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**RODA - PARENTS IN ACTION**

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# SURVEY ON MATERNITY PRACTICES IN CROATIA

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# CONTENT:

# I. ABOUT THE MATERNITY CARE SYSTEM IN CROATIA

All pregnant women receive free antenatal care in Croatia regardless of their insurance and/or residence status. Antenatal care is provided by primary gynaecologists and the average number of antenatal visits per pregnancy is seven.[1] The miscarriage rate in Croatia is 18.5 %, and the stillborn rate is 3.6 ‰, while the percentage of children born premature is 5.5 %.[2]

One interesting fact about the Croatian maternity care system is the particularly high number of pregnancies that are considered high-risk. In 2014 this percentage was 28.9 %, an increase from 26.8 % in 2013. The reasons for this are numerous, but mostly stem from a lack of understanding on the part of employers with regard to giving women easier or modified work and practices where women are often fired from their jobs or do not have their employment contracts renewed because of pregnancy. Sick leave benefits in the case of pregnancy complications are then used as a social measure so that women do not lose their maternity leave benefits. However, it would be much more effective for the state to take on a more active role in ensuring employment security for pregnant women and sanctioning employers who discriminate pregnant employees than to tag such a high percentage of women as high-risk and provide them with sick leave benefits.

Midwives do not provide antenatal care and work only in maternity hospitals where their scope of practice varies, although formally they act only as doctor's assistants with no independent scope of practice. The vast majority of midwives in Croatia have a secondary school education, with a very small but growing number of midwives completing a university degree in midwifery over the past five years (44 midwives with university level-education vs. 600 midwives with secondary-school education are employed by tertiary hospitals, for example).[3]

In Croatia, 99 % of births take place in one of thirty public maternity hospitals with a negligible percentage taking place in one private maternity hospital in Zagreb. There are no birth centres or legally sanctioned out of hospital birth, and all but one hospital are Baby-Friendly accredited. Croatia has a relatively low perinatal mortality rate, and for the 39,784 births in 2014 this rate was 3.9 ‰, with a 3.3 ‰ rate of early neonatal death (children born living but who died in the first 7 days after birth).[4] The caesarean section rate has been steadily climbing and in 2014 accounted for 19.9 % of births.[5]

Midwives and doctors are not legally allowed to assist at planned out of hospital births. This, coupled with 361,100 women of fertile age (of 698,675 in total, or 52 %)[6] living outside of

1 Croatian Institute for Public Health 2014 Yearbook, available at http://hzjz.hr/wp-content/uploads/2015/05/ljetopis_2014.pdf

2 Born Too Soon (2012), UN Report. Available http://www.who.int/pmnch/media/news/2012/preterm_birth_report/en/index3.html

3 Croatian Institute for Public Health 2014 Yearbook, available at http://hzjz.hr/wp-content/uploads/2015/05/ljetopis_2014.pdf. Page 68

4 Croatian Institute for Public Health 2014 Yearbook, available at http://hzjz.hr/wp-content/uploads/2015/05/ljetopis_2014.pdf

5 Croatian Institute for Public Health 2014 Yearbook, available at http://hzjz.hr/wp-content/uploads/2015/05/ljetopis_2014.pdf

6 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

cities with maternity hospitals, has meant that 2 %[7] of births in 2014 took place with the assistance of emergency medicine teams for transport to hospital due to the advanced nature of labour and need for transport and/or for intrapartum care.[8] This percentage also likely includes a number of women who did not have any other transport to the hospital. The geographic distribution of births transported / attended by emergency teams is concentrated in counties with islands and hard-to-reach areas.

Unfortunately, there are no official statistics on the number of women who live more than 30 or 50 km from a maternity hospital collected by either the Bureau of Statistics, the Croatian Institute for Public Health or by the Croatian Institute for Health Insurance.[9]

A growing but very small (negligible) number of planned out of hospital births taking place unassisted or with the assistance of a midwife outside of a hospital setting. Currently, the case of Pojatina vs. Croatia is underway at the European Court of Human Rights, arguing that a woman has the right to choose the circumstances of her birth (place, skilled attendant). This will surely have an effect on the future of maternity care in Croatia.

# II. ABOUT RODA

RODA was founded in 2001 and is active in the Republic of Croatia through a developed network of projects and activities that are carried out by the organisation's more than 250 volunteer members. Our members are located throughout Croatia and include a number of Croatian expatriates who live in other parts of the world.

RODA currently has five full-time employees and is organised in four project areas: Reproductive Rights, Breastfeeding Promotion and Protection, Parenting and Legal Rights.

