

HUMAN**RIGHTS** **in****CHILDBIRTH**

Human Rights Violations in Pregnancy, Birth and Postpartum during the COVID-19 Pandemic

6 May 2020

This report was prepared by the Board of Human Rights in Childbirth, as a thematic report on human rights violations during pregnancy, birth and postpartum during the COVID-19 pandemic.

Special thanks to HRiC volunteers: Daniela Drandic, Maria Laura Jeanrenaud, Bashi Hazard and Nicholas Rubashkin who helped compile this report. Also thanks to the organisations and individuals who helped inform its contents (listed at the end of the report).

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About HRiC

Human Rights in Childbirth (HRiC) is an international, non-profit legal and human rights advocacy and reproductive justice organisation founded in The Hague in 2012 and operating with a diverse board of stakeholders from Australia, Latin America, Eastern Europe, USA and India. We monitor human rights abuses in pregnancy and childbirth around the globe and develop resources to build regional capacity, and train women and gender non-conforming people to advocate for their rights. Historically, the reproductive rights movement has marginalised young women, women of colour and low-income women from leading change in a sphere that has profoundly affected and continues to affect us. We are working to change this through multidisciplinary research, leadership and capacity building, movement building and by putting the lived, personal experiences of childbearing women at the center of our discourse.

HRiC has long recognised that the realisation and protection of women's reproductive rights is not a cherry-picking exercise. For low-income women, indigenous women, immigrant women and women of colour in particular, the full spectrum of women's reproductive rights must be defended, together with advocacy to develop the conditions for the realisation of women's human and reproductive rights. These include:

- (a) the right to have a child or to not have a child;
- (b) the right not to be separated from our children;
- (c) the right to be able to care for our children in accordance with our cultural, spiritual and community norms, consistent with the human rights of women and children; and
- (d) the right to control our birthing options, including the right to decide our care providers, birth companions, treatment options and the circumstances of our birth.

Without exception, efforts to elevate any one of these rights at the expense of the other is to place arbitrary limits on a woman's right to bodily autonomy and informed consent, with serious consequences for women and children.

HRiC's mission is to put women at the center of maternity care, everywhere. Our legal advocacy has ranged from convening multi-stakeholder conferences, building multi-stakeholder support networks and legal expertise, documenting and reporting on the mistreatment of women in pregnancy and childbirth, and strategic intervention in legal cases and parliamentary inquiries at the national level. Through our networks, we seek to set a new standard in engagement for maternity healthcare systems: the integration of grassroots constituencies with state actors, healthcare providers and global health policy developers.

HRiC has been monitoring, and advocating against, the abuse and ill treatment of women in pregnancy and childbirth for seven years now. These observations are based on that volume of experience, knowledge and the testimony of hundreds of people with whom we have spoken and worked.

Special Thanks

Human Rights in Childbirth would like to thank the brave mothers, fathers, doulas, midwives and doctors who have spoken out and worked, often at great personal cost, to protect and support the human rights of pregnant and birthing women around the globe. They are the few - the just - who see and feel the harms that are perpetrated with impunity on birthing women every day and they will not stand by in silence. They work in isolated and hostile environments in the face of ongoing vertical and horizontal violence, all while fighting a powerful, highly resourced, well-coordinated and non-responsive medico-legal culture and the social endorsement of abuse and disrespect of some of the most vulnerable groups in society: mothers with newborns. They do all this with very little reward or compensation. We could not have produced this publication without their brave reports, assistance and compassionate insights. We thank them for their contributions to humanity and to Human Rights in Childbirth.

We also thank the families, advocates, healthcare providers, legal professionals and organisations who have helped inform this report. Those who agreed to have their names public are signed in the final section of the report.

Finally, this report would not have been possible without the work of our volunteers - thank you for standing up for women and babies during this global pandemic.

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COVID-19 and Maternity Care: A Summary

The world is dealing with unprecedented challenges arising from the novel coronavirus (COVID-19) and health systems are now focused on social distancing and avoidance of non-urgent, non-COVID related medical care. Unfortunately, the strains on our health systems and the difficulties are not being borne equally by the population - pregnant women in particular still require competent and compassionate labour, birth and postpartum care.

In this time of health crisis policy actors, hospital systems, and birth care providers are changing the provision of pregnancy and birth care in ways not based on scientific evidence nor in best practices endorsed by the WHO. Not only are the changes described in this document not based on evidence, the changes are arguably unnecessary and even harmful. When necessary changes are being implemented they are often done in ways out of proportion to the risks posed by coronavirus. Where necessary changes are made, such as moving to remote tele-health visits, few health systems are implementing innovative methods to reach women who lack access to technology and information, especially marginalized women who were already needed more support before the pandemic started.

Although the COVID-19 pandemic requires a swift global response to contain the virus' spread and protect the life and health of others, this does not mean that states can use any means to achieve this. [UN human rights experts](#) have called upon states to maintain a human rights-based approach to regulating the COVID-19 outbreak and have held that the pandemic should not be used as an excuse to target the rights of particular groups, minorities or individuals, nor should it be used as cover for repressive action under the guise of protecting health.

