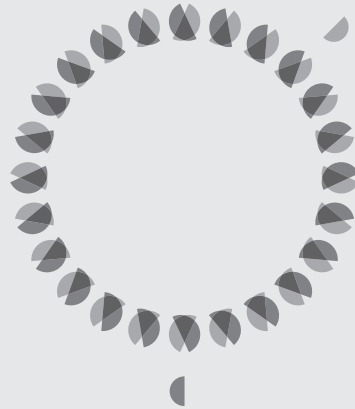


Chapter 6

Midwifery

Referring to the Convention article no. 12



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Care provided by midwives is an important and integral part of Czech obstetrics. This profession is mainly performed by women, who provide expert and comprehensive care to women during pregnancy, childbirth and the period of six weeks after delivery. In the context of Czech obstetrics, care provided by midwives faces a number of challenges and obstacles when it comes to both the health system and raising public awareness, which will be addressed in this chapter. We will focus on the promotion of the profession of a midwife and the availability of midwifery care. The evaluation of the development and the description of the status quo is based on the findings and work of organizations involved in the cultivation and humanization of obstetrics for more than 20 years (UNIPA, Czech Association of Midwives, Czech Chamber of Midwives, Stork Maternity House, Active Motherhood Movement, Aperio - Society for Healthy Parenthood, and others) associated within the working group on obstetrics of the Czech Women's Lobby. Czech obstetrics struggles with a number of obstacles that are partially caused by the paternalistic nature of health care in general, which is in this case manifested by the legislative and procedural dependence of midwives on doctors. Midwives in employment are fully dependent on doctors' orders, even in case of such care they are trained for and allowed to carry out independently under Czech law. **Maternity care** lacks independent care provided by midwives that would be covered by public health insurance.

If they want to work as community midwives, they have to apply for a permit to work as self-employed to Regional Authorities.¹ Upon issuing the permit, Regional Authorities limit the scope of their work and often specify that they issue permits with limited registration — without the authorization to conduct childbirth², which effectively prevents midwives from exercising the full scope of their competences. In case of full authorization, midwives face inspections by Regional Authorities and are fined for providing care at home birth under the pretext of marginal irregularities (e.g. flawed paperwork). When a midwife files an appeal, the State extends the duration of proceedings, which often leads to the midwife ceasing to provide home birth care.

Another obstacle to the availability of care by independent midwives to women is the fact that this health profession is not included in the public health insurance. For midwives to be covered by the public health insurance, their services must always be indicated by a doctor, with the total number of check-ups limited to four for the entire

1 Available online on <https://www.zakonyprolidi.cz/cs/2004-96>.

2 Available online on <https://www.unipa.cz/manual-jak-se-stat-komunitni-porodni-asistentkou/>.



pregnancy, childbirth and the period of six weeks after delivery. Doctors hesitate to issue indications for care by midwives as they often see midwives as threatening competition.³ Women thus have to seek and pay for midwives out of their own pockets. The State does not actively promote this service and does not even support its inclusion in the health system. To support midwifery paid by public health system, a petition called I Want My Midwife was initiated in 2021;⁴ it was signed by more than 5,000 signatories within a month.

Following the recommendations on the implementation of the 2018 Convention on the Elimination of All Forms of Discrimination against Women⁵, the analysis carried out by the Office of the Government of the Czech Republic and on the basis of lobbying by professional and non-profit official and unofficial platforms, the Ministry of Health of the Czech Republic launched a pilot project of the Midwifery Centre at the Bulovka University Hospital.⁶ The idea behind the project is to allow midwives to conduct childbirth, which is not yet allowed under the Public Health Insurance Act.⁷ In 2021, the Chamber of Deputies passed an amendment to this act,⁸ which allows midwives to conduct childbirth independently in maternity wards. Unfortunately, the amendment to the law that would allow independent midwifery to be covered by public health insurance during pregnancy, birth and the period of six weeks after delivery and in a location according to the needs of the woman, was not approved,⁹ even though the number of breastfed children is on the decline,¹⁰ the provision of care for the increasing number of women who suffer from psychological problems after delivery and have difficulties to cope with their new role of as mothers is not systematic¹¹ and women with perinatal loss lack sufficient support.¹² The outcome was to a large extent influenced by the political representation, in particular by the doctors/gynaecologists among it, as well as by the Ministry of Health, which is heavily represented by doctors who actively opposed this amendment.

In 2020, the Parliament of the Czech Republic debated a bill on the Chamber of Midwives.¹³ Although the creation of a chamber of midwives could potentially help empower the voice of this profession and serve as a tool to improve the status of midwives in the Czech Republic, it turned out that this particular bill was questionable in many respects. First of all, it dealt exclusively with the creation of a professional chamber

- 3 Available online on <https://www.facebook.com/porodni.asistentka.Martina.Suchardova/photos/a.1537672753185360/2954632138156074/>.
- 4 Available online on <https://chcisvojiporodni.asistentku.cz/>.
- 5 Available online on <https://digitallibrary.un.org/record/1483381>.
- 6 Available online on <https://www.mzcr.cz/wp-content/uploads/2020/07/Centra-porodni%3%AD-asistence.pdf>.
- 7 Available online on <https://www.zakonyprolidi.cz/cs/1997-48>.
- 8 Available online on <https://www.psp.cz/sqw/text/historie.sqw?o=8&T=992>.
- 9 Available online on <https://www.psp.cz/sqw/hlasy.sqw?G=76757∓fbclid=IwAR0v33Xcnn4xrYALYD3nvzIABL2j7-nXFBF6-YPFiUl2rIOcV-vwZHR3Dos>.
- 10 Available online on <http://sestinedelky.cz/pruzkom-o-kojeni/>.
- 11 Available online on <https://www.businessinfo.cz/clanky/prulomovy-software-pomuze-tehotnym-zenam-a-matkam-po-porodu-prekonat-stres/>.
- 12 Available online on https://theses.cz/id/d1vwzt/Disertan_prce-Ratislavov.pdf.
- 13 Available online on https://senat.cz/xqw/xervlet/psenat/historie?ke_dni=5.3.2020&o=8&action=detail&value=4529.



