



**TO: UN SPECIAL RAPPORTEUR ON HEALTH**  
**To the kind attention of Dr.Tlaleng Mofokeng**

**MAIL: [srhealth@ohchr.org](mailto:srhealth@ohchr.org)**

**OBJECT: Contribution to GA report - SR right to health**  
**Submission by Obstetric Violence Observatory in Italy**

**To the Kind attention of Dr.Tlaleng Mofokeng  
Special Rapporteur on the right of everyone  
to the enjoyment of the highest attainable standard of physical and mental health**

Via mail to: srhealth@ohchr.org

*Dear Special Rapportur on Health*

we, Elena Skoko and Alessandra Battisti as childbearing women’s rights defenders and advocates for human rights in childbirth, founders of the Obstetric Violence Observatory in Italy wish to submit information and documents related to the impact of COVID-19 and related policies, legal developments and practices on access to sexual and reproductive health services, with a particular focus on childbirth and breastfeeding.

### Contact Details

Type of Stakeholder (please select one)	CIVIL SOCIETY
Name of State Name of Survey Respondent	OBSTETRIC VIOLENCE OBSERVATORY IN ITALY: a civil society initiative aimed at raising awareness on women’s and newborn’s human rights during faciliy based childbirth and collecting data and testimonies on obstetric violence as a violation of women’s right to the highest attainable level of health and to the enjojment of the full spectrum of women human rights

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Email	<a href="mailto:bastatacere.ovoitalia@gmail.com">bastatacere.ovoitalia@gmail.com</a>
Can we attribute responses to this questionnaire to your State publicly*?  *On OHCHR website, under the section of SR health	Yes:

## BRIEF INTRODUCTION

### 1. Obstetric Violence Observatory in Italy

Obstetric Violence Observatory in Italy is a civil society initiative. It was founded in 2016 by Elena Skoko and Alessandra Battisti at the end of the social media campaign #bastatacere: le madri hanno voce (break the silence: mothers have voice) that raised awareness on the issue of human rights violation during facility based childbirth.

#Bastatacere campaign was launched as a new Facebook Page on April 4<sup>th</sup> 2016, and in 15 days received 21.621 likes, over 1.136 photo-banners and many more stories in written format with women's experiences of mistreatments in the occasion of maternity healthcare in Italy, it had 700.000 daily visitors and over 70.000 daily interactions. The campaign received over 70 articles in mainstream press and blogs on the Internet. With this campaign the issue of obstetric violence became part of the public discourse in Italy. The campaign was launched after Adriano Zaccagnini, as a member of the Parliament, submitted a law proposal on the rights of women and newborns in childbirth and regulation for the promotion of physiological birth, on 4<sup>th</sup> of March 2016. The Law proposal translated into norms the WHO recommendations for appropriate maternity care and the OHCHR recommendations for a human rights-based approach in maternity care. It also introduced the crime of obstetric violence. Although the proposal did not become a law, it gave to Italian women the legitimacy and the power to talk about their experience during facility-based childbirth.

At the end of the #bastatacere campaign, we formed the national Obstetric Violence Observatory in order to continue collecting testimonies and raise awareness on the respect of women's human rights. Despite our efforts and the raising of the awareness on the issue, the Ministry of Health did not respond in any way.

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## **The national survey on obstetric violence**

In 2017 the Obstetric Violence Observatory, in partnership with two mother's associations La Goccia Magica and CiaoLapo, commissioned a survey to the DOXA, a professional research institute, to carry out a national survey on women's experience with maternity healthcare in Italy. The rationale of the survey was to understand if the Italian women experienced abuse and disrespect during childbirth, and to measure the human rights violation related to the specific issue. The Survey was demoscopic, not clinical, and it was aimed at measuring the impact of obstetric practices on women's human rights and dignity.

### **The DOXA Survey data showed that:**

- **33% of women did not feel appropriately assisted by care givers during childbirth (they were not sufficiently involved in the process)**
- **61% of women that received episiotomy (1 in 2 women receives this procedure) were not given appropriate information, lacking true informed consent**
- **41% of women consider the assistance received as a violation of their dignity and psychophysical integrity**
- **21% of the sample affirm they experienced obstetric violence (approximately 100.000 women per year)**
- **6% of women do not want any more children as a direct consequence of birth trauma (in Italy about 20.000 babies per year were not born because of the mother's experience of abuse and disrespect during childbirth)**

On the 20<sup>th</sup> of September 2017 we officially presented the results of the survey in a press conference in Rome. The data made a great impact and the interest of the media lasted for several months: we had a total of 262 publications among TV, magazine, newspaper, website articles, videos, documentaries and interviews, reaching about 24 million of people. The data are still relevant and the media are continuing covering the issue.

### **The translation in Italian of the Special Rapporteur on WAW Report**

On 2019 the Observatory on Obstetric Violence responded to the call for submission launched by the SR on VAW, Mrs Dubravka Šimonović, and filed a report on the status of human rights violation during childbirth and in maternity care in Italy.

