

# Human rights in childbirth in Slovenia

Rights of the pregnant woman, woman giving birth,  
mother of the newborn in a medical institution

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### **Human Rights in Childbirth in Slovenia**

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# Human rights in childbirth in Slovenia

Rights of the pregnant woman, woman giving birth, mother of the newborn in a medical institution

The document Human rights in childbirth gives you an overview of various rights a woman giving birth has in a maternity hospital.

- You come to a maternity hospital to give birth to your baby with expert support and assistance.
- Cooperation between you, the woman giving birth, and health professionals is fundamental for good maternity care.
- The common goal of all involved is to provide safe and effective care of yourself, the woman giving birth, and the baby.

Human rights in childbirth

- **Are inalienable** which means that they belong to you unconditionally. You do not lose them because you are pregnant. You do not lose them when you enter a hospital. You do not lose them because you are giving birth.
  - **They are based on the Constitution, laws, international declarations and recommendations.**
  - **Some of the rights presented** here are (still) not always ensured in practice. This means that active endeavours are still required for some rights to be ensured. Other rights cannot be ensured due to the lack of suitable conditions.
- A child already has human rights when he/she is born.** Even though a newborn is very young, this does not mean he/she is less worthy and without rights. High quality maternity care for the mother is also important for the foetus and the child.

Human rights in childbirth may be **summarised** in one concise right:

**As the woman giving birth, you have the right to a safe, suitable, proper, effective, timely, respectful, inclusive, personal and culturally sensitive maternity care of the highest possible standard and to the best available level of your own and the baby's health and safety.**

This means:

Every woman requiring maternity care receives it regardless of her race, ethnic origin, belief, religion, physical or mental ability, economic and social situation, partner and family relationships, nationality, status (e.g. refugee or migrant), and sexual orientation.

Maternity care especially highlights the right to physical and mental integrity, making decisions about yourself, the right to privacy, family life and spiritual freedom.

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# 1.

## Health professionals treat you with a positive attitude.

The maternity hospital provides you with respectful maternity care. This means that health professionals have a positive, good quality attitude towards you: they are caring, respectful and compassionate; they are genuinely kind to you.

### 1.1

#### The right to **Maintaining and protecting physical and mental integrity**

This means, for example, that

... their words, behaviour and actions make you feel you are being treated in a humane manner and in such a way that preserves your mental and physical “wholeness” as a unique human being. Your well-being comes first. No one is harming you, either physically or mentally.

... you, as an individual in this special situation in life and in these unique circumstances, are at the centre of care.

... you receive birth assistance, including physical and mental support, that is suitable for you.

... verbal and non-verbal communication with you is kind, friendly and appropriate.

This means more precisely, that

... no procedures on your body are carried out without your consent including e.g. artificial rupture of membranes, carrying out an episiotomy or fundal pressure.

... health professionals separate your newborn from you only if you agree with this.

... health professionals do not impose their views regarding pain relieving methods.

### 1.2

#### The right to a **Respectful attitude and treatment** means that

... words, behaviour and actions make you feel you are being respected as a person.

... health professionals respect your culture, language, nationality, ethnic origin, religion, political and other beliefs, status, your choices, habits and way of life etc. and take this into account in their conduct.

... the care provided is personally sensitive: health professionals are attentive to your personal needs, respect them and adapt their attitude and care accordingly.

... health professionals are cooperative and compassionate.

It is unacceptable

... for a midwife to take an authoritative stance (as if she is the one who making all the decisions concerning maternity care because she is an expert and the childbearing woman is not).

... for a health professional to be rude, insulting, arrogant, derogatory, taunting and disrespectful, for example, by raising their voice and criticising you (e.g. “you don’t know how to push”).

### 1.3

### The right to **Equality, Non-discrimination and Non-stigmatisation**

The right to **equality** means that

... you are being treated equally regardless of your culture, language, nationality, ethnic origin, religion, political and other beliefs, education, economic and social status, partner and family relationships, sexual orientation, age, maternity-related choices, habits and way of life, appearance, health condition, mental and physical disabilities or any other personal circumstance.