We should be wary of any use of the pandemic to institutionalise harmful practices in maternal healthcare. Rather than an effective response to COVID-19 they are a breach of women's human rights and a cloaked manifestation of structural gender discrimination.

Mistreatment and Human Rights Violations in Maternity Care During COVID-19

The quality of maternity healthcare is being undermined by the global response to COVID-19. Changes in practice aimed at controlling the spread of the pandemic are disproportionately infringing on the human rights of pregnant and birthing women, and warrant careful scrutiny. The changes are disproportionately affecting vulnerable and marginalised groups, especially in countries where access to adequate or quality health care was already restricted before the pandemic.

Many professional organisations from around the world have been working very hard to ensure that there are guidelines on caring for pregnant, birthing, postpartum women and their babies are up to date at all times and reflect the latest data on COVID-19 and this vulnerable population. We will refer to many of these in the report, and they include the World Health Organization¹, UNICEF², and a consortium from the United Kingdom that includes the Royal College of Obstetrics and Gynaecology, the Royal College of Midwives and the Royal College of Paediatrics and Child Health³

HRiC has been collecting data on changes in care being provided to pregnant, birthing and postpartum women and their newborns since the beginning of 2020 in English, Spanish and French, and some of the examples of disproportionate responses to the pandemic are summarised below. HRiC will continue to collect data and update this report with new information and examples as the pandemic continues.

¹ World Health Organization. Coronavirus disease (COVID-19) and Sexual and Reproductive Health (07 April 2020). Available at: <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-SRH/en/>

² UNICEF. Statements from UNICEF. (16 April 2020). Available at: <https://www.unicef.cn/en/covid-19#statement>

³ RCOG, RCM and RCPCH. Coronavirus (COVID-19) infection and pregnancy. (09 April 2020). Available at: <https://www.rcog.org.uk/coronavirus-pregnancy>

Women being denied the right to a companion during labour and birth

The WHO continues to recommend that women should have a companion at birth⁴ even if they have COVID-19. This provides an important form of protection and support for birthing women and their newborns; without having a companion to advocate for her, the chances of a woman experiencing disrespect and abuse are higher, with poorer outcomes for mothers and babies.⁵ Companionship is critical to the safe care for women from vulnerable groups especially, e.g. African American, indigenous, migrant women.

To maintain safe companionship at birth, some countries have increased vigilance over the health of the birth companion and have put in restrictions on that person's movement in hospitals,⁶ while many hospitals have put restrictions on companions at birth, in some cases even restricting it:

- Birthrights, a British organisation dedicated to promoting respect for human rights during pregnancy and childbirth has received reports of birth partners not being allowed at births even if women are well⁷
- In Slovenia, there has been a ban on labour companions and on having visitors after giving birth⁸ even though advocates have set up petitions requesting that companions be allowed⁹
- In Germany some hospitals are allowing companions at vaginal births, some at caesareans, some at one type of birth but not others¹⁰
- Schwere Gebur, an NGO from Germany has warned that in some German hospitals, a companion is allowed only when he/she lives in the same household as the birthing woman, discriminating single parents, parents not living in the same place, mothers in abusive relationships not wanting their partner to be the birth companion; the birth partner is only allowed during active phase of labour (leaving the woman alone during most of the time of the birth¹¹
- In Lithuania (and possibly Estonia), companions have been banned from all hospital births¹²

⁴World Health Organization. Coronavirus disease (COVID-19) and Sexual and Reproductive Health (07 April 2020). Available at: <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-SRH/en/>

⁵ Diamond-Smith, N; Sudhinaraset, M; Melo, J; Murthy, N. "The relationship between women's experiences of mistreatment at facilities during childbirth, types of support received and person providing support in Lucknow, India." *Midwifery* 40 (2016) 114-123.

⁶ "COVID19 – Accompagnement lié à la grossesse et l'accouchement." French Ministry of Health, 31 March 2020. Available at: <https://solidarites-sante.gouv.fr/actualites/presse/communiqués-de-presse/article/covid19-accompagnement-lie-a-la-grossesse-et-l-accouchement>

⁷ Birthrights.org.uk, Available: <https://www.birthrights.org.uk/2020/04/23/birthrights-communication-with-trusts-other-organisations-re-coronavirus/>

⁸ "Nosečnost in porod v času širjenja okužbe s COVID-19." Slovenian Institute for Public of Health, 02 April 2020. Available at: <https://www.nijz.si/sl/nosecnost-in-porod-v-casu-sirjenja-okuzbe-s-covid-19>

⁹ "Spremljavo partnerja pri porodu je pomembno navkljub epidemiji!" Available at: https://www.peticija.online/spremljavo-partnerja_pri_porodu_je_pomembno_navkljub_epidemiji

¹⁰ Wenn Papa die Geburt verpasst. Spiegel. 29 March 2020. Available at: <https://www.spiegel.de/panorama/gesellschaft/coronavirus-kliniken-verbieten-schwangeren-begleitung-im-kreisssaal-a-dd4b3461-e408-41be-b0ac-2ad14723f814>

¹¹ Urteil: Klinik darf werdendem Vater Zutritt zu Kreißaal verwehren. 9 April 2020. Available: <https://www.aerzteblatt.de/nachrichten/sw/Schwangerschaft%20und%20Geburt?s=&p=1&n=1&nid=111898>

