



For the attention of Ms. Dubravka Šimonović
Special Rapporteur on violence against women, its causes and consequences

Excellency,

Referring to your request for information relating to the preparation of a report on the treatment of women during the provision of services relating to reproductive health and birth care in medical facilities, we report the following:

Q: 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.

A: The network of maternity hospitals and perinatology centres covers the entire Czech Republic and the availability of the care is high. The provision of care is, except for the care offered by a midwife without a doctor's indication, covered from the public health care insurance. In particular, risk pregnancies are highly centralised in perinatology centres and intermediary centres. In this regard, the health care system in the Czech Republic is among the most developed in the world. The availability of prenatal care is also among the highest in the developed world. The majority of pregnant women undergo their first prenatal control in the first 12 weeks of their pregnancy. Low infant mortality has been among the most significant successes of the Czech obstetrics care for a long time.

Despite the aforementioned, there have recently been cases of undignified and damaging treatment of women in labour. In particular, undignified conditions during the labour or postpartum care have been observed: "lack of privacy caused by presence of too many persons on the room where the labour and delivery took place, the (hospital) rooms being overcrowded by other women in labour, failure to respect the birth plan (medical treatment and intervention - especially episiotomy - being administered without prior notification or even in spite the express refusal) or other wishes related to the process of childbirth (opportunity to eat and drink, to move around, to opt for a specific maternal birthing positions either on or off bed), continuous monitoring of the unborn child and separation of the child immediately after the birth or in the 48 hours following the birth and so on."¹

The Czech government and the Ministry of Health are not focused on the continual improvement of the obstetrics and postpartum care. For example, in February 2016, the Ministry of Health posted a poll on Facebook called "Experiences in maternity hospitals".² The analysis of 689 replies has been the focus of a research report³ of the Working Group on Obstetrics

¹ *Opinion of the Public Defender of Rights regarding the Matter of Dubská and Krejzová against the Czech Republic (Applications no. č. 28859/11 and 28473/12) addressed to the European Court of Human Rights (https://www.ochrance.cz/fileadmin/user_upload/ESO/37-2015-IS-vyjadreni_pro_ESLP_AJ_.pdf)*

² <https://www.facebook.com/mzcr.cz/photos/a.490623087708684.1073741828.489450987825894/786754881428835/?type=3&theater>

³ <http://www.vlada.cz/cz/ppov/rovne-prilezitosti-zen-a-muzu/dokumenty/analiza-diskuse-zkusenosti-z-porodnic-zalozene-ministerstvem-zdravotnictvi-na-facebooku-146451/>



and Midwifery which is established under the Government Council for Equality of Women and Men. While many positive experiences were shared under the poll, the poll also revealed some persisting issues, respectively negative experiences of women. The negative experiences were predominantly related to a high occurrence of intervention during the labour, insufficient support of bonding between the mother and her child, and a disrespecting approach to the woman in labour. The analysis demonstrated that 31.7% of women who engaged in the discussion experienced deliveries in maternity hospitals that were administered against their will. These women considered their experiences to be negative, sometimes even traumatic, and called for the transformation of the staff's conduct towards the elimination of superfluous, routine methods. 11.2% of women experienced natural birth according to their wishes and rated their experiences positively, recommending the wider accessibility of non-intervention deliveries as a common alternative to deliveries administered by doctors. 111 posts (16.1%) alerted to a bad conduct of the staff towards the woman in labour. The Working Groups on Obstetrics and Midwifery examines the Czech obstetrics situation comprehensively so that parents may choose the method, circumstances, and place of birth, respectively pregnancy, obstetrics and postpartum care in lege artis intentions. It also evaluates the aforementioned cases of malpractice throughout the care provision in medical facilities and the systematic shortcomings of the Czech model of birth care (among which are the limitations imposed on midwives performing their jobs). The Working Group on Obstetrics and Midwifery has, inter alia, drafted the *Recommendation of the Government Council for Equality of Women and Men on Independent Midwifery Units* and the *Recommendation of the Government Council for Equality of Women and Men on the Publication of Statistical Data from the Obstetrics Field*.

The former recommendation was not adopted by the Czech government in July 2018; however, in reaction to the recommendation, the government initiated steps to establish so-called centres of midwifery. The pilot project, the Centre for Midwifery established within the Bulovka Hospital,⁴ which was founded in cooperation with the Ministry of Health in February 2019, is an example of good practice, reflecting the long-term demand for respectful care. It is expected that the centres for midwifery will provide a greater variability of the offered care in the future. To increase the number of centres for midwifery, the Ministry of Health has established a working group tasked with drafting a methodological material on the exchange of good practice. In connection with the centres for midwifery, the Ministry of Health also prepares a new conception of care for mother and child.