... your beliefs, choices, characteristics and life circumstances do not have an impact on your access to care, quality of services and the quality of the attitude and treatment of health professionals.

The right to **non-discrimination** means that

... you are not being deprived of something in maternity care due to your beliefs, choices, characteristics and life circumstances; that no one deprives you of the care you require: care, procedures and medications; no woman is discriminated against.

Specifically, the right to **non-discrimination** means

... that due to your beliefs, choices, characteristics and life circumstances you are not given lower-quality treatment, e.g. negative remarks, comments, observations, verbal attacks, mocking or insults.

... that health professionals do not comment on your dietary choices, e.g. if you only eat vegan food.

**Discrimination** includes

... inappropriate behaviour and attitudes because of your choices related to motherhood (e.g. refusing help to deal with painful breasts due to lactation if you decide not to breastfeed).

... withholding pain-relief based on non-medical grounds, e.g. due to your youth (e.g. “you can handle this, you’re still young”).

**Stigmatisation** includes

... inappropriate behaviour and attitudes because of your sexual orientation.

... comments about your decision to give your child up for adoption.

... unsound professional advice against your decision in favour of tandem breastfeeding as if you are “a new-age mom attaching her children to herself”.

## 1.4

### The right to **Preserve your dignity**

means, for example, that

... health professionals show consideration – verbally, in their behaviour and conduct – and consider your physical limits and your personal and intimate space when touching you and executing procedures on your body.

... health professionals show interest in your well-being, ask for your opinions and views and respect them. Health professionals consider your reactions. If your decisions or your well-being changes, health professionals accept and respect this.

... words, behaviour and actions make you feel you are being treated as an adult and competent person. Health professionals should not patronise you.

... you are asked what you want to be called or referred to, and that this is respected.

... you can give birth in your own clothes or without clothes if you prefer.

... you're not humiliated, verbally or physically exposed, ignored, neglected, physically or mentally degraded; exposed to circumstances that are unacceptable to you; or that your values and choices are ridiculed.

It is unacceptable that

... a health professional performs a vaginal examination while a person is in the room whose presence you disagree with (which you have expressed).

... a medical expert derides your birth plan.

... you are treated roughly and abusively due to some of your characteristics, such as increased body weight.

... health professionals assess, comment and judge certain situations or positions in life, e.g. a women's age – very young, old –, addicted to illegal drugs, single.

## 1.5

### The right to **Having your privacy ensured and protected** and the right to **Having your private and family life protected**

**The right to Having privacy ensured and protected** applies during all procedures such as taking your medical history, examinations, during a procedure, treatment and care. Every invasion of privacy hinders physiological processes during childbirth and in the first hours after it.

#### **The right to Having your private and family life protected**

The right to privacy is a crucial right in the lives of both individuals and families. It also includes the right to the unimpeded formation of family life. We have the right to choose and co-create the circumstances in which we become parents. Childbirth is an unparalleled event; it is part of what we most often want to keep private.

Nowadays, the majority of childbirths take place in maternity hospitals. A healthcare institution must protect your personal and family life. A family also requires a maximum possible level of privacy with special attention to vulnerable individuals. It is important for you as a woman giving birth and mother not to feel lonely or abandoned. It is important that a maternity hospital enables you to fulfil your personal and family life to an extent that is compatible with the reasonable limits of the institution's activities.

The right to **Having your privacy ensured and protected** and the right to **Having your private and family life protected**

means, for example,

... guaranteeing a suitable environment to discuss sensitive matters so that others can't hear, not even your partner if you decide so.

... that the doors of the birthing room where you are giving birth are closed.

... that maximum possible acoustic and visual protection of privacy is ensured in all examinations and procedures in all premises of the maternity hospital in which they take place.

