RODA | roditelji u akciji

Roda – Parents in Action
Meeting with the UN Special Rapporteur for Health

Zagreb, Croatia, 28 November 2016

About Roda

Roda has been advocating for the rights of parents and children in Croatia for the past 15 years. We are a pro-choice organisation organised in four program areas:

1) Reproductive Rights
2) Breastfeeding Promotion and Protection
3) Responsible Parenting
4) Legal Advocacy

Today I will concentrate on four areas: **Reproductive Health, Breastfeeding Promotion and Protection, Children's Healthcare and Vulnerable Groups**.

Reproductive Health

Medically-Assisted Reproduction

There are no state statistics on MAR treatments, meaning that nobody in Croatia knows how many treatments are conducted per year, what their success rates are, and no control and accountability for clinics.

MAR clinics are severely underfunded and as a result provide suboptimal services. Success rates for public MAR clinics in Croatia are also far below European statistics.

Between 5-10% of infertility patients in need of gamete donations due to their diagnoses, cannot be treated in Croatia and are sent to Czech Republic mostly where they have to pay the treatments out of pocket.

Same sex couples and single women do not have access to MAR treatments. Women over 42 years of age do not have access to MAR treatments paid by the state.

Pregnancy, Birth and Post-Partum

Women experiencing miscarriage are most often hospitalised and subjected to D&C procedures without being given full information on other alternatives that are available to them.

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The caesarean section rate has been steadily climbing and in 2014 accounted for 19.9 % nationally. In some hospitals it is as low as 15% while in others as high as 25%. Croatia's one private maternity hospital has a 75% caesarean section rate, which nobody has called into question.

52% of women of fertile age live outside of 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 care in labour or birth. The geographic distribution of births transported / attended by emergency teams is concentrated in counties with islands and hard-to-reach areas.

Small maternity units which had had excellent statistics have been systematically closed down, and the distance from their place of residence to the nearest maternity is growing for many women.

Unfortunately, there are no official statistics on the number of women who live more than 30 or 50 km from a maternity hospital.

Midwives and doctors are not legally allowed to assist at planned out of hospital births, and the state has refused to consider this safe, economical model for care.

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. The state has refused to recognise this issue and in doing so is putting women and their children at risk.

Women are regularly disrespected during facility births in Croatia, and practices that are not eveidenced based are the norm. For example:

3 of 4 women must lie down during the entire duration of their labour and birth
3 of 4 women have their labours augmented with artificial oxytocin
4 of 5 women are given an enema before birth
Over half of women are subjected to an episiotomy (Scandinavia = 4%)
Over half of women are subjected to the Kristeller Maneuver (fundal pressure), of which 37% received full-body pressure from healthcare providers on their bellies to expel their child.

Privacy is rarely guaranteed in Croatian hospitals, birthing rooms rarely have doors and if they do these are rarely closed, healthcare providers do not introduce themselves or given information before conducting procedures on birthing women.

Informed consent and refusal are still not well understood or properly sought by healthcare personnel (in stark contrast to the WHO's Statement on the Prevention and Elimination of Disrespect and Abuse during Childbirth). 3 of 5 women do not participate in decisions regarding procedures during labour and birth.

There is a severe lack of healthcare personnel in some maternities, in Split for example the ratio of midwives to births annually is 1:278 where the golden standard should be 1:30. The moves to employ new midwives are slow and cumbersome, even though there are midwives on the labour market. The official statistics are hidden by the Ministry of Health, even though they were supposed to be public in 2015.

Despite an increasing number of midwives graduating from university, these highly-educated midwives are purposely not being employed by hospitals because they do not want to employ midwives who are independent and highly-skilled, seeing them as a threat to the status quo. These midwives could provide the support the maternity system needs, but the system doesn't want them.

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.

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.

The majority of women in Croatia did not feel safe or protected while they were birthing, felt lonely and scared and that their healthcare providers did not have the patience to deal with them, rarely being in the birthing room.

Even though most women want companions at their births, 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 some companions must pay a fee ranging from 150-400 HRK (20-60 EUR).

The Mother-Friendly Hospital Initiative will be piloted at four hospitals in 2017. This is a unique opportunity to improve care and implement evidence-based guidelines and it is important to monitor this to see how it will work.

In July 2015 CEDAW issued recommendations to the Croatian Government regarding among other issues, reproductive rights. The Government has yet to take any steps to implement these recommendations.

Accessibility, Availability and Adequacy are severe problems in maternity care in Croatia.

Mental Health

1 of 3 women stated that their birth experience had a negative effect on their general mood post-partum
1 in 3 women 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

Over half of women stated that their birth was not what they wanted it to be.

There are no institutional mental health services provided to women pre-conception (especially important for MAR patients), during pregnancy and post-partum. The few sporadic services are available only in Zagreb, and depend on local funding.

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Breastfeeding Promotion and Protection

There are statistics on length of breastfeeding duration, so policy evaluation is not possible. The Croatian healthcare system has yet to recognise the public health importance of breastfeeding and its implications.

