

Report by
**RODA – PARENTS IN ACTION
(CROATIA)**

to the

**UNITED NATIONS HIGH COMMISSIONER
FOR HUMAN RIGHTS**

in response to UNHCHR WRGS/LOH/Res33/18

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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 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 available to the public.

1. Medically Assisted Reproduction (MAR)

Although a new Medically Assisted Reproduction Act entered into force in July 2012 bringing some improvements in women's ability to access medically assisted reproduction (MAR), shortcomings in the legislation persist and it fails to ensure non-discriminatory access to MAR.¹

For example, the new law provides that women who do not have a partner (married or common-law) are entitled to assisted reproduction only if they can prove that they are infertile, which can be difficult in practice. Furthermore, the law provides that MAR are only available to heterosexual couples and single women (e.g. not available to lesbian couples).² Assisted reproductive treatments are the only medical treatments in Croatia where the consent form is not signed in hospitals but must be authorized by a public notary.³

Currently, there are no reliable statistics available on the success of MAR treatments in Croatia, despite the fact that a state register for MAR treatments was required to be established by the MAR Act, with a deadline of February 2013 at the latest (a full five years ago).⁴ This means that women, for whom MAR treatments are especially invasive, do not have information on success rates for various treatments, and that the work of clinics is not transparent. The statistics that are known for public MAR clinics in Croatia are far below European averages (brief reports were issued with information 2014 and 2015 just last year, in 2017)⁵, exposing women to invasive treatments that are not providing them with quality care and potentially exposing them to over-treatment unnecessarily.

Finally, women who are undergoing egg retrieval procedures as part of their MAR treatment are often not offered or denied anaesthesia for extremely these treatments, resulting in undue suffering and psychological trauma.⁶

¹ Law on Medically Assisted Reproduction, NN 86/12, available at <http://www.zakon.hr/z/248/Zakon-o-medicinski-pomognutoj-oplodnji>.

² Law on Medically Assisted Reproduction Articles 10, Official Gazette 86/2012, available at http://narodne-novine.nn.hr/clanci/sluzbeni/2012_07_86_1962.html.

³ Law on Medically Assisted Reproduction Articles 11 and 14, Official Gazette 86/2012, available at http://narodne-novine.nn.hr/clanci/sluzbeni/2012_07_86_1962.html.

⁴ *Ibid*

⁵ Ministry of Health, Authority for transplants and biomedicine. *Annual Report of the State Register for MAR (2014)*, available at: <https://zdravlje.gov.hr/UserDocImages/dokumenti/Tekstovi%20razni/Godi%C5%A1nje%20izvje%C5%A1%C4%87e%20Dr%C5%BEavnog%20registra%20MPO%202014.pdf>

⁶ RODA, *Where is Medically Assisted Reproduction in Croatia Today (2017)*, available at: <http://www.roda.hr/udruga/programi/medicinski-potpomognuta-oplodnja/gdje-je-medicinski-potpomognuta-oplodnja-u-hrvatskoj-danas.html>

Recommendations

- Provide access for all women to assisted reproductive technologies regardless of their marital and family status, sexual orientation, age or other status.
- Make register of MAR procedures available to the public, with data on each MAR centre individually
- Routinely offer anaesthesia for all painful MAR procedures.

2. Access to quality maternal health care and abuses of women's rights during childbirth

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.⁷ 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,⁸ 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.⁹

The lack of available data and research impedes 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 women face in accessing maternal health care in Croatia.¹⁰

The majority of births in Croatia (99%) take place in hospitals and are most often attended by doctors with midwives assisting. Croatian legislation does not recognize the possibility for midwives to work independently outside of hospital settings and as a result does not enable women to choose where to give birth.

Discrimination and abusive treatment of women during facility-based childbirth

Since 2001, RODA has monitored the treatment of pregnant women in hospitals. Women's stories reflect concerns about the treatment of pregnant women during childbirth in hospitals and indicate that there may be serious deficits in ensuring women give their full and informed consent to medical interventions during childbirth and contain reports of frequent disrespectful and abusive, and even violent, treatment of women by medical professionals.