... that the examination of post-partum haemorrhage and the perineal examination at the post-natal department are carried out only in the presence of the medical expert and his/her co-workers.

... that privacy is guaranteed when undressing and dressing, e.g. with a cabin in the maternity hospital admission area.

... that only those persons are present who are required for a procedure and care, unless you consent to the presence of others, which also applies to the period directly after childbirth.

The following is unacceptable:

... commenting on your personal choices (e.g. whether you shave your pubic hair or not).

... the door of the birthing room being open during procedures, e.g. suturing of the perineum.

... abusing the partner relationship in order to discipline you, making inappropriate jokes (from a dominant position) and using patriarchal patterns to make comments or e.g. asking the husband, while suturing the wound following an episiotomy: "Should we sew it up or do you intend to use it again?"

... preventing the presence of your partner or other persons you have chosen at childbirth on unjustified grounds while disregarding your wish to call him/her by telephone if absent or delaying the call (saying "it's going to take a while").

## 1.6

**The right to Having your privacy ensured and to Protection of personal and medical data**

means, for example, that

... health professionals can only reveal your confidential personal data with your consent.

... protection of your personal and medical data is guaranteed during all procedures such as taking your medical history, examinations, during a procedure, treatment and care.

... all your (and the baby's) personal and medical data is secured. Documents containing your data and their media are also appropriately protected.

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# 2.

You make decisions about your own body.  
Parents make decisions about their child.

*Health professionals become acquainted with your condition and your medical data and propose treatment and procedures. You have the right to thoroughly consider the proposals and agree or disagree with them. Your consent or refusal brings you responsibilities, too. Before you accept or refuse the proposed procedure, consider the reasons for and against it and the benefits and risks your decision brings.*

## 2.1

### The right to **Decide about yourself, your body and the child developing inside you**

means that you are the one who decides about yourself and your body. You decide what happens to it. You are a free, autonomous person. You decide for yourself without any constraint. You are your body's owner.

It is unacceptable, per example,

... for a midwife to act in a way that lets you know you annoy her when you express your opinion (rolling her eyes, bad mood, sighing), for example by showing your birth plan or by stating that you will not allow an episiotomy.

... that you are disabled or prevented from cooperating in making decisions about care and procedures during and after childbirth.

## 2.2

### The right to **Be familiarised with current practices of birth assistance in maternity care**

During pregnancy, you need to have the possibility of familiarising yourself with the information which will help you make an informed decision regarding the choice of maternity hospital, birth assistance, procedures, your care and your child's care. You need to have access to information to be able to make an informed decision.

## 2.3

### The right to an **Informed decision**

means, for example, that

... health professionals enable a fully informed choice **before every procedure**.

Timely, complete, accurate, unbiased and comprehensible information is provided on the reasons, potential benefits and risks associated with the examinations, tests, procedures and medications proposed by health professionals.

Information on other available choices, their benefits and risks is also provided. Information is based on the latest findings on the advantages, disadvantages and choices, so that you can make informed decisions about your care.

Specifically, this also means that

... you are being consistently informed about a proposal or intention to carry out a procedure or use a medication (e.g. stripping or artificial rupture of membranes, episiotomy, inducing and stimulating childbirth using drugs, using sedatives or pain-relieving means).

This is followed by **your consent or refusal**.

## 2.4

### The right to **consent or refusal of care, procedures, treatment, medication**

means, for example, that

... health professionals wait for your consent to the proposed care, procedure or medication and abide by it.

... you can withdraw your consent for medical treatment or care at any time.

... you can withdraw your refusal of a medical procedure or care.

... you accept the final decision on the treatment proposed, procedures and care during pregnancy and childbirth after prompt and thorough consultation with health professionals.

Specifically, this means that

... your refusal of an episiotomy needs to be considered and it must not be performed.\*

... your refusal to prematurely rupture the membranes needs to be considered and must not be performed.\*

In such cases, health professionals can suggest your decision is recorded in your medical documentation and/or a special form is signed or filled out.

