

**Report to the United Nations Special Rapporteur on Violence Against
Women
in response to her Call for Submissions due 17 May 2019**

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Prepared by

Roda – Parents in Action, Croatia



Correspondence:

**Special Rapporteur on Violence Against Women,
Ms. Dubravka Šimonović
c/o Office of the High Commissioner for Human Rights
– Palais Wilson
United Nations Office at Geneva
CH 1211 Geneva 10
Switzerland
Email: vaw@ohchr.org**

Roda – Parents in Action
Žerjavićeva 10, 10.000 Zagreb
Croatia
Tel: +385 1 6177 500
Fax: +385 1 6177 510
Email: roda@roda.hr

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About Roda

Since its foundation in 2001 Roda has been an important stakeholder in the areas of respect and access to reproductive healthcare, specialising in maternity care. We are a pro-choice organisation that advocates for changes in two main areas in the realm of reproductive rights: Medically Assisted Reproduction and Respectful Maternity Care.

Roda has been advocating for respectful maternity and newborn care since its very foundation, including advocating to women's rights to autonomy and informed choice in all aspects of maternity care and beyond. Since 2014, Roda has increased its work with women from vulnerable groups including women in prison¹ and women with disabilities². Roda actively supported women and families during the Refugee and Migrant Crisis³ that began in 2015. In 2016 Roda organised a thematic regional caucus at the Women Deliver Conference in Copenhagen⁴ on respectful maternity care.

Roda has representatives on the Ministry of Health's Working Group for the Mother and Baby Friendly Initiative, currently running a pilot program in four of thirty Croatian maternity hospitals. In 2017 Roda launched a new website <http://rodilista.roda.hr>, which brings together statistics for all of Croatia's maternity hospitals (caesarean, episiotomy, mortality rates etc.). As of January 2018, this website contains most recent data for all Croatian maternities, public and private. This is the only place where the statistics are freely available to the public.

Collaboration on this Report

We acknowledge and thank the Office of the Ombudswoman for Persons with Disabilities for their input on preparing this report.

Far-right Conservatism and Violence Against Women in Reproductive Healthcare

The rising trend of far-right conservatism in Central and Eastern Europe is ever-present in Croatia, encompassing restrictions to women's reproductive rights – and going far beyond access to abortion.⁵ Healthcare providers who believe that they are providing care equally to the foetus and its mother or who consider the foetus' rights above those of the mother are more likely to use aggressive and intrusive interventions and are less likely to provide the woman with informed choice.⁶ Just because a woman has decided to carry her pregnancy to term does not mean that she must submit to every intervention, including surgery, for the sake of the foetus.⁷ In such an environment, violence against women during childbirth is more and more acceptable and visible.

¹ More information available: <http://www.roda.hr/udruga/projekti/mame/>

² More information available: <http://www.roda.hr/en/conferences/rodas-10th-milk-conference-and-rebirth-2017/>

³ More information available: <http://www.roda.hr/en/reports/infant-and-young-child-feeding-during-humanitarian-disasters-%E2%80%93-lessons-not-learned.html>

⁴ More information available: <http://www.roda.hr/udruga/projekti/women-deliver/>

⁵ WomensLobby.Org, 2016. Croatia: Women's rights under threat, available: <https://www.womenlobby.org/Women-s-rights-in-Croatia-under-the-threat-after-parliamentary-elections-in>

⁶ Kukura, E. (2010) 'Choice in Birth: Preserving Access to VBAC', *Penn Government Law Review*, 114(3), pp. 955–1001.

⁷ Kukura, E. (2010) 'Choice in Birth: Preserving Access to VBAC', *Penn Government Law Review*, 114(3), pp. 955–1001.

Question One

Please indicate whether in your country there are cases of mistreatment and violence against women during reproductive health care, particularly facility-based childbirth. If so, please specify what kind of cases and describe your country's response and any good practices, including protection of human rights;

Women's Lived Experiences of Rights Violations in Childbirth: Break the Silence Campaign 2014-5

During the 16 Days of Activism to End Violence Against Women in 2014, Roda launched a social media campaign where women were invited to submit handwritten stories of disrespect and abuse in maternity services, that would then be shared on social media under the hashtag #PrekinimoŠutnju. Within a few days an enormous number of stories began to flood in, including real-life experiences of painful procedures done without anaesthesia, healthcare providers insulting and shouting at women, women not being aware of pharmaceutical drugs that were being given, doctors and midwives pushing on women's bellies "to speed things along." A number of themes appeared in the stories – lack of information and informed consent, coercion used regularly and sometimes brutally, and women not being told of what medications they were being given. In response, Roda wrote to the Minister of Health⁸ who responded by sending inspection teams to all of Croatia's maternity hospitals.⁹ Due to changes in government and instability in the government in power a formal report was never made public (despite Roda asking the MOH to release it a number of times). Three years later, after public pressure during the second PrekinimoŠutnju campaign (2018-19), a short, two-page summary was released that did not address the concerns raised during the 2014-5 campaign.¹⁰

I asked them not to cut me. The doctor said I was going to tear if they don't do it and how will I ever give birth if I can't stand the pain. The midwife cut me, without consent, explanation or warning. It hurt badly. Nobody told me why they cut me anyway. I could not sit for a month, breastfeeding was difficult, going to the toilet too...