¹² Medikai kreipiasi į karantino metu besilaukiančias moteris ir prašo supratimo bei palaikymo. Media report, 25 March 2020. Available at: <https://www.lrt.lt/naujienos/gyvenimas/13/1154867/medikai-kreipiasi-i-karantino-metu-besilaukiancias-moteris-ir-praso-supratimo-bei-palaikymo>

COVID-19 INFEKCIJA IR NĖŠTUMAS. Ministry of Health. 20 March 2020. <http://www.lagd.lt/data/public/uploads/2020/03/lagd-covid-19-ir-nesnumas-2020-03-30.pdf>

- In Hungary, despite an official statement from the Health Ministry as well as the national COVID-19 guidelines clearly stating that fathers (birth companions) are not visitors, they should be able to accompany their partner to the labour ward, many hospitals do not allow fathers, or require fathers to wear full PPE (which they need to purchase themselves), or hospitals issue manipulative guidance suggesting that having a birth companion is selfish and these parents are putting others at risk without a good reason¹³
- Furthermore, in Hungary previous practices around mandatory “maternity clothing” has been applied in discriminatory ways against ethnic minority Roma women. The requirement in some countries that pregnant women and families purchase PPE in order to enter the hospital with a companion will translate into poor women and women who racism will be affected disproportionately.¹⁴
- Despite social distancing being required, many mothers have reported that rooms on maternity wards are overcrowded without the recommended two metres between people being adhered to (according to reports from NGOs in Slovenia and Croatia).
- In Puerto Rico, where hospitals have banned companions at birth, the Hospitals Association is encouraging its members to re-consider this policy. The preoccupation of the President of this association is that women will turn to home birth due to the restrictions in place at the institutional level.¹⁵
- In Brazil, partners have been banned from birth rooms¹⁶ although companions are able to be in the reception areas of hospitals
- In Uruguay, the “Grupo por la humanización del parto y nacimiento Uruguay” (the Group for the Humanization of Birth in Uruguay) issued a public statement on their Facebook page, where they assert being “overwhelmed” by the amount of women that have contacted them to report the prohibition by hospitals in Uruguay, to be accompanied by a person of their choice during fetal scans, labor and birth. The post received hundreds of testimonies from women around the country, only on the comments thread.¹⁷
- In Argentina, the non-profit organisation Las Casildas, who runs the argentinian observatory of obstetric violence (OVO Argentina), received several comments from pregnant women reporting the impossibility to have a companion of their choice during routine ultrasounds, labor, birth and/or the post-partum at institutions.¹⁸ Las Casildas, released a survey at the beginning of the

¹³ A veszélyhelyzet átírja a betegek jogait, nincs lehetőség „apás szülésre” Győrben. 31 March 2020. Available:

<https://www.kisalfold.hu/kozelet/helyi-kozelet/a-veszelyhelyzet-atirja-a-betegek-jogait-nincs-lehetoseg-apas-szulesre-gyorben-6940785/>

EMMI Egészségügyi Szakmai Kollégium tagozatainak ajánlása a COVID-19 ellátásrenddel kapcsolatban, Available:

<https://kollegium.aEEK.hu/Hirek/Details/41>

¹⁴ ERRC ends discriminatory hospital charges affecting Romani mothers. <http://www.errc.org/press-releases/errc-ends-discriminatory-hospital-charges-affecting-romani-mothers>

¹⁵ “Buscan revertir la prohibición de acompañantes durante el parto en hospitales”, El Nuevo Día, 17/04/2020. Available online at:

<https://www.elnuevodia.com/noticias/locales/nota/buscan-revertir-la-prohibicion-de-companantes-durante-el-parto-en-hospitales-2561919/>

¹⁶ Da recepção da maternidade, pai vê Cecília nascer por vídeo chamada. Campo grande news. 25 March 2020. Available at:

<https://www.campograndenews.com.br/lado-b/comportamento-23-08-2011-08/da-recepcao-da-maternidade-pai-ve-cecilia-nascer-por-video-chamada>

¹⁷ Post from 29/03/2020, on the public Facebook page “Grupo por la humanización del parto y nacimiento Uruguay” Available online at:

<https://www.facebook.com/humaniza2017/photos/a.508595806006541/1245224669010314/?type=3>

¹⁸ Post of 28 March 2020 on the public Facebook page Las Casildas, available online at

<https://www.facebook.com/las.casildas.3/posts/3835396466471265>

lockdown in Argentina, to document potential situations of obstetric violence in the context of the pandemic. Only during the first two weeks they received 389 reported cases.¹⁹

¹⁹ “La violencia obstétrica y los derechos en el parto durante la pandemia”, 17/04/2020, Telam Argentina. Available online at https://www.telam.com.ar/notas/202004/452745-violencia-obstetrica-partos-pandemia.html?fbclid=IwAR1ulzvc_LkkEZTa5FpXKs3uhnaouvenaiQsrMQe6VGfledgHOMWZ5mgdoE

Women being required to use interventions in childbirth

Coronavirus poses unique challenges to birth care providers and pregnant women alike. Women cannot delay childbirth and some of these women will need high-quality medical and surgical care should complications develop.