\* Your responsibility is related to your consent or refusal. Before you accept or refuse the proposed procedure, consider the reasons for/against it and the benefits and risks your decision brings.

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# 3.

All treatments and care are based on evidence and modern findings

## 3.1

The right to suitable **Midwifery and medical care** and care for yourself and the baby (basically the right to medical care), based on evidence and modern findings on procedures, medicinal products and care practices, their benefits and risks. The type of care (midwifery, medical etc.) is aligned to your needs and those of your baby and the course of birth.

## 3.2

The right to a **Physiological childbirth**, if your pregnancy is low risk and you choose to give birth in this way. A physiological childbirth requires a suitable environment, expert support and assistance in maternity care.

**Maternity care ensures practices that are based on evidence (evidence-based care/practices) and modern findings or expertise concerning the benefits and risks of procedures, medications and care which have proven to be effective and support a physiological course of pregnancy, childbirth and post-natal period.**

Procedures that have been proven to be effective and safe are guaranteed when it is reasonable to perform them including, but not limited to the following:

- Childbirth begins spontaneously and unfolds at its own pace. The process is not interfered with due to assumed time points, except in exceptional circumstances. A partogram is used to monitor the progress of childbirth.
- A loving and supportive presence of health professionals is essential.
- Your condition and that of your baby are closely monitored.
- You drink and eat food during childbirth according to your needs, except in exceptional circumstances.
- Health professionals enable you to walk and move freely, ensure assistance in desired positions during the first and second phase of childbirth including crouching, sitting and getting down on all fours. They suggest or encourage you to take up positions or activities when appropriate. There are also birth companions (by your choice) ready to help.
- You can get the rest you need.
- Birth environments ensure suitable conditions for a physiological childbirth with special attention to factors which contribute to your well-being, comfort and activities. Relevant factors that enable a smooth course of physiological childbirth also include exercising other rights (e.g. to privacy, to companions of your choice, to a quality attitude of medical professionals).

- There are various devices available to you for a standing position and assistance during physiological childbirth (inter alia birth pools, ropes, balls, birth stools, Swedish ladders, floor mats). In certain cases, limiting the use of various positions and devices is justified, e.g. to prevent or resolve complications.
- Techniques for turning the baby in utero from breech to cephalic lie (external cephalic version, ECV) and techniques to support breech childbirth (vaginal childbirth), are in use.
- The third birth phase is physiological. There is enough time for the cord blood to flow to the newborn due to the blood volume, oxygen and nutrients it provides (the so called “delayed” cutting of the umbilical cord).

**In maternity care, potentially harmful procedures, medications and care practices are only used on substantial grounds.**

Such exceptional use must be based on latest findings or results that indicate foreseen benefits prevail over potential risks.

Some routine or common practices which should be abandoned or avoided in maternity care:

- shaving your pubic hair
- enema
- stripping the membranes
- artificial rupture of membranes (ARM)
- frequent, repeated vaginal examinations
- prohibiting or preventing the intake of food and drinks during labour
- keeping the woman giving birth on the bed, immobilisation
- supine position, lithotomy position (supine position with supported legs, stirrups)
- numerous health professionals frequently enter and exit the birthing room
- pushing in the second phase of childbirth, led by a health professional (care-giver-directed pushing)
- fundal pressure (Kristeller)
- episiotomy
- immediate cutting of the umbilical cord
- separation of mother and baby

Practices that may be harmful for low-risk childbirths may be beneficial in emergencies or in some high-risk childbirths. They are only to be used with indications and not routinely, i.e. only in justified cases; when medically indicated. These include, inter alia:

- drug induced childbirth (induction)
- drug stimulated childbirth (augmentation)
- intravenous administration of fluids, IV
- continuous electronic foetal monitoring, EFM
- using a urinary catheter (bladder catheter)
- forceps extraction
- vacuum extraction
- manual exploration of the uterus
- suctioning of the newborn
- caesarean section, CS

This means for example that there is no enema, no shaving of pubic hair and no limiting food and drink consumption during childbirth if a normal course of labour is expected.

