

RESPECT



Human Rights Watch

HUMAN RIGHTS VIOLATIONS IN MATERNITY CARE & CHILDBIRTH

What can healthcare do to support BETTER maternity care and more positive childbirth experiences for women?



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Building a robust and
democratic civic space





“Sexual and Reproductive Rights are not a new set of human rights. They are simply the application of the already recognised list of human rights to the area of sexuality and reproduction”

Prof. Mahmoud F. Fathalla
FIGO (International Federation of Gynaecology & Obstetrics)
Past President, 1994-1997



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The time to talk about Human Rights Violations in Maternity Care is now.

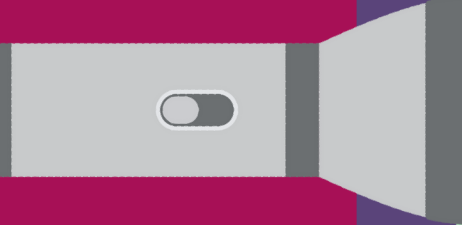
Human rights violations in maternity care during pregnancy and childbirth are pervasive issues that affect women globally, significantly impacting their health and well-being during childbirth. Over the past few years, this issue has gained increasing recognition, with discussions starting in Latin America and more recently in Europe.

In September 2019, Dubravka Šimonovic, the United Nations (UN) Special Rapporteur on Violence Against Women (VAW), submitted her report to the UN General Assembly on “mistreatment and VAW during reproductive health services, with a focus on childbirth and obstetric violence.” This report brought attention to the issue and sparked growing discussions on the matter.

European-wide projects addressing this issue began to emerge, generating discourse and bringing human rights in childbirth to the advocacy forefront.

For example, the IPOV project (HORIZON-MSCA-2022-Staff Exchange programme), launched in 2024 and set to run for four years, comprises a broad international consortium coordinated by the University of Udine, with 19 institutions. It aims to establish, maintain, and update an **International Platform on Obstetric Violence**.

Among other initiatives, the CERV-Daphne-funded project ***RESPECT: Toward a Culture of Respectful Maternity Care (RMC): Enhancing Provider-Client Shared Decision Making and Informed Choice***, launched in 2022 and concluded in 2025. With actions in Cyprus and Croatia, the project conducted national studies, fostered multidisciplinary alliances and dialogue with stakeholders, created training tools on RMC for both women and healthcare professionals, and carried out awareness-raising initiatives.



In 2024, several important European-commissioned reports were also published:

A study requested by the FEMM Committee on **“Obstetric and Gynaecological Violence in the EU - Prevalence, Legal Frameworks, and Educational Guidelines for Prevention and Elimination”** (Brunello et al., 2024).

The Scientific Analysis and Advice on Gender Equality in the EU project (SAAGE), coordinated by Fondazione Giacomo Brodolini and funded by the European Commission, published the study **Obstetric Violence in the European Union: Situational Analysis and Policy Recommendations** (Quattrocchi, 2024).

The SAAGE network—Directorate-General for Justice and Consumers (European Commission), Fondazione Giacomo Brodolini (FGB), and the Scientific Analysis and Advice on Gender Equality in the EU (SAAGE)—also brought together experts in gender equality to inform and support European Union-level policy initiatives by providing expertise and knowledge on both relevant wide-ranging political issues and technical matters through four case studies. The report **“Case Studies on Obstetric Violence: Experience, Analysis, and Responses”** (Rozée, V., Schantz, C. et al., 2024) presents and analyzes cases from France, the Netherlands, Slovakia, and Spain.

Perhaps not coincidentally, issues of human rights violations in maternity care and obstetric violence have been increasingly appearing in European case law. The landmark case of **N.A.E. vs. Spain**, in which the UN Committee on the Elimination of Discrimination against Women (CEDAW) found Spain responsible for obstetric violence (2022), has been instrumental in placing the subject on the human rights agenda.

At the same time, women across Europe have been speaking up more. In 2018, in Croatia, after MP Ivana Nincevic Lesandric shared her personal story of being forced to undergo a D&C procedure without anesthesia, more women came forward, contributing to what became the **“#BreakTheSilence/#PrekinimoŠutnju”** campaign. The Birth Rights NGO RODA collected over 400 stories submitted by women. In 2022, a court in Greece found an obstetrician guilty after a medical induction and the exercise of the Kristeller maneuver with high pressure resulted in the death of a baby, sparking reactions from women’s rights groups and debates on the topic of obstetric violence (OBV).