We then translated in Italian the SR on VAW Report on "human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth

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and obstetric violence”, with her permission, and presented it in a press conference in Rome on 28th of November 2019. The Report on obstetric violence of the SR on VAW gained attention of Italian media, receiving more than 80 press article.

## About us

Elena Skoko is an interdisciplinary artist, independent researcher, writer and mother advocate for respectful maternity and neonatal health care. She is the initiator and coordinator of the social media campaign #bastatacere: mothers have voice and co-founder of Obstetric Violence Observatory in Italy.

Alessandra Battisti is Italian lawyer based in Rome, advocate for human rights in childbirth and co-founder of Obstetric Violence Observatory in Italy.

Since 2013, **Alessandra Battisti** and **Elena Skoko** have been working on promoting mothers’ and newborns’ human rights towards the Italian National Healthcare System, governmental institutions and within the civil society. They have officially translated in Italian the WHO statements “Prevention and Elimination of abuse and disrespect during facility-based childbirth”, “Caesarean section rates”, and the IMBCI’s 10 steps. They translated in Italian the WG on discrimination against women in law and in practice Report with regard to Safety and Health and they promoted the conference aimed at presenting this report and the work of the WG at University Roma TRE, Department of Political Sciences, on 6<sup>th</sup> of April 2018. They have been audited by the WG on discrimination against women in law and in practice in Geneva in 2018. They have organized several conferences at the Italian Parliament on the issues of human rights in childbirth. They drafted the law proposal “Norms for the Protection of the Rights of Women and Newborns in Childbirth and Regulation for the Promotion of Physiological Birth”.

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## We will proceed in this document to answer to the following question related to the submission questionnaire

Since the beginning of COVID-19 pandemic, States have adopted new policies, laws and other measures in response to the crisis. Please refer to the relevant measures in your country (or countries in focus) and their impact on the right to sexual and reproductive health. Please share information on opportunities and challenges.

Italy has been the first country in Europe that faced very high rates of COVID-19, especially in the North of the country, at the very beginning of the pandemic.

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Italian government on 31st of January 2020 adopted a decree of formal declaration of the crisis state due to health risk arising from communicable viral agents.<sup>1</sup>, but it did not carry out real protective measures until March 2020. On 23th of February, in the Hospital of Codogno, the so called COVID-patient n.1 was diagnosed. The government tried to stop the spread of infection through the mandatory quarantine in several cities in the North of Italy.

On the 1<sup>st</sup> of March 2020, the rates of infection still grew exponentially: hospitals in the North were collapsing and many people died. Regions Lombardia, Veneto and Emilia Romagna had to close schools, universities and many other activities.

On the 9<sup>th</sup> of March the Prime Minister Giuseppe Conte established the first national lockdown as measure to limit and contain the COVID infections that went out of control. The hospitals and intensive care units were overwhelmed by COVID patients. Many people died, including health care workers. Our country was not prepared to face such a big crisis and the overall health system failed to give appropriate response.

### **The Maternity care in Italy during COVID-19 crisis.**

Since the beginning of pandemia, the Obstetric Violence Observatory received testimonies of mothers deprived of many of their rights during facility based childbirth. Women were denied to have a companion of choice during labor and childbirth, they were separated from newborns and discouraged from breastfeeding. In order to support mother's rights during the pandemic the Obstetric Violence Observatory, jointly with associations La Goccia Magica and CiaoLapo, wrote, published and disseminated a position statement: "Italy: COVID-19 crisis and RMC (Respectful Maternity Care)". The position statement was endorsed by several national and international associations and organizations<sup>2</sup>. The statement was sent on the 30<sup>th</sup> of March 2020 via e-mail to the Ministry of Health, urging the Ministry to carry out all the measures to protect mothers and babies rights during the COVID crisis. We received no institutional response.

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<sup>1</sup> DELIBERA DEL CONSIGLIO DEI MINISTRI 31 gennaio 2020

Dichiarazione dello stato di emergenza in conseguenza del rischio sanitario connesso all'insorgenza di patologie derivanti da agenti virali trasmissibili. (20A00737) (GU Serie Generale n.26 del 01-02-2020) [Gazzetta Ufficiale](#)