*The physical pain went away, but the *emotional pain - never*. Cutting without notice. I remember that every time I see a pair of scissors. I still have nightmares about it. I'm afraid to give birth for a second time because it's obvious that they "don't respect" my decisions *about my own body*. *They don't explain the procedures they'll perform.**
Merkur Hospital, Zagreb

⁸ Roda's letter to the Minister of Health, available: <http://www.roda.hr/udruga/programi/trudnoca-i-porod/pismo-ministru-vargi-povodom-akcije-prekinimo-sutnju.html>

⁹ MOH sends inspection teams to maternity hospitals, available: <http://www.roda.hr/udruga/projekti/prekinimo-sutnju/inspekcijski-nadzor-u-rodilistima.html>

¹⁰ MOH report, available <http://www.roda.hr/udruga/projekti/prekinimo-sutnju/objavljen-dugo-ocakivani-nalaz-inspekcijskog-nadzora-rodilista.html>

Women's Lived Experiences with Lack of Anaesthesia: The Second Wave of Break the Silence 2018-9

In October 2018 Ivana Ninčević Lesandrić, a thereto-unknown opposition member of parliament told her story of surgical miscarriage procedure during a session of parliament where the Minister of Health was present (due to procedures for a vote of no-confidence). She spoke of an experience where she was not given any warning, tied to the gynaecological and given a surgical miscarriage without anaesthesia.¹¹ The Minister of Health accused her of lying.

Because of Roda's experience and knowledge that this type of experience is common, another #PrekinimoŠutnju campaign was launched, asking women to send stories of reproductive healthcare procedures without anaesthetic.¹² Procedures women described ranged from surgical miscarriage to suturing after vaginal childbirth, biopsies of reproductive organs and egg harvesting for IVF procedures. In order to better gauge the number of procedures being done without anaesthetic, Roda engaged IPSOS-Puls an international market research agency to conduct a survey on a representative sample of the Croatian population, asking women whether they had ever had one of the named procedures (described at the beginning of this paragraph), and if they did - was the procedure done with adequate anaesthetic. The results showed¹³ that one out of three women who had experienced at least one of these gynaecological procedures stated that it was done without adequate anaesthesia – or conversely - one in three painful reproductive healthcare procedures is done without adequate anaesthesia.

In November 2016, Roda sent a letter to the Prime Minister asking that he take action and create a multi-stakeholder working group with the mandate to prepare an Action Plan for Women's Health.¹⁴ To date, we have not received an answer to the letter. Roda also wrote to three UN Human Rights' Experts (including the SR-VAW) informing them of the situation.¹⁵ In February 2019 The esteemed office of the Special Rapporteurs on Violence Against Women and the Right to Health and the Working Group on the Discrimination of Women and the Law urged Croatia to immediately end abuse and violence against women during reproductive health procedures.¹⁶ To date, the Government has not done anything to address these concerns.

Rupture of the womb and the vagina. 50 minutes of sewing stitches without anaesthesia! 18 days later, I sat down for the first time. Giving birth is nothing compared to what followed. For nights, I would wake up my husband in panic, remembering the doctors words: "Wow, she is so good, you cannot hear that she is alive." But I was left voiceless after 15 minutes of screaming. I do not think I will ever give birth again!

Slavonski brod, 2017

¹¹ Description and recording of Ms. Ninčević-Lesandrić's talk, available: <http://www.roda.hr/en/news/womens-reproductive-health-in-croatian-parliament.html>

¹² Campaign launch, available: <http://www.roda.hr/udruga/dokumentacijski-centar/reakcije/posaljite-nam-svoja-bolna-iskustva.html>

¹³ Results of the survey, available: <http://www.roda.hr/udruga/projekti/prekinimo-sutnju/koliko-je-dostupna-anestezija-tijekom-ginekoloskih-zahvata.html>

¹⁴ Letter to the PM, available: <http://www.roda.hr/en/news/roda-sends-letter-to-croatian-pm-on-action-plan-for-womens-health.html>

