**Mistreatment and violence against women during reproductive health care with a focus on childbirth**

**Poland**

Fundacja Rodzić po Ludzku (en. Childbirth with Dignity Foundation), founded 23 years ago, monitors the respect of human rights in perinatal care. It brings up to the public space the experiences and voices of women, informs the public about violations of these rights and stands up to improve the situation so that pregnancy and childbirth is a good experience for every woman. Up until recently, there were no national standards that defined the scope and quality of medical care for women giving birth. This caused enormous inconsistencies in how women were treated across the country. Their needs were frequently ignored and their rights as patients violated.

After long years of condemning wrong practices, informing the public of cases of women’s rights violations and constantly pressuring people in power *The* *Act of Polish Minister of Public Health about medical standards for complication-free pregnancy, complication-free childbirth, postpartum and postnatal care (Rozporządzenie Ministra Zdrowia dotyczące standardów medycznych dla fizjologicznej ciąży, fizjologicznego porodu, połogu i opieki nad noworodkiem) -*the Perinatal and Postnatal Care Standards were introduced. This document was supposed to not only standardize the medical procedures across the country, but also increase childbirth satisfaction among women.

The Perinatal and Postnatal Care Standardsis one of the most progressive regulations of its kind in the European Union. The document is based on WHO recommendations and includes the newest research findings, guaranteeing access to the same quality of services to all women as part of their public health insurance and recognizes the patient’s rights as an important component of medical care. According to the act, a woman has a right to (among others); prenatal education, the community midwife visits, use of non-pharmacological methods of childbirth pain management, clear liquids drinking during the delivery, choosing the most convenient position to push, and skin to skin contact after the birth. Moreover, the care of a pregnant woman, a woman in labour and a newborn child can be provided by a midwife with proper training as required by law.

Even though the Perinatal and Postnatal Care Standardsis a medical standard with normative character and it is a part of the general law, it is not treated this way by most obstetricfacilities. From monitoring conducted in last years, it is clear that most hospitals do not even make any attempts to implement them. Public health institutions such as the Ministry of Health or NFZ (Narodowy Fundusz Zdrowia, the National Health Fund) did not create any systems to enforce the introduction of the Perinatal and Postnatal Care Standards to the public health care facilities.

The perinatal health care in last 25 years did improve significantly. At the beginning of the *“Rodzić po ludzku”* action in 1993, it was not apparent exactly how much violence and abuse women experience in hospitals. Several (sometimes cruel) practices, such as episiotomy or separating a mother and baby from their relatives during the birth and after, were routinely practiced. That caused childbirth to be one of the most traumatic experiences for women and left a significant trace in their body and psyche, frequently influencing their further reproductive plans.

By bringing the results of *“Rodzić po ludzku”* action to the public attention, and through the commitment of the Foundation and many other activists, visible changes happened. Freedom of movement during labour, giving birth in a single room with a companion of choice, keeping mother and baby together, and allowing relatives to visit in the hospital after the birth, is becoming more and more common. Many of these practices are standard - nowadays no one considers giving birth with an accompanying person as a threat to the safety of the birth. Women’s expectations for the quality of care changed significantly. Nowadays woman expect epidural anesthesia to be available on their request, to be able to deliver in a vertical position, and professional help with breastfeeding. Women expect to be able to decide about the newborn’s first bath, medical treatments, and vaccinations.

Even though many positive changes have been observed, from the messages that were sent to the Foundation and comments left on the website [www.gdzierodzic.info](http://www.gdzierodzic.info), it is clear that many women experience mistreatment, negligence and offensive behaviours from medical personnel. This shows that even though the Perinatal and Postnatal Care Standardshave been present for years, the violation of basic rights and the limiting of freedoms still happen.

The Perinatal and Postnatal Care Standards, in power since 2012, is a very important document, thanks to which organization of perinatal care in Poland is a good example for a lot of other European countries, especially in middle-eastern Europe, which have a paternalistic and highly medicalized perinatal care. Not using the qualifications that modern midwives possess, the costs of perinatal care are increased. Not respecting basic rights - right to be informed, the right to decide, and to be respected - is influencing women’s experience, very frequently also their decision about the next child.

Analyzing reports from controls and monitoring, we see that the Standards are introduced slowly. Each year, a small improvement is visible. The situation certainly not improved, though, by Public Health Minister Konstanty Radziwiłł’s attempt to make the Perinatal and Postnatal Care Standards only a suggestion and not law (2016). It is not understandable that in a democratic country, this act is ignored by the medical care units’ directors. That is why we as a foundation urge the people in power to take action and control the realization of the women rights during perinatal care, and to implement consequences for not obeying the law.

Surveying the experiences of women that gave birth in 2017 and 2018 performed on a big sample (8378 reviews) showed that even though the Perinatal and Postnatal Care Standards are in power since 2012, the women rights in the hospitals and maternity wards are not respected. This act of law is a regulatory act for perinatal care in Poland, which means that it should be obeyed for healthy pregnancy and healthy birth in every medical facility in Poland - public as well private. We are aware of the fact that the change of habits and routine requires some time. The Perinatal and Postnatal Care Standards introduce a lot of modern procedures, medical personnel education is needed so that the employees of medical care units can gain the needed competencies and skills. It is worth noting, though, that since this “new” law was introduced, 6 years went by. In our opinion it is a long enough time to introduce all the procedures.

