



Submission for the Special Rapporteur on Violence against women; mistreatment and violence against women during reproductive health care and childbirth

Finland

1) Please indicate whether in your country there are cases of mistreatment and violence against women during reproductive health care, particularly facilitybased childbirth. Please specify if lull and informed consent is administered for any type of reproductive health care and if these include childbirth care. If so, please specify what kind of cases and describe your country's response and any good practices, including protection of human rights;

The Government of Finland does not collect data on mistreatment and violence against women during reproductive health care. However, Finland has extensively and high-quality register data on sexual and reproductive health and sexual and reproductive health questions are included in several national surveys. This enables to evaluate the quality of sexual and reproductive health care yet there is a need to improve our data collection related to mistreatment and violence against women during reproductive health care.

The Institute for National Health and Welfare, THL collects data on every pregnant woman who gives birth in Finland for the Medical Birth Register. Data on pregnant or delivering women with Female genital mutilation (FGM) and defibulation procedures during the delivery have been collected as a part of the Medical Birth Register routine data collection since 2017.

THL has made efforts to find out prevalence of different kind of violence by including relevant questions in all THL's population-based surveys. In 2018, THL published a discussion paper including the results on different population-based studies and surveys; "Experiences of violence among children, youth and adults".

The Children's Health, Well-being and Services survey (LTH), both pilat study among families with babies in 2017 and the nation-wide study among families with a four-year-old child in 2018 have produced and will produce data on violence among women and girls. Survey aisa includes a question about birth experience.

The School Health Promotion (SHP) study monitors the well-being, health and school work of Finnish children and adolescents. The aim of the SHP study is to strengthen the planning and evaluation of health promotion activities at school, municipal and national levels. SHP includes questions about violence. Results will be available in September 2019.

In Finland sexual and reproductive health and rights are at good level according to many indicators. This is partly due to universal and comprehensive primary health care and specialized medical care. Finland has long been a country with very low maternal and infant mortality. Practically all babies are delivered at hospitals, since homebirths are not covered by the public system and unplanned out-of-hospital births are rare. Over the past ten years, an average of three women per year have died from reasons related to pregnancy or childbirth.

In Finland, 99.5% of deliveries took place in a hospital in 2017. Altogether 92% of all parturients received some form of pain relief; most commonly nitrous oxide. There were no great differences between hospitals. Around 50% of all women with vaginal delivery received epidural anaesthesia and 20% had an episiotomy. 3rd and 4th grade ruptures in vaginal births are less common than in other Nordic countries.

The Decree on emergency care by the Ministry of Social Affairs and Health has caused changes in delivery procedures. A recent trend in Finland has involved focusing deliveries to larger units and discontinuing small delivery hospitals with less than one thousand births per year. The birth environment has a significant impact on the parturient's feeling of security. Long distances to delivery hospitals and long

duration of stays in the hospital create pressures for monitoring the status of the pregnant woman, emphasise the importance of the delivery plan and the significance of the clinical work in the delivery hospitals. The centralisation of deliveries requires monitoring factors that threaten the well-being of the parturient and the newborn, including the increase in the numbers of out- of-hospital deliveries and operative deliveries. There has been paid special attention to cooperation between municipalities and the hospital and the responsibilities of each actor must be clearly defined.

The Istanbul Convention obliges the signatories to secure the provision of services needed by victims of sexual violence. In Finland the policy set down in the Ministry of Social Affairs and Health's Action plan for the Istanbul Convention for 2018-2020 is that the Sexual Assault Support Center, (for victims of sexual violence aged over 16) will be established in five largest cities. The first two Seri Support Centers have been opened in Helsinki and Turku. The service is free of charge for the client. At the Seri support center, clients receive a comprehensive service package at a single location, including the collection of forensic samples, an overall assessment of their situation, support for coping during the first few days following the incident, psychological support in recovering from a traumatic experience, and a follow-up treatment plan.

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

In Finland maternity care clinic services are offered to all women: only 0.2-0.3 % of pregnant women don't use the services. The working approaches aim to highlight a family-centred approach and service grounded in the needs of the client. Holistic care during the gestation period promotes and safeguards the health and well-being of the pregnant woman and her family as well as the health of the unborn child.

Health Care Act, the Government Decree issued on its basis and the Government Decree on Screenings construct the legal basis for recommendations guiding maternity clinic operations. Service is also parallel with WHO's principles of perinatal care.