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

A: According to the Act No. 372/2011 Coll, on health care services, the provision of any medical care, including birth care, is only possible with a free and informed consent. Nevertheless, some studies and feedback from the care recipients demonstrate that some medical facilities do not always fully adhere to the legislation.⁵ The non-compliance with the legislation

⁴ <http://bulovka.cz/prvni-centrum-porodni-asistence-je-v-nemocnici-na-bulovce/>

⁵ For example, see the aforementioned research report of the Working Group on Obstetrics and Midwifery, which analysed the posts on the Ministry of Health's Facebook page, or the complaints delivered to the Public Defender of Rights, who referred to these complaints in the aforementioned statement addressed to the European Court of Human Rights. The issue is also described by NGOs, which work in the obstetrics and midwifery field – for more information, see the comments of NGOs on obstetrics and unlawful sterilisations of women in the Czech Republic submitted during the 28th session of Universal Periodic Review (available at: ljp.cz/wp-content/uploads/upr.pdf).



is predominantly manifested in presenting the women with documents to sign without providing any explanation or information on nature and reason for the procedure, its risks and alternatives, as well as intimidation. There have also been complaints regarding the lack of respect for the birth-related wishes of the woman. Complaints regarding the feeding and treating the child without the mother's approval are common too. Some medical facilities also condition the provision of care on the conclusion of a so-called contract on care.⁶ This unsatisfactory state was also observed by the Czech government, which tasked the Ministry of Health and the Government Commissioner for Human Rights, respectively the Office of the Government of the Czech Republic, with drafting the *Recommendation in the Area of Respecting the Rights and Wishes of Women in Labour*. The recommendation was drafted in late 2018 and should be distributed to medical facilities.

Q: 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.

A: In accordance with the Act No. 372/2011 Coll., on health care services, it is possible to file a complaint against the methods of the health care provider relating to the provision of health care or against the activities relating to health care services. In the case of proven misconduct of a health care service provider, the patient has the right to compensation. If the patient's complaint does not succeed before the health care provider, the patient can file their complaint at the office which issued the health care provider's certification (usually the regional authorities, depending on the seat of the medical facility). Ombudsperson may subsequently verify whether the corresponding authority duly examined the complaint.

The role of the ombudsperson is the protection of persons against unlawful or otherwise wrongful conduct or against inaction of authorities (i.e., in the control of the public sector). The Czech ombudsperson is also the national body for equal opportunities and protection against discrimination (i.e., an equality body). In relation to birth, the ombudsperson is approached by women who have "undergone labour and deliveries in medical facilities when they disagree with certain procedures or acts performed by the facility to which they failed to grant consent or they consider such procedures and acts to be of non- standard, outdated, degrading or discriminatory quality. Another group of women is represented by women who plan to deliver their children outside medical facility but they are unable to secure the assistance

Similarly, the outcomes of the 2012 national representative survey on the satisfaction with prenatal care in the Czech Republic showed that the lowest satisfaction (merely 34%) was detected in the area "control of a woman in labour and her participation in decision-making" (available at: <https://www.prolekare.cz/casopisy/ceska-gynekologie/2013-2/psychosocialni-klima-porodnice-ocima-rodicek-i-vysledky-celorepublikoveho-pruzkumu-spokojenosti-s-perinatalni-peci-v-cr-u-reprezentativniho-souboru-1195-rodicek-40540>).

⁶ For more information, see <https://www.medicalnews.cz/upmd-podminuje-registraci-k-porodu-podpisem-smlouvy-ta-omezuje-prava-rodicek/>.

The Office of the Government of the Czech Republic

Department of Gender Equality



of a midwife or a doula. Other persons challenge the imposition of fees for certain services such as the presence of other persons during labour and at the delivery”.⁷

Q: 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.

The Manual for Doctors on Domestic and Gender-based Violence was published under the Contract on Cooperation between the WHO’s Regional Office for Europe and the Ministry of Health for 2016 – 2017 and due to the realisation of the “Implementation and Evaluation of Corresponding Measures for Effective Prevention and Control of Violence and Measures to Help Victims of the Health Care System, Focusing on the Attainment of Goals set by the Action Plan for the Prevention of Domestic and Gender-based Violence for 2015 – 2018”.⁸ The manual focuses on the specific knowledge and social capabilities which doctors and nurses need in their day-to-day contact with the victims of violence. However, it does not specifically address the obstetrics violence, respectively the prevention of undignified and damaging treatment of women during and after labour.

In May 2019, the Czech government adopted the subsequent Action Plan on the Prevention of Domestic and Gender-based Violence for 2019 – 2022, which, inter alia, recommends measures relating to the education of medical staff in the area of the prevention of secondary victimisation of victims of domestic and gender-based violence and the systematic collection of data on the occurrence and impacts of such violence in medical facilities.

Drafted by the Department of Gender Equality, Office of the Government of the Czech Republic

In Prague, 17 May 2019

⁷ *Opinion of the Public Defender of Rights regarding the Matter of Dubská and Krejzová against the Czech Republic (Applications no. č. 28859/11 and 28473/12)* addressed to the European Court of Human Rights (available at: https://www.ochrance.cz/fileadmin/user_upload/ESO/37-2015-IS-vyjadreni_pro_ESLP_AJ.pdf)

⁸ For more information, see http://www.mzcr.cz/dokumenty/domaci-a-genderove-podminene-nasili-manual-pro-lekare_15189_3844_3.html.