



Submission to the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health by Ženské kruhy (Women's Circles)

The right of everyone to sexual and reproductive health – challenges and opportunities during COVID-19
June 2021

Ženské kruhy (Women's Circles) present this submission to the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health for its consideration in the context of thematic report on the right of everyone to sexual and reproductive health – challenges and opportunities during COVID-19.

Women's circles (www.zenskekruby.sk) is an independent civic association focusing on the field of maternity care and the rights therein. One of the goals is that respect, dignity and the freedom of choice for women in pregnancy and childbirth would become self-evident.

Contact Details

Type of Stakeholder (please select one)	<input type="checkbox"/> Member State <input type="checkbox"/> Observer State <input checked="" type="checkbox"/> Other (NGO)
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Can we attribute responses to this questionnaire to your State publicly*? *On OHCHR website, under the section of SR health	Yes Comments (if any):

In early March 2020, Slovakia reported the first cases of COVID-19. The response of the Slovak government was a rapid one. On 12 March 2020, the government declared a state of extraordinary situation¹, and on 15 March 2020 the government declared a state of emergency². These decisions, combined with numerous measures adopted by the government and various other institutions jointly led to a strict lockdown and all planned medical procedures were postponed in all hospitals³. By 13 June 2020, the day until which the state of emergency officially lasted, Slovakia had only had 1545 cases of persons who had tested positive for COVID-19⁴, out of whom only a few had been hospitalized.

The measures and other steps that were undertaken in Slovakia during the pandemic (not necessarily with a clear and existing legal basis and not necessarily meeting the legal requirements of necessity and proportionality) had numerous negative impacts on various groups.

A. Access to legal abortion: In March 2020 Slovakia had national election and new government in their Program Statement declared obligation to “*protect unborn children through abortion prevention, to improve financial situation of single mothers and families, through ending support of abortions [ending of insurance coverage] for mothers over 40 years of age and through other preventive measures.*”⁵. In Slovakia there is no universal insurance coverage of abortion, except for medical reasons which included the age of woman (over 40 years old). Ministry of Health Mr. Krajčí changed the Decree⁶ that guaranteed insurance coverage for abortion for women over 40 years. This retrogressive measure was done during the worst time of pandemic (February 2021, effective from 1 March 2021) when healthcare system in Slovakia was collapsing and all media attention was focused on the COVID-19. It created another barrier for women to access safe and legal abortion – CEDAW committee repeatedly recommended, that Slovak republic revise relevant legislation and ensure universal coverage by public health insurance of all costs relating to legal abortion, including abortion on request.⁷

In June 2020 there were 4 law proposals for restricting access to safe and legal abortion⁸. None of them passed, however one which was from the largest government party (OLANO) did not pass just for one vote. Currently there are 2 new law proposals that aim to restrict abortion on request⁹.

In Slovakia several health care providers (whole hospitals) refuse to provide abortions (including for medical reasons) based on conscious objection¹⁰. During the state of emergency other healthcare providers refused to provide abortion and several civil societies¹¹ and The Public Defender of Rights¹² appeal to Ministry of Health to ensure that women have access to safe and legal abortion services. The Ministry of Health refused to act and argued that the reason for stopping providing abortions during pandemic is to protect women’s health and life¹³.

The Ministry of Health repeatedly refused to legalize medical abortion. The result is that all women in Slovakia have to undergo surgical curettage for abortion or in cases of miscarriage. Women cannot make informed decisions about their health and in accordance with evidence based care. Medical experts repeatedly stated their concern that women are pushed to the underground and illegal sources and by buying the abortion pills online their health could be put to risk. In other cases women seek abortion services abroad (Austria and Czech Republic)¹⁴, however during the pandemic this was not an option because of border crossing restrictions.

B. Healthcare in pregnancy: During the first months of pandemic several healthcare providers canceled or reduced the number of routine prenatal check-ups (recommended by the healthcare system and covered by health insurance). This concerned CTG monitoring, testing for gestational diabetes, foetal screening, regular check-ups concerning the hematology treatment or high-risk pregnancy.¹⁵

C. Access to information concerning childbirth related healthcare: Hospitals cancelled the prenatal courses that they had previously regularly offered and the

opportunity for women to visit the maternity ward. At the same time, there was no or little alternative for these reduced informational opportunities, e.g., by putting the information on the hospital's websites.¹⁶

D. Lack of informed consent: Various researches reveal that the system's approach to informed consent is generally formalistic, heavily relying solely on informed consent forms signed by women in labour upon their arrival in the hospital¹⁷. The pandemic perpetuated the systemic pitfalls. Women often reported that interventions were carried out without any prior information, or were carried out against women's express refusal, or women were coerced or manipulated into these interventions.¹⁸

E. Prohibition of a birth companion: The possibility of the presence of a birth companion of a woman's choice during labor and delivery is not only a human right but it is also a practice recommended by the WHO, including during the COVID-19 pandemic¹⁹. On 6 March 2020, even before declaring the state of emergency or extraordinary situation, the Public Health Authority of the Slovak Republic adopted a general ban on visits in hospitals. Although a birth companion is not a "visitor", nearly all hospitals (except one) interpreted this decision as enabling a ban on birth companions. The Ministry of Health did not publish clear and unambiguous rules on pregnancy and childbirth care during the COVID-19 pandemic that would be in accordance with human rights requirements and recommendations of international health professional bodies. Additionally, the Ministry of Health practically encouraged healthcare providers to violate rights and to act in an arbitrary manner. The Ministry stated that *"although we understand the need for the presence of a companion during childbirth, in the current situation of the COVID-19 pandemic, it is essential to follow and respect the guidelines and instructions of healthcare workers [in Slovakia] and the orders of the Main Public Health Officer [of the Slovak Republic] in each particular healthcare setting, for the reason of preserving the health of persons to whom healthcare is provided, and also of the healthcare workers."*²⁰. In another statement the Ministry explicitly asked women to accept the present situation, without reflecting on the fact that the human rights of women were at stake: *"It is therefore necessary that women realize their own responsibility, as the situation unfortunately does not allow for full provision of all available options, and that they accept certain measures (such as the absence of a birth companion (...)). It is for the safety of all of us."*²¹

On 11 May 2020, the Public Health Authority of the Slovak Republic issued new recommendations connected to visits and companionship in hospitals. The recommendations reiterated the general prohibition of visits in hospitals, but explicitly established an exception for one companion of a woman during labor and post-natal care, provided there is prior approval by the healthcare facility, and the companion uses protective equipment, follows hygienic and epidemiologic rules.²² To the date (7 June 2021) many hospitals do not accept the free choice of birth companionship by woman (only husband or partner) and/or require from companions to fulfill very strict conditions which are in some cases with high financial costs (for example regular PCR testing not covered by insurance)²³.

Another negative effect of ban on birth companions was that the lack of companionship was also used by health care providers as excuse to separate babies from their mothers immediately after birth²⁴. This resulted in lack of skin to skin

contact between mother and baby which is essential component of evidence based healthcare and breastfeeding support²⁵.

- F. Separation of women from their newborns in hospitals:** In Slovakia the routine separation of mother and baby is still very common. During the pandemic the situation worsened and the hospitals used new excuses for this practice. Such separation is harmful for both newborn and woman's health and has long lasting implication for breastfeeding. The WHO recommends that newborns should be kept in skin-to-skin contact with their mothers during the first hour after birth to prevent hypothermia and promote breastfeeding, and that all newborns, including low-birth-weight babies who are able to breastfeed, should be put to the breast as soon as possible after birth when they are clinically stable. The WHO also recommends that the mother and baby should stay in the same room continually²⁶. For both mothers and newborns, being in close contact is, apart from being a matter of health and wellbeing, also a matter of the right to privacy and to the protection of family life, and equally a matter of the right not to be subject to torture and cruel, inhuman, and degrading treatment.

Very serious and systemic separation of mothers from their premature babies who were being kept in intensive care started when hospitals misinterpreted the general ban on hospital visits of 6 March 2020²⁷. Hospitals did not allow any contacts between babies who were kept in intensive care and their parents. Women's Circles were contacted by various women after giving birth prematurely, had literally no chance of seeing, holding or breastfeeding their newborns. There was, for example, a very disturbing case of a woman who was forcibly released from hospital care, in order to vacate hospital beds for potential COVID-19 patients (who were very few at the time). By the time she contacted Women's Circles, she had not been able to see her premature baby for six weeks²⁸. Despite the cruel and harmful nature of these policies, media were often making celebrative reports of devoted and selfless hospital staff taking pictures and videos of newborn babies in intensive care who could not be with their mothers, due to the ban of "visits", and sending them to parents²⁹.

The recommendations of the Public Health Authority of 11 May 2020 already explicitly state that parents of hospitalized newborns should not be seen as visitors by hospitals, and emphasize that parents should, even during the COVID-19 pandemic, have the right to participate in the care of their children. However, at the same time, the recommendations stress that this possibility must be proportionate to the epidemiological situation and that spatial arrangements of the premises of the departments for newborns and their possibilities to follow hygienic and epidemiological requirements should be taken into consideration. According to the Public Health Authority, it is up to the departments of newborns to judge whether these requirements can be met and under what conditions parents can be present.³⁰ Despite the recommendation's stressing that any limitations of the rights of parents to take part in the care for their children should only be adopted in the case of significant risk of COVID-19 spread, Women's Circles continued to receive further reports from individual women who had been released from hospitals while their babies were still admitted, and who were not even allowed to see their children³¹.

Another situation when hospitals violated human rights of women and children and applied harmful practices was separation of babies from their

mothers in case they were tested positive for COVID-19. During the first wave of pandemic some hospitals adopted policies for cases in which a woman would test positive for COVID-19, or would have symptoms. According to these policies the baby would be separated, either until the mother became healthy or until there was proof of a negative test, or for 14 days.³² This problem became more visible during the second wave of pandemic (September 2020 – March 2021) when more pregnant women were tested positive for COVID-19 while giving birth. On 24 November 2020, after public pressure the Ministry of Health published new recommendation regarding the care after newborns born to COVID-19 positive mothers³³. This new recommendation still supports separation, but gives mothers option to stay with their newborns after being informed of risks. On contrary, WHO fully recommends taking care of mother and baby as one unit and breastfeeding of newborns, even in cases when woman has COVID-19³⁴. In February 2021 and again on 5 May 2021 Women’s Circles informed the Ministry of Health about cases when women were separated from their babies against their will. In their response dated 24 May 2021 the Ministry supported separation of babies and mothers as preventive measure – so newborns will not get sick from their mothers.³⁵

Some hospitals separated mothers and babies based on their organizational mismanagement. This was the result of patients referral to so called “non-covid” hospitals. This included birthing women and resulted in overflow of maternity wards. In some of these referral hospitals instead of simple reorganization of hospital rooms the management separated babies from their mothers. They were kept in the same hospital but on the different floor. Women were not allowed to breastfeed their children upon their needs and their contact was limited by personnel to few visits per day.³⁶ These facts were also included in the above mentioned letter to the Ministry of Health. In their response the Ministry of Health acknowledged the situation, but get rid of their responsibility for such measures and requested from women an understanding and accepting of such conditions.³⁷ Their response is direct violation of state obligation to fulfill, protect, respect women’s and children’s human rights and such obligations cannot be derogated to private actors or in the state of emergency.

- G. Inappropriate health care provided to women after birth with COVID-19:** In some cases women that were tested positive for COVID-19, but had mild or no symptoms were hospitalized at special “covid-19 departments” that were created for patients in severe condition. Women were separated from their babies and were provided little or no appropriate gynecological and obstetric care.³⁸ In other cases women were dismissed from hospital without their babies few hours or next day after birth. These women received no care in their homes.³⁹ In Slovakia the care after birth is provided only in institutions and the standardized hospital stay is at least 3 days. These facts were also included in the open letter from Women’s Circles, but in the reply from the Ministry of Health the ministry did not acknowledge this problem in any way.⁴⁰

Another examples of inappropriate care are caesarian sections or instrumental vaginal births for non-medical reasons. WHO discourages such practices in case of women with COVID-19 and emphasizes that they should be provided for medical or obstetrics reasons only⁴¹. Women’s Circles reported several cases from media or directly from health care personnel. For example in one hospital, the head of obstetric department emphasizes the shortening of the second stage of birth

(pushing stage) to minimum by using forceps or vacuum as a measure aimed to protect the personnel. He also suggested that the caesarean section should be taken as an option.⁴²

H. Pain relief during and after childbirth: Various sources confirmed that women were not provided with adequate pain relief during childbirth. During the first wave of pandemic (when the hospitals were empty because they were not providing standard care and only few patients with COVID-19 were hospitalized) two clients of Women's Circles informed the organisation that epidurals were not available in the hospitals they were considering for their childbirth. In one case, the hospital did not provide the reason,⁴³ and in the other, the hospital informed the woman in writing that *"it is not possible to provide the epidural, due to the effort to minimise the contact of patients with other healthcare personnel and thus to prevent a potential spread of the [COVID-19] infection"*⁴⁴.