- There have been reports of hospitals in Canada requiring women to have epidurals during labour, in the case that they need an emergency caesarean under general anaesthesia (an aerosol producing procedure that increases the risk of COVID transmission to healthcare providers)²⁰
- In Slovenia (Kranj Hospital) women are being recommended the use of epidural analgesia without further explanation²¹

²⁰ Almonte hospital requesting pregnant women get epidurals amid COVID-19, 10 April 2020. Available: <https://ottawa.ctvnews.ca/almonte-hospital-requesting-pregnant-women-get-epidurals-amid-covid-19-1.4891727>

²¹ Porod v porodnišnici Kranj v času covida-19. Media report, 03 April 2020. <https://www.bibaleze.si/nosecnost/porod-v-porodnisnici-kranj-v-casu-covida-19.html>

Same information for Maribor: <https://www.bibaleze.si/nosecnost/porod-v-porodnisnici-maribor-v-casu-covida-19.htm>

Women subjected to (forced) inductions and caesarean sections without medical indication

Caesarean birth involves a longer hospital stay and higher risk of complications for mothers and newborns, in the short and long term, which should be avoided unless absolutely necessary, particularly when hospitals are already under strain and medical resources limited. WHO recommendations are clear that women with or without COVID should only be offered a caesarean section where medically indicated. [A recent series of case studies from the United States](#) showed that there was no transmission of COVID from mother to baby during birth, vaginal or caesarean.

- In Vigo, Spain, a pregnant woman who tested positive for COVID-19, underwent a caesarean section when she was only 35 weeks pregnant, giving birth to a premature baby that needed admission to NICU. The obstetricians explained that they decided to perform the caesarean section because they anticipated that the health of the mother may deteriorate with time. The mother's health, however, was reportedly stable after the surgery. They noted that, because the mother was 40 years old, her pregnancy was considered high risk even before she tested positive for COVID-19, as if the age of the mother would justify a premature birth through c-section at 35 weeks of gestation²²
- Spanish organisation El parto es nuestro has reported that that inductions, instrumental deliveries and caesarean sections have been performed to minimise the risk of a potential infection of COVID-19, irrespectively of the women's infectious status and without giving an alternative/choice. One policy example is to induce women straight away on arrival when presenting with spontaneous rupture of membranes in the absence of contractions²³
- In Croatia, the head of the Gynaecology and Obstetrics Society announced that all pregnant women suspected of or positive for COVID-19 will have a caesarean section and be separated from their newborns²⁴
- Birthrights, a British organisation dedicated to promoting respect for human rights during pregnancy and childbirth reports that women who had planned elective caesareans are being told that they need to have inductions instead²⁵

²² "Una madre con coronavirus da a luz a un bebé sano en el hospital de Vigo", La Voz de Galicia, 19/03/2020, Available online at: <https://www.lavozdeg Galicia.es/noticia/sociedad/2020/03/18/madre-coronavirus-da-luz-hospital-vigo-bebe-sano/00031584535051017369988.htm>

²³ El parto es nuestro. Available at: <https://www.elpartoesnuestro.es/>

²⁴ Šef Rebra kaže da će rodilje pozitivne na Covid-19 ići na carski rez da se bebe ne inficiraju pri porodu, Telegram.hr. 06 April 2020. Available at: <https://www.telegram.hr/zivot/sef-rebra-kaze-da-ce-rodilje-pozitivne-na-covid-19-ici-na-carski-rez-da-se-bebe-ne-inficiraju-pri-porodu/>

²⁵ Birthrights.org.uk, Available: <https://www.birthrights.org.uk/2020/04/23/birthrights-communication-with-trusts-other-organisations-re-coronavirus/>

Mothers are being separated from their infants and discouraged from breastfeeding

Infection control protocols are not being adapted to the specific needs of mothers and newborns, and in many hospitals, are being used to separate mother and child, and to isolate women. The WHO guidelines recommend skin to skin contact after birth, [keeping mother with baby](#), and [encouraging mother to breastfeed](#) - all important for mother and baby's health. These are essential yet often overlooked epidemiological measures, as skin to skin and breastfeeding provide immunological factors to help babies fight COVID-19. Mothers and babies who are COVID positive should be isolated from other mothers and babies.

- “I have given birth alone and I have not been able to be with my son...” says a mother who gave birth at a hospital in Madrid, Spain. She explains that upon arrival to the hospital to give birth, she tested positive for COVID-19, “They didn't even test my husband, they just didn't let him pass... It was a dreadful birth... nobody has accompanied me, **I have not been able to be with my baby, and on top of that I have not had the possibility of starting breastfeeding from the beginning...**” The newspaper El Español reports that this is not an isolated case, to the contrary, dozens of mothers have reported alleged negligence in childbirth and during their stay in Spanish hospitals in the context of the pandemic.²⁶ In fact, the SEGO (Sociedad Española de Obstetricia y Ginecología) issued a position statement, whereby they recommend -for mothers who test positive for COVID-19- “immediate clamping of the umbilical cord and avoidance of skin-to-skin contact”. They also suggest not to breastfeed²⁷
- Spanish organisation El parto es nuestro has reported that women with a suspicious or confirmed case of Covid-19 are being separated from their newborns, can not have skin to skin, delayed cord clamping or initiate to breastfeed,²⁸ in some cases being sent home without their babies who remain in hospital even though they are negative²⁹
- In Malta, women who are COVID-19 positive will be quarantined for their babies for 14 days³⁰
- In Romania, babies are removed from their mothers regardless of COVID-19 status; there have been reports of infants becoming infected with COVID-19 from healthcare staff³¹