<sup>2</sup> The Organizations endorsing the Obstetric Violence Observatory position Statement ITALY: COVID-19 crisis and RMC (Respectful Maternity Care) were: IBFAN<sup>OdV</sup>, La Leche League<sup>OdV</sup>, Rinascere al Naturale<sup>Aps</sup>, CAV RiscoprirSi<sup>Aps</sup>, Nanay<sup>Aps</sup>, Voci di Nascita<sup>Aps</sup>, Onde di Vita<sup>Aps</sup>, Città delle Mamme Frascati<sup>OdV</sup>, PartoNaturale.net, Nascere Insieme<sup>OdV</sup>, Spazio Arcobaleno, Allattare è ovunque lo desideri, Zoè Casa Maternità<sup>Aps</sup>, Associazione Infanzia Adolescenza G. Rodari<sup>Aps</sup>, ProntoMamy<sup>OdV</sup>, Centro Studi Eva Reich, Le mamme di Peter Pan<sup>OdV</sup>, Il Melograno di Bologna L'Albero della Vita casa maternità<sup>Aps</sup>, Insieme<sup>Asd</sup>, Terra Nuova Edizioni, A conduzione familiare<sup>Aps</sup>, Comitato Nascere a Salerno, Cerchidarcobaleno<sup>Aps</sup>, Futura<sup>OdV</sup>, Latte & coccole<sup>Ac</sup>, Ciatu Meu<sup>Aps</sup>, Allattamento IBCLC<sup>Aps</sup>, Mamme alla pari<sup>Aps</sup>, Associazione Hama<sup>Aps</sup>, S.O.S. Teniamo la famiglia<sup>Aps</sup>, DoraLuce casa maternità, CreAttivamente Ostetriche<sup>Aps</sup>, 4MUMS<sup>Aps</sup>, Kalila Community, Mammachemamme<sup>Adv</sup>, Nate dalla Luna<sup>Ac</sup>, Nascere in Casa UmbriaOnlus, maternundi<sup>Ac</sup>, Studio Terra Madre, Fiordimamma, Ženskė kruhy (Women's Circles) (Slovacchia), El Parto Es Nuestro (Spagna), La Flor de la Vida Matronas – Acupuntoras (Spagna)

## **The Obstetric Violence Observatory Position Statement: ITALY: COVID-19 crisis and RMC (Respectful Maternity Care)**

*I gave birth six hours ago and my baby was taken to the nursery, no one is giving me any kind of information about my baby or when I'll have her back in my room. I feel pain and heat in my breasts. My care givers say it is normal but I don't feel reassured."*

*"I've already come back home from hospital and I feel a lot of pain when my baby is breastfeeding. My care givers said it is normal at the beginning, but I don't feel like I can stand this. I can't imagine that breastfeeding should be so painful, my breasts are very stiff and I have chills."*

*"When I was in the hospital I received a stillbirth diagnosis and my care givers said that my husband could not come in, they said that it would take a long time to have the autopsy results, but that usually nothing particular emerges. My husband asked to take a picture of our child's, but my care givers refused to give him permission. We will never see our baby again."*

**Obstetric Violence Observatory in Italy (OVOItalia) jointly with associations La Goccia Magica and CiaoLapo, in the current COVID-19 crisis, highlight the importance of RMC (Respectful Maternity Care) to protect and attain the highest health outcomes for mothers and babies.**

**The World Health Organization (WHO)** reaffirms that women's and newborns' human rights during pregnancy, birth, and postpartum are priorities of perinatal health management during the current COVID-19 crisis, in order to attain the highest level of health of the mother and baby.

**RMC (Respectful Maternity Care) should also apply when a mother is diagnosed with COVID-19 infection, and it includes:**

- dignity and respect;
- companion of choice;
- clear communication by care givers;
- pain relief;
- freedom of movement;
- not separating the mother from the baby; and
- breastfeeding support.

While isolation is a standard intervention during the COVID-19 mandatory quarantine, the needs of mothers and newborns should be promptly identified and appropriately addressed. **We cannot allow women and newborns to be left behind in this crisis.**

At this point in history, we see that the National Health System and care givers are collapsing under the COVID-19 crisis and the risk of nosocomial (hospital-acquired) infection for mothers and babies is greatly increased. Consequently, the de-hospitalization of pregnancy and birth should be considered and implemented as a safeguard measure for public health.



**With the aim to protect mothers' and babies' health and safety, the National Health System should strengthen maternity care services providing midwifery care inside the hospital and the availability of midwives to assist women at home or remotely to address their critical needs during pregnancy, birth, and postpartum.**

### **Other related initiatives in Italy**

#### **CASE 1, Region Lazio. The Report of the Association La Goccia Magica on women's childbirth experience during the Covid 19 pandemic.**

“La Goccia Magica”, is a mothers' association, based in Region Lazio, near Rome, dedicated to promoting breastfeeding according to the WHO-UNICEF model. “La Goccia Magica” helps mothers to recover after birth and to have a successful breastfeeding through a peer-to-peer approach. Mothers of the Associations have been formally trained within the National Health System according to the WHO guidelines. The association was a partner in the #bastatacere campaign and it has financed the 2017 DOXA SURVEY on obstetric violence Italy.

