



[HTTPS://OVOITALIA.WORDPRESS.COM/](https://ovoitalia.wordpress.com/)

TO THE KIND ATTENTION:

UN SPECIAL RAPPORTEUR ON VIOLENCE AGAINST WOMEN

OBJECT: Submission on Obstetric Violence in Italy

SUBMITTERS: Ms Elena Skoko and Ms Alessandra Battisti, both advocates for human rights in childbirth and both Founders of Obstetric Violence Observatory in Italy- OVO ITALIA.

Obstetric Violence Observatory in Italy- OVO ITALIA is a civil society initiative of mothers, on a volunteer basis, with aim to collect testimonies, data and research on the issue of obstetric violence and to promote a respectful mother and baby care during pregnancy, childbirth, post partum and breastfeeding, in the frame of Human Rights.



*To the Kind attention of
UN Special Rapporteur on VAW - Violence Against Women*

Via mail to: yaw@ohchr.org

Dear Special Rapporteur on VAW,

we, Ms Elena Skoko and Ms Alessandra Battisti as human rights defenders of childbearing women and infants and advocates for human rights in childbirth, are pleased to submit information and documents related to the issue of obstetric violence in Italy.

The present document serves the purpose of informing the Special Rapporteur on VAW about the results of the “Italian Women and Childbirth Experience” Survey conducted in 2017 and the situation concerning the issue of obstetric violence in Italy and our activity in the years 2016-2019.

We will briefly introduce you to our advocacy work following the call launched by the WHO in 2014, with the publication of the WHO statement “The prevention and elimination of abuse and disrespect during facility-based childbirth”.

We are pleased to inform you that we translated in Italian the mentioned statement, in order to disseminate it in Italy as much as possible and raise public and institutional awareness about the issue.

The Ministry of Health, as a competent authority, has been regularly informed and updated about our advocacy work on the issue.

We have been auditioned by the Ministry of Health in 2015, within the National Childbirth Committee. On that occasion we presented the Italian official version of WHO statement and we asked the Committee to take in charge the issue of mistreatment in childbirth in our country, offering our knowledge and expertise to contribute to the advancement of prevention and elimination of abuse and disrespect during childbirth. We were asked to provide data as without data the Committee was not interested in the subject. The Committee members did not accept the idea that such things were happening in Italy. However, as a civil society and individual mother-activists we did not have the means to provide such data.

Only after being rejected by the Institutions, since we received many testimonies from mothers, we thought it was appropriate to commission a survey to a third professional Institute. Therefore we have commissioned to the DOXA survey agency (www.doxa.it/en) a national data collection on obstetric violence. The project was financed by mothers’ associations La Goccia Magica, CiaoLapo and Obstetric Violence Observatory Italy (OVOItalia) members.

Elena Skoko, Founder Obstetric Violence Observatory-OVO Italy Via F. Denza 19/A, 00197, Roma
elena.skoko@gmail.com mobile: 39 335 7092161
Alessandra Battisti, OVOItaly Ethical Committee, Via Vittorio Arminjon 5, 00195, Roma
alessandra_battisti@hotmail.com mobile: 39.335.8150375
www.ovoitalia.wordpress.com

People, associations and partners involved in the project

- Elena Skoko is artist, independent researcher, writer and mother advocate for respectful maternity and neonatal health care. She is the creator and founder of OVOItalia, an informal civil society initiative aimed at a collection of data and testimonies on obstetric violence in Italy.
- Alessandra Battisti is Italian lawyer based in Rome, advocate for human rights in childbirth and co-founder of OVOItalia.
- Michela Cericco is president of “La Goccia Magica”, association of peer-to-peer mothers for the promotion of breastfeeding in Italy within the WHO/UNICEF Baby Friendly Initiatives framework and member of the Ethic Committee of OVOItalia.
- Claudia Ravaldi is psychiatrist and researcher, president and founder of “CiaoLapo” ONG dedicated to stillbirth issues and member of the Ethic Committee of OVOItalia.
- INC is the National Institute for Communication, a press agency (<https://www.inc-comunicazione.it/en/>).
- Doxa s.p.a is the first and leading statistical and opinion research company in Italy-founded in 1946 (<https://www.doxa.it/en/>).

Advocacy: human rights, abuse and mistreatment, obstetric violence in childbirth in Italy-2013-2019

Since 2013, **Alessandra Battisti** and **Elena Skoko** have been working on promoting mothers’ and newborns’ human rights towards the Italian National Healthcare System, governmental institutions and within the civil society. They have officially translated in Italian the WHO statements “Prevention and Elimination of abuse and disrespect during facility based childbirth”, “Caesarean section rates”, and the International Mother-Baby Childbirth Initiative’s 10 steps. They have facilitated the formal endorsement by three Italian Colleges of Midwives to the WHO statement. They have submitted inputs to the WHO High-level Working Group on Health & Human Rights of Women, Children & Adolescents on the 6th of November 2016.

