



## **Issues associated with providing care during pregnancy, childbirth and puerperium in the Czech Republic.**

The situation in the Czech Republic remains a concern. Despite the CEDAW<sup>1</sup> recommendations and the recommendations of the World Health Organisation, the state has not adopted the necessary measures to rectify the situation.

Critical points remain as follows:

Providing care without free and informed consent:

1. The Czech Republic has adopted Act no. 372/2011 Coll., on health services and conditions to provide these services, defining service provision only on the basis of free and informed consent. In practice this Act is not adhered to.
2. Women are not provided with additional information about the nature and purpose of the procedure, risks and alternatives. In fact, this is only about signing a document with no explanation, and such approach defies the purpose of informed consent.
3. Doctors intentionally create situations where there is not enough time for women to get familiar with the procedure although this could have been done earlier. Hospitals do not provide information before childbirth, even on hospital websites.
4. Women's wishes relating to childbirth are not respected and doctors refuse to work with them although women are entitled to their fulfilment according to Act no. 372/2011 on health services. In this context, a new practice has emerged in the Czech Republic. Medical facilities require concluding an agreement on care provision which is also to replace the informed consent. We consider this practice unacceptable as due to low awareness of patients' rights, it gives the impression that it is impossible to withdraw informed consent and change an opinion, which is against the law. In addition, it may give the impression that signing this agreement is the only possible solution to receive care in the facility. This jeopardises the woman's right to decide about her body.
5. In practice, pressure is put on women and they are subject to the decision of a doctor. Their different decision tends to be disregarded and excessive intimidation and threats occur, even mentioning the death of the mother or a child.

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<sup>1</sup> WORLD HEALTH ORGANISATION. Statement: The prevention and elimination of disrespect and abuse during facility-based childbirth. *who.int* [online] Geneva 2015

<sup>2</sup> CEDAW COMMITTEE. Final recommendations to the sixth periodical report of the Czech Republic. *Czech Women's Lobby* [online] 2016, [cit. 30. 1. 2017].

6. To change the persisting patriarchal approach, it is necessary to train doctors in the field of communication and law.

#### Use of routine procedures without medical indication

7. Overall, there is too much interference in childbirth without indication. This causes a shift from physiological conditions to pathological conditions, which leads to the necessity of further interventions. This concerns frequent vaginal examinations, monitoring in a forced position, artificial rupture of the membranes, administration of synthetic oxytocin and many other and even non lege artis approaches (Kristeller's expression).
8. The implementation of episiotomy in medical facilities in an unjustifiably high percentage of cases persists (about 40 % of women giving birth vaginally undergo episiotomy while WHO considers 10 % justifiable, so women are hurt without any medical benefit).<sup>2</sup>
9. C-sections (CS) are conducted too frequently in the Czech Republic. One of the indicators of incorrect practice is big differences in the number of C-sections performed in individual maternity hospitals. These differences are impossible to explain rationally. Comparable facilities show significant differences; in addition, perinatology centres show a lower rate of C-sections than conventional maternity hospitals. (comparable small maternity hospitals – Neratovice ca 30% CS and Vyškov below 10% CS)<sup>3</sup>
10. Wishes of women regarding the choice of a position for childbirth are not respected. Women are forced into the position on the back during the second stage of labour in the devastating majority of hospitals.
11. Women and their children are not supported in bonding. There is a medically unexplained separation of newborn babies, even despite the disapproval of the mother. Mothers are separated from babies even for tens of hours. A change in routine practice has also been recommended by the ombudsman.

#### Facts on how childbirths assisted by a midwife are made impossible

12. In medical facilities, when it comes to physiological childbirths, competences of midwives are being limited. Babies are then unreasonably delivered by doctors against women's wishes. Therefore, competence of midwives to deliver a baby as part of physiological births is fully disrespected. They are frequently put into a position of nurses.
13. Midwives are prevented from assisting home childbirths. Regional authorities keep issuing authorisations to carry out the profession which includes unsubstantiated amendments such as 'except for delivering a baby during a physiological childbirth', etc. despite the fact that in Act no. 96/2004 Coll. on

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<sup>2</sup> PAVLÍKOVÁ, Markéta. ÚZIS má zavřeno. (Institute of Medical Information and Statistics is closed) *Biostatisticka.cz* [online]. Praha, 2016 [cit. 23. 2. 2017].

<sup>3</sup> PAVLÍKOVÁ, Markéta. Analýza dat o rodičkách z restru NRC – 2. část – císařské řezy. (Data analysis of expectant mothers from the NRC register – part 2 – C-sections). *Biostatisticka.cz* [online]. Praha, 2015 [cit. 23. 2. 2017].

paramedical professional this is stipulated as one of the competencies of a midwife.

