



Report by
HUMAN RIGHTS IN CHILDBIRTH

to the

**UNITED NATIONS HIGH COMMISSIONER
FOR HUMAN RIGHTS**

in response to UNHCHR WRGS/LOH/Res33/18

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About Human Rights in Childbirth

Human Rights in Childbirth was founded in The Hague in 2012 with the vision to protect and fulfil the full spectrum of women's rights in pregnancy and childbirth. Our organization does this by galvanizing the most important stakeholders in maternity care from the legal and medical professions, to advocacy and community groups to make human rights a reality for pregnant and birthing women around the world. By local or regional partner invitation, we share information and connect the international with the regional and local, but always by putting women and their lived, personal experiences at the centre of this discourse.

HRiC's legal advocacy ranges from convening multi-stakeholder conferences, building multi-stakeholder support networks and legal expertise, reporting on mistreatment of women in pregnancy and childbirth and strategic intervention in legal cases and parliamentary inquiries, to education and awareness of human and legal rights in childbirth.

What steps has your Government or organization taken to utilize a human-rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? How has the technical guidance assisted your Government or organization in designing, implementing, revising and/or evaluating such policies and programmes?

We have convened multi-stakeholder meetings to discuss pressing issues in maternity care, including barriers to accessing life-saving care and the quality of care in birth facilities. Our regional expertise and network is broad after hosting conference events over the last 5 years in India, South Africa, Western and Eastern Europe and North America.

Human Rights in Childbirth has also provided assistance to groups preparing shadow reports and letters of support to the CEDAW, the Council of Europe's Commissioner for Human Rights, the European Court of Human Rights and other courts; board members have provided critical legal and medical expertise to support individual court cases where women and families are seeking accountability for rights violations in childbirth.

What challenges does your Government or organization face in implementing a human rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.

One of the biggest challenges to a human rights based approach to eliminate preventable maternal mortality and morbidity has been the near-exclusive focus on emergency obstetric care (EMOC). While emergency obstetric care is essential, the narrow focus on access to life-saving technology has, in part, led to the marginalization of the profession of midwifery and to excessive obstetric interventions for wealthy, healthy women at the cost of poorer access for at-risk women who need obstetric care the most. The Lancet Midwifery Series published in 2014 demonstrated evidence that 80% of life-saving care can be provided by midwives, and a wealth of evidence demonstrates that midwives excel at providing relationship-based, respectful care. An excessive focus on birth as a medical event during which the most important metric is survival of the mother and baby has led to women feeling mistreated and are not cared for with kindness and respect.

At Human Rights in Childbirth we have seen in all the areas where we work that maternity care systems are not striving for this 80/20 balance of midwifery care and EMOC, and evidence has demonstrated that disrespect and abuse in childbirth are occurring in all countries.

Because the systems are out of balance, women's human rights become very difficult to protect and fulfil. Some of the issues Human Rights in Childbirth has dealt with include:

1. Governments restricting women's right to high-quality care and informed choice in her maternity care by:
 - a. Not investigating and/or implementing programs to stop human rights violations in maternity care, as discussed by the [Council of Europe's Commissioner for Human Rights in 2016](#)
 - b. Not ensuring adequate standards of care and respect for women's rights, dignity and autonomy during childbirth, especially when conditions and services unduly curtail women's reproductive health choices ([COE Commissioner for Human Rights, CEDAW periodic reports for Croatia, the Czech Republic and Slovakia](#))
 - c. Restricting access to midwifery care by not licensing enough midwives to meet demand or population requirements
 - d. Restricting choice in type of care during pregnancy and birth and in choice of setting for childbirth (home, hospital, birth centre), even though in 2010 the European Court of Human Rights made it clear that "[private life](#)" includes a woman's right to choose [the circumstances of childbirth](#)
 - e. Overuse of potentially harmful and harmful practices such as non-medically necessary caesarean section, the Kristeller Manoeuvre or fundal pressure, episiotomy (genital cutting during childbirth)
 - f. Restricting access to evidence-based practices such as vaginal birth after caesarean, vaginal birth for babies in breech position and twins

2. Governments restricting midwives from practicing, either by actively implementing barriers or passively refusing to act to remove barriers such as:
 - a. Refusing to implement a regulatory and legislative framework for the profession that would allow midwives to work autonomously within and outside of hospitals and open their own practices
 - b. Restricting education for midwives in various ways; not opening enough training programs for midwives or not eliminating programs at lower levels, not opening programs for higher levels of education (further elaborated in a [paper by Mivšek, P. et. al.](#) (2016))
 - c. Over-regulating the profession with requirements that are not based on scientific evidence
 - d. Not implementing professional supervision systems
 - e. Maintaining systems of professional indemnity insurance whose costs are so high that midwives cannot afford to practice
 - f. Placing undue barriers on midwives providing care to women who want to give birth out of hospital (at home or in a birth centre)
 - g. In the case of an adverse outcome, immediately involving police and criminal courts instead of first providing midwives the right to be investigated by their peers; that is, a professional hearing by experts from **their own profession** (recently reiterated by a [joint letter](#) from the International Federation of Obstetricians and Gynaecologists and the International Confederation of Midwives)

Most recently, Human Rights in Childbirth has written a letter of support for obstetrician and midwife Agnes Gereb, who is facing a prison sentence after criminal charges were brought against her for an adverse event at a home birth in Hungary.

With evidence indicating that a majority of maternal deaths occur in fragile and humanitarian settings and that pregnant women may have increased medical risks in crises settings, how does your Government or organization work to apply a human rights based approach to reducing maternal mortality and morbidity in these contexts? Please elaborate on good practices and challenges in this regard.

Human Rights in Childbirth provides information and education to women in enable their capacity at a local level to negotiate and advocate for the integration of human rights in the childbirth setting. Regional meetings have served to create networks among experts and interest groups to ensure improved capacity at regional levels of framing maternal health in the human rights framework. We have carried out meetings in Europe, Africa and Southern Asia where experts who work in humanitarian settings or who are advisors to these settings have attended and accessed information and tools. Although HRiC does not directly work in fragile and humanitarian settings, as a global group we seek to influence all settings, regardless of the political situation, as we believe all women deserve safe and respectful care. Our legal support to midwives undergoing criminal procedures has not to date occurred in fragile or humanitarian settings as criminal charges are usually brought against midwives in stable countries.

Recent humanitarian crises in Europe have especially highlighted the need for respectful and evidence-based reproductive healthcare for vulnerable women; refugees living in Greece for example have had difficulties accessing good care as a result of [maternity care being very doctor-centred](#). When facing a crisis, extremely high cesarean rates in countries like Greece are especially harmful; refugee women who could easily give birth vaginally are entering a very high-intervention system that offers them only surgical birth options, but then [does not take into account their living conditions and needs in the post-operative period](#).

Midwifery care provides an excellent answer to preventing maternal mortality and morbidity. According to a 2013 Cochrane Review, maternity care that involves a midwife as the main care provider leads to several positive outcomes with no adverse effects for both mothers and their babies. The Review's authors noted that perceptions where quality of care mans being cared for by a senior clinician is simply not true and that policymakers in areas of the world where health systems do not provide midwife-led care should consider the importance of midwives in improving maternity care and how financing of midwife-led services can be reviewed to support this.

Coupling high-quality midwifery care with access to emergency obstetrical care should there be a need for it is a best, sustainable practice in fragile humanitarian settings.