They both translated in Italian the “*Report of the Working Group on the issue of discrimination against women in law and in practice with Regard to Health and Safety*” and they organized a conference where the Report and the work of the WG was presented at University Roma TRE - Department of Political Sciences on 6th of April 2018. Ms Francesca Donati of the UHCHR was present and the event was video-documented by Radio Radicale.

They are promoters and coordinators of #bastatacere: le madri hanno voce (“break the silence: mothers have voice”), Italian social media campaign on abuse and disrespect in childbirth and obstetric violence <https://www.facebook.com/bastatacere>. They are founders of Obstetric Violence



Observatory in Italy (OVOItalia) (<https://ovoitalia.wordpress.com>) and members of InterOVO (international coordination of obstetric violence observatories), co-founders of CoRDIN, the Committee for the Respect of the Rights of Newborns, and of the academic Research Unit “Human Rights in Maternity and Childbirth” at the University “Roma TRE”, Department of Political Sciences in Rome. They are representatives of International MotherBaby Childbirth Organization in Italy, steering committee members and national representatives of Babies Born Better Survey, members of European research network COST Action BIRTH and of Midwifery Unit Network (MUNet). They are members of the Global Respectful Maternity Care Council of White Ribbon Alliance.

They have organized several conferences at the Italian Parliament on the issues of human rights in childbirth. They drafted the law proposal “Norms for the Protection of the Rights of Women and Newborns in Childbirth and Regulation for the Promotion of Physiological Birth”, where WHO recommendations were, for the first time, incorporated into legal norms. The law proposal is currently dormant, following the elections on March 2018.

They have published several scientific articles on obstetric violence and on maternity health care in Italy.

Michela Cericco, is the president of “La Goccia Magica”, mothers’ association dedicated to promoting breastfeeding according to the WHO-UNICEF model. “La Goccia Magica” helps mothers to recover after birth and to have a successful breastfeeding through a peer-to peer approach. Mothers have been formally trained within the National Health System according to the WHO guidelines. The association was partner in the #bastatacere campaign and it has financed the DOXA survey.

Claudia Ravaldi, is a physician specialized in psychiatry. She is the founder and president of CiaoLapo NGO dedicated to supporting parents and service providers who experience stillbirth. The association also carries out research activities and data collection on stillbirth at international level. CiaoLapo was also a partner in the #bastatacere campaign and it has co-financed the Doxa survey.

1. Please indicate whether in your country there are cases of mistreatment and violence against women during reproductive health care, particularly facility-based childbirth. If so, please specify what kind of cases and describe your country's response and any good practices, including protection of human rights.

Background: Maternity healthcare in Italy, the figures

The Italian Institute for Statistics (ISTAT) reports for the year 2013 that 72,7% of “spontaneous” births were in fact medicalized, including 32% of artificial ruptures of the membranes, 34,7% of episiotomy and 22,3% of synthetic oxytocin administration (a significant percentage (14,2%) of women declared they “don't know if they received this treatment”). (<http://www.istat.it/it/files/2014/12/gravidanza.pdf?title=Gravidanza%2C+parto+e+allattamento+al+seno+-+09%2Fdic%2F2014+-+Testo+integrale.pdf>). The ISTAT report is based on official national data collected by the Ministry of Health.

A ministerial investigation in 2013, ordered by Mr Renato Balduzzi, former Italian Secretary of the Ministry of Health, revealed that 43% of medical records on C-sections have been falsified. The investigation was conducted by the NAS, a special Army force unit dedicated to the health issues, in coordination with AGENAS, the National Agency for Regional Healthcare Services (the Italian National Healthcare System is based on regional autonomy). **During the press conference Mr Balduzzi affirmed that unnecessary C-sections represented a fraud and a violation of women's rights to health,** generating an economic damage for the State (estimated in 80 millions of Euros), and he demanded justice. After initial articles published on Italian newspapers and magazines about this important investigation, the Ministry of Health did not issue further declarations. The immediate reaction of the national ob-gyn associations was strong and they organized a national strike that put an end to any further actions by the Ministry. The issue of unnecessary c-sections, abuse and fraude towards the childbearing women and the National Health Care System disappeared from public discourse.

Since 1980s up until 2013, the government has been working on the issue of **“humanization” of childbirth** that was put on the list of priorities within ministerial maternal healthcare policies. The most recent one, “Decreto Fazio”, was issued in 2010 and it is still considered as a reference for current maternity care policies. Since 2013, the Ministry of Health has stopped addressing issues related to the humanization or appropriateness of maternity healthcare provision.

Obstetric Violence Observatory in Italy: data collection and results

#Bastatacere campaign was launched as a new Facebook Page on April 4th 2016, and in 15 days received 21.621 likes, over 1.136 photo-banners and many more stories in written format with women's experiences of mistreatments in the occasion of maternity healthcare in Italy, it had 700.000 daily visitors and over 70.000 daily interactions. The campaign received over 70 articles in

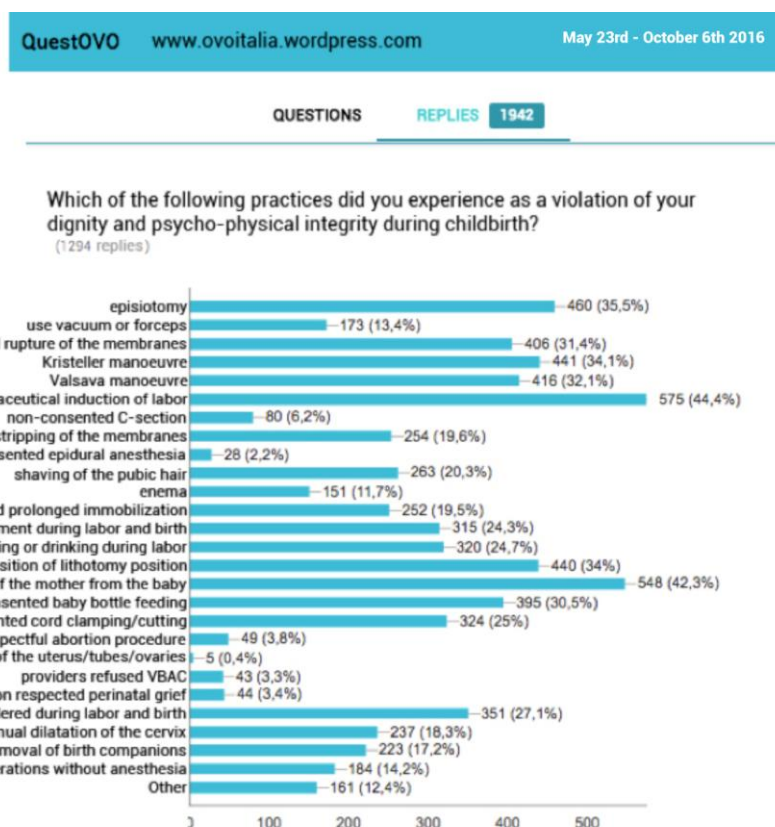
press and blogs on the Internet. Women were describing all forms of abuse and mistreatments enlisted by the WHO statement, namely: outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures, lack of confidentiality, failure to get fully informed consent, refusal to give pain medication or forcing pharmacological anesthesia when not wanted, gross violations of privacy, refusal of admission to health facilities, neglecting women during childbirth to suffer life-threatening, avoidable complications, and others, including gynecological practices such as dehumanizing treatment during abortions or stillbirth. Please, see the attachment named “Bastatacere PDF” with all the 1136 testimonies.

At the end of the viral #bastatacere social media campaign, we formed the national Obstetric Violence Observatory in order to continue collecting testimonies of obstetric violence in a data-friendly format (through a mixed quantitative and qualitative online survey QuestOVO). The survey was launched on May 23th 2016 and it closed on May 23th 2017. We are working on the elaboration of these data.

The data from May 23rd until October 6th 2016 show the following figures:

- At date of 6th of October 2016 we had 1942 respondents (1000 of which in the first 2 days of the survey):
- 55,5% (1294) of our respondents state they have experienced abuse and disrespect in childbirth, while 11,2% don't know.
- 35% (453) explicitly declare the lack of true informed consent.
- The experiences described in the survey refer mostly to the last five years (76%) and to the hospital setting (89,5%).

We have asked the users to express which practices they experienced as a violation of their dignity and integrity. Our preliminary data confirm and reinforce the ISTAT figures.



nza 19/A, 00197, Roma
mobile: 39 335 7092161
minjon 5, 00195, Roma
mobile: 39.335.8150375
voitalia.wordpress.com

The national survey on obstetric violence in Italy conducted by OVOItaly, INC and DOXA

#Bastatacere campaign has been very successful and it has raised awareness on the issue of obstetric violence at the national level, both among users as well as health providers. Since the campaign was launched, many events have been organized nationwide to promote the respect of human rights during childbirth and to raise awareness on abuse and disrespect in maternity health care.

The survey conducted by OVOItalia had over 3.000 final respondents. We presented the preliminary results during an informal meeting at the Ministry of Health, but we were said that the sample was self-selected and thus not scientifically valid. We were told that without statistical data and a statistically representative national sample the issue will not be taken into consideration.

As civil society, we decided to commission a data collection to a third party, a professional research institute, in order to have the requested scientifically valid data.

With the purpose of complying to the WHO indications and to carry out a validated research, Alessandra Battisti and Elena Skoko, in collaboration with Michela Cericco e Dr. Claudia Ravaldi, have commissioned a national survey and a press campaign to INC and Doxa, with the aim of investigating women's experience with maternity healthcare and providing the requested data on the figures on the phenomenon. The rationale of the survey was to understand if the Italian women experienced abuse and disrespect during childbirth, and to measure the human rights violation related to the specific issue.

The survey was a community-based opinion poll on a nationally representative sample. We did not have the means and the authority to conduct a clinical investigation. It was aimed at measuring how obstetric practices and maternity care impacted on women's human rights. To our knowledge, this was the first survey of a kind conducted on the issue, both nationwide and internationally.

Alessandra Battisti, Elena Skoko, Michela Cericco and Claudia Ravaldi have collaborated in drafting the questionnaire, with the technical support of INC and Doxa S.p.a.

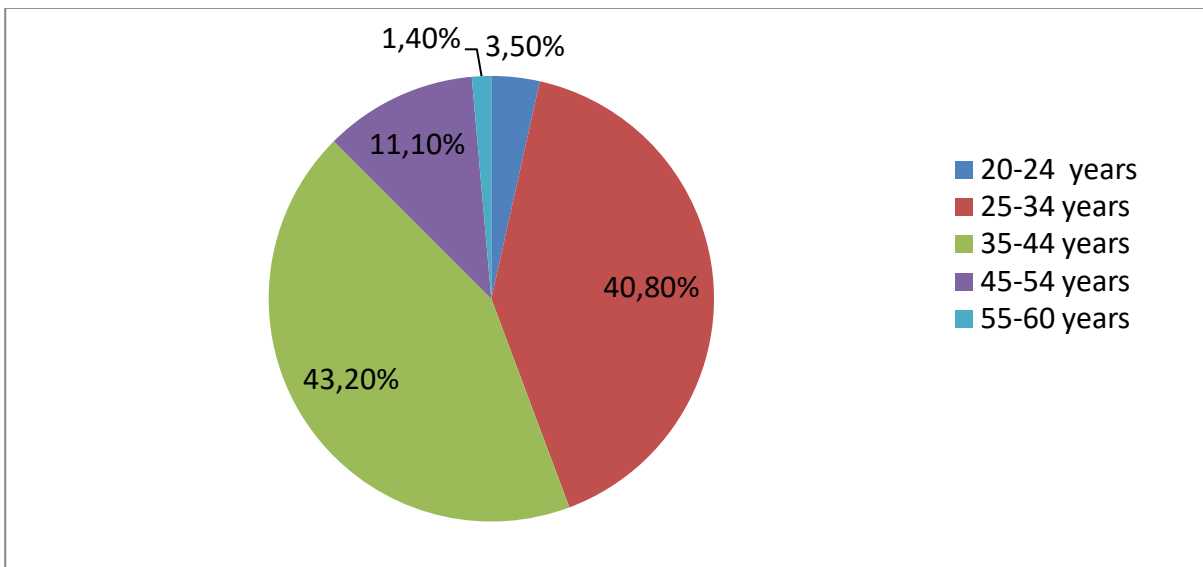
Doxa “Italian Women and Childbirth Experience” Survey: methodology

The survey was conducted through on-line interviews (CAWI method) with 424 respondents representing a significant national sample of mothers with children aged 0-14 years. The sample of interviewed women was selected with the participation of “Due punto zero research”, a society belonging to the Doxa Group, experienced in digital research. The starting sample targeted women of 20-60 years of age, according to the age percentage and geographical area. Random selection

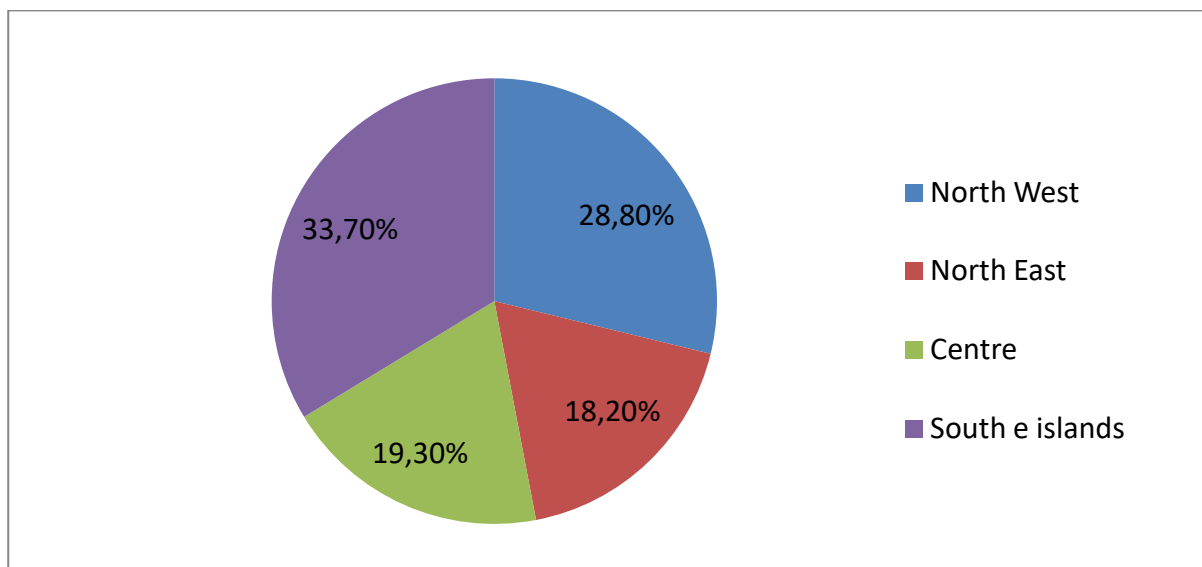
allowed for a reasonable distribution of the sample according to the socio-demographic characteristics (instruction, employment status, social and economical class), including the number and the age of children. The responding sample is proportionally appropriate and correctly representative of about 5 million of Italian childbearing women.