¹⁵ Report to three UN Special Reporting Mechanisms, available: <http://www.roda.hr/en/reports/complaints-sent-to-un-bodies-on-obstetric-violence-in-croatia.html>

¹⁶ Press release by Special Procedures' Bodies, available: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24198&LangID=E>

Potentially dangerous shortages of healthcare personnel

Not having enough healthcare professionals available for women who are giving birth in facilities can put women's lives in danger. In Croatia, there is a severe shortage of healthcare personnel in some maternities, in Split for example the ratio of midwives to births annually was 1:278 in 2015¹⁷ where the golden standard should be 1:29.¹⁸ The moves to employ new midwives are slow and cumbersome, even though there are midwives on the labour market. The official statistics are hidden by the Ministry of Health, even though they were supposed to be public at the end of 2015.

Harmful practices

Roda's 2015 Survey on Experiences in Maternity Services found that large numbers of women report overtreatment during childbirth that is not supported by medical evidence and may be harmful to women's physical and mental health – which can be considered a form of violence.¹⁹ These included the Kristeller Manoeuvre (fundal pressure), extensive use of episiotomy, and routine use of enemas often accompanied by obligatory shaving of pubic hair.

The Kristeller Manoeuvre involves applying heavy pressure on a pregnant woman's abdomen supposedly with the purpose of speeding up the delivery.²⁰ There is no evidence of the procedure's usefulness²¹ and emerging evidence indicates that it can cause severe pain and side effects.²² Roda's 2015 Survey found that 54% of women report being subjected to the Kristeller Manoeuvre.²³

Prior to 2008, episiotomy was performed during nearly 70% of childbirths, and although this has been decreasing it is still very high. Roda's 2015 survey revealed that episiotomy rates may be severely underreported (the Croatian Institute for Public Health reports a rate of 36 percent of vaginal births for 2016²⁴, while women's reports to RODA in 2015 indicated a rate of 56 percent).²⁵ Furthermore, episiotomy rates vary drastically from hospital to hospital, from rates of over 56% to rates of only 8%.²⁶ There is no medical evidence that the liberal or routine use of episiotomy is beneficial, but there is clear evidence that

¹⁷ Data given at meeting between Roda and the Ministry of Health; official report findings still unpublished. See more information at Roda, *One Year after #BreakTheSilence* (2016), available at: <http://www.Roda.hr/udruga/programi/trudnoca-i-porod/godinu-dana-nakon-akcije-prekinimo-sutnju.html>

¹⁸ National Audit Office (UK), *Maternity services in England* (2013), available at: <https://www.nao.org.uk/wp-content/uploads/2013/11/10259-001-Executive-Summary.pdf>

¹⁹ RODA, *Survey on Maternity Practices in Croatia* (2015), available at <http://Roda.hr/article/read/Roda-survey-on-maternity-practices-in-croatia-march-2015>.

²⁰ Habek, Bobić, Hrgović, *Possible Feto-Maternal Risk of Kristeller Expression*, *Journal of Central European Medicine*, Volume 3, Issue 2 (2008), pp. 183-186, available at <http://link.springer.com/article/10.2478%2Fs11536-008-0008-z#page-1>.

²¹ WORLD HEALTH ORGANIZATION: *Care in Normal Birth: a practical guide*. Geneva: Department of Reproductive Health & Research, 1996, s. 25 – 26, available at http://whqlibdoc.who.int/hq/1996/WHO_FRH_MSM_96.24.pdf?ua=1.

²² *Id.* See also Sartore A1, De Seta F, Maso G, Ricci G, Alberico S, Borelli M, Guaschino S, The effects of uterine fundal pressure (Kristeller maneuver) on pelvic floor function after vaginal delivery.

²³ RODA, *Survey on Maternity Practices in Croatia*, 6 (2015), available at <http://Roda.hr/article/read/Roda-survey-on-maternity-practices-in-croatia-march-2015>.

²⁴ Information from the Croatian Public Health Authority, compiled by Roda, available at <http://rodilista.Roda.hr>

A further problem is that data cited by the Croatian Public Health Authority is calculated as a percentage of all births, while episiotomy rates should be calculated as a percentage of vaginal births; this makes the rate seem lower than it actually is. More at: Croatian Public Health Authority, *Health Statistics Yearbook 2016*, available at https://www.hzjz.hr/wp-content/uploads/2018/01/Ljetopis_2016_IX.pdf

²⁵ RODA, *Survey on Maternity Practices in Croatia*, (2015), available at <http://Roda.hr/article/read/Roda-survey-on-maternity-practices-in-croatia-march-2015>.