The national maternity guidelines, produced by THL in 2013, provides highly detailed recommendations for monitoring, screening and care during the gestation period and organisation of multidisciplinary cooperation. As a part of prenatal screening, versatile information will be provided on, for example, the voluntariness of prenatal screening, its purpose, objectives, methods, effects, any further examinations and risks of screening, the right to decide on abortion or continuing a pregnancy based on prenatal screening when

meeting the criteria of serious disability, as well as information on support actions, provided by society for living with a disabled child. It's recommended to monitor prenatal screening quality and effectiveness regionally and nationally. Furthermore, the guidelines include recommendations for developing and supporting the competence of professionals. Seamless cooperation of maternity clinic, delivery hospital and related social services is also recognised to be essential. Midwives are seen as advocates of mothers to enable them in making fully informed consent regarding their care during pregnancy and child birth.

In Finland fear of childbirth (099.80 in Finnish ICD-10 classification) is reported in 10% of the pregnancies. One third of planned Caesarean sections are performed due to fear of childbirth. Previous experience of violence or negative birth experience are the leading causes behind the fear. It is treated at the phobia clinic with the support of a midwife and an obstetrician. Psychoeducative group therapy has proven to be the most effective form of therapy. In addition to obstetric assessment, its cornerstones include hearing and supporting of the phobic patient.

Multiprofessional delivery planning, treatment during delivery and planning of the postnatal period are needed in the treatment of all pregnant women and their partners in need of special support (for example, due to fear of delivery, problems in previous delivery, mental health disorders or a substance abuse issue in the family).

The aim of the family coaching is to provide families a holistic, positive birth experience and to back up their own resources. Finnish municipalities are responsible to arrange multi-professional family coaching and antenatal classes. The classes has to meet the needs of families and provide visual information on the childbirth process and local care practices. Good results have been obtained by using customer-oriented, participatory methods and peer support, and offering visits to the birth environment in advance. Lately the resources for family coaching have been cut down as well as the possibilities to visit the

delivery hospital antepartum. It is extremely important to invest to the coaching for preventing the experiences of ignorance during obstetric care because women then gain appropriate knowledge of childbirth.

The private sector offers services especially by gynecologists and therapists. In addition to the public sector, non-governmental organizations (NGOs) are significant service providers, especially for special groups (lone parents, sexual minorities, sex workers, victims of sexual and gender violence, people with disabilities), in informing and developing working methods related to sexual and reproductive health. Topics related to sexuality are being integrated in the training for various occupational groups, especially in health care. Further training has been arranged for professionals in sexual counseling and sexology, which follows the Nordic standards. Universities of Applied Sciences and NGOs are responsible for the training.

There has been launched a Finnish #metoo in childbirth -campaign in the beginning of May 2019. Women have written about their treatment during child birth. There are stories about treatment without consent, unnecessary procedures, painful examinations and disrespectful treatment. So far there is no research on obstetric violence in Finland.

3) 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;

Reproductive health services in Finland have processes to track and continuously improve respectful care. THL collects data on the birth experiences and satisfaction every other year by a national survey. The survey includes a possibility to give verbal feedback. In 2018, during the three weeks data collection 314 parents answered to the questionnaire. The feedback was mainly positive and no mentioned mistreatment or violence during their care.

However, that year the survey response rate was quite low.

According to the LTH (The Children's Health, Well-being and Services) pilot survey in 2017 one fifth of mothers with 3 months old baby reported their birth experience more negative than they have expected but over 90% had well recovered from the child birth.

In Finland the Visual Analogic Scale is used to estimate the fear of child birth and the birth experience. The maternity guidelines have clear recommendations how to measure the fear of childbirth and how to act in case of fear. The maternity hospitals have also clear rules how to react if the VAS of the birth experience is low (discuss with the mother, offer support and follow-up).

The Finnish Patient Insurance Centre (PVK) handles all personal injuries that occur in connection with healthcare activities in accordance with the Patient Injuries Act (585/1986).

4) 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.