This means that rupturing the membranes, IV, limiting food and drink consumption during childbirth, EFM and episiotomy are not performed or used routinely but only in exceptional cases on justified grounds.

*Our document “Maternity Care Initiative” provides more information: <https://www.mamazofa.org/sites/default/files/akcije/131-maternity-care-initiative/maternity-care-initiative.pdf>*

It is unacceptable, per example,

... that you are prevented from moving or changing positions without justified reasons.

... that childbirth is stimulated with drugs on unjustified grounds (for example “to finish the childbirth in the same shift”).

... for you to be expected to be “quieter so as not to scare the other women giving birth”.

It is also unacceptable, per example,

... for inappropriate procedures (e.g. enema and shaving before childbirth) to be carried out, except in justified exceptional cases.

... for fundal pressure to be exerted without justified reasons.

... that you should be pressured to accept medication.

... that you should be forced, blackmailed or persuaded to have or not have an epidural.

### 3.3

**The right to Urgent medical or medicinal help (emergency care)**

### 3.4

**The right to Modern and verified information on taking care of your health and well-being during pregnancy and after childbirth**

It means, for example, that

... information you receive from health professionals on quality nutrition after your baby is born and during breastfeeding is accurate (e.g. that you don't have to avoid fresh fruit and vegetables).

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# 4.

## Pain-relieving methods and medicines are provided.

Various pain-relieving means and modern pain-relieving medications are available to you. You can use them or not.

### 4.1

The right to **Prevention and alleviation of suffering**

### 4.2

The right to **Information on potential benefits and risks of pain-relieving methods**

### 4.3.

The right to **Information on potential benefits and risks of pain-relieving medications**

### 4.4

The right to **Choose and use various pain-relieving methods and/or pain-relieving medications**

This means, for example, that

... the following is available to you for free at any time, 24 hours a day: a shower and birth bath (where available), birth ball, warm and cold compresses, various massages, enabling and encouraging standing positions and movement, modern and effective medicines, including an epidural.

... health professionals take care of your well-being and first suggest pain-relieving methods as a safer choice. You are informed of the benefits of pain-relieving methods in terms of enabling a normal childbirth.

... you are informed of the benefits and risks of pain-relieving methods and pain-relieving medicines. Health professionals provide you with an informed choice. Your choices and wishes are respected to the greatest extent possible.

It is unacceptable

... if you are ignored if you say it hurts or how much it hurts.

... to impose pain-relieving medications or withhold pain-relieving means.

... to ridicule your decisions regarding pain-relieving medications or a change of decision.

... to comment on your reactions to pain, e.g. by saying “What are you shouting for?”.

---

# 5.

## You are accompanied by people of your choice.

Numerous research findings confirmed that the continuous presence and support of an experienced support person, supportive of the woman giving birth, positively influences her and the course of childbirth. It is important for you as the woman giving birth not to feel lonely or abandoned.

### 5.1

#### The right to **One or more birth companions of your choice**

means, for example, that

... the maternity hospital does not set conditions or limit the presence of people of your choice at childbirth by demanding prior attendance at the childbirth classes and/or payment for their presence at birth.

It also does not limit the number of people present such as fathers, partners, family members, children, doulas, friends or others (while bearing in mind the reasonable limits of the birthing room, safety and the rules of the birth environment, e.g. respecting the privacy of other women giving birth).

... the woman and the baby are in the centre of maternity care; companions and health professionals work for their benefit.

... a doula accompanies you during and/or after childbirth if you desire. This doesn't mean that maternity hospitals provide doulas; you need to hire her by your own.

It is inappropriate, for example,

... that health professionals send your companion home during childbirth because "it's going to take a while".

... to limit the time your partner is present at childbirth.