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 2015¹¹ where the golden standard should be 1:29.¹² The moves to employ new midwives are slow and cumbersome, even though there are midwives on the labour market. The

⁷ 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-za-zatvaranje-manjih-rodilista>.

⁸ 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.

⁹ 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.

¹⁰ See for example, U helikopteru HRZ i PZO još jedna Korčulanka rodila bebu, <http://www.morh.hr/hr/vijesti-najave-i-priopcenja/priopcenja/11279-uhelikopteru-hrz-i-pzo-još-jedna-korčulanka-rodila-bebu.html>; 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 je suprug vozio kroz Učku, *available at* <http://www.24sata.hr/dobre-vijesti/zena-raala-curicu-dok-ju-je-suprug-vozio-kroz-ucku-155284>.

¹¹ Dana 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>

¹² 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>

official statistics are hidden by the Ministry of Health, even though they were supposed to be public at the end of 2015.

RODA's 2015 Survey on Experiences in Maternity Services found that large numbers of women report being subjected to procedures that may not always be supported by medical evidence and may be harmful to women's physical and mental health.¹³ 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.¹⁴ There is no evidence of the procedure's usefulness¹⁵ and emerging evidence indicates that it can cause severe pain and side effects.¹⁶ RODA's 2015 Survey found that 54% of women report being subjected to the Kristeller Manoeuvre.¹⁷

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 2016¹⁸, while women's reports to RODA in 2015 indicated a rate of 56 percent).¹⁹ Furthermore, episiotomy rates vary drastically from hospital to hospital, from rates of over 56% to rates of only 8%.²⁰ There is no medical evidence that the liberal or routine use of episiotomy is beneficial, but there is clear evidence that it may cause harm to women's health.²¹ Finally, 78 percent of women surveyed reported having been given an enema, the performance of which during childbirth is not supported by scientific research.²²

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.²³

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

¹³ RODA, *Survey on Maternity Practices in Croatia* (2015), available at <http://roda.hr/article/read/roda-survey-on-maternity-practices-in-croatia-march-2015>.

¹⁴ 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>.

¹⁵ 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.

¹⁶ *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.

¹⁷ 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>.

¹⁸ 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

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

²¹ 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.

²² See Cochrane Review on Routine Enema use, available at http://www.cochrane.org/CD000330/PREG_enemas-during-labour.

²³ Protection of Patients' Rights Act, NN 169/04, available at <http://www.zakon.hr/z/255/Zakon-o-za%C5%A1titi-prava-pacijenata>.

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.

The experiences described above raise serious concern's regarding respect for women's human rights during childbirth in Croatia. Often women may suffer physical and mental trauma and harm as a result of such practices and their autonomy and decision-making capacity is heavily undermined.

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.”²⁴ The WHO considers that, “[a]buse, neglect or disrespect during childbirth can amount to violation of a woman's fundamental human rights,”²⁵ 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.”²⁶

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) 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“²⁷

Companions during labour and birth

With regard to having a companion while giving birth, which is proven to improve birth outcomes²⁸, Croatian hospitals 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.²⁹ 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.³⁰

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

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

²⁵ 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.

²⁶ *Id.*

²⁷ 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>

²⁸ Cochrane Library. *Continuous Support for Women during Labour* (2017), available at: http://www.cochrane.org/CD003766/PREG_continuous-support-women-during-childbirth

²⁹ 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>.

³⁰ *Ibid.*

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.³¹

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.³² 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 data collection and statistics

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. There are no available statistics on maternal mortality between 43 days and one year after giving birth, having access to such data would do much to identify reasons for maternal deaths in the year following childbirth and to address them.

Finally, 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.

Recommendations

- 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' reliance on unnecessary medical procedures during pregnancy and childbirth and to ensure that outdated and harmful procedures are no longer used but are replaced by evidence-based care.
- Provide out of hospital and ambulatory antenatal and birth services, especially in hard-to-reach areas.
- Provide mandatory training for all health professionals on women's rights in pregnancy and childbirth and continue raising women's awareness of their rights.
- 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.
- Implement data collection counting the deaths of women from 43 days to 1 year after childbirth and causes of death.

