



Women's Rights in Childbirth Must be Upheld During the Coronavirus Pandemic

The International Confederation of Midwives (ICM) is concerned that the human rights of women, their babies and their midwives are being violated by the introduction, in many countries, of **inappropriate protocols** for management of pregnancy, birth and postnatal care in response to the Covid-19 pandemic. These inappropriate protocols are **not based in current reputable evidence and are harmful to women and their babies.**

Drawing on recommendations from reputable sources and current research evidence for the care of pregnant women and babies during the Covid-19 pandemic, ICM has developed advice for midwives, other health professionals and health service managers about the care of women and their babies during the childbirth continuum. While evidence about the clinical care of childbearing women continues to emerge, **it is essential that protocols for pregnancy and childbirth during the Coronavirus pandemic are evidence-based and uphold the human rights of all women and their newborns.**

1. Pregnant women need to take the same precautions as all other adults: regular and thorough handwashing, coughing and sneezing into the elbow, physical distancing, and remaining at home where possible.
2. Every woman and her newborn have the right to be treated with compassion, dignity and respect.
3. Every woman has the right to information, to give consent, to refuse consent and to have her choices and decisions respected and upheld. This includes the right to have a companion of her choice with her during her labour and birth.
4. A single, asymptomatic birth partner should be permitted to stay with the woman, at a minimum, through pregnancy and birth. Continuous support by a birth partner increases spontaneous vaginal birth, shortens labour and decreases caesarean births and other medical interventions.
5. Routine medical interventions such as induction of labour, caesarean and forceps births without obstetric indication will increase the likelihood of maternal and newborn complications, increase the length of hospital stay and add to staffing burdens in hospitals, all of which will increase the possibility of exposure to COVID-19 and reduce the positive experience of birth for mothers and their families.
6. There is currently no evidence to suggest women cannot give birth vaginally or would be safer having a caesarean birth in the instance of suspected or confirmed Covid-19. The woman's birth choices should be respected and followed as closely as possible, taking account of her clinical needs.
7. In countries where the health systems can support homebirth, healthy women experiencing a normal pregnancy and with support from qualified midwives, with appropriate emergency equipment, may be safer birthing at home or in a primary maternity unit/birth centre than in a hospital where there may be many patients (even non-maternity patients) with Covid-19.

8. There is no evidence that Covid-19 can be passed to the infant in breastmilk
9. Breastfeeding women should not be separated from their newborns, as there is no evidence to show that respiratory viruses can be transmitted through breastmilk. The mother can continue breastfeeding as long as the necessary precautions below are applied.
 - a) Symptomatic mothers well enough to breastfeed should wear a mask when near their newborn (including during feeding), wash hands before and after contact, and clean and disinfect all close contaminated surfaces.
 - b) If a mother is too ill to breastfeed, she should be encouraged and assisted to express breastmilk that can be given to the newborn via a clean cup or spoon. Wearing of a mask, strict hand hygiene and disinfecting of all expressing equipment and hard surfaces after expressing breast milk is essential.
 - c) Expressed breastmilk can be labeled and stored for later use if not immediately given to the infant. The Centre for Disease Control (CDC) recommends that expressed breast milk be stored at room temperature for up to 4 hours, refrigerated (not in the door shelf) for 4 days and in the freezer for 6-12 months.
 - d) Newborns born prematurely or sick may require additional medical support. However, every newborn has the right of access to its mother or parent. No mother should be separated from her baby without her informed consent. Mothers and babies have the right to remain together at all times, even if the baby is born small, premature or with medical conditions that require extra care.
10. Maternity services should continue to be prioritised as an essential core health service.
11. Continuity of care models of midwifery care will reduce the number of caregivers in contact with the woman and her birth partner and decrease the chances of Covid-19 spread in hospitals; continuity of midwifery care should be encouraged and provided.
12. Midwives, whether based in the community or in hospitals, are essential health workers providing a critical service to childbearing women and their babies. