

**Resolution 33/18**  
**„Preventable maternal mortality and morbidity and human rights“**

**REPUBLIC OF CROATIA**

**Information for a report on good practices and challenges in the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity, including through the utilization of the technical guidance**

I. Compulsory health insurance

**Compulsory health insurance**, implemented in the Republic of Croatia by the Croatian Health Insurance Fund (hereinafter: the Fund), provides all insured persons with the rights from compulsory health insurance that include the right to health care and the right to monetary benefits.

The right to health care covers the right to:

1. Primary health care
2. Specialist health care
3. Hospital health care
4. right to use medication determined by the list of basic and supplementary medicine by the Fund
5. Dental aids
6. Orthopedic and other aids
7. Health care in other EU member states and third countries

In addition, every insured person covered by the compulsory health insurance in the Republic of Croatia has the right to required health care taking into consideration the specific health condition of the person and medical indications.

In this respect, all pregnant women and women after childbirth that have a status in the compulsory health insurance of the Republic of Croatia are entitled to all the rights to health care at the expense of the compulsory health insurance fund as required by their health condition, during pregnancy and in the event of potential pregnancy and childbirth related complications and diseases. The above said is exercised on all levels of health care.

Furthermore, the Fund fully covers the expenses of healthcare services, inter alia, for preventive health protection of women, health protection of women in relation to monitoring the pregnancy and childbirth, as well as health protection in relation to artificial reproduction, without the obligation of the insured person to participate in the costs of health protection.

On the other side, the persons that do not have a status in the compulsory health insurance are not entitled to the right to use health care at the expense of the compulsory health insurance.

Furthermore, the right to monetary benefits from compulsory health insurance generally covers the following:

1. The right to salary compensation for temporary incapacity, or inability to work due to the use of health care or other circumstances

2. financial compensation due to inability to work on the basis of which are realized other types of income determined by other revenues, according to the provisions on compulsory insurance

3. reimbursement of travel expenses in connection with the use of health care through the compulsory health insurance

4. Reimbursement of accommodation expenses for one of the parents or a person who cares for the child during child's hospital treatment.

In this respect, pregnant women - beneficiaries of the compulsory health insurance, who are employed, i.e. Self-employed, depending on the existence of medical indications (as determined by their selected gynaecologist at the level of primary healthcare), inter alia, have the right to compensation of salary during temporary inability to work due to pregnancy and childbirth complications.

The compensation of salary amounts to 100% of the base for compensation of salary (the base for calculation is the average salary paid to the beneficiary in the last six months prior to the month in which the case has happened that gave rise to the right to salary compensation), where the highest amount of such determined compensation of salary being paid at the expense of the Fund cannot exceed the budget base increased by 28%, i.e. HRK 4,257.28 for full-time work.

**The system of maternity and parental supports** includes leaves and financial supports, i.e. rights being granted in order to protect the motherhood, to care for newborn child and to raise a child, as well as to balance the family and business life. Potential beneficiaries of this right are classified into three separate categories of beneficiaries:

1. Employed parents (persons in employment relationship, but also persons elected or appointed to permanent duty in government bodies or bodies of local and regional self-government units, members of the management of a company, persons who have concluded a vocational training contract without establishing an employment relationships, care-giving parents, and persons providing care and assistance to the Croatian War Military Invalids from the Homeland War) and self-employed parents (persons engaged in the economic activity of craftsmen and craftsmen with equal activities, self-employed persons engaged in professional activity as freelancers and agricultural workers who are income or profit tax payers and religious community officials).

Employed and self-employed beneficiaries may use the maternity and parental leave, which may be used as the right to work part-time, the right to work part-time in order to provide the child with more care, right to leave or work part-time to care for a child with severe disabilities in development.

In this respect, maternity leave starts no sooner than 45 and no later than 28 days prior to the expected delivery term and lasts until the child is 6 months old.

The compensation of salary amounts to 100% of the basis for compensation, without limitations.

Parental leave is a personal right of both parents which they use until the child reaches the age of 8. The duration of parental leave depends on the number of beneficiary's children, and thus for the first and second child the parental leave lasts for 8 months (if used by both parents), i.e. 6 months (if used by only one of them), whereas for twins, third and every following child the parental leave lasts 30 months.

The compensation of salary amounts to 100% of basis for compensation, but it is limited to 120% of budget base for the first 6, i.e. 8 months and to 70% of the budget base for the remaining duration of parental leave.

2. Unemployed parents (who, according to the employment regulations have a recognized status of unemployed person, agricultural workers who are not income tax or profit tax payers and persons making other incomes for which compulsory insurance contributions have been paid)

Unemployed beneficiaries are entitled to the right to maternity and parental exemption from work.

Maternity exemption from work is used from child's birth until the child is 6 months old, while parental exemption from work is used after the expiry of maternity exemption from work until the child is one year old (for 1st and 2nd child), i.e. until the child is three years old (for twins, third and every following child).

The financial compensation during maternity and parental exemption from work amounts to 70% of the budget base.

3. Parents outside the labour system (pension beneficiaries, beneficiaries of professional rehabilitation rights or disability pension beneficiaries due to professional inability to work under the pension insurance regulations of the Republic of Croatia or a person who, according to the regulations of social welfare, is not considered to be able to work or according to other regulations is considered to be a dependent person or is attending regular education or a university or professional study or a beneficiary who does not have the conditions for the achievement of the status of all the aforementioned beneficiaries and has a recognized status of a health insured person from compulsory health insurance).

The beneficiaries outside the labour system have right to maternity and parental care of the new-born child.

Maternity leave for caring for a child is used from child's birth until the child is 6 months old, while parental leave for caring for a child is used after the expiry of maternity leave for caring for a child until the child is one year old (for 1st and 2nd child), i.e. until the child is three years old (for twins, third and every following child).

The financial compensation during maternity and parental care for a new-born child amounts to 70% of the budget base.

All categories of beneficiaries are entitled to one-off financial support for a newborn baby.

## II. Public health policy aims for strengthening health system and reducing maternal mortality and morbidity

Improvement of newborn and child health and safety motherhood have been important objectives of Croatian public health and population programs. Including the areas of reproductive, maternal and child health in our national health strategy with ensuring universal health coverage and access to comprehensive, high-quality health services for all mothers and infants is a means of achieving better health outcomes.

Our basic health aims directed at improving maternal and child health are:

1. establishing a regional organisation for perinatal care with which the mother and child care will be divided into three levels (from delivery of care to a healthy pregnant, respectively childbearing woman and child, to the care of risk pregnancies according to the level of hazard)
2. adequate monitoring and evaluation of care at every level
3. intersectoral collaboration in defining the regulations promoting rights to the protection of maternal and child health
4. collaborating with NGOs on further advancement and humanisation of care.

### Access to health services for safety motherhood

#### **Prenatal care:**

The **Women's Health Service in Primary Health Care Service (PHCS)** carefully monitors the obstetric care of pregnant and childbearing women. Gynaecologists (obstetricians) on primary health care are involved in antenatal care of health and low risk pregnant women (optimal standard - 10 antenatal visits). Also, they provide family planning and treatment of common gynecological pathologies. In the case of some serious pathologic conditions they refer pregnant woman to outpatient or inpatient treatment in clinic. The low proportion (1.3%) of pregnant women without adequate antenatal care and ultrasound examinations represents the indicators of prenatal care availability quality in Croatia.

The responsibilities of gynaecologists includes: complex examinations, including obstetric examination of pregnant women; provision of essential laboratory tests and instrumental examinations; indication of iron and folic acid supplementation; emergency care; education of pregnant women on best nutrition practices and danger signs during pregnancy, breastfeeding, healthy newborn care, family planning etc; confidential, voluntary counseling and testing for HIV/AIDS.

The task of community nurse is the identification of pregnant women in the social risk group, counseling, preparing pregnant women and their families for childbirth, introducing them with some legal rights (maternity leave, some benefitials) connecting with motherhood.

Gynaecologists in PHCS have contracts with Croatian Health Insurance Fund, and provide prenatal care for insurant women. Also, there is a possibility for monitoring and controlling pregnancy in private sector, with out-of-pocket payment.

**Hospital delivery of care** is responsibility of the gynecologist/obstetrician, who takes care for the admitted women asking for such care. In maternities, obstetricians offer comprehensive obstetrical care, depending on level of care. In most facilities deliveries are attended by obstetricians and they are responsible for outcomes, midwives assist obstetricians during intrapartum care. The midwives take care for the pregnant women and those in process of delivery, postpartum and shortly after the discharge.

The high risk pregnancies are transferred "in utero" to the tertiary level hospital, by regional distribution.

**Postnatal care:**

The mothers and their babies are in maternities under supervision of obstetricians, neonatologists and midwives the first 3-5 days after delivery than they are referred to the gynecologist, pediatrician and visiting nurse in PHCS.”