²⁶ “El drama de llegar al paritorio y ser positivo por Covid: sola, obligada a la cesárea y sin tocar al bebé” El Espanol, 7 de Abril de 2020. Available online at: https://www.elespanol.com/sociedad/20200407/llegar-paritorio-positivo-covid-obligada-cesarea-sin/480453353_0.html

²⁷ Statement available online at http://www.rhaprofesional.com/wp-content/uploads/2020/03/SEGO_Espa%C3%B1a.pdf

²⁸ El parto es nuestro. Available at: <https://www.elpartoesnuestro.es/>

²⁹ Ruth da a luz tras dar positivo, pero, ya en casa, sigue sin poder ver al bebé, que resultó negativo. 06 April 2020.

https://www.lavozdegalicia.es/noticia/sociedad/2020/04/06/ruth-da-luz-tras-dar-positivo-casa-sigue-poder-ver-bebe-resultado-negativo/0003_202004G6P8991.htm

³⁰ Expectant mothers fearing Covid-19 urged to deliver in hospital: 'It's the safest place to have a baby during these extraordinary times'. Malta Today. 23 March 2020. Available at:

https://www.maltatoday.com.mt/news/national/101218/expectant_mothers_fearing_covid19_urged_to_deliver_in_hospital_its_the_safest_place_to_have_a_baby_during_these_extraordinary_times#.XqakKWgzY2w

³¹ OMS recomandă ca mamele cu COVID-19 să poată alăpta. Nu și în România

Citește întreaga știre: OMS recomandă ca mamele cu COVID-19 să poată alăpta. Nu și în România

. 09 April 2020. Available: <https://www.libertatea.ro/stiri/oms-recomanda-ca-mamele-cu-covid-19-sa-poata-alapta-nu-si-in-romania-2946820>

- Birthrights, a British organisation dedicated to promoting respect for human rights during pregnancy and childbirth reports that parents have reported not being able to see their children in neonatology departments³²
- Croatian parents are unable to see their children in neonatology departments³³
- In Czechia, although there policies stating that parents can see their hospitalised infants and children (including children who go to the neonatology department after birth), in practice this is not always the case³⁴
- In New Zealand, parents who live together are not allowed to visit their babies in neonatology units (preemies, ill babies) because of strict one-visitor policies³⁵
- In Australia, Sydney Adventis Hospital has cancelled skin to skin contact after birth if the mother is COVID-19 positive, separated from mother until both mother and baby test negative³⁶
- In Argentina, official guidance states that mothers and babies will be separated in confirmed or suspected cases of COVID-19 and discouraged from direct breastfeeding³⁷

³² Birthrights.org.uk, Available: <https://www.birthrights.org.uk/2020/04/23/birthrights-communication-with-trusts-other-organisations-re-coronavirus/>

³³ Udruga Roda: Djeca i rodilje u Hrvatskoj i dalje bez pratnje u bolnicama, 30 April 2020. Available:

<https://sib.net.hr/vijesti/regija/3809263/udruga-roda-djeca-i-rodilje-u-hrvatskoj-i-dalje-bez-pratnje-u-bolnicama/>

³⁴ Vyzýváme Dětskou nemocnici v Brně, aby přestala znemožňovat přístup rodičů k dětem. Czech League of Human Rights. 24 March 2020. Available <https://ilp.cz/blog/2020/03/vyzyvame-detskou-nemocnici-v-brne-aby-prestala-znemoznovat-pristup-rodicu-k-detem/>

³⁵ Coronavirus: A Manawatu dad is separated from his premature baby in Wellington Hospital. 05 April 2020. Available at: <https://www.stuff.co.nz/national/health/coronavirus/120826598/coronavirus-a-manawatu-dad-is-separated-from-his-premature-baby-in-wellington-hospital?cid=app-android>

³⁶ As reported to HRIC, PDF of Sydney Adventist Hospital. Available at:

<https://drive.google.com/file/d/1unkmFgpDXB2zR4M3pgRCrCtctNtXrDA6/view>

³⁷ As reported to HRIC, with PDF of official Ministry of Health Guidance. Available at:

https://drive.google.com/file/d/1Zf_m3ijtNzYBe4GrycC0gaW83okASOF3/view

Maternity staff not being provided with adequate personal protective equipment other essential resources

Consistent with the global shortage of protective personal equipment (PPE), maternity services are being overlooked when it comes to the distribution of these resources across antenatal, birth and postnatal care.