It is important to say that women in many hospitals cannot take advantage of their rights that are guaranteed by law. There is still limited mobility during the birth - some women can’t move around, they have to lie on their back and they cannot choose the most convenient position for the childbirth. The birth while lying on the back is a very frequent occurrence. In comparison to the results of the action “Rodzić po ludzku” run in 2006, fewer women were able to decide by themselves about the position during the second stage of birth and more had the position imposed by the personnel. This deserves strong criticism.

One of the most important goals of introducing the Perinatal and Postnatal Care Standards is the decrease of the medicalization of complication-free birth. Unfortunately, even though the law is in power, the of medicalization of a complication-free birth is still very high in Poland. Probably it is a consequence of the fact that the Perinatal and Postnatal Care Standards aren’t entirely introduced in the hospitals yet, and the women’s needs to decrease medicalization of their births are frequently ignored.

In many post-delivery rooms and maternity wards, harmful procedures and old routines are still present - such as routine PVC insertion, birth induction, speeding up the birth using IV with oxytocin, episiotomy, limiting the mobility, interrupting skin to skin contact in order to weigh and measure a baby, and feeding with formula.

Even though a lot of positive changes occurred in perinatal care in the last 20 years, women still experience the violating basic patient’s rights and human rights. The changes introduced do not fit to changing reality - women’s expectations in an area of being treated as a person are increasing. In a modern world some actions are not acceptable. Women expect a relationship that is closer to a partnership between a doctor and a patient. The paternal relationship is a relic of the past.

Part of the care provided by medical personnel is based on coercion. Reviewees felt like they were forced to feed a baby with a formula milk or breastfeed, vaccinate a baby, to deliver vaginally. The fact that women in Poland experience physical abuse during the stay in the hospital deserves strong criticism - in delivery rooms, there are still situations such as pulling woman’s legs apart forcefully, tying women’s legs to the delivery bed, painful vaginal examination without woman’s consent, vaginal massage, or performing of Kristeller’s maneuver.

In many places, women do not have access to a dignified delivery as guaranteed by law - they cannot decide about their position, the way of managing the pain, they cannot decide about medical treatments and actions that directly concern them - for example episiotomy. These situations influence the psychological condition of a woman as well as her further reproductive decisions.

No woman should experience a breaking of the law in the hospital or abuse of power, especially in situations in which she expects the support and help from medical personnel. Even though most women positively rank the personnel’s conduct, attitude and communication, providing them with necessary information, showing respect, and respecting the woman’s privacy and intimacy, we can see from data analysis that 54.3% of women experienced abuse related to personnel’s conduct or not fulfilling all the procedures. 15.5% of reviewees said that during their stay in the hospital at least one of their patient rights was not obeyed and 23.6% of women could not say if any of their rights were or were not followed. Only 3% filed a complaint about the case when their right wasn’t obeyed. It could be a consequence of women not knowing about existing law and worldwide Perinatal and Postnatal Care Standards. The reason could be in the outdated knowledge about the childbirth that is passed down to women giving birth by their mothers or grandmothers who gave birth decades ago, when patient rights and Perinatal and Postnatal Care Standards weren’t commonplace. Some women can therefore believe that compared to what they heard from stories, the perinatal care that they received was very good.

## **Violence and abuse in perinatal care in the light of women’s experiences (2017-2018)**

*Table. Situation classified in the literature as mistreatment that appeared in experiences of reviewed women. The categories and kinds of mistreatment proposed by Bohren (Bohren et al., 2015) and how often this kind of situations occurred in experiences of reviewed women.*