Despite the WHO's emphasis on the need for appropriate pain relief strategies as a part of a safe and positive childbirth experience also during the COVID-19 pandemic⁴⁵, some women reported that no pain relief had been offered to them during labour except for the epidural analgesia. Women also reported cases when they were abandoned and left alone with their pain during and after birth. For example, one woman described that after a caesarean section, the staff forgot to give her pain relief and she was only given ordinary painkillers (and after 10 hours, when already suffering a high fever, she was given opiates).⁴⁶

One of the problems with pain management is insufficient or lack of anesthetics during suturing of birth injuries after vaginal birth. This problem is not new, but is very concerning and in some instances can be considered as cruel and inhuman treatment. Despite one of the primary functions of medicine is to ease pain the newest report of the Public Defender of Rights in which more than 3100 women participated, shows that up to 24% of women stated that the suturing was extremely painful.⁴⁷ Our monitoring also confirmed this and almost 60 % of women reported that it was either slightly (42%) or very (16%) painful⁴⁸.

Another disturbing outcome that has resulted both from our monitoring report and the report of the Public Defender of Rights was the high number of women who experienced other painful procedures during their labor or delivery. For example routine episiotomy (up to 50% of vaginal birth instead of 10% that recommends WHO) and the Kristeller manoeuvre. As already stated by The Special Rapporteur on Violence against Women Dubravka Šimonović: *"Episiotomies, including stitching after birth when practiced without informed consent and without anaesthesia, may have significant repercussions on a woman's reproductive and sexual life and mental health and the long-lasting scars from this practice accompany a woman for the rest of her life. When not justified by medical necessity, it should be considered to be a violation of women's rights and a form of gender-based violence against women."*⁴⁹ Kristeller manoeuvre or manual fundal pressure is not recommended by the WHO and is also prohibited in Slovak hospitals. It is provided by strong pressure on woman's belly during the pushing stage to provoke the expulsion of the baby, sometimes using a sheet, other times using elbow, forearm or fists and can result in severe damage of the uterus, ribs, pelvic floor and can be also dangerous to the fetus. These practices are violation of woman's rights to health, dignity, the right not to be subject to torture and cruel,

inhuman, and degrading treatment and also the right to enjoy the benefits of scientific progress and its application.⁵⁰

Sincerely,

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¹ Decision of the Government of the Slovak Republic No 111 of 11 March 2020, available at <https://rokovania.gov.sk/RVL/Material/24585/1> (last visited on 7 June 2021).

² Decision of the Government of the Slovak Republic No 114 of 15 March 2020, published in the official Collection of Laws of the Slovak Republic (further on as "Coll.") under No 45/2020 Coll.

³ See <https://www.health.gov.sk/Clanok?vlada-prijala-mimoriadne-opatrenia-15-3-2020> (last visited on 7 June 2021)

⁴ See <https://www.health.gov.sk/Clanok?covid-19-13-06-2020-vysledky> (last visited on 7 June 2021).

⁵ Government Program Statement, 17 April 2020 available at <https://rokovania.gov.sk/RVL/Material/24756/1> (last visited on 7 June 2021)

⁶ Decree of the Ministry of Health of the SSR No. 74/1986 Coll., which exercises Act No. 73/1986 Coll. on Artificial Termination of Pregnancy, as amended 98/1995, 14/2008, 63/2021 available at <https://www.zakonypreludi.sk/zz/1986-74> (last visited on 7 June 2021)

⁷ CEDAW Concluding observations on the combined fifth and sixth periodic reports of Slovakia CEDAW/C/SVK/CO/5-6, 25 November 2015

⁸ Law proposal No. 143 available at <https://www.nrsr.sk/web/Default.aspx?sid=zakony/zakon&MasterID=7831> (last visited on 7 June 2021)

Law proposal No. 144 available at <https://www.nrsr.sk/web/Default.aspx?sid=zakony/zakon&MasterID=7830> (last visited on 7 June 2021)