- A midwife in Argentina, who works in the maternity units of various private hospitals, stated in an interview with the news agency Telam, that she and her colleagues are not provided with adequate protective equipment. She explains that, before the pandemic “there use to be everything, but now it’s all rationed, they don’t give us the correct protection”³⁸
- Midwifery services in Ontario, Canada are not receiving enough protective equipment and have been asking community members to donate^{39, 40}
- Shortages of PPE for maternity care staff have been reported in the Czech Republic⁴¹ and Germany as well⁴²
- In Romania, there have been reports of babies being separated from their mothers and being infected by COVID-19 from maternity staff⁴³

³⁸ La violencia obstétrica y los derechos en el parto durante la pandemia, Telam, 17/04/2020

https://www.telam.com.ar/notas/202004/452745-violencia-obstetrica-partos-pandemia.html?fbclid=IwAR2V0oSlahqBIptO5w6yMWGsZF_zS4I2GKR89hF_5LdT6eevoKc359c5d8

³⁹ Facebook page of the Hamilton Midwives. 31 March 2020. Available at:

<https://www.facebook.com/295141347555753/posts/942958346107380/?d=n>

⁴⁰ AOM Statement: Shortage of Personal Protective Equipment (PPE) in Ontario. Association of Ontario Midwives. 03 April 2020. Available at:

https://www.ontariomidwives.ca/sites/default/files/Policy%20positions%20and%20submissions/PPE-statement_Apr-3-2020.pdf

⁴¹ „Stát na nás zapomněl.“ Nedostatek ochranných pomůcek v domovech seniorů si vybírá daň. 27 March 2020.

<https://www.seznamzpravy.cz/clanek/koronavirus-zasahl-seniory-z-domovu-stat-na-nas-zapomnel-rika-personal-96005>

⁴² As reported to HRIC:

https://twitter.com/heutejournal/status/1246894913976967175?s=21&fbclid=IwAR3RhiDuYWrAwWI8p388vcX7uJFC3go_PXyGmSxsbkBqWDFgxCID5spDo

⁴³ OMS recomandă ca mamele cu COVID-19 să poată alăpta. Nu și în România

Citește întreaga știre: OMS recomandă ca mamele cu COVID-19 să poată alăpta. Nu și în România. 09 April 2020. Available:

<https://www.libertatea.ro/stiri/oms-recomanda-ca-mamele-cu-covid-19-sa-poata-alapta-nu-si-in-romania-2946820>

Maternity care staff being relocated to other units, leaving maternity services underserved

Maternity care providers in stressed health systems are being redeployed to care for COVID cases, potentially leaving already strained maternity facilities dangerously understaffed.

- In Germany, the NGO MotherHOOD has reported to HRiC of the closure of a number of maternity units, without explanation as to why these are being closed
- In Brazil, NGOs have reported to HRiC that private hospitals have banned midwives in some areas
- Birthrights, a British organisation dedicated to promoting respect for human rights during pregnancy and childbirth reports that midwifery-led birth centres are being turned into COVID-19 isolation wards; when this occurs in an area with closed homebirth services, women must attend the hospital for birth⁴⁴

⁴⁴ Birthrights.org.uk, Available: <https://www.birthrights.org.uk/2020/04/23/birthrights-communication-with-trusts-other-organisations-re-coronavirus/>

Decentralised community and out of hospital maternity services (including midwifery units and home birth) being limited or closed

Where available, health systems need to support women seeking home and out of hospital birthing services. Home or out of hospital facilities can prevent the cross-contamination that is obviously of risk in major tertiary hospitals. Some countries have opened “pop up” birth centres in hotels near obstetric units as a way of ensuring that healthy women and maternity health providers are kept out of overstretched facilities and protected from COVID-19 exposure.

- Birthrights, a British organisation dedicated to promoting respect for human rights during pregnancy and childbirth has reported that about half of NHS trusts have been suspended; some parents have reported that when they decide to proceed with home birth despite restrictions they are being told they will be referred to social services
- In Slovenia, home birth services have been outright banned as a measure to cope with the epidemic, without explanation or date or conditions required for reinstating services,⁴⁵ there have also been reports of people getting messages from health authorities encouraging them to report women giving birth at home despite the ban
- In the UK (rural Scotland, NHS Tayside) the rural community maternity unit was closed and women required to birth in the larger city hospital (for many an hour’s drive away); home births were also re-routed to Dundee Hospital⁴⁶

⁴⁵ Vlada izdala odlok o začasnih ukrepih na področju zdravstvene dejavnosti zaradi zajeitve in obvladovanja epidemije COVID-19. Slovene Ministry of Health, 31 March 2020. Available: <https://www.gov.si/novice/2020-03-31-11-dopisna-seja-vlade-republike-slovenije/>

⁴⁶COVID-19 Tayside maternity services changes. NHS Tayside website. (No date). Available: https://www.nhstayside.scot.nhs.uk/News/Article/index.htm?article=PROD_336025

Women from marginalised groups

Marginalised groups have been especially hard-hit during the COVID-19 crisis - from healthcare providers to pregnant women who have been unable to get care due to fears that they are COVID positive.