The “target universe”, female population within 20-60 years age range, was divided in two sections based on two characteristics: the age and the geographic area (Nord-West, Nord-Est, Centre, South+Islands). The appropriate number of interviewees has been decided in order to be representative, faithfully reproducing the society in miniature scale. The actual sample, conforming to the general distribution of the target population, was structured as follows:

Age range



Geographical Area



Region

Abruzzo/Molise	0,9%
Basilicata	1,4%
Calabria	2,1%
Campania	10,6%
Emilia Romagna	8,0%
Friuli Venezia Giulia	2,1%
Lazio	8,7%
Liguria	2,1%
Lombardia	18,6%
Marche	4,0%
Piemonte/Valle d'Aosta	8,0%
Puglia	8,3%
Sardegna	1,9%
Sicilia	8,5%
Toscana	5,9%
Trentino Alto Adige	0,5%
Umbria	0,7%
Veneto	7,5%
Total	100,0%

Education

Master\PHD	6,1%
University Degree/five years	15,1%
University Degree/Three years	16,7%
High School Degree	50,2%
Secondary School Degree	11,1%
Primary School Degree	0,5%
No school education	0,2%
Total	100,0%

Profession

Entrepreneur	1,2%
Freelance	5,0%
Executive director/High-rank official	1,4%
Manager employee	1,7%
Simple employee	39,0%
Shop Keeper	1,4%
Worker \Artisan	5,0%
University Professor \ School Director	0,5%
Teacher (primary, secondary and high school)	3,5%
Army official	0,2%
Farmer/farmer owner	0,2%
Housewife	27,1%
Unemployed	8,7%
Student	0,9%
Other	4,2%
Total	100,0%

Number of Children

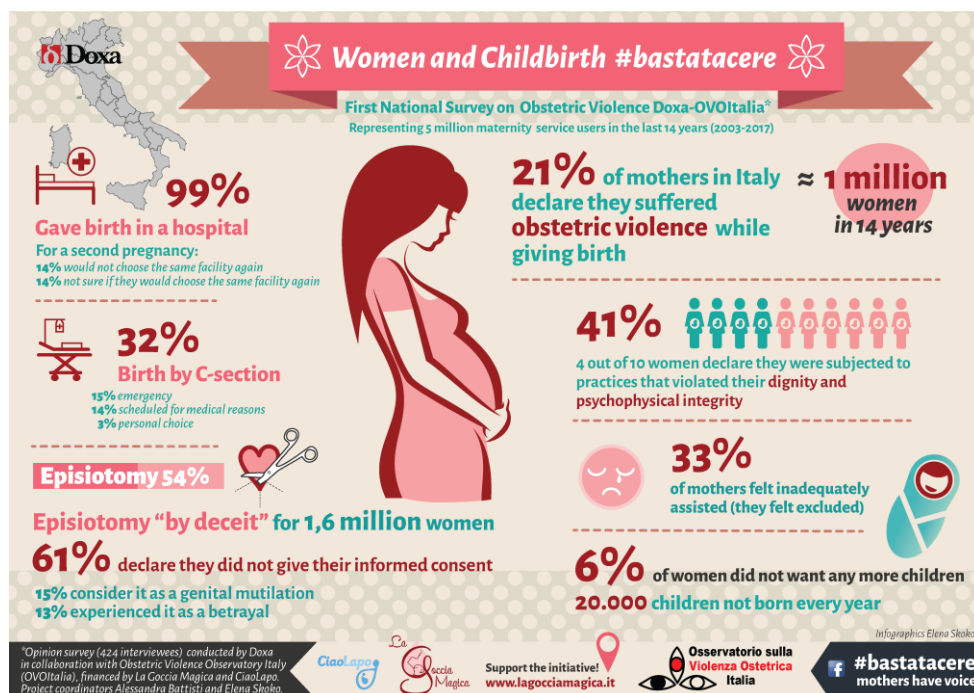
1	39,9%
2	46,0%
3	11,8%
4+	2,4%
Total	100,0%

According to Doxa, the sample of 424 mothers can guarantee a minimum margin error of 4,8%, and a confidence level of 95%. The execution of the survey complied with the ASSIRM Professional Code of Conduct and with the international ESOMAR And MSPA codes, guaranteeing the methodological standards of the statistics and fulfilling the requirements of the applied scientific research. DOXA S.p.a is certified according to the international quality norm standards UNI EN ISO 9001:2008 for qualitative and quantitative market researches.

