On the issue of women's rights in childbirth, and

obstetric violence in Belarus

*Summary*: In the present document, we would like to report of essential facts in the sphere of women's rights in pregnancy and childbirth in Belarus, based on the advisory services to women, sociological studies, and surveys conducted within the framework of Radziny project since 2016.

Women's rights in pregnancy and childbirth in Belarus: Facts

- about 90, 000 births occur annually in Belarus

- there are about 1,700,000 women of average childbearing age (20-39 years)

At the national level, the rights of women in childbirth in relations with providers of medical and obstetric services are mainly described in the 'patient's rights' section of the Law "On Health Care". The Law does not regulate particular rights related to childbirth. The right to give informed consent, as well as to participate in the choice of methods of medical care is often disputed, or violated even if a written statement in support of her rights in childbirth is presented (we have been promoting the so-called 'birth plan', or a tool for the easier exercise of women's rights in childbirth, since 2018).

In Belarus, medical care in childbirth is provided only by state-owned medical institutions and only under the supervision of doctors. Alternative options, including the midwifery model of care in pregnancy and childbirth, are not available.

The main obstacle to quality care in childbirth is **a systemic problem of violation of patient's human rights.**

According to Radziny's sociological study conducted in 2012-2017,[[1]](#footnote-0) and surveys of women in 2017-2019:

- more than 80% of women have experienced violation of the principle of party autonomy (of the right to give or refuse to give informed consent to medical interventions)

- less than 15% of women have received assistance from their partner in childbirth (the demand for partner delivery is over 70%; both the regulatory acts and actual practice envisage barriers to access of partners to maternity hospitals; often, maternity hospitals outside the capital city of Minsk and regional centers do not have any conditions for partner delivery at all)

- privacy in childbirth (private prenatal room) is available only under a contract for individual labor management with an additional fee; however, a signed contract and payment of fee do not guarantee the availability of a private prenatal room.

More than 90% of women experience instances of obstetric violence during pregnancy and childbirth:

· women are not provided with either medication-free pain-relief in childbirth, or freedom to labor in a position they choose (midwives and obstetricians are not trained in this, their duty instructions, as well as clinics’ work processes do not oblige them to provide these kind of services),

· 29.3% report usage of Kristeller maneuver in childbirth,

· 44,1 % -- have had episiotomy,

· 98% of women lie flat on their back during delivery and have no support for the freedom to choose a delivery position, and

· 30% of deliveries are delivered by caesarean section (only about 10-15% of women with previous C-section report to have had access to VBAC option)

As many as 6.3% of births occur at home and this trend is growing. Such births are not provided with legal obstetric care, since it is only guaranteed only in state healthcare institutions.

(According to the Law "On Health Care").

The main reasons for choosing home birth or delivery outside medical facilities include dissatisfaction with the quality of care in maternity hospitals, barriers to partner deliveries, insufficient alternatives and inadequate conditions for physiological births. In addition, the survey respondents reported unavailability of options to choose a midwife in maternity hospital before delivery, and lack of access to care by a by a familiar midwife or group of midwives during pregnancy, childbirth and the postpartum period.

"*No matter how it goes in the hospital, you still feel like a gutted turkey..."--* a woman with two children delivered in hospital before having her third child at home.

**2020**

**Labour rights during pandemics COVID-19**

1.Since March 17, 2020, all collaborative deliveries were denied in Belarus. It was realized involving a violation of the right to information. Representatives of the Belarusian medical system don’t publish legal acts about these limits and explain in details about the limitation neither publically no individually. At the same time, we could read in official medical sources there were sufficient resources to have full service for care in childbirth in maternity hospitals. For instance, they continued to make contracts for individual delivery management (to have separate delivery rooms) despite their abolition of collaborative deliveries.

It is a fact, even at the usual time, the collaborative deliveries don’t get rather legal and actual support in the medical system. The collaborative deliveries take, on average, about 10% in Minsk and regional maternity hospitals. Although this figure goes to zero in some districts. It is obvious, the medical system used the pandemic period to cancel collaborative deliveries, because they look at this as at something unnecessary. They don’t recognize basically the important sense of collaborative deliveries as a real right in childbirth.

We have got 390 signatures of Minsk residents for our petition about the collaborative deliveries in Belarus during pandemic. On April, 14 we made an official request about the reasons for cancelling partner deliveries. We could point out that those measures were not justified in comparison with the actual circumstances. We suggested removing the restriction and supporting partner births if there were separate special rooms in the maternity hospitals. Their answer had just general phrases about the confirmation of the limitations “till the epidemiological situation improving”.

2. Sufficient level of confidentiality in childbirth and postnatal care has not been afforded in Belarus before the pandemic, either. You have to pay additionally for a separate maternity room and postnatal chamber. If you want to deliver on a general basis, you have to give birth in a common prenatal ward and labour room. After that, you will share a postnatal room with several other women. Even when women with a sign of infection would be isolated on time, it can not be rather guaranteed in infection safety in shared rooms. At the same time, we can not notice trends towards early discharge after childbirth (even when women having a good state of health want to leave the maternity hospital, medical workers try to keep them at the place for 3-5 days or more)

3. Newborns are separated from their mothers in any case. Mothers can be healthy or have minor symptoms typical for COVID-19, but without preliminary testing for that. Meanwhile, in the instruction “About the organization of medical care for pregnant women, women in labour and women after childbirth with probable or confirmed COVID-19 infection” it is provided and published about the possibility for the newborn being placed in a room with the mother on a separate territory. But in reality, women have no such an option, have no enough information and support. All this is proved by doctors through private communication and in women cases.

Veronica Zauyalava

"Radziny” project

<https://radziny.by/>

radziny@gmail.com

1. According to profiles of respondents, the research results are relevant for women with higher education, who live in the capital city of Minsk and regional centers of Belarus. Conditions for exercise of childbirth rights deteriorate significantly for women in other towns and rural areas, as well as women with lower social and educational status.<http://radziny.by/wp-content/uploads/2018/11/001Radziny_humanrightsinchildbirth_Belarus2017.pdf> (in Russian) [↑](#footnote-ref-0)