In Finland we have a comprehensive legislation related to the quality of care in the provision of healthservices (including sexual and reproductive healthservices): Decree on the qualification requirements for teaching personnel 986/1998; Decree on induced abortion 239/1970; Act on Specialized Medical Care 1062/1989; The Act on the Status and Rights of Patients 785/1992; Act on Induced Abortion 239/1970; Health Care Professionals Act 559/1994; Act on amending the Health Care Professionals Act 433/2010; Decree of the Ministry of Social Affairs and Health on vaccinations and screening of communicable disease during pregnancy 421/2004; Decree of the Ministry of Social Affairs and Health on the arrangement of examinations and treatment aiming at gender reassignment as well as on the medical investigation related to the legal recognition of the gender of transsexuals 1053/2002; Act on Sterilisation 283/1970; Decree on Sterilisation 427/1985; Health Care Act 1326/2010; Government Decree on maternity and child welfare clinics, school and student health care and preventive oral health care for children and young people 338/2011; Government Decree on amendments to sections 14 and 28 of the qualification requirements for teaching personnel 614/2001; Government Decree on screenings 1339/2006 & 339/2011.

National Action programmes:

THL has prepared the Action Programme (2014-2020) for promotion of sexual and reproductive health and rights. The plan aims to improve the population's sexual and reproductive health and, thereby, reduce health and social inequalities. Sexual and reproductive health is promoted by providing more information, by enhancing co-operation, and by developing related services. One of the four priority action areas is good care at child birth. The action includes recommendations for midwives, nurses and doctors how to manage child birth so that it is a good experience and increases the health and well-being of the whole family.

Council of Europe Convention on preventing and combatting violence against women and domestic violence, Istanbul Convention, stepped into force in Finland on August 1st, 2015.

THL, together with the Ministry of Social Affairs and Health, has updated the Action plan for the prevention of female genital mutilation (FGM; 2019). One of the main aims is to improve the health and well-being of women undergone FGM. The action plan includes clear recommendations for professionals on how to act during pregnancy and child birth to enable the women with FGM a safe and smooth pregnancy and child birth.

The legislation on professional practice in health care and social welfare:

A directive for the recognition of professional qualifications lays down rules for the education and degrees of doctors, nurses and midwives in EU member states.

The legislation on continuing education for health care and social welfare professionals: In addition to legislation, national recommendations also regulate the continuing education for both health and social welfare staff.

Other actions:

The Ministry of Social Affairs and Health is responsible for the planning and steering of work aimed at combatting violence against women.

THL has issued recommendations for the extensive health examinations during pregnancy in 2012. Together with the Ministry of Social Affairs and Health and the Council for Gender Equality, THL has also prepared a guide to maternity and child welfare clinics to implement gender equality principles on the practical level when working with families.

Prevention of sexual violence is as important as support services. The most effective way to promote sexual safety is to give sexuality education to children from early years to late adulthood. Finnish National Agency for Education has produced guidelines to diminish sexual violence and harassment. THL is also supporting safety skills and knowledge education.

THL is coordinating a new National Action Plan for Safety Promotion among Children and Youth which will be published in the autumn 2019. Action plan includes a wide section to diminish sexual violence.

In Finland sexuality education is part of obligatory education. In the Action Programme (2014-2020) for promotion of sexual and reproductive health and rights sexuality education - especially for children and adolescents is one (of four) main points. Sexuality education can protect from violence against women in the reproductive health services too.

Nollalinja-helpline for domestic violence and violence against women, or threat of it, has operated since 2016. Nollalinja is available also for family members of victims of violence and for professionals and officials who require advice in their work with customers.

THL has also developed and published a web-based training program (*Luo luottamusta - Puutu väkivaltaan = Create trust - Stop the violence*) for social and health care professionals and police on domestic violence and violence against women. In Finland most of the professionals' degree programs do not include VAW topics in the curriculums and studies indicate professionals' needs for training on it. The training program increases professionals' competence to identify and intervene in DV and VAW and it increases the general understanding of the phenomenon. The training programme and spreading it to professionals is part of the Finland's action plan to implement the Istanbul Convention.

Conclusions

There is no actual research on the subject in Finland, but other aspects of sexual and reproductive health services are strictly regulated and their implementation monitored. In Finland, too, we have recently heard about the poor experiences of women in reproductive health services, and more attention should be paid to

this issue. In recent years, resources for sexual and reproductive health services have been reduced in all areas and, with the abolition of the THL's sexual and reproductive health unit, national coordination has been lacking. The occurrence of violence and abuse in sexual and reproductive health services should be investigated in order to gain reliable information and to develop services.