TYPES OF HUMAN RIGHTS VIOLATIONS IN MATERNITY CARE

1

PHYSICAL & VERBAL ABUSE:

Physical abuse can include unnecessary medical interventions performed without the woman's consent, rough handling during examinations, and even physical restraint.

Verbal abuse may involve shouting, derogatory remarks, and threats. Such behaviors create a hostile environment and can lead to trauma and fear, causing the woman to experience and, worse, recall what could have been a wonderful childbirth experience negatively.

2

NEGLECT:

Neglect may involve ignoring the needs of the woman, failing to provide timely medical interventions, or not offering adequate pain relief.

This can result in prolonged suffering and complications for both the mother and the baby.

3

LACK OF INFORMED CONSENT:

Informed consent is a fundamental aspect of patient autonomy.

Many women report not being adequately informed about their medical options, the risks and benefits of procedures, or their right to refuse treatment.

This lack of information prevents women from making informed decisions about their care.

4

DISCRIMINATION:

Discrimination based on race, ethnicity, socioeconomic status, or other factors is prevalent in many healthcare settings.

This can lead to unequal access to and experience of quality care and exacerbate health disparities.

Women from marginalized communities often face additional barriers to receiving respectful and competent care, such as linguistic and cultural barriers.



Human Rights Violations in Maternity Care Affect Women and Babies

Medical circles often appear disgruntled and hesitant, especially about the use of the term “Obstetric Violence” (OBV). In 2024, a terminological debate was reignited after a Joint Position Statement (JPS) by medical associations was published in the European Journal of Obstetrics and Gynecology, calling for the replacement of the term “Obstetric Violence” with “Disrespectful & Substandard Care,” leading to a series of journal exchanges between human rights activists and medical associations.

Despite this resistance, which is not isolated, it is important to note that international professional associations, including FIGO (the International Federation of Gynaecology and Obstetrics) and ICM (International Confederation of Midwives), use the term. The ICM also published a statement in 2024, where it explicitly states that:

“ICM has decided to adopt the terminology used globally by human rights bodies and women’s groups, and to use the term obstetric violence to refer to the violence experienced by women during facility-based childbirth.”

Terminological considerations notwithstanding, it remains a reality that human rights violations in maternity care during pregnancy, childbirth, and postpartum can occur in various forms, including physical and verbal abuse, neglect, lack of informed consent, and, last but not least, discrimination. These violations can undermine the quality of care and the experience of women during an important milestone in their lives.

Additionally, such violations can contribute to adverse maternal and neonatal outcomes. In fact, their impact can be profound and multifaceted. Experiences of violations during maternity care may be associated with post-traumatic symptoms after birth, which can also affect the ability to care for one’s baby. Women who experience disrespectful or abusive care are less likely to seek medical help in future pregnancies, leading to higher rates of maternal and neonatal morbidity and mortality. Psychological effects, such as post-traumatic stress disorder (PTSD), depression, and anxiety, are also common among women who have experienced mistreatment during childbirth.

To prevent such outcomes and, most importantly, to contribute to a positive, respectful pregnancy and birth experience that both women and professionals would like to remember, healthcare professionals must be supported in adopting a human rights-based approach to women during childbirth.

This involves respecting the dignity, autonomy, and rights of pregnant women throughout their care journey, which requires not only targeting their values but also developing strong communication, empathy, and collaboration skills.

Some of the key recommendations should be based on:

1

CONTINUOUS TRAINING ON RESPECTFUL MATERNITY CARE & HUMAN RIGHTS

Healthcare professionals should be educated on the importance of informed consent, effective communication, and cultural sensitivity.

Training programs should include modules on recognizing and addressing implicit biases and discrimination.

2

CLEAR COMMUNICATION & EMPATHY

Clear and empathetic communication can strengthen the client-provider relationship and alliance, significantly improving patient experiences.

Healthcare providers should ensure that women understand their medical conditions and treatment options and involve them in the decision-making process.

