

Who should we entrust birth to?

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(EMMA Hub – Woman’s Association for Birth Rights in Hungary)

In the East-Central European region in the past few years several movements have appeared to reform birthing care. These grassroots women’s communities primarily represent the needs and wants of women giving birth, voicing their experiences. They draw attention to the fact that current birthing care is not based on scientific knowledge and often neglects women’s basic human rights. They also strive to have women’s birthing rights appear in the public discourse under reproductive rights. On the 27th of March, 2017 Friedrich-Ebert-Stiftung (FES), the Emma Hub and the “Respectful maternity care!” movement organized a round-table discussion titled “Who should we entrust birth to?” which touched on the main questions put forward by the birthing movements: Is birth a political issue? How does a woman-centered maternity care look like? How can we define the responsibility of women, health professionals and actors with political power? What are the human rights aspects of childbirth? How can women make informed decisions about their childbirth? How do the competence of women and health professionals relate to each other? Is birth a feminist issue at all? In the first half of the evening speakers from the Czech Republic, Hungary, Poland and Slovakia shared experiences from their region. This was followed by a panel discussion where Hungarian experts reviewed possible changes in the Hungarian healthcare system.

Eszter Kováts, the head of FES’ “Gender equality in East-Central Europe” programme in her opening speech examined four questions: are we faced with a structural problem or individual cases; is childbirth question for medical science, what role does individual competence have; is giving birth a feminist issue or should we look at power structures in the medical profession in general; and lastly is childbirth a political question? Kováts emphasized: more and more stories from women gain publicity which highlight that the current system does not pay proper attention to neither the biological and psychological needs of women, nor their children. She argued that a feminist viewpoint should be adopted when dealing with the issue in question which will help us understand certain occurrences in healthcare. In her introduction Kováts summarized the main challenges and lessons learned from FES’ dialogue forums. She stated several times that although the conceptual arguments going on in the feminist movement are important they must not hinder the will to act. She also argued that the “conservatives vs liberals” divide is [in fact false](#) because the dichotomy of cultural values conceal the real questions and processes beneath. We must understand this in order for critical thinking alliances to form along certain causes. With its programme FES seeks to provide space for a discussion which aims at halting further polarization in

questions of gender and can show – in a language based on material experiences – that there are further tasks to be done for gender equality, also in the field of giving birth.

Mixi Garai student of midwifery at Semmelweis University representing the “Respectful maternity care!” movement in her talk discussed the human rights and feminist aspects of childbirth. Quoting American second wave feminism (“The personal is political”) she argued that birthing is clearly a political issue as it is an integral part of societal structure. To illustrate her point she presented how birthing care changed with the hospitalization of birth. The patriarchal structure of healthcare institutions changed how a fundamentally physiological event was and is treated, that was previously almost exclusively in the realm of women: midwifery as an autonomous profession ceased to exist and midwives became doctors’ assistants; one of the central elements of midwifery-based care, the autonomy of women had become impossible during pregnancy and birth; and lastly obstructing the process of birth with drugs and other medical interventions has become routine. All this has negatively affected women’s and the children’s physical and psychological well-being in both short and long term. Garai emphasized that women-centered maternity care has to be based on the central element of midwifery-based care: continuous, complex support with positive reinforcement for women so they can be an active and responsible actor in their own pregnancy and giving birth. She stressed that an honest conversation and cooperation is also needed between women involved and professionals working - or trying to work - in a women centered view in order to achieve change.

Dr. Zsolt Zákány, Head of the Department of Obstetrics and Gynaecology at Gróf Tisza István Hospital in Berettyóújfalu in his presentation spoke about the daily struggle he faces as obstetrician and as head of department in the current healthcare system. At the beginning of his talk he illustrated the Hungarian population’s current health through statistical indicators and highlighted that patient satisfaction had dropped in the past couple of years. When speaking about birth, he listed the following key problems: there is an unnecessarily high percentage of caesarean sections being performed; child poverty is more common in the Roma population which affects embryos as well; the lack of professional protocols and the dysfunction of medical organizations and lastly the complex negative effects of “gratitude money” (patients paying the doctors in hopes of better treatment). Zákány empathized that the concept of “free, high quality healthcare which is accessible to everyone” from the socialist regime is still prominent, although not achievable. The necessary changes are prevented by a lack of a healthcare policy that overreaches election cycles and the institution of ‘gratitude money’. In order to achieve the necessary changes we must also view the problems in the country as a whole and stop building “two healthcares”: a state funded one and one provided by the private sector. In the area of birthing care he spoke of introducing evidence based protocols, the need to modernize obstetrician training and the importance of communication between patients and medical professionals. And last but not least he drew attention to the need for a conceptual shift: birth, as a defining and normal physiological event in women’s life, should be returned to its rightful place: to the hands of women.