- In Macedonia, a pregnant Romani woman was refused care at a hospital in Ohrid after visiting several times and showing signs of an infection. When she was rushed to the emergency department in Skopje she was left outside for more than six hours while they tested her for COVID-19⁴⁷
- In the UK, BAME people make up the majority of healthcare providers who have died of COVID-19 in the National Health Service⁴⁸
- Birthrights, a British organisation dedicated to promoting respect for human rights during pregnancy and childbirth reports that the number of doctors required to urgently detain a person for assessment and review under the Mental Health Act has been reduced from 2 to 1⁴⁹
- In countries where there are bans to companions at birth and visitors, it is not always clear whether these bans also cover cases of stillbirth, women with disabilities and foreigners (migrants, refugees) who require interpreting

⁴⁷ Nine Month Pregnant Romani Woman Dies after Waiting Six Hours for COVID-19 Test Results to get Emergency Care. European Roma Rights Centre. 06 April 2020. Available at: <http://www.errc.org/news/9-month-pregnant-romani-woman-dies-after-waiting-six-hours-for-covid-19-test-results-to-get-emergency-care>

⁴⁸ Coronavirus: BAME people make up 72% of all NHS and carer deaths with COVID-19. Sky News. 22 April 2020. Available at: <https://news.sky.com/story/coronavirus-bame-people-make-up-72-off-all-nhs-and-carer-deaths-with-covid-19-11977263>

⁴⁹ Birthrights.org.uk, Available: <https://www.birthrights.org.uk>

Consequences of COVID-19 containment measures on maternal health

- There are worries that COVID-19 is being used as an excuse to cover up medical malpractice, as in the case of a Spanish woman who was COVID-19 positive and died with her baby during an emergency caesarean section that is currently being investigated⁵⁰
- In India, Rafiya Begum developed a severe lung infection postpartum and was turned away from 10 hospitals, including a COVID-19 facility in Hyderabad. She later died.⁵¹
- In Kenya, a woman in labour at home experiencing severe bleeding delayed travelling to a healthcare facility because of fears of police brutality during the overnight curfew implemented as a COVID-19 measure. She later bled to death.⁵²
- Many opponents of home birth have taken the opportunity to use COVID-19 to unjustifiably vilify and discourage home birth, as in Slovenia⁵³ but also in Hungary where the Obstetric, Gynaecologist, Assisted Reproduction branch of the College of Health Care Workers issued a statement that homebirth is not safe during the pandemic (and it has never been safe), because of a shortage of emergency services. This opinion paper of the College of Health Care Workers has been sent to the Association of Health Visitors and distributed to many workers on-the-field meeting almost all pregnant persons, discouraging them from having a home birth⁵⁴
- In Puerto Rico, opponents of home birth are using COVID-19 as an opportunity to vilify midwives and home births⁵⁵
- Spanish organisation El parto es nuestro has reported that some hospitals are operating as normal and not accepting women who are presenting with COVID-19 cases to declare themselves to be infection-free.⁵⁶

⁵⁰ Piden a la Fiscalía que investigue la muerte de una embarazada con coronavirus y su bebé en La Coruña. 31 March 2020. Available: <https://www.elmundo.es/espana/2020/03/31/5e8326d6fc6c83043b8b4597.html>

⁵¹ Covid-19 fear claims new mom's life as 10 Hyderabad hospitals turn her away. The Times of India, 11 April 2020. Available at: <http://timesofindia.indiatimes.com/articleshow/75089872.cms>

⁵² Pregnant woman bleeds to death in the wake of Kenya police brutality. KTN News. 09 April 2020. Available at: <https://www.standardmedia.co.ke/ktnnews/video/2000187655/pregnant-woman-bleeds-to-death-in-the-wake-of-kenya-police-brutality>

⁵³ Vlada izdala odlok o začasnih ukrepih na področju zdravstvene dejavnosti zaradi zaježitve in obvladovanja epidemije COVID-19. Slovene Ministry of Health, 31 March 2020. Available: <https://www.gov.si/novice/2020-03-31-11-dopisna-seja-vlade-republike-slovenije/>

⁵⁴ Hungarian Association of Independent Midwives, <https://www.facebook.com/mave.magyarvedonokegyesulete.1/posts/217963569316918>

⁵⁵ As reported to HRIC by Observatorio de Violencia en la Atención Materno Infantil, Available:

https://drive.google.com/file/d/1ETXdaiPTMt7n9TDUXz3K5XCND-QG2M_P/view

⁵⁶ El parto es nuestro. Available at: <https://www.elpartoesnuestro.es/>

Positive Examples

The countries that have responded well to the needs of pregnant and birthing women strongly indicate that the aforementioned restrictions are unnecessary and disproportionate. Some countries have converted hotels near maternity hospitals into temporary birth centres to support both healthy non-symptomatic women and protect maternity healthcare workers from COVID-19 exposure. Others encourage birth companions but with protective restrictions on movement within hospital facilities. Health systems should not be actively engaged in damaging the health and wellbeing of pregnant women, mothers and babies. All citizens are entitled to the protection of their right to the highest attainable level of health during this crisis. Mothers and babies should be no exception to that rule.