This includes taking the time to listen to patients' concerns and preferences and providing information in a way that is accessible and understandable. All women are free to decide for their lives, but they must be aware of the advantages and disadvantages of every option and, of course, know the truth.

3

DEVELOPING AND ENFORCING POLICIES THAT PROMOTE RESPECTFUL CARE AND PROTECT AGAINST ABUSE AND DISCRIMINATION

This includes establishing clear protocols for obtaining informed consent, addressing complaints of mistreatment, and ensuring accountability for violations.

Policies should be regularly reviewed and updated to reflect best practices and emerging evidence.

4

FOSTERING A SUPPORTIVE AND NON-JUDGMENTAL CULTURE

Healthcare providers should be encouraged to practice empathy and respect, and institutions should foster a culture that prioritizes patient-centered care. This can be achieved through team-building activities, peer support programs, and regular feedback sessions.

SHARED DECISION MAKING

Effective collaboration between mothers and healthcare professionals, including midwives and doctors, is essential for providing high-quality, respectful maternity care.

A collaborative approach ensures that the diverse needs and preferences of pregnant women are met, rather than a “one-size-fits-all” approach, which may result if the client and their needs are not included in the process of healthcare delivery.

Collaborative and Shared Decision Making (SDM) in healthcare, and particularly maternity care, can lead to improved health outcomes and a more positive childbirth experience.

How can this be achieved?

1

SHARED DECISION MAKING

When the mother is actively involved in her care and takes part in decision-making, it can foster collaboration and build alliances with her healthcare providers.

When health professionals such as midwives and doctors work together to provide comprehensive information, they support the mother in making informed and safe choices about her treatment and care.

2

COMMUNICATION between PROFESSIONALS

When health professionals, such as midwives and doctors, communicate in a way that is open, honest, ongoing, and effective, they can work together to provide better care.

Regular meetings and discussions can help them align their approaches, strengthen their sense of being on the same team, and ensure that the care they provide is consistent and coordinated.

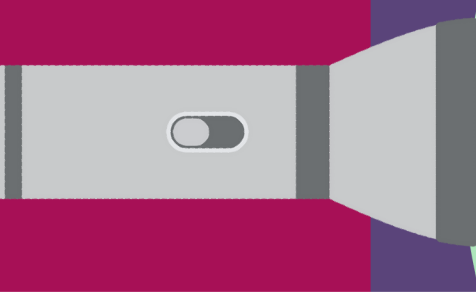
3

RESPECT FOR ROLES

Each professional brings unique skills and perspectives to maternity care, as do the clients themselves—the mothers.

Having clearly defined roles and respecting these roles and the expertise of each professional—whether doctor, midwife, or other—can facilitate collaboration and improve the quality and experience of care.

For example, midwives often provide continuous support and personalized care, while doctors can offer specialized medical interventions when necessary.



Addressing human rights violations in maternity care during pregnancy and childbirth requires a multilayered and multifaceted approach involving education, policy changes, and a common and consistent commitment to respectful and dignified care.

It requires collaboration between and across various layers of the social ecosystem of stakeholders: mothers, their partners and support networks, health professionals, including midwives and doctors, educators, and decision-makers.

It is crucial that we build and strengthen alliances that value, as a principle, that the rights and needs of all women are upheld.

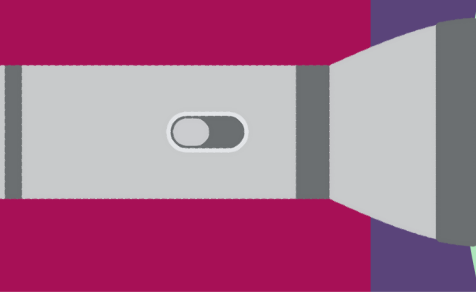
To help us bring this vision closer to reality, we encourage women who experienced their childbirth as difficult, traumatic, or even violating to share their stories with us. We urge healthcare providers to also encourage women to share their stories, because they too need to listen to these stories to better understand women's needs. We also urge their friends and families to support and validate them.

To this end, we have created a safe space for every woman who wishes to share her story. This space is the RespectWATCH platform.

The RespectWATCH Platform

for Documentation
of Women's Experiences in Maternity
Care & Childbirth in Cyprus
can be found here





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