1. The Survey: figures and results

The KEY RESULTS are the following:

- **33% of women did not feel appropriately assisted by care givers during childbirth (they were not sufficiently involved in the process)**
- **61% of women who received episiotomy (1 in 2 women) were not given appropriate information, lacking true informed consent**
- **41% of women considered the assistance received as a violation of their dignity and psychophysical integrity**
- **21% of the sample affirm they experienced obstetric violence (approximately 100.000 women per year)**
- **6% of women do not want any more children as a direct consequence of birth trauma (in Italy about 20.000 babies per year were not born because of the mother's experience of abuse and disrespect during childbirth)**



Brief consideration on most relevant data of the DOXA Survey: 83% of women in childbirth end in medical intervention and 6% do not want any more children due to trauma

As it is summarized above there are significant and worrying figures about human rights violation during childbirth in Italy.

We would like to highlight that data on episiotomy show very high rates in violation to WHO guidelines. According to WHO episiotomy on routinely base has no scientific foundation and it seems that 50% of episiotomy is too high to have true medical indication.

Among 50% of women who received episiotomy, 61% of them affirmed that they did not give any consent to the practice. **15% of the sample experienced the episiotomy as a genital mutilation.**

It is important to consider that if 50% of sample received episiotomy and 32% received a C-Section in means that 82% of total women received a “cut” during childbirth with consequences on their physical integrity and right to health. We should ask if 82% of women really need so invasive medical intervention or it is an attitude to consider women’s physical integrity as to be compromised without any true medical reason.

We, as Human Rights Defenders believe that is not possible under an epistemological perspective that 82% of women are in danger during childbirth so that is necessary to make surgical intervention like episiotomy or C-sections. We rather believe that we face a cultural stereotype that considers women’s biological functions pathological *per se* and to be controlled by physicians.

At the end of the Survey we clearly asked to women if they think they experienced obstetric violence during childbirth. For avoiding any misunderstanding the question reported the obstetric violence definition as follows:

“ appropriation of reproductive processes by medical personnel, to force a woman to undergo to unnecessary c-section, to force a woman to receive unnecessary episiotomy , to force a woman to give birth in lithotomic position with feet on stirrups, to expose a women naked in front of many people, to separate mother from the baby after childbirth without medical reason, not involving women in decisional processes regarding their own body and their childbirth, verbal humiliation before, during and after childbirth. Based on this information do you think you experienced obstetric violence during childbirth?”

21% of the sample answered that according to this definition they experienced obstetric violence.

This 21% is representative of 1 million women who gave birth from 2003 to 2017 in Italy.

Another worrying figure that emerged by the DOXA survey is that 6% of women did not want any more children as a direct consequence of trauma they experienced during childbirth. This data correspond approximately to 20.000 babies not born every year.

11% of the sample affirmed they waited many years before having another pregnancy since they were traumatized. This figures show clearly how obstetric violence could affect women fertility and women choices in order to have more children. Thus there is a severe consequence at nativity rates level and at women free choices level.

The aftermaths of 20th of September 2017

On the 20th of September 2017 we officially presented the data in a press conference in Rome at Palazzo delle Esposizioni. We invited the Ministry of Health and the National Committee on Childbirth to attend the conference, they did not. We invited other Italian institutions and the WHO (who sent a representative). Many journalists joined the event and the news about the data on obstetric violence spread nationally. The interest of the media lasted several months reaching a 24 million audience, including TV, magazines, newspapers, websites, video-documentaries and interviews.

National ob-gyn associations (AOGOI, SIGO and AGUI) reacted immediately and strongly against us, as advocates and against the DOXA survey and its data. **They immediately released a communication statement affirming that DOXA data are biased since, according to them, the informed consent is not necessary before performing an episiotomy.** (See the document attached and the ob-gyn press communication at the following link: <https://www.aogoi.it/notiziario/i-ginecologi-sigo-aogoi-e-agui-no-ad-allarmismi-ma-riflettere-sul-dialogo-con-le-pazienti-e-su-requisiti-delle-strutture-preposte-al-parto/>).

The DOXA data reported that 61% of women who received episiotomy did not give their consent, while 15% of women affirmed that they experienced episiotomy as a genital mutilation. Indeed, our data confirm that informed consent is not sought before cutting women's vagina during childbirth.

The ob-gyn associations threatened DOXA to hand over all the data and the materials. We strongly opposed it since DOXA had an obligation with us as their clients who commissioned the survey and paid the fees. We kindly invited the ob-gyn representatives to attend a meeting with us in order to give them information and clarification regarding the survey. They did not accept it not considering us as valid interlocutors.

The AOGOI, a national ob-gyn association, sent us a "cease and desist" letter ordering us to stop talking about obstetric violence, Italian maternity care, their hospitals and their birthing rooms, and accusing us of defaming the entire professional category of obstetricians. They ordered us to withdraw everything.

The ob-gyn's letter was sent to Alessandra Battisti, Elena Skoko, Michela Cericco, Claudia Ravaldi and to DOXA Group. They affirmed that the DOXA survey was without scientific base, and the sample was too small and not representative. They accused us that the term "obstetric violence" has no source and they ordered us to stop talking about it or naming it.

