstetric care, and what type of document it is (how binding the document is); if the Ministry of Health has issued such a form, we also request its sample be delivered to us;
7. information regarding whether the Ministry of Health has issued any clinical recommendations/other measures (please specify, and if yes, we request the relevant document be provided to us) concerning the payments for persons accompanying women during birth and other payments related to obstetric care that are not covered by the public health insurance scheme (such as epidural analgesia);

Občan, demokracia a zodpovednosť

Záhradnícka 52, 821 08 Bratislava, Tel.: +421-2-5292 0426, 5292 5568
odz@odz.sk, www.odz.sk, www.diskriminacia.sk



8. information regarding whether the Ministry of Health monitors the care provided before, during, and after birth by inpatient healthcare facilities in Slovakia, specifically in regards to the following aspects (and where the Ministry of Health does monitor a particular aspect, we request access to information on how it is monitored, as well as to relevant monitoring outputs and data):
- a) the way inpatient healthcare facilities provide obstetric-care-related information;
 - b) the way inpatient healthcare facilities obtain informed consent to healthcare procedures/practices performed during and after birth;
 - c) internal standardised obstetric care procedures applied by individual inpatient healthcare facilities;
 - d) how inpatient healthcare facilities guarantee the privacy and intimacy of women giving birth;
 - e) the possibilities for women to be accompanied by their close persons during a childbirth in inpatient healthcare facilities, including applicable conditions (fees charged for the presence of a companion, restrictions on their presence, etc.);
 - f) the possibilities for women to freely move during the actual birth (i.e., not being “confined” to bed), including the options to choose birthing positions outside the birthing chair, and information about any restrictions on such options;
 - g) possibilities for women to eat and drink throughout the entire (physiological) birth;
 - h) the possibility for the mother to have uninterrupted skin-to-skin contact with her baby immediately after the birth, and the duration of the uninterrupted contact and its restrictions;
 - i) the application of intentional pressure to the belly of a woman in labour during the second stage of childbirth, as well as the circumstances in which this practice is applied, and how it is recorded in medical records;
 - j) the use of episiotomy, and the frequency and circumstances in which episiotomy is performed in individual healthcare facilities;
 - k) guidelines regarding suturing perineal and associated trauma after childbirth, including whether painkillers are administered during their suturing and specifying reasons (circumstances) for not administering painkillers during the suturing of perineal and associated trauma after childbirth;
 - l) maternal deaths, maternal mortality rate, and circumstances under which such deaths have occurred in individual inpatient healthcare facilities;
 - m) how the inpatient healthcare facilities obtain feedback from the women who have given birth in such facilities in regards to the healthcare services that were provided to them, and outputs from this feedback.

Thank you in advance for sending the information within the time limit set by law.

Best regards,

PhDr. Šarlota Pufflerová, PhD.
Executive Director
Občan, demokracia a zodpovednosť

Občan, demokracia a zodpovednosť
Záhradnícka 52, 821 08 Bratislava, Tel.: +421-2-5292 0426, 5292 5568
odz@odz.sk, www.odz.sk, www.diskriminacia.sk

Annex 6 Response of the Ministry of Health to the Request for Information

Response of the Ministry of Health to the Request for Information

Ministry of Health of the Slovak Republic, Communication Department
Limbová 2, 837 52 Bratislava

Občan, demokracia a zodpovednosť
PhDr. Šarlota Pufflerová, PhD.
Executive Director
Záhradnícka 52
821 08 Bratislava

Your letter No./date	Our ref. No.	Responsible/line	Bratislava
	Z45865-2014-KO	Mgr. Zuzana Gulová/307	21. 10. 2014

Re:
Request for information – Act No. 211/200 Coll. – response

Dear Ms Pufflerová,

in response to your request for information pursuant to Act No. 211/2000 Coll. on free access to information submitted to the Ministry of Health of the Slovak Republic on 10th October 2014, I hereby provide the following opinion:

Ad 1

The Ministry of Health of the Slovak Republic has been commissioned to fulfil a task contained in Slovak government resolution No. 59 of 21st January 2009, which requires the Ministry to submit a National Programme for the Care of Women, Safe Motherhood and Reproductive Health. Since the stakeholders involved have failed to reach a consensus on all aspects of the document, the Ministry of Health has been granted consent to deliver the aforementioned task until 30th October 2015.

Point 2 and 3

Guideline of the Ministry of Health of the Slovak Republic for designing, implementing and evaluating standards in nursing and midwifery, Journal of the Ministry of Health, special edition, 30. 8. 2004, volume 52;

Guideline of the Ministry of Health of the Slovak Republic for designing, implementing and evaluating standards in nursing and midwifery, Journal of the Ministry of Health, special edition, 15. 11. 2004, volume 52;

Guideline of the Ministry of Health of the Slovak Republic for designing, implementing and evaluating standards in neonatology care, Journal of the Ministry of Health, special edition, 15. 12. 2009, volume 72;

Guideline of the Ministry of Health of the Slovak Republic on the promotion of breastfeeding of infants and toddlers, Journal of the Ministry of Health, issue 54 – 55 of 20. 11. 2009, volume 57.