## DATA PROCESSING

### **INFORMATION SHEET ON BIRTH CARE AND BREASTFEEDING DURING COVID-19 PROPOSED BY LA GOCCIA MAGICA OdV**

In February 2021, La Goccia Magica OdV ((LGM - association for breastfeeding support based in Genzano di Roma) developed a questionnaire entitled **“Information sheet for data collection on birth care and breastfeeding during COVID-19”**. On February 7th LGM presented it to the mothers who had given birth from February 2020 to the time of the publication of the questionnaire, in the area most affected by the activity of LGM: Rome and province of Rome, Castelli Romani in particular. In the 48 hours following the invitation to submit the questionnaire, 159 completed forms were sent. The sample consisted of 159 new mothers, aged between 20 and 49, who gave birth for the most part (96.3%) in a hospital and to a lesser extent (4.4%) in a maternity home.

According to what emerged from the data collection, 49.4% of mothers-to-be were given at least one nasopharyngeal swab before birth, in 7.5% of cases two swabs, in 3.1% of cases more than two swabs. 3.7% of the total swabs performed were positive for SARS-Cov-2.

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Regarding birth assistance, 84.3% of women were able to take a free position during labor, while only 39.3% were able to take it just during the expulsive phase: 52.2% of births were vaginal births, 23.6% were operative, 29.8% were by caesarean section.

81 women requested and obtained analgesia in childbirth and in 19.7% of cases they received an episiotomy which in 6.5% of cases was performed without informed consent.

In 45.6% of cases a person chosen by the pregnant woman (partner or other trusted person) could stay always close to the woman, in 11.3% of cases only during labor, in 25.6% of cases only during childbirth and in 16.3% of cases only during the postpartum phase: in 4.4% of cases this presence was denied from labor to postpartum.

Skin-to-skin contact was allowed in 76.9% of cases, while in 42.8% of cases it was possible to put the newborn on the breast immediately after birth, although 24.5% of new mothers were able to put the baby on the breast between 3 and 24 hours after birth and 2.5% even beyond.

The umbilical cord was cut after 1 minute in 28.9% of cases, in 20.7% of cases after 2 minutes, in 30% of cases after 3 minutes, in 16.5% of cases until it ceased to pulse, in 3.3% up to the expulsion of the placenta. For 2 newborns the “mini-Lotus” approach was chosen and for another 2 the Lotus.

Rooming-in was possible in 85.4% of cases.

With reference to breastfeeding, women found *constant* assistance in 31.2% of cases, *discontinuous* assistance in 17.2% of cases, assistance *available on request* in 38.9% of cases and *absent* assistance in 15.9% of cases.

The information received on breastfeeding management, mainly provided by the midwife (62.4% of cases), was considered *useful* in 58.3% of cases, *confusing* in 24.5%, *useless* in 17.2% of cases, while more than half of new mothers (51.6% of cases) were actively offered breastmilk substitutes during their hospitalization, in the facility they gave birth.

Once they left hospital, only 11.6% of women received information and indications for breastfeeding support in the area.

Among the new mothers who tested positive for SARS-Cov-2, in one case the newborn was held in the hospital.

Finally, the women who participated in the questionnaire defined their childbirth experience as excellent (33.3%), more than satisfactory (24.4%), satisfactory (22.4%), disappointing (8.3%), traumatic (12.2%).

## THE EXPERIENCES OF MOMS

*I gave birth at the beginning of the pandemic. Fear, confusion, discomfort reigned in the hospital. Despite this, the hospital staff, especially the ward staff and the delivery room staff, were attentive, empathetic, kind, cordial and professional. There were inconveniences (there were not enough masks and I had to keep the same mask with which I gave birth for 3 days/24 hours a day!) But the staff always tried to keep thoughts and worries out of the room. To the previous question, I indicated that the childbirth experience was excellent for this reason.*

*I tested positive two days after the caesarean, and the baby was removed immediately for preventive purpose. They discharged me but the baby was detained for an infection. In no case I was allowed to see him or breastfeed him. They made me throw out all the milk I was pumping.*

*The father could not attend the birth because the results of his swab did not arrive in time. I arrived in the emergency room just before the expulsive phase.*

*The thing that I missed the most was the contact ... Several times during labor I asked the nurses and midwives to show me their faces to be able to imagine their expressions, to be able to hold a hand not for the pain but because of fear. I needed to feel safe.*

*The first swab I was given for covid-19 was positive, I was transferred during labor from NOC to Umberto I Hospital where the subsequent swabs were negative. It was a false positive, but despite all I couldn't see my daughter until we were discharged!*

*The hospital was not organized to allow the father to join the birth, not having enough swabs/tests for them too.*

*They forced me to wear the mask all the time, and, experiencing labor with the mask and alone with very few empathic obstetricians / nurses, was really bad. Before admission to the emergency room, the doctors did not show any sensitivity regarding the difficulties for a woman of having to give birth earlier than expected with induction maneuvers, without being able to see anyone. I*

*remember one doctor in particular who turned to me very harshly, reminding me that we were in a full pandemic and I had to be alone.*

*My birthing experience, inside the delivery room, was excellent but the assistance of the postpartum staff, was totally absent. The nurses called me on the PHONE to find out if I was okay and to tell me to measure my temperature. They left my food outside the door screaming to make me get it. I only saw the neonatologist and the midwife once a day for 5 minutes. No support, it was disgusting!!! All this because I was positive for COVID, but asymptomatic.*

## **CASE 2 Region Campania - The Report of the Association TERRA PRENA on women's human rights violation during childbirth at the Covid 19 pandemic.**

TERRA PRENA is a mothers, midwives and care givers Association based in Naples, Region Campania. Since 20 years Terra Prena supports and helps mothers during pregnancy, childbirth and breastfeeding.