²⁶ CEDAW Committee, *Concluding observations: Croatia*, para 31 d), U.N. Doc. CEDAW/C/HRV/CO/4-5

it may cause harm to women's health.²⁷ Finally, 78 percent of women surveyed reported having been given an enema, the performance of which during childbirth is not supported by scientific research.²⁸

Evacuation for Childbirth

Isolating women from their families and communities in order to seek healthcare for childbirth is one of the rarely-discussed forms of violence women from rural and island communities in Croatia are subjected to. The majority of births in Croatia (99%) take place in hospitals²⁹ and are most often attended by doctors with midwives assisting. There are no official statistics on how many women have to travel more than 50km or from island communities to reach a maternity hospital. Croatian legislation does not recognize the possibility for midwives to work independently outside of hospital settings and therefore there are no community (ambulatory) birth centres in dislocated communities or independent midwives in hard-to-reach areas. This results in women having to leave their communities and families, sometimes for weeks at a time, to await birth on the mainland or closer to the hospital (usually at their own expense) or in other cases they are hospitalised to await labour and birth

Since 2010 Croatia has moved towards centralizing birth and postpartum care in 30 maternity hospitals throughout the country. Small out-of-hospital (ambulatory) units have been closed.³⁰ Although there is no official data on the number of women of reproductive age who live more than 50 km away from a maternity hospital,³¹ on the basis of 2011 census data it is estimated that 361,100 women of fertile age, representing 52% of women in Croatia (out of 698,675 in total), live outside of cities with maternity hospitals.³²

There is a lack of data collection and research that impedes the assessment of the impact and effectiveness of this process of centralization. However, there are regular media reports of births taking place at roadsides and in military helicopters. Not least as women living on the Croatian islands need to be transported to mainland hospitals to give birth. These reports are indicative of the challenges many rural and island women face in accessing maternal health care in Croatia.³³

²⁷ See *Intrapartum Care: Care of healthy women and their babies during childbirth. Clinical Guideline 190: Methods, evidence and recommendations*. London: National Collaborating Centre for Women's and Children's Health, 2014, s. 611, available at <http://www.nice.org.uk/guidance/cg190/evidence/cg190-intrapartum-care-full-guideline3>; WORLD HEALTH ORGANIZATION: *Care in Normal Birth: a practical guide*. Geneva: Department of Reproductive Health & Research, 1996, s. 29; FIGO Safe Motherhood and Newborn Health (SMNH) Committee: *Management of the second stage of labour*. In: vol. 119, 2012, s. 111 – 116, available at www.odondevice.org/press/FIGO-second-stage.pdf.

²⁸ See Cochrane Review on Routine Enema use, available at http://www.cochrane.org/CD000330/PREG_enemas-during-labour.

²⁹ Rodin, U. *et al.* (2018) 'Porodi u zdravstvenim ustanovama u Hrvatskoj 2017. godine [Childbirths in healthcare institutions in Croatia in 2017]'. Available at: https://www.hzjz.hr/wp-content/uploads/2018/07/Porodi_2017.pdf.

³⁰ Comment by the Croatian Chamber of Midwives Regarding the Closure of Ambulatory Birthing Units (2010) (last visited Jun. 11, 2015) available at <http://www.komora-primalja.hr/sluzbeni-dopisi/279-priopcenje-hrvatske-komore-primalja-vezano-zatvaranje-manjih-rodilista>.

³¹ RODA contacted the Croatian Institute for Public Health and the Croatian Institute for Health Insurance (that refunds travel expenses for all healthcare users who travel more than 50 km to obtain care), and neither body collects statistics on the number of women who travelled more than 50 km to receive care during birth.

³² Calculated using data from the 2011 census, available at http://www.dzs.hr/Hrv/censuses/census2011/results/htm/h01_01_13/h01_01_13_RH.html.

³³ See for example, U helikopteru HRZ i PZO još jedna Korčulanka rodila bebu, <http://www.morh.hr/hr/vijesti-najave-i-priopcenja/priopcenja/11279-u-helikopteru-hrz-i-pzo-još-jedna-korčulanka-rodila-bebu>; Korčulanka rodila u helikopteru HV-a iznad bračkog kanala, available at <http://bljesak.info/rubrika/vijesti/clanak/korculanka-rodila-u-helikopteru-hva-iznad-brackog-kanala/4371>; Uranila na ovaj svijet: Rodila na cesti u Zadru!; available at <http://www.vijesti.rtl.hr/novosti/1287995/uranila-na-ovaj-svijet-rodila-na-cesti-u-zadru/>; 24 SATA TV, Žena rađala curicu dok ju

Companions during labour and birth

When giving birth women are confined, separated and alone in hospital without the unhindered possibility of having a companion or support person with them. Before her partner is allowed to attend the woman is usually in an overcrowded “pre-labour” room with other women who are also in the early phases of labour, with little or no privacy. Having a companion while giving birth, while proven to improve birth outcomes³⁴, is still not the norm in Croatian hospitals. They often place undue restrictions on who can be with the woman (including requiring payments and/or the companion taking a special orientation course), creating an undue barrier that often targets parents with lower socio-economic status and education.³⁵ Furthermore, companions are often only allowed at the birth when the baby is crowning, meaning that the woman has no companion for the majority of her labour.³⁶ In some hospitals, the companion is restricted to a male partner³⁷ and companions at caesarean sections are still rare.