We informed immediately the Ministry of Health about the ob-gyn letter but the Ministry said that they agreed with the ob-gyn and that we should not have communicated publicly the data. Instead, we were told that it would have been appropriate to hand over the data to the ob-gyn associations without further actions.

On May 2018 we published an article on DOXA data on European Journal Of Obstetric and Gynecology (EJOG) (Please see the document attached).

The ob-gyn reacted again and wrote to the editors of EJOG a letter asking them to withdraw our publication. Since the EJOG disregarded their letter, they published it on la Repubblica newspaper's website:

https://www.repubblica.it/salute/medicina-e-ricerca/2018/05/28/news/violenza_ostetrica_la_risposta_dei_ginecologi_italiani-197558595/.

The letter claims that the ob-gyns have the “power-duty” to decide the treatments a woman should undergo during childbirth in order to save her and the baby's life, also without consent. They affirm that ob-gyns will not “supinely submit” to women's wish and requests during childbirth. They also add that the “so called” obstetric violence has no evidence, while using this two words together generates a serious social alarm and it is detrimental to ob-gyns and National Health System's reputation.

In the meanwhile, a group of researchers of the Nation Institute of Health's wrote another letter to the EJOG editor aiming at discrediting the survey, basically taking sides with the ob-gyn associations and disregarding commenting on the issue itself that was not considered as a matter of public health or even discourse. (Please see the document attached).

According to our experience, advocating for human rights in childbirth in Italy puts women's human rights defenders at risk of legal repercussions as they are not considered to have the right to speak and, if they reach wider audience, they can be sued for defamation. Having legal issues in our countries means carrying a heavy financial burden that might take years and even decades to get solved, while in this topic there is no public or institutional consensus and no protection network. The institutions are first and foremost interested in protecting their role rather than the health and the rights of women. Women's voices are not heard and women's claims for a more respectful maternity care are delegitimized.

The #bastatacere campaign was not taken into account since it happened on the web, despite more than 1.000 written testimonies of abuse and disrespect. The Obstetric Violence Observatory's questionnaire was not taken into account despite 3.000 respondents, as the sample was considered self-selected. The DOXA survey, with a nationally representative sample, has been publicly

delegitimized despite it was conducted by an accredited research institute, neutral to all institutional discourse, in full compliance with international quality system regulations.

As childbearing women's human rights defenders, have been working for years on a volunteer basis, with no support or financial aid, investing our own resources. We have been disseminating WHO, UN, UNHCHR recommendation, offering our cooperation to Italian institutions, such as the Ministry of Health and the Parliament. All our commitment, data collection, initiatives based on international recommendations, has led to a strong denial of the issue of obstetric violence (or abuse and disrespect, birth trauma etc.), personal attacks against us and constant threat to be sued for defamation due to our research and studies aiming at the advance a respectful mother and babies care. To deny advocates the right to free speech and scientific and statistical research is in itself a form of violence and violations of human rights.

On January 2019 we met the Head Office of the current Secretary of the Ministry of Health, together with the General Director of Health Planning Department. We illustrated the DOXA data and they were interested in the issue, but no further actions of initiatives took place.

On March 2019 the ob-gyn's associations communicated the results of a so called "super investigation" on women satisfaction in childbirth, officially as a public response to DOXA survey that is considered to be "false". (http://www.quotidianosanita.it/lavoro-e-professioni/articolo.php?articolo_id=71859&fr=n).

The results obtained by the "super investigation", based on a self-selected sample, show that women are completely satisfied about the assistance they received and that there are no problems related to the so called "obstetric violence".

2. Please specify if full and informed consent is administered for any type of reproductive health care and if these include childbirth care;

In Italy the informed consent is a constitutional right for all patients. Childbirth seems to be an exception. For example, episiotomy without consent shall be considered as a case of discrimination against women in health care but it is justified instead as a routine clinical practice. The same with other routine procedures such as Kristeller maneuver, rupture of the membranes, induction of labor etc. The decision taken by the health care provider is considered to be part of the “position of guarantee”, a legal obligation that every medical professional has towards their patients. Since birth is considered to be always potentially at risk, the providers are entitled to decide which practices to perform and when, without engaging with the service user. The negative outcomes are only to be discussed in court. According to health care providers, it is intended that cutting female genitals at childbirth does not require informed consent. While hospitals use some form of written informed consent (different for every facility) women are supposed to sign it at the admittance without having the time to read it properly or to change their mind. The informed denial is not foreseen.

Despite official investigation has demonstrated that almost half of the medical records are routinely falsified, they are still considered as the only document a woman can base her legal claims on. She is not allowed to see the document at her discharge, she can make a written request and wait for at least a period 40 days to receive it. Women report their medical records often do not correspond to their experience.

In Italy, the Supreme Court has stated in several decisions that informed consent is related to the right to self-determination in choosing medical treatment and it is the act that legitimates medical intervention. However, when we talk about the right to informed consent during childbirth, we face a kind of “grey zone”.