Since the pandemic started in Italy Terra Prena Association has never stopped to support women in pregnancy both individually and in groups. As a consequence the members of the Associations were able to see all the barriers women were facing to access HNS in relation to maternity care with a severe violations of their fundamental human rights.

The Association highlights that maternity wards in Naples only in rare cases are able to respect WHO and Italian Institute of Health recommendations on the right of women to have a companion of choice during labor and childbirth.

Almost all the Hospitals in Naples, since 2020, do not let women to have a companion of choice during labor and childbirth. Women who receive a c-section are denied to have support from partners or family even if post surgery pain makes very difficult to take care of the newborns.

The Hospitals Terra Prena is talking about are part of NHS like Nuovo Policlinico "Federico II", Hospital of the Sea, Vecchio Policlinico AOU Vanvitelli, and accredited Hospital such as Evangelico, Villa Betania, Clinica Mediterranea, Buon Consiglio Hospital, Fatebenefratelli Hospital

The latter, Fatebenefratelli, allows a companion of choice only to mothers who pay for private care and private room.

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The Mediterranean Clinic since few months allows companions of choice for childbearing women only if they show a negative molecular covid test made at their personal expenses every 72 hours. This facts demonstrate how the fundamental right to have a companion of choice is limited to people able to pay an extra cost.

It is important to highlight that in the area of Naples the right to have a companion of choice was not guaranteed even before the pandemic.

The Survey “Give birth in Naples” launched on line by Terra Prena in October 2020 had 177 women responding. Among 177 women who gave birth from 2013 to 2019 only 54,3% have declared that they had a companion of choice during childbirth.

There are also significant problems in the management of women and newborns tested covid 19 positive.

In Naples, the Hospital Federico II has been appointed as the maternity ward specialized on the management of childbearing women tested covid positive. Nevertheless in this Hospital women are denied to have a companion of choice, they cannot benefit from skin to skin after birth, and newborns are separated from mothers.

Newborns have to stay at the hospital nursery and are not allowed to stay with mothers all the time under a rooming-in procedure. Mothers can see their babies only under hospital timetables and as a consequence they are not supported to breastfeed and cannot breastfeed according to the babies needs.

Terra Prena Association affirms that mothers were strongly discouraged from breastfeeding even if there is no scientific evidence of possibile transmission of Covid 19 through breast milk. Terra Prena has also been a witness of mothers discharged by hospital while their babies were kept in hospital nursery, even for weeks, until the mothers covid 19 test was negative.

Due to all this events, in fall 2020, groups of mothers launched a petition on Change.org to claim their rights during childbirth while Terra Prena did ask Obstetric Violence Observatory in Italy a support to write to Italian Institutions to denounce this violation of women human rights during facility based childbirth at pandemic time.

Alessandra Battisti, cofounder of Obstetric Violence Observatory in Italy and lawyer on behalf of Terra Prena Ass. wrote a letter to National Health Institute (ISS- Istituto Superiore di Sanità), to National Federation of Midwives (FNOPO- Federazione Nazionale Ordini della Professione di Ostetrica) and to Midwives College of Naples asking to investigate about childbearing women human rights violations in the area of Naples. The ISS responded to the letter indicating his guidelines on COVID 19 and maternity care. The National Federation of Midwives wrote officially to the Region Campania asking for an investigation as claimed by Terra Prena Association. The Naples College of Midwives did not respond.

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At the moment of the present report, June 2021, unfortunate institutions have not carried out any real interventions and women tested covid 19 positive are still separated by their newborns, discouraged from breastfeeding, discharged by hospitals without their babies, and are denied to have any support during labor and childbirth.

Terra Prena Association has written the report in order to make mother's voices to be heard.

**CASE 3 Region TOSCANA – The scientific articles and contribution from civil society: CIAOLAPO ONG on women's human rights violations during childbirth during Covid-19 pandemic.**

**CIAO LAPO** is an ONG based in Tuscany, with many other affiliations in the country. It is dedicated to supporting parents, care givers and service providers who experience stillbirth. The association also carries out research activities and data collection on stillbirth at international level. "CiaoLapo" was also a partner in the #bastatacere campaign and it has co-financed the DOXA survey on Obstetric violence in Italy. The President and founder is dr. **Claudia Ravaldi**, she is a physician specialized in psychiatry.

Claudia Ravaldi and CiaoLapo Organization have been very active since the beginning of pandemic in Italy and they gave a significant scientific contribution to help care givers and NHS in defining a frame of intervention inside the maternity care under a human rights based approach.