with very broad powers of self-government (Regional Authorities) without simultaneously defining the actual content of midwifery law. Currently, there is no professional consensus on standards of care in pregnancy, childbirth and the period of six weeks after delivery. The State¹⁴ refuses to publish non-anonymized results on the quality of care during delivery. Last but not least, there is a disparity between the number of midwives employed in hospitals who work under the direction of doctors (4,000 midwives) and midwives who work independently of doctors without the option to be included in the system of public health care (100 midwives). The adoption of the law in this form carried the risk of perpetuating a paternalistic approach¹⁵ and abusing the majority to push through measures preventing and making it even more difficult to provide maternity care outside hospitals.

Both the International Confederation of Midwives (ICM), the largest international organization of midwives, and the national professional organization, the Midwives' Union, have expressed negative opinions about the bill.¹⁶ The proposal was in direct contradiction with European Union law in fundamental areas and in some aspects in clear contradiction with the constitutional laws of the Czech Republic; it would have led to a further and significant decline in the already insufficient number of midwives, it disregarded the UN recommendations to the Czech Republic in the field of midwifery, the call of the European Court of Justice for Human Rights to improve the status of midwives in the Czech Republic and the opportunities for pregnant and childbearing women and women and children in the period of six weeks after delivery, and disregarded the opinions of the working group on obstetrics at the Office of the Government and the professional opinions and standards of international midwifery organizations (EMA and ICM).

In March 2021, the Constitutional Court of the Czech Republic dismissed¹⁷ a constitutional complaints in which a woman defended herself in court¹⁸ against medical interventions that were performed without her free and informed consent (CTG monitoring, acceleration of labour, administration of synthetic oxytocin, administration of antibiotics, blood collection, forced lying down with legs in handholds, incision of the perineum against the woman's will, as well as cutting of the umbilical cord and separation from the child). The Constitutional Court thus again failed to provide women with judicial protection against obstetrics violence.

14 Available online on <http://jaksekderodi.cz/>.

15 Available online on https://www.senat.cz/cinnost/webtv/archiv.php?video=false&id_schuze=&zacatek=20200723065410&konec=20200723071723.

16 Available online on <https://www.unipa.cz/vyjadreni-unie-porodnich-asistentek-k-navrhu-zakona-o-komore-porodnich-asistentek/>.

17 Available online on <https://www.usoud.cz/aktualne/vyhlaseni-nalezu-ustavniho-soudu-sp-zn-iii-us-2480-20-dne-22-brezna-2021-rozhodnuti-zverejnene-s-tiskovou-zpravou>.

18 Available online on <https://lp.cz/blog/zdravotnici-nerespektovali-rodicku-a-provedli-zakroky-bez-jejihou-souhlasu/>.



With the outburst of the Covid-19 pandemic, the Government of the Czech Republic prohibited the presence of selected relatives and attendants at childbirth despite WHO recommendations,¹⁹ and prolonged the separation of babies from their mothers. Combined with the exhaustion of hospital staff caused by the Covid pandemic and the lack of emotional and psychological support, obstetrics care deteriorated further. Currently, the decision to allow the presence of relatives and attendants at childbirth lies with hospital management; thus, the access is often limited, which is a violation of the Convention on the Rights of the Child²⁰ that guarantees children the right to the presence of their parents.

The practical experience in the Czech Republic shows that the State is failing to implement the recommendations given by the last CEDAW review in the area of women's reproductive rights,²¹ and, given the context of the Covid-19 pandemic, the situation is further deteriorating in many respects. The new Gender Equality Strategy for 2021-2030, which for the first time ever addresses the topic of obstetrics separately under the health chapter, appears to offer hope and was approved by the Government in 2021.²²

Recommendations

- Develop a concept of women's reproductive health care in compliance with the EU standards and the UN recommendations in the field of women's reproductive rights and availability of midwifery care,²³ the European Union directives on the education and practice of midwives²⁴, and the recommendations of the European Court of Human Rights.²⁵
- Make available online transparent standards of care in pregnancy, childbirth and the period of six weeks after delivery to the general public in collaboration with community midwives as well as hospital midwives and doctors.
- Enable midwives to provide care in the full extent of their competence and support the continuous midwifery care during pregnancy, childbirth and the period of six weeks after delivery covered by public health insurance.²⁶
- Provide psychological supervision to protect emotional health of health professionals. Publish regular and timely data on the quality of care related to women's reproductive health, in particular during childbirth, disaggregated by departments and procedures.

19 Available online on <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-pregnancy-and-childbirth>.

20 Available online on <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

21 Available online on https://czlobby.cz/sites/default/files/spolupracujeme_download/doporuceni_komise_cedaw_2016.pdf

22 Available online on https://www.vlada.cz/assets/ppov/rovne-prilezitosti-zen-a-muzu/Aktuality/Strategie-2021_online.pdf.

23 Concluding observations on the sixth periodic report of the Czech Republic, March 14, 2016, CEDAW/C/CZE/CO/6

24 Directive 2005/36/EC of the European Parliament and of the Council. Available online on <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32005L0036&from=cs>

25 Case of Dubská and Krejzová v. the Czech Republic. Available online on <https://hudoc.echr.coe.int/eng#%7B%22itemid%22:%5B%22001-168066%22%5D%7D>

26 Available online on <http://www.biostatisticka.cz/porodni-domy-ve-svete-praxe-data-vysledky/>.