Law proposal No. 145 available at <https://www.nrsr.sk/web/Default.aspx?sid=zakony/zakon&MasterID=7827> (last visited on 7 June 2021)

Law proposal No. 154 available at <https://www.nrsr.sk/web/Default.aspx?sid=zakony/cpt&ZakZborID=13&CisObdobia=8&ID=154> (last visited on 7 June 2021)

⁹ Law proposal No.595 available at <https://www.nrsr.sk/web/Default.aspx?sid=zakony/zakon&MasterID=8290> (last visited on 7 June 2021)

Law proposal No.566 available at <https://www.nrsr.sk/web/Default.aspx?sid=zakony/zakon&MasterID=8290> (last visited on 7 June 2021)

¹⁰ For example hospitals in cities Ružomberok and Bardejov. See

<http://www.uvn.sk/pracoviskosub/pracoviska/6/47/Umele-prerušenie-tehotenstva> (last visited on 7 June 2021)

<http://www.nsp-bardejov.sk/oznamenie/> (last visited on 7 June 2021)

¹¹ Statement of Civil Society, 20 April 2020 available at <https://zenskekruhy.sk/vyhlasenie-obcianskej-spolocnosti/> (last visited on 7 June 2021)

¹² See

https://www.vop.gov.sk/files/2020_19_TS_VOP_ziada_garanciu_pristupu_k_interrupciam_pocas_pandemie.pdf (last visited on 7 June 2021)

¹³ See <https://dennikn.sk/1873861/krajci-nesuhlasi-s-ombudsmankou-ze-interrupcie-by-sa-mali-robot-aj-pocas-epidemie-neodporuca-ich/> (last visited on 7 June 2021)

¹⁴ See for example <https://dennikn.sk/1130817/gynekolog-interrupcie-sa-deju-nelegalne-pomohla-by-dostupna-antikoncepcia-a-rozumna-sexualna-vychova/> (last visited on 7 June 2021)

<https://www1.pluska.sk/spravy/z-domova/tema-dna-dalsie-pochybne-rozhodnutie-krajciho-odbornici-svorne-posielaju-tvrdy-odkaz/3> (last visited on 7 June 2021)

<https://domov.sme.sk/c/22500931/dobre-rano-interrupcnu-tabletku-nemame-kvoli-ideologii-podcast.html> (last visited on 7 June 2021)

¹⁵ See monitoring report DEBRECÉRIOVÁ, J. (ed.); DEBRECÉRIOVÁ, J. – KOTRÍKOVÁ RAŠMANOVÁ, M. – MAROŠIOVÁ, L.: PÔROD – PRÁVA – PANDEMIA: Monitorovacia správa o porušovaní ľudských práv žien pri poskytovaní pôrodnej starostlivosti počas pandémie ochorenia COVID-19 v zdravotníckych zariadeniach na Slovensku. Bratislava : Občan, demokracia a zodpovednosť, Ženské kruhy, 2021., https://zenskekruhy.sk/wp-content/uploads/2021/04/POROD_PRAVA_PANDEMIA.pdf (last visited on 7 June 2021)

¹⁶ *Ibid.*

¹⁷ See for example DEBRECENIOVÁ, J. (ed.); BABIAKOVÁ, K. – DEBRECENIOVÁ, J. – HLINČIKOVÁ, M. – KRIŠKOVÁ, Z. – SEKULOVÁ, M. – ŠUMŠALOVÁ, S.: *Ženy – Matky – Telá: Ľudské práva žien pri pôrodnej starostlivosti v zdravotníckych zariadeniach na Slovensku*. [Women – Mothers – Bodies: Women’s Human Rights in Obstetric Care in Healthcare Facilities in Slovakia]. Bratislava : Občan, demokracia a zodpovednosť, 2015, pp 85-93 and pp 189-191. Also available at: <https://zenskekruhy.sk/zadarmo-si-stiahnite-zeny-matky-tela-ii/> (last visited on 7 June 2021)

DEBRECENIOVÁ, J. (ed.); DEBRECENIOVÁ, J. – HLINČIKOVÁ, M. – HREŠANOVÁ, E. – KRIŠKOVÁ, Z. – LAFFÉRSOVÁ, Z. – SEKULOVÁ, M.: *Ženy – Matky – Telá II: Systémové aspekty porušovania ľudských práv žien pri pôrodnej starostlivosti v zdravotníckych zariadeniach na Slovensku*. [Women – Mothers – Bodies II: Systemic Aspects of Violations of Women’s Human Rights in Birth Care Provided in Healthcare Facilities in Slovakia]. Bratislava : Občan, demokracia a zodpovednosť, 2016, pp 106-117, pp 124-132, and pp 247-251. Also available at: <https://zenskekruhy.sk/zeny-matky-tela/> (last visited on 7 June 2021).