- Birthrights, a British organisation dedicated to promoting respect for human rights during pregnancy and childbirth reports that about half of NHS trusts are working to maintain and expand homebirth services, including taking innovative approaches⁵⁷
- New York State (USA) has launched a COVID-19 Maternity Task Force that is calling for additional birth centres to be opened during the ongoing pandemic⁵⁸
- In the Netherlands primary care midwifery has been reinforced and the phased approach to how to deal with the increase in midwives shortages includes using hotels nearby OU for the centralization of healthy women in labour in order to avoid hospitals⁵⁹
- Midwifery units have emerged in low- and middle-income countries as women seek more respectful care, and can potentially decrease the burden on hospitals⁶⁰
- In France, the Ministry of Health has introduced measures for increased vigilance over the health of the birth companion and has put in restrictions on that person's movement in hospitals to ensure safe companionship at birth⁶¹
- In Luxembourg, there have been reports of some hospitals ensuring that fathers can visit babies and mothers but they are not allowed to leave the room (if the rooms are single-occupancy); partners are allowed at births but must remain in the room at all times
- Reports from women show that in Ontario, Canada midwives are still allowing doulas to attend home births as long as the doula participates in safety protocols (temperature checking, vigorous hand washing, changing clothes etc).

⁵⁷ Birthrights.org.uk, Available: <https://www.birthrights.org.uk/>

⁵⁸ New York Launches a COVID-19 Maternity Task Force to Support Expectant Mothers. Vogue. 21 April 2020. Available at: <https://www.vogue.com/article/new-york-maternity-pregnancy-task-force-covid-19>

⁵⁹ Royal Organization of Dutch Midwives. Coronavirus - Koninklijke Nederlandse Organisatie van Verloskundigen Available at: <https://www.knov.nl/samenwerken/tekstpagina/924-2/coronavirus/hoofdstuk/1359/coronavirus/#3414-knov-guidance-phase-2-covid-19-march-24-2020-pdf>.

⁶⁰ Stevens JR, Alonso C. Commentary: creating a definition for global midwifery centers. Midwifery 2020;85:102684

⁶¹ COVID19 – Accompagnement lié à la grossesse et l'accouchement. French Ministry of Health, 31 March 2020. Available at: <https://solidarites-sante.gouv.fr/actualites/presse/communiqués-de-presse/article/covid19-accompagnement-lie-a-la-grossesse-et-l-accouchement>

Final Remarks

During the Ebola epidemic, community health workers stepped in when the infection devastated a healthcare system.⁶² Response to COVID-19, which will likely require a “Hammer and Dance” approach⁶³ over a longer period of time, will require systems thinking and a robust community response.

Some next steps regarding the protection of women’s rights in maternity care can include:

- Ensuring that there are contingency plans in place to ensure that women’s reproductive healthcare services continue unhindered during emergencies, including pandemics and that policies are informed by evidence and facts, not fears
- Ensuring adequate resources for maternity care, including staffing and protective equipment
- Implementing, reinstating and resourcing midwifery units and home birth services
- Ensuring that there are policies in every country and facility guaranteeing women companionship during labour and birth, in accordance with best evidence from WHO and other organisations that are monitoring the situation in real-time (e.g. a [consortium of Royal Colleges from the UK](#))

HRiC will continue to collect reports on rights violations in maternity care, and will continue to advocate at the national and international level for evidence- and rights-based care to be provided for women everywhere.

⁶² Miller NP, Milsom P, Johnson G, Bedford J, Kapeu AS, Diallo AO, et al. Community health workers during the Ebola outbreak in Guinea, Liberia, and Sierra Leone. *J Glob Health* 2018;8(2):020601

⁶³ Pueyo, Tomas. Coronavirus: The Hammer and the Dance. Available at: <https://medium.com/@tomaspueyo/coronavirus-the-hammer-and-the-dance-be9337092b56>

Appendix: Organisations and individuals who helped informed the contents of this report

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Australia	Letitia Commerford
Brasil	Ana Cristina Duarte
Canada	BirthMark
Canada	Birthmark Hamilton
Canada	Mckenzie Black
Canada	Natalie's Helping Hands
Canada	The Hamilton Midwives
Czech Republic	Czech Women's Lobby
Czech Republic	Lenka Pazdera
Denmark	Helena Vissing, Psy.D. PMH-C
Germany	Mother Hood.e.V.
Germany	Schwere Geburt (initiative against obstetric violence)
Hungary	Association of Independent Midwives, Hungary
Hungary	Alternatal Foundation
Hungary	Másállapotot a szülészetben - Changes in maternity care movement, Hungary
Lithuania	Lithuanian Doula Association
Puerto Rico	Caderamen
Romania	Asociatia Mame pentru Mame
Slovenia	Društvo Porodna Hiša
Slovenia	Špela Peternel Balkan SPAR(DONA)
Slovenia	Agata Hren, Deborah Faganel, Elina Zdovc, Eva Drevenšek, Eva Margon, Gordana Savarin, Katja Mirt Čengić, Norma M. Brščič, Sara Savarin, Urska Dobnikar Petric, Klavdija Hočevar Kastelic, Ana Baraga
Spain	El Parto es nuestro
Türkiye	Sena Vural
Ukraine	Pryrodni Prava UA
United Kingdom	Birthrights
United States	Beginnings Birth & Wellness Center

Would you like to submit for our next report? See www.humanrightsinchildbirth.org for more.