**Improving monitoring and evaluation****Evidence of maternal deaths**

For the purpose of the maternal death coding we use ICD-10 Revision from the year 1995 and stick to the rules and definitions in ICD-10, Volume 2. ICD-10 in Volume 2 says in 5.8.1. definitions: „A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.” And in 5.8.2 „International reporting” in the same volume, the next: “For the purpose of the international reporting of maternal mortality, only those maternal deaths occurring before the end of the 42-day reference period should be included in the calculation of the various ratios and rates, although the recording of later deaths is useful for national analytical purposes.”

According to the basic health indicators of safe motherhood and child health (maternal and perinatal mortality, infant mortality, under-five mortality), Croatia is among the countries with well-developed healthcare. Trends in maternal mortality in Croatia show a decline according to mortality data from Croatian Central Bureau of Statistics (vital statistics data). These data are in accordance with the WHO estimates of maternal mortality in the 1990-2015 period. The indirect obstetric deaths due to maternal chronic diseases, malignant diseases and other causes unrelated to pregnancy, labor or puerperium caused about 35% of all maternal deaths in the period 2000-2016. In 2015 one woman died due to pregnancy, delivery or puerperial complications, maternal mortality rate (MMR) was 2.7/100,000 livebirths (LB). Also, there was one maternal death, with the same MMR in the year 2016.

From the year 2001, the **perinatal health audit** in Croatia has been improved after introducing recommended reporting criteria by WHO and Euro-PERISTAT which enable comparison in maternal and perinatal outcome with other countries. Croatian Society of Perinatal Medicine (CSPM) and Croatian Institute of Public Health (CIPH) introduced perinatal monitoring according to reports from maternities and developed new medical birth and perinatal death certificates, implementing their usage in the national routine health statistics system which covers more than 99% births.

### III. Cooperation between UNICEF and the Ministry of Health, 15. 12. 2017.

The achievements in the promotion of breastfeeding in maternity hospitals so far are the result of joint efforts of UNICEF and the Ministry of Health.

The program Maternity hospital-friend of children was initiated by the WHO in 1991 in cooperation with UNICEF to save, promote and support breastfeeding. The goal of the initiative was to support breastfeeding in maternity hospitals through “Ten Steps to Successful Breastfeeding”. The Republic of Croatia has joint the implementation of the program in 1993, during the Croatian War of Independence and in 1998 44% of maternity hospitals were Maternity hospital-friend of children. After the discontinuance of the program implementation in 1998 due to the Happy baby packages in the maternity hospitals, the program was continued in 2007 with the letter of the minister of health to hospitals concerning the disagreement in the distribution of packages to maternity hospitals, since it was not in line with the International Code of Marketing of Breastmilk Substitutes.

Today, all public maternity hospitals in the Republic of Croatia, 31 of them, have met the requirements and acquired the name Maternity hospital-friend of children. In these maternity hospitals 99.2% of newborns are born. A new challenge is the sustainability of the program, as well as the development of an additional program Maternity hospital-friend of mothers and children and promotion of breastfeeding in the intensive care units for premature babies. The values adopted by Croatian maternity hospitals through the implementation of “Ten Steps to Successful Breastfeeding” must be continuously implemented because only such implementation guarantees for the sustainability of good results. One should emphasize the total increase in the number of breastfed children, the humanization of accommodation for the mother and the child since the beginning of life through the creation of conditions for rooming-in, allow mothers and infants to remain together, 24 hours a day.

Over the upcoming period, it is necessary for all maternity hospitals to maintain the standard in breastfeeding promotion, and thus it was proposed for the program “Maternity hospital - friend of children” to become a part of the quality standard for hospitals, with the consent of UNICEF to use the existing questionnaires and the assessment methodology for the maternity hospital quality assessment. The final goal is to include the criteria of the “Maternity hospital - friend of children” program into the maternity hospital quality standards and to conduct a reassessment procedure by the Agency for Quality and Accreditation in Health Care and Social Services. The designing of the accreditation standards on the basis of 10 steps to successful breastfeeding is in progress.

The National Assessment Team with the Ministry of Health for the program “Maternity hospital - friend of children” has been appointed. The assignment of this team is to carry out a reassessment of the maternity hospitals in the program “Maternity hospital - friend of children” and to carry out an assessment/reassessment of the counselling centres for children - friend of breastfeeding in paediatric offices and family medicine offices that care for the children below the age of 7, according to the existing criteria until they are audited, the designing of which is in progress. The proposed members are experienced evaluators who participated in the assessment of the program in the past. So far, the process of assessment and reassessment of maternity hospitals in the Program was implemented by UNICEF Croatia office, however, from 2018 the Program assessment process would be taken over by the Ministry of Health.