### 5.2

#### The right to be **Accompanied by people of your choice during examinations in pregnancy, childbirth and post-natally**

means, for example, that

... your partner is with you during pregnancy and post-natal examinations if you desire.

---

# 6.

You decide which other healthcare staff are present during childbirth in addition to your health professional and his/her assistants.

## 6.1

### The right to **Know who will take part in your maternity care**

“Your” health professional takes care of you in the maternity hospital with his/her assistants.

You have the right to know who participates in your maternity care: who is your midwife, your obstetrician and any other health professionals.

This means, for example, that

... that the health professional presents him/herself personally when they meet you for the first time.

## 6.2

### The right to **Give consent or to refuse a proposal for the presence of another health professional** and his/her assistants who perform a specific procedure

means, for example, that

... only the health professionals or assistants carrying out the medical procedure or medical care are present when the medical procedure or care is being carried out, unless they suggest otherwise and you agree. You may decline the proposal.

... you can accept or decline the presence of students or other persons in education or training in procedures or medical care in e.g. the clinic, during an ultrasound, in the birthing room, operating theatre or hospital room.

It is also unacceptable to

... ignore your request that there be no observers such as students or interns in the room during or after labour.

### 6.3

The right to **Give consent to or refuse a proposal that another health professional** (other than your healthcare professional and his/her assistants) **performs a specific procedure**

This means, for example, that

... you can accept or reject the proposal to let another health professional (in addition to your health professional and his/her assistants) perform a procedure.

Your decision must be respected. Your refusal should not influence the quality of care you receive.

---

# 7.

## No separation from your newborn

### 7.1

#### **The right to Uninterrupted body contact (skin-to-skin) right after birth**

*After the baby is born, the third birth phase begins. The baby, the mother and the father (parents) belong together from the beginning. Parents and children determine their own relationship, its rhythm, sequence of actions, ways of establishing, maintaining and breaking the communication. In the third birth phase, your health condition must be monitored and you require health care but separation from your baby is normally not necessary. After the third birth phase concludes, as the placenta comes out, and after mother and baby have undergone the necessary procedures, they usually stay in the birthing room for three hours together with the companion. Careful monitoring of the mother's and the baby's health is necessary.*

*Our document "Gentle Initiative" provides more information:*

*[https://www.mamazofa.org/nmo/site/assets/files/1022/gentle\\_initiative.pdf](https://www.mamazofa.org/nmo/site/assets/files/1022/gentle_initiative.pdf)*

#### **The right to Uninterrupted body contact (skin-to-skin) right after birth**

means, for example, that

... you put your baby in your lap or on your chest right after birth, when you are ready to do so or health professionals hands your baby to you.

... the baby can stay in your arms during the birth of the placenta, an eventual suturing of the rupture or an episiotomy.

... any examinations are carried out with the baby in your arms; if this is not possible then the baby should be close to you; if that is not possible you should at least be able to see your baby. If all the above is not possible, the father should be with the baby.

It is inappropriate, per example,

... for you to be separated from your newborn against your will, while he/she is washed and dressed.

... for your baby to be kept separated from you, for example under a heat lamp.

It is unacceptable, per example,  
... to unreasonably separate your child from you (or the father or other loving person, taking care of the child).  
... that there be insensitivity, routine rushing, loud talking, noise, use of strong lights without reason.  
... that the child is put at breast by force.

## 7.2

### The right to **Cohabit with the newborn at the post-natal department (rooming-in)**

*Cohabitation with the newborn at the post-natal department (rooming-in) is ensured in the majority of Slovenian maternity hospitals. Cohabitation with the newborn means that the baby and the mother are together all the time, 24 hours a day.*

Even at the post-natal department where you are transferred three hours after birth, you need to have options for being in close contact with your baby. Loneliness is not good for a baby. Even when he/she sleeps, he/she needs to have you directly nearby. If it's not possible to have the baby right next to you, it's important that you share the same room 24 hours a day.