This are the most relevant publication:

**Article:**

**Caring for the carers: Ensuring the provision of quality maternity care during a global pandemic**

**Link:** [Caring for the carers: Ensuring the provision of quality maternity care during a global pandemic - PubMed \(nih.gov\)](#)

**Abstract:**

In this Article the authors highlighted that maternity care providers must continue their core business in caring and supporting women, newborns and their families whilst also adapting to a rapidly changing health system environment. This article provides an overview of important considerations for supporting the emotional, mental and physical health needs of maternity care providers in the context of the unprecedented crisis that COVID-19 presents. Cooperation, planning ahead and adequate availability of PPE is critical. Thinking about the needs of maternity providers to prevent stress and burnout is essential. Emotional and psychological support needs to be available throughout the response.

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**Article:**

**Midwives in a pandemic: a call for solidarity and compassion**

**Link:** [Midwives in a pandemic: A call for solidarity and compassion - PubMed \(nih.gov\)](#)

**Abstract:**

Recent experience in Italy has shown that many pregnant women (especially women with previous loss) are really afraid of being COVID19 positive and feel insecure and anxious. This means that many women have an increased need for support and reassurance by all health care professionals, both during pregnancy and also during childbirth and puerperium.

Moreover, in the current pandemic, many women and midwives live, give birth and work in high risk areas. Midwives have been and continue to meet unprecedented circumstances for which they may feel underprepared. Preparing midwives to work in risky situations and stem the spread of infection whilst meeting the needs of women is an ongoing balance of priorities. Some midwives may even feel they are working outside their regional scope of practice. The Ebola outbreak highlighted how practice can be affected. For example, midwives working in Sierra Leone during the Ebola outbreak feared becoming infected, which affected their professional and personal lives [2]. In the study, motivation and support impacted the ability of the midwives to cope in these challenging circumstances. Midwives sense of duty obligated them to step into risky situations in a time of crisis. Likewise, similar scenarios are playing out with the COVID-19 pandemic in China, Iran and Italy. The Erland study highlighted the need for competency, creativity and courage when faced with challenges and ethical dilemmas.

Leadership is important both clinically and academically in addressing the COVID-19 pandemic. While teams of dedicated researchers have rapidly produced a plethora of guidance and policies, and fast-tracked the open-access publication of research in The Lancet in the public interest, our understanding of this virus continues to unfold daily. At the time of writing there is no vaccine and those on the frontline put their lives at risk every day. COVID-19 has shown us (again) how the world, now more than ever, needs a robust proactive investment in public health infrastructures, for which midwives are key in reproductive health strategies globally.



**Article**

**Perinatal Mental Health during the Covid 19 Pandemic**

**Link** [Perinatal mental health during the COVID-19 pandemic \(nih.gov\)](https://www.nih.gov)

**Abstract**

The COVID-19 pandemic has influenced many aspects of life, including women's pregnancy, birth and postnatal period. Due to physically and immunologically adaptive perinatal changes, it is well known that pregnant women usually have an increased susceptibility to infection. Despite this, the majority of women affected by COVID-19 to date have exhibited mild symptoms and make a good recovery. However, there is no reliable evidence for transmission of COVID-19 from mother to infant during pregnancy. COVID-19 infection does not seem to increase likelihood of need for obstetric intervention at birth, with healthy infants born vaginally to mothers with the infection.

Following birth, the World Health Organization (WHO) recommends women with COVID-19 initiate breastfeeding within 1 h of birth, and engage in skin to skin contact and kangaroo mother care, while practising respiratory hygiene and hand washing before and after touching the baby, in addition to application of required infection control precautions. WHO recommend consideration of women's clinical condition when making decisions around maternal–infant interaction, including temporary maternal–infant separation. Despite such recommendations and the relatively reassuring evidence from the first perinatal COVID-19 studies, the approach towards pregnancy and childbirth is not yet homogeneous; women are being managed with different procedures in different countries and in different hospitals. At the time of writing, research has not yet been published on the impact of COVID-19 on perinatal psychological well-being; though studies are examining the change of perspective towards childbirth in Italian women. There is however evidence of significant impacts of the pandemic on mental health in general populations. Stress, anxiety, depressive symptoms, insomnia, denial, anger and fear are the most commonly reported mental health difficulties

Women during the perinatal period are likely to experience distress related to restrictions of movement, socialization and engagement in normal routines. Women are also likely to experience concerns about their own health and risk of infection, as well as health risks for their infants, and loved ones. Changes in antenatal care also likely contribute to perinatal distress where women are concerned about access to perinatal healthcare and healthcare professionals, risk of infection in antenatal care settings, childbirth during the pandemic, and restrictions on the presence of partners at antenatal check-ups and in some instances at the birth and/or during the postpartum period in hospital. Reduced access to support networks both during pregnancy and immediately after birth during the COVID-19 pandemic are also highly likely to increased risk of perinatal distress.