3. Please specify whether there are accountability mechanisms in place within the health facilities to ensure redress for victims of mistreatment and violence, including filing complaints, financial compensation, acknowledgement of wrongdoing and guarantees of non-repetition. Please indicate whether the ombudsperson is mandated to address such human rights violations.

There are no specific mechanisms in place within the health facilities to ensure redress for victims of mistreatment and violence in childbirth. The role of the ombudsman in Italy is not well established and it generally refers to the issues regarding public administrations.

We are in touch with women on the territory and they report to us, in private, about abuse and mistreatment during childbirth but they feel so disempowered that they cannot find the courage to sue the doctors or the hospitals. Some women report that they wrote complaints to the hospitals but they were rejected or not answered at all. Women say they are worried and scared about repercussions from the hospitals, especially in small towns, so they give up. They remain with the feeling of unfairness and denial of their pain and dignity violation.

In order to seek redress and compensation, women have to face an expensive a long lasting legal procedure. It is difficult for them to sustain economic and financial expenses of such actions. It is also difficult to find a medical consultant that would affirm they suffered violence during childbirth, since all the practices carried out during childbirth are considered normal, like episiotomy or Kristeller maneuver, or labor induction. Some women reported to us that they experienced c-section without anesthesia properly working and when they loudly complained about the pain they were not believed by the physicians. Many women reported that they had been sutured after episiotomy without any anesthesia. A lot of women report verbal humiliation during labor and childbirth, particularly they were told “incapable to give birth”, “bad mothers” when they asked for pain relief, “able to do sex but not to give birth” and similar humiliation related to sex intercourse and the pain at childbirth as a consequence.

4. Does your health systems have policies that guide health responses to VAW and are these in line with WHO guidelines and standards on this issue?

Our National Health System does not have any policy that guide health responses to VAW in childbirth because they deny that any VAW occurs during birth. It is common believe among policy makers and health care providers that the WHO guidelines and standards on maternity care are written only for low-income or developing countries, not for a developed country like Italy, therefore the WHO’s guidelines and the call for action on abuse and disrespect in childbirth are not taken into consideration. Neither is the “Report of the Working Group on the issue of discrimination against women in law and in practice”.

The only indicator taken into the account is the maternal and neonatal mortality. If women and babies survive childbirth it means the system is working well. NHS is not interested in understanding issues such as dignity, autonomy, respect, and humanity. Childbearing is considered as a life threatening circumstance; therefore, humanization of care is a secondary or a non-existent issue.

The prevailing idea is fueled by a cultural stereotype: all childbearing woman are considered as “pathological” by default and shall be under direct care of a physician only, complying to his or her decisions. Affirming that all the women are in danger is in fact a way to control them, their bodies

and their decisions. Due to the “position of guarantee”, it is almost impossible for a woman to exercise her right to autonomy in choosing medical treatments.

However, following the public reach of our advocacy, women are more aware of their rights and their choices in maternity care and they demand to be respected. Some providers as well are considering the humane aspects of their care and practice and try to improve but it is all on the shoulders of each individual provider and service user. There is no sign that things might change in the nearest future.

Currently, the only maternal health policy concern is a high rate of c-sections, and doctors try to limit them as much as possible, performing operative vaginal births instead – a procedure that leaves women more damaged and traumatized. Consequently, women start considering c-section as a human right.

We attached for your knowledge the Input we sent in 2016 to the WHO high level Working Group and relevant articles on DOXA Survey.

We are available to give any more information, clarification or documents that might be useful.

Most respectful greetings.

Rome, 17th of May 2019

Alessandra Battisti Elena Skoko

We are pleased to attach the following documents:

1. Article: “Moving beyond disrespect and abuse: addressing the structural dimensions of obstetric violence (Michelle Sadler, Mário JDS Santos, Dolores Ruiz-Berdún, Gonzalo Leiva Rojas, Elena Skoko, Patricia Gillen & Jette A Clausen)
2. Article published on EJOG “Abuse and disrespect in childbirth assistance in Italy: A community-based survey (Claudia Ravaldi, Elena Skoko, Alessandra Battisti, Michela Cericco, Alfredo Vannacci).
3. Article published on EJOG “Sociodemographic Characteristics of women participating to the LOVE THEM (Listening to obstetric violence Experiences through enunciations and measurement) investigation in Italy” (Claudia Ravaldi, Elena Skoko, Alessandra Battisti, Michela Cericco, Alfredo Vannacci).
4. Article published on Minerva Ginecologica, “ Findings from the Italian Babies Born Better Survey”, (Elena Skoko et al.)
5. Break the silence Campaign Mothers have voice-2016
6. Statement OVO-ITALIA and MMM- Make Mothers Matter on obstetric Violence-2018
7. Input to WHO- High Level Working Group, submitted by Alessandra Battisti and Elena Skoko (2016)
8. Italian translation of the WG on Discrimination Against Women in Law and Practice Report (Battisti-Skoko 2018)