The program “Maternity hospital - friend of children” also includes a program for the promotion of breastfeeding in intensive care units that care for premature and ill babies, where this program has been implemented in 12 institutions. An International study on the implementation of the initiative “Maternity hospital - friend of children” has been carried out for the neonatal intensive care units in the Republic of Croatia, which included the following

institutions: maternity hospitals with intensive care units - CHC Zagreb, Petrova, CH Sveti Duh, CHC Rijeka, CHC Split, CHC Osijek, CHC Sestre milosrdnice, CH Merkur, GH Varaždin, GH Slavonski Brod, GH Pula, GH Zadar and intensive care units outside the maternity hospital - CHC Zagreb, Kišpatićeva and Pediatric clinic Zagreb. The goal of the study was to examine the current practices in the implementation of the initiative “Maternity hospital - friend of children” for the neonatology wards through the use of self-assessment questionnaires.

UNICEF Croatia office has participated in the printing of the brochure dedicated to International Prematurity Awareness Day which was distributed in maternity hospitals. The goal was to raise awareness about the needs and health risks in premature children and raise awareness about the necessity to provide support to families with premature babies.

The continuation of the pilot project “Maternity hospital - friend of mothers” is in progress and includes 4 institutions: CHC Rijeka, CH Sveti Duh, CH Merkur and GH Zabok and the Croatian War Veterans hospital. A Guide for the implementation of the program “Maternity hospital - friend of mothers and children” has been drafted, together with the self-assessment questionnaire and evaluation questionnaire. The contents of the questionnaire and assessment methodology were presented at the meeting of the assessment teams. The education of healthcare staff has been organized at maternity hospitals that participate in the pilot program concerning the topic of FIGO guidelines. An external assessment is currently being carried out in four hospitals within a pilot program, together with the assessment of maternity hospitals according to the validated questionnaire.

A Working group of the Ministry of Health works on the drafting of project documents for the first human milk bank at CHC Zagreb, Petrova. The existing infrastructure has to be refurbished (roof, sewage and plumbing installations, interior decoration of space with possible adjustments) and a professional assessment of costs of the total reconstruction of the premises has to be done. The reconstruction has to be done in accordance with the requirements and standards of the human milk bank. The human milk bank shall meet the same standards as cell and tissue banks. UNICEF’s office is willing to provide financial support for technical preparations for the First human milk bank and for the required education of future staff, while the refurbishing of the premises would be financed from the state budget and other sources.

The future cooperation with UNICEF is expected in the continuation of implementation of the said programs and projects, and it is also prominent in the Program for protection and promotion of breastfeeding 2017-2020, which is currently being prepared for e-counselling.

#### IV. Roda - Parents in Action, Croatia's largest parents' advocacy group

Roda - Parents in Action, Croatia's largest parents' advocacy group, has been advocating and working towards changes that consider maternity care through a human rights lens since 2001. This has included many activities including presentations on violence in maternity wards (presented at Croatian Parliament in 2013) and a #BreakTheSilence campaign in 2015 that raised heated public discussions on human rights breeches in Croatian maternity units. One of the results of this campaign was the Ministry of Health reached out to stakeholders including Roda, UNICEF, maternity unit administrators and relevant professional organisations to form the Baby and Mother Friendly Hospital Working Group. Throughout 2016 this group worked on a pilot project of the same name that is in the process of testing, and has yet to be scaled or provide measurable results.

Roda has applied and continues to apply for funding opportunities to the Ministry of Health for projects that seek to help educate the public, especially women, on the importance of human rights in maternity care. The funding has been small and sporadic and as a result improvements have been very small-scale. Funded projects have included My Rights in Pregnancy and Childbirth (2013-4) where for the first time statistics for Croatian maternity units were made publically available online; Roda continued this project through other sources and currently, data for 2016 are available on <http://rodilista.roda.hr>. Another project, funded in 2015-6, Psycho-social Support for Women With Disabilities of Reproductive Age, produced the first study into the rights, needs and experiences of women with disabilities during pregnancy and childbirth. The findings from these studies were presented to numerous stakeholders, including the Ministry of Health and others. Other public funding for Roda's activities in the areas of pregnancy, birth and postpartum has mostly come from sources other than national-ministerial funding.