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It is essential to support women's perinatal mental health during this time and to enable women to protect their own mental health. There are a number of things women, and their care providers, can do to support perinatal mental health during COVID-19. Maintaining contact with loved ones and support networks is essential at this time; this importance is recognized in the shift of language from 'social distancing' to 'physical distancing'. Supportive networks are of central importance to perinatal mental health and can still be engaged with virtually during the COVID-19 pandemic. Some simple cognitive behavioural strategies with treatment and protective effects for perinatal distress include using a diary, recognizing thoughts and emotions intensity, body relaxations and so. Mindfulness is another potentially useful strategy, and though evidence for perinatal effects are mixed mindfulness and other relaxation exercises are easy to learn and use in self-isolation and lock-down contexts. Access to clear information and communication about antenatal supports, as well as about COVID-19 risks, are an important top-down strategy to ensure women are kept informed and thus can have an increased sense of understanding and control over their situations. Provision of information about diet and exercise during the perinatal period also remains important, particularly given current restrictions on movement in many countries and the increased likelihood for poor dietary behaviours during lock-down scenarios.

Article:

**Pregnant women voice their concern and birth expectation during the Covid 19 pandemic in Italy**

**Link:** [Pregnant women voice their concerns and birth expectations during the COVID-19 pandemic in Italy - PubMed \(nih.gov\)](#)

**Abstract:**

**Background:** In March 2020, COVID-19 was declared to be a pandemic. While data suggests that COVID-19 is not associated with significant adverse health outcomes for pregnant women and newborns, the psychological impact on pregnant women is likely to be high.

**Aim:** The aim was to explore the psychological impact of the COVID-19 pandemic on Italian pregnant women, especially regarding concerns and birth expectations.

**Methods:** A cross-sectional online survey of pregnant women in Italy was conducted. Responses were analysed for all women and segregated into two groups depending on previous experience of pregnancy loss. Analysis of open text responses examined expectations and concerns before and after the onset of the pandemic.

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Findings: Two hundred pregnant women responded to the first wave of the survey. Most (n=157, 78.5%) had other children and 100 (50.0%) had a previous history of perinatal loss. 'Joy' was the most prevalent emotion expressed before COVID-19 (126, 63.0% before vs 34, 17.0% after;  $p<0.05$ ); fear was the most prevalent after (15, 7.5% before vs 98, 49.0% after;  $p<0.05$ ). Positive constructs were prevalent before COVID-19, while negative ones were dominant after ( $p<0.05$ ). Across the country, women were concerned about COVID-19 and a history of psychological disorders was significantly associated with higher concerns ( $p<0.05$ ). A previous pregnancy loss did not influence women's concerns.

Conclusions: Women's expectations and concerns regarding childbirth changed significantly as a result of the COVID-19 pandemic in Italy. Women with a history of psychological disorders need particular attention as they seem to experience higher levels of concern.

Article:

**Previous psychopathology predicted severe covid 19 concern, anxiety and PTSD symptoms in pregnant women during lock down in Italy**

**Link:** [Previous psychopathology predicted severe COVID-19 concern, anxiety, and PTSD symptoms in pregnant women during "lockdown" in Italy - PubMed \(nih.gov\)](#)

Abstract

Italy was the first COVID-19 pandemic epicenter among European countries and established a period of full "lockdown", consisting of travel bans, mandatory staying at home, and temporary closure of nonessential businesses. Similar measures are known risk factors for psychological disturbances in the general population; still, little is known about their impact on pregnant women's mental health during COVID-19 pandemic. The cross-sectional, web-based, national survey "COVID-19 related Anxiety and Stress in pregnancy, postpartum and breastfeeding" (COVID-ASSESS) was conducted during the first month of full "lockdown" in Italy. Participants were recruited via social networks with a snowball technique. The questionnaire was specifically developed to examine COVID-19 concerns and included the psychometric tests National Stressful Events Survey (NSESSS) for posttraumatic stress disorder (PTSD) and State-Trait Anxiety Inventory. A multivariable logistic regression model was fitted to explore the association of the concern, anxiety and PTSD symptoms with age, gestational weeks, parity, days of "lockdown", assisted reproductive technology use, psychopathological history, and previous perinatal losses. Out of 1015 pregnant women reached, 737 (72.6%) fully answered the questionnaire; no woman reported a COVID-19 infection. Median age was 34.4 years [quartiles 31.7, 37.2], median days in "lockdown" were 13.1 [11.0, 17.0], median gestational weeks were 27.8 [19.8, 34.0]. Clinically significant PTSD symptoms were present in 75 women (10.2%, NSESSS cutoff 24) and clinically significant anxiety symptoms were present in 160 women (21.7%, STAI-Y1 cutoff 50). Women were particularly worried about the health of their baby and of their elderly relatives, as well as of the possible impact of pandemic in the future of society. Previous anxiety predicted higher concern

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and PTSD symptoms; previous depression and anxiety were independently associated with current PTSD symptoms.