They laughed at me and told me I was a coward while I begged them to call my husband for hours on end (he was waiting, ready to come in).

#PrekinimoŠutnju 2015

Verbal Abuse

Verbal abuse is common in Croatian maternity hospitals, as has been shown in reports by women through the first and second wave of #PrekinimoŠutnju.

The nurses in the labour room called me a cow, an awful mother, an idiot, cattle (because I suppose I was supposed to sing instead of cry out during contractions)... The baby was born covered in meconium and they screamed at us and told us we smelled, and that they had never seen such shit! They leaned on my belly to push out the placenta and swore and threatened me not to push them away, to shut up and suffer because they had to suffer through my smell.

KB Osijek, #PrekinimoŠutnju, 2015

je suprug vozio kroz Učku, available at <http://www.24sata.hr/dobre-vijesti/zena-raala-curicu-dok-ju-je-suprug-vozio-kroz-ucku-155284>.

³⁴ Cochrane Library. *Continuous Support for Women during Labour* (2017), available at:

http://www.cochrane.org/CD003766/PREG_continuous-support-women-during-childbirth

³⁵ RODA, *Survey on Maternity Practices in Croatia*, 6 (2015), available at <http://Roda.hr/article/read/Roda-survey-on-maternity-practices-in-croatia-march-2015>.

³⁶ *Ibid.*

³⁷ In the name of the Head of the Family (2013). T-Portal. Available: <https://www.tportal.hr/komentatori/clanak/u-ime-glave-obitelji-20130715>

Lack of access to vaginal birth after caesarean

Pregnancy seems to be the only time when a person can be required to succumb to major, invasive surgery against their will – which is what happens when a community, hospital or healthcare provider does not provide VBAC information and care.³⁸

An increasing number of women in Croatia are becoming pregnant after previous caesarean section and are not always offered the option of vaginal childbirth – in 2016, 9.53% of women who gave birth had at least one previous caesarean section³⁹ – almost double the percentage from 2004.⁴⁰ In many hospitals, these women are extremely likely to be coerced or forced into having a repeat caesarean section, despite the fact that vaginal birth after caesarean (VBAC) is considered safer in the short- and long-term for the majority women and infants.⁴¹ Rates of VBAC ranged widely among hospital facilities in 2018, from 44.7% at one Zagreb hospital, to two hospitals with zero VBAC (including Croatia's only private maternity hospital), and another two hospitals with rates under 5%.⁴²

They told me my baby weighed 4500g and that I could never birth him vaginally. They told me that I was not legally able to make my own decisions after 40 weeks of pregnancy. They forced me to have another caesarean section even though there was no reason.

Report to Roda

Issues with data collection

Although Croatia has a robust system of perinatal mortality statistics, data collection for other key quality indicators is sporadic or missing. These include information on the number of inductions, augmentation of labour, epidural use, number of women who have birth companions, etc. Data are not regularly and reliably collected on the number of out of hospital births in Croatia (births at home, births en-route to hospitals) and as such there are no information about how often this happens and what outcomes for women and infants in these cases are.

No data are collected on maternal mental health, and maternal mortality is only monitored for the first six weeks after pregnancy – with no information on health outcomes (morbidity or mortality) and there is no data on longer-term effects of pregnancy and childbirth on women's health and wellbeing. In the UK for example, monitoring over two years post-partum has shown that mental health is the greatest cause of maternal mortality in the year after childbirth⁴³ – in Croatia data for such a long period of time are not collected, potential issues cannot be identified or addressed.

³⁸ Drandic, D. (2019). „VBAC in Croatia“, Available at: <https://dundee.academia.edu/danieladrandic>

³⁹ Đelmiš, J., Juras, J. and Rodin (2018) 'Perinatalni Mortalitet u Republici Hrvatskoj u 2017. godini (Perinatal Deaths in Croatia in 2012)', *Ginecologia et perinatologia*, 20, pp. 1–33.