From its foundation to the present in its projects and programs, ad-hoc activities and lobbying for parental and children's rights Roda has influenced positive changes in public opinion as well as changes within institutions: the creation of infrastructure and legal frameworks for changing outdated practices.

In its work RODA has become an important stakeholder in the Republic of Croatia in the areas of rights to adequate maternal leave compensation and right to maternal leave, medically assisted conception, pregnancy and improving birthing conditions, breastfeeding promotion, education and counselling, education and support for parents and future parents and child traffic safety. We are a central place for pregnant women, new mothers and parents can get information about the areas we are active in as well as a forum for experiences, suggestions and complaints.

RODA has representatives on several key national and international working groups and is active in national and international NGO networks.

7 Croatian Institute for Public Health 2014 Yearbook, available at http://hzjz.hr/wp-content/uploads/2015/05/ljetopis_2014.pdf

8 Email from the Croatian Institute for Public Health, 18 May 2015 (county distribution of EMT transport for births)

9 RODA asked all these bodies for statistics in early 2015 but received answers from all of them stating that they do not collect this data.

# III. ABOUT THE SURVEY

The Survey on Maternity Practices in Croatia was prepared by a group of six NGOs from the former Yugoslavia with the assistance of an expert in survey preparation from Macedonia. Work on the survey was done on an exclusively volunteer basis, and only free online tools were used to deliver and analyse the survey.

During the #SlobodaRađanju (Freedom for Birth) Campaign just ahead of International Women's Day in 2015, the survey was conducted in five countries: Croatia, Serbia, Bosnia and Herzegovina (Republika Srpska and Sarajevo), Slovenia and Macedonia.

# IV. METHODOLOGY

In Croatia, the survey was conducted by RODA – Parents in Action. The survey was delivered to the target group via a GoogleDocs Form (electronic survey) and was made available for completion between 23 February and 3 March 2015. The survey was advertised via RODA's social media (Facebook, Twitter with over 45,000 users) as well as RODA's website and internet forum (over 400,000 unique visits per month) and other parenting social media pages and forums. Within the nine days the survey was open for completion, 4081 responses were recorded. Of these, 92.2 % had given birth within the past five years (62.3 % within the last two years). 72.1 % of respondents were between the ages of 25-35. All responses were anonymous and voluntary.

Although the survey has clear methodological shortcomings (which are a result of the time and financial constraints), the size and relevance of the sample is sufficient to highlight issues in the Croatian maternity care system and provides quality information on improvements that must be made.

## SURVEY RESPONDENTS

The respondents represent an approximate proportional mix of Croatia's geographical regions. Their level of education differed from with national statistics for secondary school education (44.3 % of survey respondents having a high school education, compared with 54 % of the general population[10]), and the proportion of university graduates was much higher than the national average (54 % of respondents having any post-secondary education, compared to 18.4 % of university graduates in the general population[11]).

The respondents represent the approximate geographic distribution of Croatia's population and an approximate proportionate mix of births based on maternity hospital. Of those who responded, 57.3 % had one child and 31.6 % had two children, which is in accordance with trends in births in Croatia over the last five years.[12]

10 2014 Statistical Yearbook, Croatian Bureau for Statistics, http://www.dzs.hr/

11 2014 Statistical Yearbook, Croatian Bureau for Statistics, http://www.dzs.hr/

12 According to the Croatian Institute for Public Health's 2014 Yearbook, 49.4% of births were that woman's first child, while 32.9% were that woman's second child. http://hzjz.hr/wp-content/uploads/2015/05/ljetopis_2014.pdf

# V. SURVEY RESULTS

Below is a presentation of survey results according to thematic areas.

## A) ROUTINE INTERVENTIONS DURING BIRTH

The survey included a number of questions regarding routine practices conducted in maternity hospitals during births, with responses as follows:

- 76 % of women had to remain laying down throughout the duration of their labour and birth
- 81 % of women were attached to a CTG monitor for the full duration of their labour and birth
- 66 % of women had their membranes artificially ruptured (AROM)
- 70 % of women had their labour augmented with artificial oxytocin (colloquially known as drip)
- 78 % of women were given an enema
- 56 % of women were subjected to an episiotomy
- 54 % of women were subjected to the Kristeller Maneuverer (fundal pressure), of these
  - » 34 % of healthcare providers used their elbows to perform the Kristeller
  - » 22 % were subjected to light pressure on their abdomen with the healthcare provider's hands
  - » 20 % of women had two people push on their bellies using their full force
  - » 16 % of women were subjected to one healthcare provider pushing on their belly using their full force

### COMMENTS

Forced lying down position, constant CTG monitoring, AROM and artificial oxytocin during labour and birth are used in the vast majority of cases and are routine, despite the fact that their routine use has been disproven in relevant literature and guidelines.[13] [14] [15] [16] [17] There is no official data available on any of these issues.