Point 4

The Ministry of Health has no such research studies at its disposal.

Point 5

The Ministry of Health regulates continuing education for midwives through government regulation No. 296/2010 Coll. on the professional aptitude of health professionals, the method of further training for health professionals, the system of specialised fields of medicine and the system of certified work activities, and through Ministry of Health decree No. 366/2003 Coll. on the criteria and method of continuous training, as amended. Midwives can obtain further training and education in a number of specialised fields of medicine and certified working activities specified in the aforementioned government regulation. Further training (specialised studies, certification training, continuous training) is organised by educational and training institutions accredited by the Ministry of Health. Continuous training is also provided by the Slovak Chamber of Nurses and Midwives in the form of training courses, workshops, lectures, etc. Through a chief expert in the relevant field and the Ministry of Health's Accreditation Committee for further training of health professionals, the Ministry of Health also responds to the demands arising from practical experience in order to ensure quality in the provision of obstetric care.

Point 6

The Ministry of Health has no such materials at its disposal.

Point 7

Guideline of the Ministry of Health of the Slovak Republic governing the procedure to select a physician, nurse, midwife upon patient's request, Journal of the Ministry of Health, issue 55 – 60 of 16. 12. 2005, volume 53.

Point 8

The Ministry of Health has no such information at its disposal. We recommend that you contact professional organisations and individual professional associations or healthcare providers that operate gynaecological and obstetric units.

Yours sincerely,

Mgr. Zuzana Čižmáriková
Director



Citizen, Democracy
and Accountability

www.odz.sk/en/
www.diskriminacia.sk/en/

Občan, demokracia a zodpovednosť (ODZ) (Citizen, Democracy and Accountability) is a human-rights non-governmental organisation with more than 20 years of experience. One of its main aims is to promote the rights to human dignity and the protection against discrimination, and especially the assertion of the human rights of women, including reproductive rights. In accordance with its mission, the organisation is focused on advocacy and litigation, as well as educational activities and monitoring. In its work, it strives for positive changes in society with the aim of contributing to the fulfilment of the principle of the rule of law and the accountability of public authorities at all levels. Therefore, in the areas of its activity, the organisation is involved in public policy-making and setting policy processes, as well as monitoring implementation and compliance with human rights obligations.



www.zenskekruby.sk

Ženské kruhy (Women's Circles) is a human rights non-governmental organisation founded as a women's civic initiative in 2011, with the goal of changing the state of healthcare for women with regard to pregnancy, birth, and puerperium. Within its mission, the organisation performs community, advocacy, and research activities. Activities are focused mainly on disseminating information concerning respectful maternity care and women's rights in childbirth.

This executive summary outlines the essence of ***Women – Mothers – Bodies: Women’s Human Rights in Obstetric Care in Healthcare Facilities in Slovakia*** – the first publication to discuss obstetric care in the Slovak Republic from the perspective of women’s human rights. Besides filling the gap in knowledge of problems women face in relation to childbirth, it is also innovative in terms of research methodology.

The publication summarises the results of more than two years of intensive efforts of two non-governmental organisations that promote the human rights of women in Slovakia, which carried out a pilot study and monitoring. In collecting and processing the various data, an inter-disciplinary team of experts combined standard methods of social scientific research with methods used in human rights monitoring, one of them being the Free Access to Information Act mandating public authorities and maternity wards to provide information. Authors of the publication managed to offer many key perspectives currently missing in obstetric care in Slovakia, including both the authentic experiences of women, and a women’s human rights perspective, among others.

Nowadays, obstetric care in Slovakia is monopolised and institutionalised. It is concentrated almost exclusively in healthcare facilities, and provided under the supervision of physicians with no alternative options. This, combined with women being particularly vulnerable during pregnancy and birth, makes obstetric care a specific phenomenon demonstrating a power imbalance. The imbalance of power deserves critical and independent examination, as well as examination reflecting the dissonance between the authentic experience of women, and the as yet unchallenged authoritative views of medical science and practice representatives. One of ambitions of this publication is thus to bring closer attention to public policies, the presence (or absence) of which maintains and supports the status quo, and negatively affects women and their families.

The publication also opens up room for public discourse, which has similarly long lacked a human rights perspective on issues related to obstetric care. Notably, a professional debate grounded in particular research findings can in the future promote the equal, respectful, and effective cooperation of all parties involved, including those who are the primary subject of this care. Discussion and any subsequent cooperation on changing the way obstetric care is provided will be more effective the more it reflects human rights perspectives. Crucial to these perspectives is the recognition that women are holders of rights, and they have the right to decide on matters that concern them. In contrast, healthcare providers, along with the state, are the primary holders of the obligations and responsibilities of fulfilling these rights. This, too, is a message of the present publication.



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