See report from The Public Defender of Rights: *Hovorme otvorene o pôrodoch: Ľudskoprávny prístup pri poskytovaní zdravotnej starostlivosti pri pôrodoch*, 2021 available at

https://www.vop.gov.sk/files/Sprava_porody_FINAL.pdf (last visited on 7 June 2021)

¹⁸ See monitoring report DEBRECENIOVÁ, J. (ed.); DEBRECENIOVÁ, J. – KOTRÍKOVÁ RAŠMANOVÁ, M. – MAROŠIOVÁ, L.: *PÔROD – PRÁVA – PANDEMIA: Monitorovacia správa o porušovaní ľudských práv žien pri poskytovaní pôrodnej starostlivosti počas pandémie ochorenia COVID-19 v zdravotníckych zariadeniach na Slovensku*. Bratislava : Občan, demokracia a zodpovednosť, Ženské kruhy, 2021., https://zenskekruhy.sk/wp-content/uploads/2021/04/POROD_PRAVA_PANDEMIA.pdf (last visited on 7 June 2021)

¹⁹ See WORLD HEALTH ORGANIZATION: *WHO recommendations: intrapartum care for a positive childbirth experience*. Geneva : World Health Organization, 2018, p 29, available at

<https://www.who.int/publications/i/item/9789241550215> (last visited on 7 June 2021), and see also WORLD

HEALTH ORGANIZATION: *Q&A: Pregnancy, childbirth and COVID-19* of 18 March 2020, available at

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-pregnancy-and-childbirth> (last visited on 7 June 2021).

²⁰ Letter from the Ministry of Health of the Slovak Republic sent to CDA and Women’s Circles on 3 April 2020. On file with Women’s Circles.

²¹ Letter of the Ministry of Health of the Slovak Republic of 6 April 2020, addressed to Women’s Circles. The letter is also available at <https://zenskekruhy.sk/wp-content/uploads/2020/04/List-%C3%BAradn%C3%BD-Odbor-%C5%BDENSK%C3%89-KRUHY-2.pdf> (last visited on 27 July 2020).

²² See monitoring report DEBRECENIOVÁ, J. (ed.); DEBRECENIOVÁ, J. – KOTRÍKOVÁ RAŠMANOVÁ, M. – MAROŠIOVÁ, L.: *PÔROD – PRÁVA – PANDEMIA: Monitorovacia správa o porušovaní ľudských práv žien pri poskytovaní pôrodnej starostlivosti počas pandémie ochorenia COVID-19 v zdravotníckych zariadeniach na Slovensku*. Bratislava : Občan, demokracia a zodpovednosť, Ženské kruhy, 2021., https://zenskekruhy.sk/wp-content/uploads/2021/04/POROD_PRAVA_PANDEMIA.pdf (last visited on 7 June 2021)

²³ For example birth clinic Sanatorium Koch and hospital in city Trnava see:

https://www.sanatoriumkoch.sk/novinky?nazov=oznamy&j=1&news_id=112 (last visited on 7 June 2021)

<https://fntt.sk/aktualizacia-sprevadzajuca-osoba-pri-porode/> (last visited on 7 June 2021)

²⁴ See monitoring report DEBRECENIOVÁ, J. (ed.); DEBRECENIOVÁ, J. – KOTRÍKOVÁ RAŠMANOVÁ, M. – MAROŠIOVÁ, L.: *PÔROD – PRÁVA – PANDEMIA: Monitorovacia správa o porušovaní ľudských práv žien pri poskytovaní pôrodnej starostlivosti počas pandémie ochorenia COVID-19 v zdravotníckych zariadeniach na Slovensku*. Bratislava : Občan, demokracia a zodpovednosť, Ženské kruhy, 2021., https://zenskekruhy.sk/wp-content/uploads/2021/04/POROD_PRAVA_PANDEMIA.pdf (last visited on 7 June 2021)

²⁵ See WORLD HEALTH ORGANIZATION: *WHO recommendations: intrapartum care for a positive childbirth experience*. Geneva : World Health Organization, 2018, p 29, available at

<https://www.who.int/publications/i/item/9789241550215> (last visited on 7 June 2021), and see also WORLD

HEALTH ORGANIZATION: *Q&A: Pregnancy, childbirth and COVID-19* of 18 March 2020, available at

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-pregnancy-and-childbirth> (last visited on 7 June 2021).