⁴⁰ Dražančić, A. and Rodin, U. (2005) 'Perinatal mortality in Republic of Croatia in the year 2004 [Perinatalni mortalitet u Republici Hrvatskoj u 2004. godini]', *Gynaecologia et Perinatologia*.

⁴¹ Visser, G. H. A. (2015) 'Women Are Designed to Deliver Vaginally and Not by Caesarean Section: An Obstetrician 's View', pp. 8–13. doi: 10.1159/000365164.

⁴² Đelmiš, J., Juras, J. and Rodin (2018) 'Perinatalni Mortalitet u Republici Hrvatskoj u 2017. godini (Perinatal Deaths in Croatia in 2012)', *Ginecologia et perinatologia*, 20, pp. 1–33.

⁴³ MBBRACE-UK, Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Inquiries into Maternal Deaths and Morbidity 2014-6. Available:

There is no confidential review of cases of maternal mortalities that involves all stakeholders, which would also do much to improve maternal mortality by addressing key reasons for deaths in the year following childbirth.

Data on health outcomes are only segregated to individual hospital level, with no information on particular vulnerable groups (women with disabilities, Roma women, migrant women, poor women, women from remote, rural and island areas), and therefore there can be no monitoring of their health outcomes.

By inadequately and unreliably collecting data on maternity care outcomes, not identifying issues and therefore not addressing them, women are effectively punished for bearing children, and longer-term effects of disrespect and abuse in hospitals are not being identified or addressed.

Mental Health

Recent data from the UK has shown that the leading cause of death in the year following pregnancy and childbirth is mental health.⁴⁴ Unfortunately, Croatia does not offer perinatal mental health screening, nor does it have a robust system of professional support for women's mental health in pregnancy and after giving birth. There is only one team in Zagreb with long waiting periods, and other parts of the country do not offer any support to women suffering from ante- and post-partum mental health issues.

Problems with court and administrative decisions

Violence women experience in reproductive healthcare, especially pregnancy and childbirth, is often perpetuated by court or administrative decisions that often fail to recognize this type of violence and therefore, to condemn the perpetrators and to establish reparative measures. Only rarely do women decide to take perpetrators to court due to the expensive and slow nature of the procedures, and because they know that their chances of getting legal satisfaction are low. In Roda's experience, women who want to take their hospital or healthcare providers to mediation or court, or who file formal complaints with professional bodies, are often told that they do not have a case in the absence of any permanent physical damage done to them or their infant as a result of the disrespect and abuse they were given during pregnancy, childbirth and postpartum. As in other situations of violence against women, a classic case of "he said, she said" ensues – women only rarely have information in their medical documentation that corroborates their version of events and due to the hierarchical nature of the healthcare system if junior doctors, midwives or nurses were present when the violence was perpetrated, they are under enormous pressure to stay quiet or jeopardise their livelihood.

Women who have spoken out about violence against women in facility-based maternity care have also been sued by hospitals, who use the appeals process to take cases to the highest-judicial instance

<https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf>

⁴⁴ MBRRACE-UK, *Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013–15* (2017), available at:

<https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202017%20-%20Web.pdf>

whenever they lose.⁴⁵ By demonstrating their institutional power and legal resources in this way they are discouraging women from speaking up, lest they be subjected to similar expensive, public and long-term judicial proceedings.

Lack of support for home birth

Some women have responded to the Government's failure to provide safe and respectful care in maternity hospitals by choosing home birth. They understand the risk of this in a country where midwives are not regulated or educated to work outside of hospitals, and usually invite foreign midwives in to assist. While planned home birth is a safe option for low-risk pregnancies in well-integrated healthcare systems⁴⁶, the government is still working very hard to restrict access to the service, perpetuating the cycle of abuse in hospitals and forcing women to give birth in hospitals if they want access to regulated healthcare professionals.

During the recent *Pojatina v. Croatia* European Court of Human Rights court judgement the Government stated that they could not provide safe care women at home births because Croatia has too many islands and remote communities, however they neglected to mention that the women in these areas are not provided any particular kind of maternity care and must travel to the closest hospital for care. The ECHR ruled against Ms. Pojatina stating that the Government had a "wide margin of appreciation" to decide how to secure the safety of its citizens.⁴⁷

The second time I choose to have a home birth. I was so afraid of having a baby in the hospital that any I considered every option other than the hospital. I will never forgive myself for allowing them to that to my baby at my first birth.

#PrekinimoŠutnju 2015

Encouragement not to become pregnant

Women with disabilities have reported to the Ombudswoman on Persons with Disabilities that they are often indirectly encouraged not to become parents because of their disability and the stereotypes held by some healthcare professionals about their inability to care for a child because of their disability.