Although the majority of hospitals stated in RODA's routine practices survey that women can refuse an enema[18], based on the high percentage of women who receive one routinely it is clear that women are not made aware of the fact that enemas can be refused and that they are not evidence-based.[19] The survey did not include a question about routine pubic hair shaving, but this is a routine usually conducted just before an enema is administered.[20]

13 Cochrane Review on upright position during first stage of labour http://www.cochrane.org/CD003934/PREG_mothers-position-during-the-first-stage-of-labour

14 Cochrane Review on upright position during second stage of labour http://www.cochrane.org/CD002006/PREG_position-in-the-second-stage-of-labour-for-women-without-epidural-anaesthesia

15 Cochrane Review on Constant Fetal Monitoring http://www.cochrane.org/CD006066/PREG_comparing-continuous-electronic-fetal-monitoring-in-labour-cardiotocography-ctg-with-intermittent-listening-intermittent-auscultation-ia

16 Cochrane Review on AROM http://www.cochrane.org/CD006167/PREG_amniotomy-for-shortening-spontaneous-labour

17 Evidence on augmentation of labour using artificial oxytocin http://evidencebasedbirth.com/crank-up-the-pit-2/

18 Udruga RODA, Survey on Routine Maternity Hospital Practices for 2012, available at http://rodilista.roda.hr

19 Cochrane Review on Routine Enema use http://www.cochrane.org/CD000330/PREG_enemas-during-labour

20 Udruga RODA, Survey on Routine Maternity Hospital Practices for 2012, available at http://rodilista.roda.hr

The Croatian Institute for Public Health's 2014 Yearbook stated that the rate of episiotomies has been falling, from 36.3 % in 2012 to 30.1 % in 2014.[21] This is not in accordance with our survey results, and indicates significant underreporting of real episiotomy rates.

Regarding the use of the Kristeller Maneuver (fundal pressure), RODA's 2013 survey on routine hospital practices showed that nine of thirty maternity hospitals do not report on the use of Kristeller in patient notes[22], and there is no official data on the use of Kristeller. Moreover, this practice is unheard of in Western European countries and poses known risks to mother and baby, and its routine use in such a large number of cases in Croatia is worrisome.[23]

# B) CONSENT AND PRIVACY

- 40 % of women surveyed stated that they did not have privacy when giving birth
- 51 % stated that their opinions were not respected during labour and birth
- 72 % of women stated that they were not asked how they wanted to give birth upon admission to the maternity ward
- 62 % of women stated that they did not participate in decisions about the way they would give birth
- 75 % of women stated that healthcare providers did not introduce themselves
- 68 % of women stated that they were not informed about the risks and benefits of every procedure that was done to them before they was done
- 61 % of women did not participate in decisions regarding procedures during labour and birth
- 62 % did not get information about procedures and the steps involved before they were done

With regard to building a trusting relationship with healthcare providers:

- 40 % of women stated that they developed a trusting and understanding relationship with the healthcare providers caring for them during their labour and birth
- 54 % stated that the healthcare providers were kind and patient with them
- 67 % of women surveyed stated that healthcare providers spoke about them in the third person (she, it, this case)

## COMMENTS

The lack of consent for procedures conducted during labour and birth in Croatian maternity hospitals is severe. This is in direct conflict with the Croatian Patients' Rights Act which expressly states that consent must be obtained before every procedure and that every procedure must be explained to the healthcare user in a way she can understand.[24]

Furthermore, the fact that healthcare providers do not introduce themselves to women before doing procedures is a relic of the past that is in stark contrast with the WHO's Statement on

21 2014 Statistical Yearbook, Croatian Bureau for Statistics, http://www.dzs.hr/

22 Udruga RODA, Survey on Routine Maternity Hospital Practices for 2012, available at http://rodilista.roda.hr

23 Habek, Bobić, Hrgović. Possible Feto-Maternal Risk of Kristeller Expression. Journal of Central European Medicine, 3(2), 2008. http://link.springer.com/article/10.2478%2Fs11536-008-0008-z#page-1

24 Protection of Patients' Rights Act, http://www.zakon.hr/z/255/Zakon-o-za%C5%A1titi-prava-pacijenata

the Prevention and Elimination of Disrespect and Abuse During Childbirth[25]. Being referred to as "she, it, or this case" without directly engaging with the woman on a routine basis in hospitals contributes to the disrespect of women and their exclusion from the decision making process during labour and birth. This is furthermore in opposition with the FIGO Guidelines on Mother-Baby Friendly Birthing Facilities.[26]

The current maternity system in Croatia is far from the gold standard of one to one care from a known healthcare provider.