It is inappropriate, per example, that

... you should be persuaded that you need to rest after birth and that the baby will be placed in the nursery.  
... you should be advised that the baby does not need milk (colostrum) for 24 hours after birth.

It is unacceptable, for example,

... that your baby should be fed even if you decide against it e.g. with a glucose solution or a baby formula.  
... to leave babies at the nursery crying, as if this was normal, to “strengthen their lungs” etc.

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# 8.

Information, support and assistance in caring for your baby are provided during maternity care

8.  
**The right to Modern and verified information on the needs of a newborn, care and engagement with the newborn, breastfeeding and nutrition, physical and psychological support, assistance and suggestions for further information whenever you want**

means, for example, that

- ... information is available to you (future parents, parents) concerning what a newborn needs and what he/she can do.
- ... no one laughs at you when you are learning how to breastfeed and take care of your baby.
- ... no one makes fun of you and the quantity of milk you manage to get out with breast pump
- ... the time you spend breastfeeding your premature baby is not limited if his/her condition allows it.

It is unacceptable, for example, that

- ... staff disregard your decision on how to feed your baby; e.g. feeding him/her with a glucose solution or a baby formula without your knowledge and approval.
- ... psychological pressure should be exerted on you concerning the child's feeding choices.
- ... the mother is humiliated because of her alleged inability to breastfeed.
- ... breastfeeding should be limited to a routine or a time schedule (without a justified reason).
- ... health professionals should wake up the baby without your consent (and without a justified reason).
- ... health professionals take the baby in their lap (without a justified reason) and show off with him/her, take photos etc.

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# 9.

## You are safe and protected against all forms of maltreatment and violence

No maltreatment or violence is justifiable. Torture and other types of ill-treatment are prohibited. In a maternity hospital, you also have the right to be safe and protected from all forms of maltreatment and violence. How you experience a situation (particular procedures, treatments, actions and relationships) is crucial in determining whether a situation is perceived as maltreatment or violence.

### 9.1

#### **The right to Not be maltreated – you are not experiencing physical, psychological, verbal or sexual abuse, mistreatment and violence**

It is unacceptable

... to perform an insensitive vaginal examination which causes you (needless, preventable) pain.

... to mock, insult, comment and intimidate.

... to behave in an authoritative and commanding way to the woman giving birth.

... that you should be treated inconsiderately and feel neglected and overlooked due to lack of support.

... to force the woman giving birth to stand still or keep her in a forced position.

... to make any kind of comments that have a sexual connotation.

### 9.2

#### **The right to Protection from all types of abuse – physical, psychological, verbal or sexual and abuse, mistreatment and violence**

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# 10.

Your participation in research is voluntary.

10.

## The right to **Decide for or against taking part in research**

You have the right to agree or decline participation in research about which you have been fully informed.

Your decision should not influence the subsequent care or service quality and the attitude with which you are treated.

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# 11.

You have access to your medical records.

## 11.1

### **The right to Information and full access to your own (and your child's) medical records**

You have the right to full access to your medical records.  
Parents have the right to access their child's medical records.

## 11.2

### **The right to A copy of your own (and your child's) medical records upon request**

You have the right to a copy of your medical records.  
Parents have the right to acquire a copy of their child's medical records.

It is unacceptable

... to change information or deliberately omit information while preparing a document.

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# 12.

Handling of violations is guaranteed.

## 12.1

**The right to have Violations of patients' (woman's, child's or family's) rights addressed**

You have the right to use the services of a patients' rights representative (Patients' Rights Ombudsman).

## 12.2

**Procedures for handling violations of patients' rights are clearly defined**

Procedures for safeguarding patients' rights should inter alia provide information and support to the patient, a simple, transparent, quick and efficient solution, free counselling and help from a patients' rights representative (Patients' Rights Ombudsman), an impartial and fair procedure and appropriate documentation throughout.





NATURAL BEGINNINGS

Society for education, free choice  
and support in pregnancy, childbirth and parenthood