In her presentation, **Zuzana Krišková**, a human rights and birth activist, focused on the Slovak NGO Women’s Circles (Ženské kruhy), of which she is currently the leader. Founded in

2011, Women's Circles is a grassroots organization that initially focused on promoting natural birth but has grown to include human rights discourses surrounding women's childbearing experiences, presently focussing on sharing information and advocacy. In partnership with the organization Citizen, Democracy and Accountability (CDA – Občan, demokracia a zodpovednosť ODZ), the organization has developed a number of strategies including: monitoring the material available to women via hospital websites, participating in formal and informal letter campaigns, conducting interviews with women and with health care professionals (doctors and midwives), and performing surveys on suturing. The findings of their research was published in a report entitled "[Women – Mothers – Bodies](#)" in 2015. Ultimately, the report found that there were numerous violations in women's rights during the birthing process. Krišková chose to emphasize the right to informed consent in her presentation. Krišková argues that the formal legal notion of informed consent does not adequately address the implied submission to doctors' authority that is expected of patients, especially during childbirth, in which the ability to make choices is removed from women. Women's Circle has also partnered with Mamila, to develop baby-friendly hospital initiatives in Slovakia, which is a quality of care that is legally mandatory in Slovakia as of 1992 – based on Innocenti Declaration. They created a survey based on the UNICEF and WHO questionnaire in order to evaluate women's experiences. Women reported that it was very difficult to obtain meaningful information about hospitals and their practices, and despite the formal recognition of the "baby-friendly" initiative, hospitals do not meet the criteria in reality. The organization will soon be publishing a second edition of their report, "Women – Mothers - Bodies", from the providers' perspectives. Results from this second report indicate that medical practices are not in fact grounded in evidence-based care but are rather based in hierarchies and authorities of knowledge that discount women's knowledge and competence. Krišková noted that in women's experiences there is a significant normalization of bad practices, thus future research should take quality of care into account over women's satisfaction.

Zuzana Candigliota is a lawyer specialized in human rights, currently working at the League of Human Rights. Birth rights are among a wide array of human rights issues that the NGO deals with in the Czech Republic using the law as a tool to promote human rights, through legal advocacy and strategic litigation. Her presentation focused on recent birth rights issues in the Czech Republic. Among the most noteworthy cases was the case *Dubská and Krejzová v. the Czech Republic*, a home birth case which tried at the European Court of Human Rights and even reached the Grand Chamber. Initially, the organization sought a similar ruling as that found in the [Ternovszky v. Hungary](#) case as there were similar legal barriers in place at the time in the two countries to prevent midwives from assisting in home births. Unfortunately, the case was unsuccessful. Candigliota argued that the ruling that there was no violation to the right to privacy was wrong, and emphasized that home birth is unlike abortion in that there is no conflict of interest—all parties have the same goal of delivering a healthy baby. Following the judgment, although the matter of homebirth was not able to be pursued further legally, the Court had recognized that the quality of maternity care in the Czech Republic is unacceptable and needs to change. Whereas Hungary obtained a decree regarding home birth in 2011 following the Ternovszky ruling, the Czech Republic implemented no comparable decree. At this time, home births attended by midwives have

been criminalized by Czech law but Candigliota stated that there is hope to start conversations regarding the possibility of creating birth centres and birth houses led by midwives. She also reported about informal and formal working groups that deal with birth rights currently in the Czech Republic. From their personal experiences, Candigliota claimed that it has been found beneficial to meet with professionals (such as judges, medical providers, and lawmakers) individually and personally rather than simply interacting with them via the media. Meeting in this way, she argued, increases the possibility of finding common grounds even amongst people with disagreeing political views. At this time, the organization has two cases dealing with obstetric violence in the civil courts. Additionally, the organization is pursuing legal action against the State for access to statistical data from individual hospitals. Candigliota concluded her presentation by discussing fundraising. She recognized that there are few grant opportunities, which has led to the organization embracing fundraising campaigns on the basis of individual cases to cover specific expenses.