²⁶ *Ibid.*

²⁷ Decision of the Public Health Authority of the Slovak Republic No OLP/2405/2020 of 06 March 2020, available at <https://www.ruvzpp.sk/aktuality-a-novinky/uvz-sr-verejna-vyhlasaka-vo-veci-nariadenia-opatrenia-na-predchadzanie-vzniku-a-sireniu-prenosneho-ochorenia-covid-19/> (last visited on 7 June 2021).

²⁸ See <https://zenskekruhy.sk/long-weeks-without-my-baby/> (last visited on 7 June 2021).

²⁹ See <https://www.noviny.sk/koronavirus/524343-koronavirus-a-porody-lekari-posielaju-mamickam-predcasniatok-vidia-a-fotky> (last visited on 7 June 2021).

³⁰ Recommendations for Companions, Visitors of Patients and for the Visits by Priests Providing Clerical Services to Patients during the Epidemic Occurrence of the COVID-19 disease in Healthcare Facilities, OE/3976/92429/2020, available at http://www.ruvztv.sk/wp-content/pdf/downloads/covid_19/odporucania_hlavneho_hygienika_sr_navsteva_sprievod_pacienta_v_zz.pdf (last visited on 7 June 2021).

³¹ The individual messages of the women concerned are on file with Women’s Circles.

³² See for example hospital Revúca and hospital Kežmarok

<https://nsprevuca.sk/nspra/wp-content/uploads/2020/03/CoV19.pdf> (last visited on 7 June 2021);
<https://nemocnicakezmarok.agel.sk/o-nemocnici/novinky/200423-simulovany-porod.html> (last visited on 7 June 2021).

³³ See Clinical protocol of newborn care born to mother who is suspected or confirmed infection COVID-19 https://www.health.gov.sk/Zdroje?/Sources/tlacove_spravy/covid-19/klinicky-protokol-starostlivost-o-novordenca-COVID-19.pdf (last visited on 7 June 2021)

³⁴ WORLD HEALTH ORGANIZATION: *Q&A: Pregnancy, childbirth and COVID-19* of 18 March 2020, available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-pregnancy-and-childbirth> (last visited on 7 June 2021).

³⁵ See Maternity care during pandemic has serious deficiencies - Open letter, 25 February 2021 available at <https://dennikn.sk/blog/2285953/porodna-starostlivost-v-case-pandemie-ma-vazne-nedostatky/?ref=list> (last visited on 7 June 2021)

Letter of the Ministry of Health of the Slovak Republic of 24 May 2021, addressed to Women's Circles. The letter is also available at <https://zenskekruhy.sk/mzsr-poziadavky-zien-netrapia/> (last visited on 7 June 2021)

³⁶ The individual messages of the women concerned are on file with Women's Circles.

³⁷ Maternity care during pandemic has serious deficiencies - Open letter, 25 February 2021 available at <https://dennikn.sk/blog/2285953/porodna-starostlivost-v-case-pandemie-ma-vazne-nedostatky/?ref=list> (last visited on 7 June 2021)

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³⁸ See for example <https://zenskekruhy.sk/porod-pozitivny-test-covid-19/> (last visited on 7 June 2021)

<https://zenskekruhy.sk/aj-zena-s-covidom-si-zasluzi-dostojne-porodit/> (last visited on 7 June 2021)

³⁹ See for example media spot from hospital Martin about birth COVID-19 positive mother from 17 October 2020 https://www.youtube.com/watch?v=OX5BAk_OFPE (last visited on 7 June 2021)

⁴⁰ Maternity care during pandemic has serious deficiencies - Open letter, 25 February 2021 available at <https://dennikn.sk/blog/2285953/porodna-starostlivost-v-case-pandemie-ma-vazne-nedostatky/?ref=list> (last visited on 7 June 2021)

Letter of the Ministry of Health of the Slovak Republic of 24 May 2021, addressed to Women's Circles. The letter is also available at <https://zenskekruhy.sk/mzsr-poziadavky-zien-netrapia/> (last visited on 7 June 2021)

⁴¹ See WORLD HEALTH ORGANIZATION: *Q&A: Pregnancy, childbirth and COVID-19* of 18 March 2020, available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-pregnancy-and-childbirth> (last visited on 7 June 2021).

