

## Short on Födelsehuset "The Birth House" report:

### What's the issue?

Women in Sweden today has no options on how to give birth, where and with whom.

There's only one kind of obstetric units in Sweden which results in an unnecessarily large group of women becoming exposed to unnecessary interventions and iatrogenic injuries. Thereby putting an increased risk to their health, at a higher cost - but with no difference in outcome for the baby. This goes directly against art 12 in CEDAW, and is also harmful to women's general health, both in short and in long term perspectives.

### How to avoid the problem?

Create national guidelines for maternity care in Sweden, in the same kind of way as NICES Guidelines. With different levels of care intensity; homebirths, midwifery led units and obstetric units. These should aim to complement each other.

However, note that this organization only provides a recommendation. Under Article 12 of CEDAW and art. 8 of the European convention on human rights, it is always the woman's choice that applies. She, and only she, has the final saying. And her choice should not be affected of whether she herself has the funds of hiring a private midwife or not.

This kind of action would increase women's autonomy and their potential health.

### What specific actions could help resolve the problem?

1. The government should legislate for free access to a skilled midwife as part of the tax funded public maternity services, regardless of where the woman wants to give birth.
2. To ensure women's right to choose safe midwifery care, midwives prescription rights needs to include emergency medicines in case of bleeding and local analgesics for suturing of minor tears.
3. One-to-one care systems should be the main principle for all maternity care, and reimbursements to labor wards per intervention or per complication should cease to exist.

For more information, please see the complete NGO information from Födelsehuset to the UN CEDAW committee.