Małgorzata Darmas is a lawyer who works with the Childbirth with Dignity Foundation in Warsaw, Poland. The aim of the organization is that every woman can give birth to her child in a dignified manner, surrounded by caring, supportive and attentive medical staff wherever, however, and with whomever she pleases. In 1994, a “childbirth with dignity” campaign was started with the hopes of giving voice to the women who had been suffering of the dehumanized manner of childbirth. Women were asked to write letters about their experiences and these letters were then published in the newspaper, where they were available to the entire community. This campaign has been repeated again in 1995 and 2006. Resultantly, as of 2012 there are currently legally binding regulations for the management of physiological pregnancy, birth, postpartum period, and infant care. These regulations are based on WHO regulations as well as recent evidence-based findings and place women in the centre of their own care. The rights recognized by this legislation include: access to antenatal and postnatal care, ability to choose who is present at the birth and who attends the delivery, ability to choose comfortable positions, skin-to-skin contact for at least 2 hours, support in breastfeeding, among other things. However, there are no measures of implementation regarding this legislation so it was virtually unknown even by medical care providers or women themselves. As an organization, Childbirth with Dignity Foundation saw it as their goal to educate both women and professionals about their rights via conferences, brochures, and online campaigns. By far the organization’s biggest undertaking was their website, “Where to Give Birth” (www.gdzierodzic.info), which they created to provide women with information regarding maternity wards in every hospital in Poland. The website is yearly updated, and women are allowed to leave comments about their own personal experiences. The Foundation has been recognized for its work receiving an award from the World Health Organization in 2015 and then receiving the 2016 Population Award from the United Nations. Darmas concluded her presentation on a positive note, stating that the future is hopeful for Poland despite the recent legal change imposed by the Minister of Health in 2016 that undermine the medical standards that had been developed in recent years.

Following the individual presentations there was a **panel discussion** on how to develop women-centered maternity care in Hungary. This panel featured a variety of specialists, including obstetrician-gynecologist **Dr. Balázs Bálint** from Szent Imre Hospital; obstetrician-gynecologist **Dr. Orsolya Gutmann**; **Szabina Kerényi**, a member of the Movement for Respectful Maternity in Hungary; **Erika Schmidt**, project manager at EMMA Hub—Women’s Association for Birth Rights in Hungary; and **Dr. Zsolt Zákány**, Director of the department of Obstetrics and Gynecology at Berettyóújfalu. Many topics were covered during the panel but among the most prevalent were the needs for the implementation of evidence-based protocols, improved medical training, continuity in care, recognition of women’s knowledge, and transparency throughout the treatment process. With regards to the need for improved medical training, there was a general consensus amongst the panel that doctors are not sufficiently exposed to “normal” births during their training, which contributes to the prevalent conceptualization of childbirth as an emergency rather than as a normal physiological process. Amongst the three obstetricians there was a general consensus that fear of litigation and the desire to avoid risk (and therefore possible litigation) served as motivation for utilizing undignified methods of delivering healthcare. However, it was brought to the panel’s attention that patients responded well to transparency in their medical care and there are some studies that indicate that patients are less likely to pursue litigation when they are kept better informed. In addition to information, empathy is also required of healthcare providers, especially when it comes to marginalized communities. Dr. Bálint frequently referred to the development of a reference institute as a beacon of hope for an increasingly humanized model of maternal health care that could become available to women in Hungary.

NGOs voicing the experiences of women stressed several times that true change cannot be achieved without taking into consideration women’s feedback. They drew attention to the fact that those forms and methods of care are popular among women which provide opportunity for a personal relationship to develop with them and their caregiver; and are based on the competence of women and their taking responsibility. NGOs argue that the problem in Hungary today is that a similar practice only occurs in a home birthing setting - apart from a handful of devoted professionals working in hospitals. They feel it necessary for woman centered maternity care to be adopted in hospitals as well. Moreover they stressed that there should be space in maternity care for women to express their negative experiences as well. We must give hope in order for healing from traumatic experiences to begin on a personal and societal level.

During the discussion questions were posed from the audience. Questions ranged from perspectives on the role of doulas during delivery to the possibility of a future for obstetric care that utilizes the midwifery model. Overall, the overwhelming sentiment was the need to continue to have dialogues, such as this one, that bring healthcare providers to the table with activists and allow for a sharing of ideas and perspectives.