Policy solutions are not sustainable, e.g. Baby Friendly Hospital Program which guarantees quality of breastfeeding promotion has lost quality over the past few years and as UNICEF leaves this project the situation will be worse.

Formula companies sponsor a majority of healthcare professional conferences and events, which is dangerous. Roda has noticed that advice given to parents by their children's doctors changes in accordance with marketing information given at conferences by formula companies, as opposed to changing in accordance with scientific evidence.

Croatia is one of the rare countries in EU that doesn't have a human milk bank, as a result of inadequate legislation. Although there are initiatives for this, the relevant Ministries have not been quick enough to provide them. This is especially important for vulnerable newborns and infants, for whom human milk can be lifesaving.

Children's Healthcare

Croatia is missing at least 50 paediatric teams with great differences from region to region. The relevant Ministries and services are not issuing enough specialisations. These children are then cared for by family physicians, who lack the necessary training to work with such young children.

Although the UN Council for the Rights of the Child in 2004 gave Croatia recommendations whereby parents should be allowed to be in hospital with their children free of charge. Twelve years later, this is still not the case. Even in cases where parents are allowed to be with their children overnight, more often than not parents have to pay out of pocket. This is traumatic for hospitalised and affects their physical and mental health.

There is a lack of outpatient clinics and day surgeries for children, and access to timely care is questionable due to very long waiting lists for specialist appointments.

Croatia has a very low percentage of children who attend creches and nurseries, many of them are filled to capacity and cannot accept new children. The situation in Zagreb is much better than in other cities

Health education in schools is a taboo topic and children and youth lack knowledge about their health and rights.

Vulnerable Groups: Women with Disabilities, Migrants and Female Prisoners

Roda has been working with these vulnerable groups over the past three years, and we are in a unique position to work directly with them and identify health needs, many of which are not being met.

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Female Prisoners and their Children

All prisoners have the right to free healthcare, but must cover the cost of transportation to the healthcare institution themselves, except in cases of emergency. This can be a large portion of their monthly stipend, causing them to delay seeking care.

Pregnant prisoners can birth in Zagreb or Požega; in Zagreb a Judicial Police Officer must be present at the birth even though this is in contradiction to EU Prison Rules.

After birth they have the assistance of the prison nurse, not the assistance of a community nurse as other women in Croatia do.

There is only one female prison in Croatia, which is located very far from most cities (avg distance from child to prison is 200km). As a result children rarely visit their mothers (as opposed to the higher number of visits per child when their father is in prison).

There is no institutional psychological support for these children. They are invisible.

An infant can be housed with its mother only when the mother gives birth during her incarceration. If the baby is born before her incarceration begins, the child cannot be with her even though this is in the child's best interest. Under no circumstances are children housed with mothers in remand prison.

Women with Disabilities

Disabled women in their reproductive age are extremely vulnerable group of women in Croatia. Their needs are completely invisible which is why they lack accessible and appropriate reproductive healthcare especially during pregnancy, childbirth and postpartum.

Sexuality, partnerships and motherhood are taboo subjects for disabled girls and women. Disabled women are considered to be asexual and they are discouraged to be mothers. Therefore, the education on their reproductive health is not available for them or their healthcare professionals.

Not enough gynaecological clinics are adapted to the needs of disabled women, which negatively impacts their reproductive health.

Research conducted in 2015 and 2016 on motherhood as experienced by disabled women in Croatia and showed the following

- Healthcare providers during pregnancy, birth and in the postpartum period were often uninterested and did not have any knowledge on how to provide support and care to disabled women.
- The education on reproductive health is not appropriate or accessible for disabled women.
- Disabled women are not sufficiently aware of their reproductive rights.
- Most disabled women obtain information about reproductive rights and healthcare by themselves, online and from their peers as opposed to from healthcare providers

Refugee and Asylum Seeking Women and Children

During the migrant crisis, care was not taken to provide female gynaecologist on all shifts.

Furthermore, the Ministry of Health did not ensure infant formula for children who were not breastfed.

Pregnant asylum seekers have the right to free emergency care, but not prenatal or dental care. As a result they do not seek it on time.

Contraception is limited, and although some organisations have made some forms of contraception available (e.g. condoms), the women must seek them out themselves (for cultural reasons may not do this).

Medical contraception (e.g. the Pill, spiral) are not free for women in Croatia but is affordable; women asylum seekers received 100 kn per month, and contraception is inhibitive expensive for asylum seekers who live on a very small stipend.

Asylum seekers are located at two centres in Croatia and are facing similar problems: children, especially infants do not have adequate meals (e.g. they get the same food as adults) and lack dental care.

Roda has been advocating for vaccinations for child asylum seekers. There is a small number of them and the vaccinations physically are available, but the system is not taking steps to provide them to child asylum seekers. Given the conditions they are living in, this is very dangerous.

Children over 16 years old who have not completed elementary school are barred from attending elementary school because they are too old. Instead they are sent to open universities, which are not adequate for children of this age.

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