³¹ *Ibid.*

³² 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>

3. Access to infants immediately after birth

In many hospitals, there have been problems with facilitating immediate skin to skin contact with mothers and their infants immediately after birth; skin to skin contact has proven benefits for the mother's immediate postpartum health by decreasing bleeding and encouraging the birth of the placenta, but also has proven benefits for the health and wellbeing of infants.^{33,34} Skin to skin care is especially restricted for mothers who are giving birth by caesarean section, who are often separated from their children for a number of hours, and for mothers whose infants need care in the neo-natal intensive care unit (NICU).³⁵

Recommendations

- Ensure that all mothers have unrestricted access to their infants immediately after giving birth, and have the opportunity to have skin to skin contact with healthy, term infants whether they are born vaginally or by caesarean section.
- Ensure that all mothers whose children are born prematurely or are sick and require NICU care have access to their infants and can practice skin to skin (kangaroo) care.

4. Barriers to allowing midwives to practice their profession

Once Croatia entered the EU, it adopted the EU requirements for midwifery education, which include university-level training³⁶. In this process however, Croatia did not abolish secondary-school training for midwives, instead choosing to offer a midwives' assistant training program at vocational secondary schools. Despite an increasing number of midwives graduating from university midwifery programs and a deficit of qualified midwives, job notices for new midwives favour midwives assistants with secondary-school education and often purposely exclude midwives with a university education.³⁷ No master's level and above programs are available in midwifery, and as a result professors at midwifery programs are mostly obstetricians and nurses.³⁸ Furthermore, midwives' scope of practice does not offer them autonomy within or outside of hospitals, despite the fact that in 2010 the European Court of Human Rights made it clear that "private life" includes a woman's right to choose the circumstances of childbirth³⁹, meaning a woman has the right to care if she chooses to birth outside of a hospital.

Not allowing midwives to practice autonomously breaches a woman's right to quality care and a midwife's right to practice her profession.

Recommendations

- Increase midwives' scope of practice including autonomous practice within maternity hospitals and in private practice.
- Reduce number of secondary school midwife assistant training programs.
- Implement requirement that maternity hospitals have a majority of midwives with university-level education.
- Open a graduate level programs in midwifery (master's and Ph.D.) that include a student financing.

³³ - Cochrane Library. *Early Skin to Skin Contact with Mothers and Healthy Newborn Infants* (2016), available at: http://www.cochrane.org/CD003519/PREG_early-skin-skin-contact-mothers-and-their-healthy-newborn-infants

³⁴ Cochrane Library. *Kangaroo mother care to reduce morbidity and mortality in low birthweight infants* (2016) available at http://www.cochrane.org/CD002771/NEONATAL_kangaroo-mother-care-reduce-morbidity-and-mortality-low-birthweight-infants

³⁵ Pavičić Bošnjak, A. et. al., *Breastfeeding support in neonatal intensive care units in Croatia: a national survey* (2015), available at <http://bib.irb.hr/prikazi-rad?rad=886285>

³⁶ European Midwives' Association. *EU Directives*, available at: <http://www.europeanmidwives.com/eu>

³⁷ Croatian Chamber of Midwives, *Does Croatia Really Need University-Educated Midwives?* (2016) available at: <https://www.komora-primalja.hr/datoteke/Status%20prvostupnica%20primaljstva%20u%20Hrvatskoj%20-%20primaljski%201.pdf>

³⁸ Mivšek, P. et. al., *Midwifery education in Central-Eastern Europe* (2016), available at https://www.sciencedirect.com/science/article/pii/S0266613815003095?_rdoc=1

³⁹ European Court of Human Rights Decision in *Ternovsky v. Hungary* (2010), available at <http://hudoc.echr.coe.int/fre-press?i=003-3372071-3778873>