# C) PAIN RELIEF

With regards to pain relief (pharmacological and other):

- 23 % of women stated they had an epidural
- 19 % of women stated they wanted an epidural but it was not available

**COMMENTS**

Epidural analgesia is not available in all maternity hospitals, and in those that it is available in, it is not necessarily available 24 hours per day, 7 days per week.[27] In many hospitals women are routinely given other painkillers.[28]

Based on the data showing that there is a number of women who wanted an epidural but it was not available, we can conclude that access to epidural analgesia must be improved but also that non-pharmacological methods of pain relief (especially freedom of movement) should be implemented immediately.

# D) BIRTHING EQUIPMENT AND POSITIONS

- 46 % of women stated that the birthing rooms were not equipped for active participation in birth
- The most common equipment available in maternity units were:
  - » Pilates ball 29 %
  - » Birthing stool 12 %
  - » Floor mat 5 %
- If birthing equipment was available, in only 14 % of situations were women asked by the staff if they would like to use them
- 70 % of women could not move around and choose an ideal position during labour and birth

25 WHO Statement on the Prevention and Elimination of Disrespect and Abuse During Childbirth, http://www.who.int/reproductivehealth/topics/maternal_perinatal/statement-childbirth-data/en/

26 FIGO Guidelines on Mother-Baby Friendly Birthing Facilities. International Journal of Gynecology and Obstetrics, 128 (2015).

27 Udruga RODA, Survey on Routine Maternity Hospital Practices for 2012, available at http://rodilista.roda.hr

28 Udruga RODA, Survey on Routine Maternity Hospital Practices for 2012, available at http://rodilista.roda.hr

**COMMENTS**

Only a few Croatian hospitals offer so-called alternative birthing methods including using birth pools and birthing stools for birth. Unfortunately, in most of these cases women are required to undergo extensive prenatal testing to make sure they are candidates for their use (especially in the case of using water for pain relief and/or birth), or are denied their use unless their pregnancy and labour have progressed according to certain standards. RODA's 2013 survey found that the use of these alternative birthing methods is very, very low in Croatia.[29] When the equipment / methods are available, the fact that the staff do not offer it to women except in very few cases is testament to this, as well as to the fact that government-purchased and/or donated equipment is not being used. The lack of mobility during labour and birth is not evidence-based.

# E) FOOD AND DRINK

- 67 % of women stated that they were thirsty during birth
- 69 % of women were not offered anything to drink
- 22 % of women were hungry during birth
- 95 % were not offered anything to eat
- 82 % of women surveyed were not able to drink or eat when they wanted to during labour and birth

**COMMENTS**

As in other countries in the region, women are generally not allowed to eat or drink during labour and birth, despite the fact that there is no justification for this practice in low-risk women.[30]

# F) FEELINGS DURING BIRTH

The survey included questions about a woman's feelings during the birth process

- 57 % felt that the healthcare providers were in a hurry for them to give birth
- 65 % stated that they felt that they did not have control during the birth process
- 59 % felt that they could not affect events going on during labour and birth
- 40 % of women did not feel safe and protected
- 33 % of women felt lonely, 47 % felt scared

When receiving care from doctors and midwives

- Women felt that their healthcare provider did their best to respect their wishes
  - » Midwives 44 %
  - » Doctors 38 %

29 Udruga RODA, Survey on Routine Maternity Hospital Practices for 2012, available at http://rodilista.roda.hr

30 Cochrane Review on Eating and Drinking in Labour, http://www.cochrane.org/CD003930/PREG_eating-and-drinking-in-labour

- Women felt that their healthcare providers were available when they needed them
  - » Midwives 44 %
  - » Doctors 37 %
- Women felt that their healthcare providers did not have the "nerves" to deal with them and were rarely in the birthing room, 64 %

**COMMENTS**

Many Croatian maternity hospitals are understaffed and midwives scope of practice does not (yet) include the possibility of independent work in hospitals. These factors, alongside cultural norms regarding the treatment of women during labour and birth have contributed to the above impressions women have had in maternity hospitals.

Healthcare professionals are furthermore not taught communications skills during their training, and if they are this is lacking. Future professional development courses should include an emphasis on communication.