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| Abuse category | Types of abuse | Example |
| Physical abuse | Using a force, for example putting the pressure at the fundus of uterus,  Physical coercion | Personnel:   * Forcefully pulling apart legs during pushing (3%) * Performing fundal pressure during the birth - 15.5% - among these people 90% indicated that it happened during the second stage of delivery, most often their abdomens were pushed with a palm (57.6%), elbow (39%) and in 18.2% of cases someone was pushing with their whole body * Tied legs to delivery bed - 0.8% * Shoved - 0.5% |
| Verbal abuse | Humiliation by shouting or criticism,  Blackmailing,  Blaming | Personnel:   * Saying improper comments -24% * Treated a patient with a condescension - 20% * Did not answer/disregarded/ignored questions - 17.1% * Raised their voice/shouted/ was snippy - 15.6% * Criticized/insulted - 11.8% * Was laughing at the woman - 10.1% * Insulting the woman - 7.0% * Blackmailed with the women’s or baby’s health - 4.9% * Threatened - 1.4% |
| Discrimination and stigmatizing | Discrimination based on social factors,  Discrimination based on socioeconomic factors | 8.8% of reviewees declared that they felt like they were treated worse than other patients;  The reasons for discrimination in reviewees opinion (a fraction of respondents that felt like they were treated worse) were:   * Directing a request to the personnel - 45% * Age - 25% * Health condition - 18% * Body weight - 14% * Economic status - 7% * Preparation for delivery - 6% * Religion - 1% * Other - 45% including: the lack of patient’s doctor leading the pregnancy in the hospital, C-section, lack of acquaintances among hospitals personnel, a lot of additional questions, the way of breastfeeding, lack of experience, appearance, possession of a birth plan, being a single mother, crying baby, depression, lowered mood, delivery at night/during public holiday |
| Treatments that patient did not agree for | Lack of a conscious consent of a woman for medical tests and other actions | A big part of reviewees declared that the personnel did not ask them for consent for medical tests and other actions. Below, there is a fraction of people who said that the consent wasn’t given for:   * Enema - 4.3% * Baby’s vaccinations - 12.4% * Perineal shaving - 17.4% * Baby’s examination - 27.3% * Induction of the birth - 27.1% * IV with oxytocin - 29.1% * Episiotomy - 30% * Internal examination - 32.9% * Giving medication - 36.6% * Insertion of a PCV - 40.9% * Feeding the baby with formula milk - 43.2% * Medical students’ presence during the delivery - 46.1% * Baby’s bath - 48.1% |
| Medical care obeying the right to secrecy/confidentiality | No intimacy | Personnel at the hospital check-in and in the delivery room did not take care of privacy and intimacy (“rather no” and “definitely no”) - 8%  Personnel during a C-section did not take care of privacy and intimacy (“rather no” and “definitely no”) - 6%  Maternity ward personnel did not take care of privacy and intimacy (“rather no” and “definitely no”) - 7%  19.3% of respondents said that some actions were performed without taking care of privacy and intimacy. |
| No access to professional help | Procedures and examinations  Omissions | 31% of reviewees responded that an action was not performed delicately, including:   * Internal examination - 67.7% * Suturing perineum - 25.8% * Help with breastfeeding latch - 20% * Inserting urinary catheter - 12.9%   14.6% of respondents remembers that the vaginal examination performed while checking into the hospital was exceptionally painful;  18.7% of respondents declared that the procedure of inserting a catheter caused some pain;  13% of reviewees said that they wanted to get an epidural but there was not such a possibility in the hospital;  29% did not get a necessary support with breastfeeding;  12% did not get support with milk overproduction and sore nipples;  32.6% did not have an opportunity to talk to a lactation consultant in the hospital;  17% of women did not receive necessary support with mood lowering. |
| Improper relationship between medical personnel and a patient | Not effective communication,  Lack of supportive care,  Loss of autonomy,  Detention in health care units | Hospital check-in personnel:  Showed respect - “rather no” and “definitely no” - 6%  Communicated in a polite and cultural way - “rather no” and “definitely no” - 5%  Provided all the necessary information - “rather no” and “definitely no” - 12%  Gave information in an understandable way - “rather no” and “definitely no” - 6%  Delivery room personnel:  Showed respect - “rather no” and “definitely no” - 5%  Took care of privacy and intimacy - “rather no” and “definitely no” - 8%  Communicated in a polite and cultural way - “rather no” and “definitely no” - 4%  Provided all the necessary information - “rather no” and “definitely no” - 11%  Gave information in an understandable way - “rather no” and “definitely no” - 6%  Personnel during a C-section:  Showed respect - “rather no” and “definitely no” - 5%  Took care of privacy and intimacy - “rather no” and “definitely no” - 6%  Communicated in a polite and cultural way - “rather no” and “definitely no” - 4%  Provided all the necessary information - “rather no” and “definitely no” - 9%  Gave information in an understandable way - “rather no” and “definitely no” - 5%  Maternity ward personnel:  Showed respect - “rather no” and “definitely no” - 4%  Took care of privacy and intimacy - “rather no” and “definitely no” - 4%  Communicated in a polite and cultural way - “rather no” and “definitely no” - 7%  Provided all the necessary information - “rather no” and “definitely no” - 11%  Gave information in an understandable way - “rather no” and “definitely no” - 6% |

If we classify personnel's performance such as: blackmailing, laughing at the patient, threatening, screaming, offending, saying improper in women’s opinions comments, poking, forcefully pulling legs apart during pushing, tying legs to delivery bed as verbal and physical violence, then 16.9% of reviewees experienced during their delivery or after the birth one (or more) forms of violence.

From the respondents’ answers, we conclude that 54.3% of reviewees experienced violence or abuse related to personnel performance or not respecting all of the standards. This is a fraction of women who indicated that during the birth there was one or more situation described above and classified as verbal or physical abuse or one of the following: students’ presence without consent, personnel did not take care of privacy and intimacy, patient said that in the hospital there was a patient right that wasn’t respected, personnel did not answer questions, did not use understandable language, talked to a patient disrespectfully, reviewee had a feeling that the personnel is treating her in a worse way or forces her to do something.