⁴⁵ Court confirms that Split Hospital should not have publicly released details about MP Ninčević Lesandrić's medical history. May 2019. Available: <https://www.jutarnji.hr/vijesti/hrvatska/splitski-kbc-izgubio-upravni-spor-sud-potvrdio-da-nisu-smjeli-javno-iznositi-detanje-o-medicinskom-tretmanu-zastupnice-nincevic-lesandric/8821694/>

⁴⁶ Olsen O, Clausen JA. Planned hospital birth versus planned home birth. *Cochrane Database Syst Rev.* 2012;9(9):CD000352. Published 2012 Sep 12. doi:10.10

⁴⁷ *Pojatina v. Croatia*, European Court of Human Rights, 2018. Available: <https://hudoc.echr.coe.int/app/conversion/pdf/?library=ECHR&id=003-6209652-8063560&filename=Judgment%20Pojatina%20v.%20Croatia%20-%20home%20birth.pdf>

Question Two

Please specify if full and informed consent is administered for any type of reproductive health care and if these include childbirth care;

Informed consent and refusal

Roda's survey also raises concern as to whether medical professionals are sometimes failing to adhere to the principle of full and informed consent when treating pregnant women. Many women reported that they were asked to sign informed consent forms upon arriving at maternity hospitals without being provided with information about what they were signing and what procedures the forms covered. They reported that medical interventions were sometimes carried out contrary to their wishes. Roda's survey found that in 68 percent of cases women believed they were not provided with sufficient information to meet informed consent requirements, calling into question compliance with the Patients' Rights Act.⁴⁸

Pregnant women also reported facing forms of persuasion, manipulation and coercion from health professionals and a lack of respect for their preferences and wishes. For example, Roda's 2015 survey found that 62 percent of women did not participate in decisions about how they would give birth and 40 percent of women did not have privacy during birth. Roda's survey found that 70 percent of women were not allowed to move around during labour and birth, and 76 percent of women were made to lie down for the duration of their labour and birth.

They told me I would kill my baby if I did not agree to an induction. Then they told me that when I have an induction I cannot refuse any other procedures and that they have to use "all their artillery" to start my labour. When I rejected the third application of induction gel and started to leave, the nurses pushed me onto the bed, and the doctor asked me why I had fucked if I could not give birth and violently placed in another dose of gel. I felt and feel abused.

#PrekinimoŠutnju 2015

Women with disabilities face specific barriers to informed consent and refusal as a result of the fact that information about their health and choices are very limited because they are not usually in a format these women can understand, e.g. they are not adapted to their specific disability.

Lack of informed consent for anaesthesia and analgesia

Women have reported being given pharmaceuticals for pain in labour that they were not aware of and did not consent to. Other women have been denied epidural analgesia despite expressly seeking it out repeatedly. Women are not routinely offered or given anaesthesia when being sutured for perineal tears after vaginal birth, and the same is true for women who are undergoing *dilatation and cutterage* procedures after miscarriage.⁴⁹

⁴⁸ Protection of Patients' Rights Act, NN 169/04, available at <http://www.zakon.hr/z/255/Zakon-o-za%C5%A1titi-prava-pacijenata>.

⁴⁹ *Ibid.*

Question Three

Please specify whether there are accountability mechanisms in place within the health facilities to ensure redress for victims of mistreatment and violence, including filing complaints, financial compensation, acknowledgement of wrongdoing and guarantees of non-repetition. Please indicate whether the ombudsperson is mandated to address such human rights violations;

Since 2016 the Ombudswoman for Gender Equality has had a section in her annual report on The Right to Respectful Care in Maternity Hospitals.⁵⁰ In her reports since that year she has mentioned problems with disrespect, abuse and violence in maternity care; in her 2018 report she also specifically mentioned problems with an inadequate number of healthcare providers in hospitals⁵¹, but the Government has not made any concrete steps to address the problem.

⁵⁰ Ombudswoman for Gender Equality, Annual Report 2016, page 280

http://www.prs.hr/attachments/article/2188/IZVJESCE_2016_Pravobraniteljica_za_ravnopravnost_spolova_CJELOVITO.pdf

⁵¹ Ombudswoman for Gender Equality, Annual Report 2018, page 310

http://www.prs.hr/attachments/article/2645/Izvje%C5%A1%C4%87e%20o%20radu%20Pravobraniteljice%20za%20ravnopravnost%20spolova%20za%202018.%20godinu_~.pdf

Question Four

Does your health systems have policies that guide health responses to VAW and are these in line with WHO guidelines and standards on this issue

Health systems in Croatia do not have public, transparent or evidence-based guidelines on evidence-based care⁵² or for responding to violence against women. There have been a few instances of international recommendations on what the Government should undertake, but these have not been implemented.