# G) COMPANION DURING BIRTH

In most Croatian maternity hospitals, companions during birth are limited in some way. In the vast majority of hospitals, companions are permitted only during the last phase of labour, when the birth is eminent. In certain hospitals, only male companions are allowed, while in others companions must pay a fee ranging from 150-400 HRK (20-60 EUR). In some hospitals this fee covers the cost of a mandatory antenatal course (so the companion must take a course and pay the course fee to be allowed to attend the birth), or is simply a fee to "cover the costs of having another person present", payable at the birth itself.[31] Only one person is permitted to be with the labouring woman at any given time.

Professional labour support persons or doulas are virtually unheard of and are out rightly banned in many maternity hospitals, and women are restricted in their choice of companion, not being able to have a sister, mother or friend with them alongside their partner. There have also been reports of women who have female companions in attendance being discriminated against because the hospital staff assumed the women to be same-sex partners.[32] There are also hospitals where handicapped women are not allowed to have their personal assistants with them during birth despite the fact that the hospital does not provide any special services for handicapped women.[33]

There is no official data on the percentage of women who have support persons present during labour or birth, nor is there official data on the duration of the support person's presence during labour, birth and post-partum.

- During labour and birth, 77 % of women felt they needed a close support person to be with them

31 Udruga RODA, Survey on Routine Maternity Hospital Practices for 2012, available at http://rodilista.roda.hr

32 In the Name of the Head of the Family, T-Portal, July 2013. http://www.libela.org/sa-stavom/3984-u-ime-glave-obitelji/

33 Udruga RODA, Survey on Routine Maternity Hospital Practices for 2012, available at http://rodilista.roda.hr

- 50 % of women surveyed had a support person present
- 22 % of women stated that they did not have a support person because
  - » They did not fulfil the conditions for having a companion with them during labour and birth (they didn't have a support person who had completed the necessary antenatal course), 12 %
  - » Their support person was not allowed with them during labour and birth, 6 %
  - » They did not have the financial means to pay the hospital fees for having a support person present, 4 %

Of those women who had a support person with them during labour and birth:

- 93 % felt that the support person made labour and birth easier
- 52 % felt that they got better treatment from hospital staff because they had a companion with them

**COMMENTS**

The Cochrane Review on Continuous Support for Women During Labour and Birth[34] clearly states that companionship has clear clinical benefits without any side effects. Unfortunately, the Croatian maternity system is only beginning to recognise these benefits and continues to restrict the presence of a companion during labour and birth, despite clear indications that women want someone with them. There are no official national guidelines or rules on companions at births. Also, restrictions and payment requirements placed on companions during labour and birth put women who live outside of large cities and those in certain socio-economic groups at a disadvantage.

# H) EFFECTS OF BIRTHING PRACTICES ON THE POST-PARTUM PERIOD

At the end of the survey a number of questions regarding the effects of birth on the post-partum period as well as the effect of the birth on a woman's desire to have more children were posed:

- 28 % of women stated that their birth experience had a negative effect on their general mood
- 19 % said their birth experience had a negative effect on their sex life
- 33 % stated that their birth experience made them seriously question whether they want to have more children or made them decide that they are not having more children
- 58 % stated that their birth was not what they wanted it to be
- 57 % stated that their birth was not what they expected it to be

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

**COMMENTS**

These results are similar to results found by demographer Dr. Anđelo Akrap in his 2004 study on Factors in Demographic Changes[35], where 44 % of women stated that they were scared of another pregnancy and birth and this effected their decision to have more children.

Given that Croatia has been in a demographic crisis over the past decade and longer, it is absolutely necessary that the government prepare an action plan for improving care in maternity hospitals so as to negate birth trauma from preventing such a large proportion of women from having more than one child.

# VI. CONCLUSIONS

Although improvements have been made to make Croatia's maternity care system more mother friendly and evidence based over the past ten years, there is still room for large improvements. RODA's recommendations include:

1. Begin implementing the ten steps of the Mother-Friendly Hospital Initiative first at pilot-sites and then nationally-
2. Increase midwives' scope of practice and independence both inside and outside of maternity hospitals, especially with regard access to maternity services by providing out of hospital and ambulatory antenatal and birth services in hard-to-reach areas-
3. Begin implementing evidence-based practices, replacing outdated and harmful practices with those that have a scientific rationale-
4. Implement patient-communications trainings into the curriculum for healthcare sciences but also make these trainings an annual requirement for healthcare professionals working with pregnant, birthing and postpartum women.
5. Improve consent-obtaining practices.
6. Provide high-quality, easily-accessible, evidence-based information for pregnant women antenatally so that they can make informed decisions about their care.

35 Činitelji demografskih kretanja u Republici Hrvatskoj", Državni zavod za zaštitu obitelji, materinstva i mladeži, 2004.