⁴² See for example interview with Dr. Erik Dosedla head of obstetritian department in hospital Košice <https://open.spotify.com/episode/5ID3RuQCD0yYnyhrsIlmG> (last visited on 7 June 2021) and the preliminary report from semistructural interviews with midwives conducted during July and August 2020, that are on file with Women's Circles

⁴³ The client wrote to Women's Circles via their Facebook account (the communication is on file with Women's Circles).

⁴⁴ A screenshot of communication between a woman who approached Women's Circles and an obstetric unit of a hospital in Central Slovakia, on file with Women's Circles.

⁴⁵ See WORLD HEALTH ORGANIZATION: *Q&A: Pregnancy, childbirth and COVID-19* of 18 March 2020, available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-pregnancy-and-childbirth> (last visited on 7 June 2021).

⁴⁶ See monitoring report DEBRECENIOVÁ, J. (ed.); DEBRECENIOVÁ, J. – KOTRÍKOVÁ RAŠMANOVÁ, M. – MAROŠIOVÁ, L.: PÔROD – PRÁVA – PANDÉMIA: Monitorovacia správa o porušovaní ľudských práv žien pri poskytovaní pôrodnej starostlivosti počas pandémie ochorenia COVID-19 v zdravotníckych zariadeniach na Slovensku. Bratislava : Občan, demokracia a zodpovednosť, Ženské kruhy, 2021., https://zenskekruhy.sk/wp-content/uploads/2021/04/POROD_PRAVA_PANDEMIA.pdf (last visited on 7 June 2021)

⁴⁷ See report from The Public Defender of Rights: Hovorme otvorene o pôrodoch: ľudskoprávny prístup pri poskytovaní zdravotnej starostlivosti pri pôrodoch, 2021 available at https://www.vop.gov.sk/files/Sprava_porody_FINAL.pdf (last visited on 7 June 2021)

⁴⁸ See monitoring report DEBRECENIOVÁ, J. (ed.); DEBRECENIOVÁ, J. – KOTRÍKOVÁ RAŠMANOVÁ, M. – MAROŠIOVÁ, L.: PÔROD – PRÁVA – PANDÉMIA: Monitorovacia správa o porušovaní ľudských práv žien pri poskytovaní pôrodnej starostlivosti počas pandémie ochorenia COVID-19 v zdravotníckych zariadeniach na Slovensku. Bratislava : Občan, demokracia a zodpovednosť, Ženské kruhy, 2021., https://zenskekruhy.sk/wp-content/uploads/2021/04/POROD_PRAVA_PANDEMIA.pdf (last visited on 7 June 2021)

⁴⁹ See report by Special Rapporteur on Violence against Women: A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence from 11 July 2019 A/74/137 available at <https://digitallibrary.un.org/record/3823698> (last visited on 7 June 2021)

⁵⁰ See monitoring report DEBRECENIOVÁ, J. (ed.); DEBRECENIOVÁ, J. – KOTRÍKOVÁ RAŠMANOVÁ, M. – MAROŠIOVÁ, L.: PÔROD – PRÁVA – PANDÉMIA: Monitorovacia správa o porušovaní ľudských práv žien pri poskytovaní pôrodnej starostlivosti počas pandémie ochorenia COVID-19 v zdravotníckych zariadeniach na Slovensku. Bratislava : Občan, demokracia a zodpovednosť, Ženské kruhy, 2021., https://zenskekruhy.sk/wp-content/uploads/2021/04/POROD_PRAVA_PANDEMIA.pdf (last visited on 7 June 2021)

See report from The Public Defender of Rights: Hovoríme otvorene o pôrodoch: ľudskoprávny prístup pri poskytovaní zdravotnej starostlivosti pri pôrodoch, 2021 https://www.vop.gov.sk/files/Sprava_porody_FINAL.pdf (last visited on 7 June 2021)