14. Care provided by midwives is not funded by public health insurance. Insurance companies refuse to conclude contracts with midwives so care is fully paid by women. Care provided by midwives is a safe and cheaper alternative to doctor's care and the state budget would not be affected. So, there is no access to free health care and at the same time, women who are not in a good financial situation, cannot exercise the right to select a health care provider.
15. Midwives are not allowed to prescribe drugs necessary for doing their profession (oxytocin, anaesthetics for possible sewing, etc.). In practice this leads to medications being acquired unofficially, possibly to the provision of assistance without these medications, which may reduce safety of provided care.
16. Conditions for birthing houses in which midwives can deliver babies in a physiological way are unduly burdensome and unjustified. There is legislation which is unpredictable and the ministry refuses to explain it. This ultimately discourages potential operators from establishing a birthing house. To establish a birthing house entails high costs and therefore the concern of operators from subsequent blockage of operation due to unexpected law interpretation is fully understandable.
17. There has not been any legal amendment adopted to govern childbirths outside medical facilities as a safe and affordable option for women.

#### Lack of control of quality of care provided in medical facilities

18. There has been a lack of a control monitoring mechanism that would ensure detection of system errors. In a certain phase during a childbirth a woman gets into a dependant position and the relationship between a woman and a doctor actually changes from horizontal to vertical. A woman cannot leave the medical facility, so it becomes a quasi-detention facility. Considering these circumstances, the need for control by state is unquestionable. The same characteristics can be found in facilities for the mentally ill where inspections are made regularly by an ombudsman as well as the CEDAW Committee.
19. Checks are also impossible for the public. In the Czech Republic, data about provided care in individual medical facilities is not still available, which prevents the public from checking it. Moreover, the absence of data virtually prevents implementation of the right for taking a decision about one's body and a care provider. In individual facilities care differs significantly and women are not allowed to choose as per their preferences, despite the fact that in the Czech Republic care is funded from the state budget.

#### Lack of standards of care provided during standard childbirth

20. Uniform standards for providing care of midwives do not exist.
21. Standards of care provided during normal pregnancy and childbirth do not reflect recommendations of the World Health Organisation.

22. Absence of ethical standards and inadequate training of all health workers in this area is one of the indicators of provision of disrespectful care.

Failure of protective mechanisms in case of violation of women's rights

23. The non-judicial and judicial protection system related to violation of women's rights during care is ineffective. Lack of care standards and data paralyzes legal experts and courts.
24. Expert opinions on physiological childbirths are developed by doctors, not midwives, despite their expertise.

Efforts to improve the system of care

25. In the autumn of this year the European Court of Human Rights (ECHR) in the dispute of *Dubská, Krejzová vs. Czech Republic* decided that the state has no obligation to provide midwifery care; however, it was also stated that the situation in the Czech Republic is not optimal. It was recommended that the state become involved in improving the situation in the field of obstetrics in the Czech Republic. As part of the meeting of the committee for the implementation of the ECHR decision, the state has declared that its approach to home childbirths remains the same. It also refuses to resolve the issue around birthing houses effectively and the existing unclear legislation paralyzes further development. The only option is to give birth in a maternity hospital where midwives' competences are not recognised. The state is failing to take any effective steps to improve the current critical situation despite being given a few recommendations from international entities such as WHO, CEDAW or ECHR. The activity from the state can be described as zero.
26. Formally, a working group for obstetrics has been set up, associated with the Office of the Government. A draft to amend legislation around birthing houses has been recently submitted to this group. This group is almost idle, and its work is very ineffective.
27. The most active entity in the Czech Republic is a working group linked to the Czech Women's Lobby, bringing together professional and parent organisations as well as experts involved in obstetrics.

## Issues concerning involuntarily sterilised women in the Czech Republic

The situation in the Czech Republic remains a concern. Involuntarily sterilised women have not been compensated yet, and there is nothing indicating a shift in this matter.

1. In past years, a proposal for a compensation scheme had been developed by the Committee against **Torture and Other Cruel, Inhuman or Degrading Treatment**. The proposal was rejected by the government in 2015 and all activities aimed at developing a new proposal were suspended.
2. Involuntarily sterilised women only received an apology from the state. Despite repeated appeals by the CEDAW Committee, the state has been refusing to compensate women and remains passive. This attitude of the state is unacceptable and it is impossible to leave the question unresolved.
3. The state continues to argue that women did not take advantage of the possibility of judicial protection of their rights. Given the low awareness among women about their rights, we consider this argument to be incorrect with respect to the interpretation of the period of limitation. With regards to the interpretation of the court, the limitation period ends after 3 years. The state did not address the CEDAW recommendations to assess the three-year period.
4. As the time gap since surgeries is increasing, the chances for compensation are decreasing. It is therefore necessary to again appeal to the Czech State to assume responsibility for these system errors, and in a very short time to adopt a law on a compensation scheme.
5. It is not currently expected that the state would take any initiative.

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