International Recommendations

In its report to Croatia in 2015, the CEDAW Committee urged that the state party „ensure the existence of adequate safeguards so that medical procedures for childbirth are subject to objective assessments of necessity and conducted with adequate standards of care and respect for women’s autonomy and the requirements for informed consent, and to introduce options for home births for women who wish to avail themselves of that possibility.“

More generally, the Committee has emphasized that states have an obligation to ensure that health services are, “delivered in a way that ensures that a woman gives her fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives.”⁵³ The WHO considers that, “[a]buse, neglect or disrespect during childbirth can amount to violation of a woman’s fundamental human rights,”⁵⁴ and that such treatment includes “outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures,... lack of confidentiality, failure to get fully informed consent.”⁵⁵

This was further reiterated by the Council of Europe's Commissioner for Human Rights who stated: „States should ensure that sexual and reproductive health services, goods and facilities are available to all women throughout the country, physically and economically accessible, culturally appropriate, and of good quality in line with the Committee on Economic, Social and Cultural Rights General Comment No. 22 (2016)⁵⁶ on the Right to sexual and reproductive health... States should put in place adequate safeguards, including oversight procedures and mechanisms, to ensure that women have access to appropriate and safe child birth procedures which are in line with adequate standards of care, respect women’s autonomy and the requirement of free, prior and informed consent“⁵⁷

⁵² Iannuzzi, L. *et al.* (2018) ‘Optimal outcomes and women’s positive pregnancy experience: a comparison between the World Health Organization guideline and recommendations in European national antenatal care guidelines’, *Minerva Ginecologica*, 70(6). doi: 10.23736/s0026-4784.18.04301-0.

⁵³ CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 11, para. 22.

⁵⁴ See WHO, *The prevention and elimination of disrespect and abuse during facility-based childbirth* (2014), available at http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1

⁵⁵ *Id.*

⁵⁶ Available:

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGC%2f22&Lang=en

⁵⁷ Council of Europe Commissioner for Human Rights. Commissioner’s Human Rights Comments, *Protect women’s sexual and reproductive health and rights* (2016), available at: <https://www.coe.int/en/web/commissioner/-/protect-women-s-sexual-and-reproductive-health-and-rights>

After his visit to Croatia in 2016, the Special Rapporteur for the Right to Health prepared a report in which he detailed the Croatian maternity system, recommended that the Government give priority to appropriate access to comprehensive maternal health services (§123), ensure that informed consent is respected by allocating adequate time to inform users about treatments and improve training of medical doctors and other healthcare personnel in human rights and medical ethics (§125) and “recommends all stakeholders in Croatia to support policies based on universal human rights principles, including sexual and reproductive health rights and to reject patriarchal approaches and gender stereotypes detrimental to the enjoyment of all human rights, in particular the right to health of women and children.” (§133).⁵⁸ Unfortunately, there have been no steps taken to implement these recommendations.

⁵⁸ SR-RTH available at: <http://www.roda.hr/media/attachments/udruga/dokumenti/reakcije/342567581-lzjava-posebnog-izvjestitelja-UN-a-o-Hrvatskoj.pdf>

Recommendations

- Provide comprehensive education on power dynamics, gender-based violence and informed consent and refusal in the curricula of all pre-service healthcare personnel; require regular refresher courses for all in-service healthcare personnel.
- Increase the quality and level of education, scope of practice and number of midwives in the healthcare system, including assisting at home births
- Ensure that all interventions during pregnancy and childbirth are performed only with a woman's free, prior and informed consent.
- Take effective measures to end health care professionals' overuse of medical procedures and pathologisation of pregnancy and childbirth, and that evidence-based guidelines are implemented
- Provide midwifery antenatal and birth services, especially in hard-to-reach areas.
- Ensure that women can choose to have a companion with them for the duration of their labour and birth, without placing undue restrictions (e.g. payments, workshop attendance).
- Ensure that women are routinely offered anaesthesia during childbirth as requested, especially for postpartum vaginal suturing.
- Implement a perinatal mental health service in all regions; provide training for primary healthcare providers on how to recognise and refer women with mental health issues.
- Improve data collection to include more quality of care indicators, including number of inductions, augmentation of labour, epidural use, number of women who have birth companions and the number of women who have to travel to the mainland / more than 30 km to reach a maternity hospital.
- Implement data collection on maternal mortality and morbidity from 43 days to 1 year after childbirth.
- Support for women with disabilities should be multi-dimensional, using formats adapted to their individual needs and providing information about that woman's particular needs during pregnancy, birth and postpartum. Women with disabilities should not feel like they are getting worse or different treatment from medical professionals.