#### **CASE 4 Region PUGLIA – The role of mothers Association RINASCERE AL NATURALE on women’s human rights violation during childbirth at the Covid 19 pandemic.**

Rinascere al Naturale is a mothers Association active in supporting and helping mothers during pregnancy, childbirth and post partum in Region Puglia, in the South of Italy.

Since the beginning of pandemic Rinascere al Naturale has been very active in Puglia to urge the Institutions to respect fundamental human rights of childbearing women.

They wrote a formal letter to the hospitals and to the President of Region Puglia Mr. Emiliano to draw attention on the lack of human rights respect of childbearing women during facility based childbirth. They also collected women stories and testimonies and did involve the media to gain attention from Institution.

Link to the Page of the Association: [Rinascere al naturale: Emergenza nascita in Puglia. CHIAMATA ALL'AZIONE! \(rinascerealnaturaleonlus.blogspot.com\)](http://rinascerealnaturaleonlus.blogspot.com)

#### **CASE 5 Region Emilia Romagna – The role of mothers Association VOCI DI NASCITA on women’s human rights violations during childbirth at the Covid 19 pandemic.**

Voci di Nascita is a mother’s Association founded by Daniela Canzini in 2017 to create and promote “culture” around birth and parenthood through various forms of social activism and services to birthing families.

Since the beginning of pandemic “Voci di Nascita” has become a key actor in promoting dialogue on the importance to respect women rights even in a health crisis.

Information on the new procedures for parents and staff appeared swiftly, increasing everyone’s anxiety and stress. Homemade signs popped up on the doors of maternity wards with vague communications such as “Due to the COVID-19 emergency, it is no longer possible to allow the accompaniment of women during the whole duration of labor.” In late March, a worried mother-to-be saw such an announcement during a prenatal visit at the hospital and sent a picture of it to Voci di Nascita to share her disorientation. Although other city hospitals had not employed the same restrictive measure (yet), the general feeling was that things could only worsen, and there was talk of the possibility of separating mother from child after the birth. Luckily, that did not happen.

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Eventually, on April 7, all three city hospitals adjusted to the strictest rule: the birth partner was not allowed during labor and was only to be admitted at the expulsion stage of birth. This left no choice to parents who, until then, could weigh their hospital options and decide to give birth where the partner or person of choice was still allowed to be with the mother and support her during labor as well.

The association decided it was necessary to demand that parents' and birth professionals' voices be taken into consideration, despite—and, in virtue of—the current emergency. A few midwives had already shared their concerns and expressed their feelings of being impotent, voiceless, and stuck in a violent defensive mechanism with no clear direction. On April 17, Daniela Canzini signed and sent out a letter to the authorities in charge of local health and hospital services, social politics (in the fields of welfare, infant rights, and birth), and to the president of the Emilia-Romagna Region.

The letter was successful in opening a dialogue and receiving formal feedback. Daniela was invited to be duly informed on the situation with the local health authorities. The most restrictive measures were corrected: starting from April 27, partners could be present from the beginning of active labor up until after the birth.

Of course, the campaign's immediate impact should also be read in light of the progressive decrease in the COVID-19 emergency and the consolidation of the scientific evidence. However, the social campaign did mark a turning point and created an important precedent. Moreover, the letter hinted at several structural issues that characterize the local culture of maternity care and birth, which the experience of COVID-19 unveiled.

Daniela Canzini, founder and President of Voci di Nascita jointly with Brenda Benaglia, anthropologist of University of Bologna have published an article with suggestive title “They Would Have Stopped Births, if They Only Could have”: Short-and Long-Term Impacts of the COVID-19 Pandemic—a Case Study From Bologna, Italy.<sup>3</sup>

## CONCLUSIONS

The cases presented have shown how in Italy the Covid 19 pandemic has generated restrictions on childbearing women human rights even if WHO did recommend to give women a respectful care since the early beginning of pandemic and even if there was not, and still there is not, any scientific evidence supporting separation of mothers from newborns, discouraging breastfeeding and deny women to have a companion of choice or any other support useful for a positive experience of childbirth.

The Observatory on Obstetric Violence in Italy, as a civil society initiative, has given a frame, through the position statement, for a respectful mother and baby care in a time in which Italian Government and Health Institutions were confused and overwhelmed by the spread of pandemic.

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3 Frontiers | “They Would Have Stopped Births, if They Only Could have”: Short-and Long-Term Impacts of the COVID-19 Pandemic—a Case Study From Bologna, Italy | Sociology (frontiersin.org)



The Mothers Association at local level played a key role in supporting women, in urging the Institution to the respect of women fundamental human rights and in producing scientific articles and publications.

We as childbearing women Human Rights Defenders try to support every single women or Association or group that come in touch with us at the best of our possibility, we try to sensibelize the Institutions on respect of women human rights during pregnancy and facility based childbirth. We are available to cooperate and to give any useful information or documentation.

Most respectful greetings.

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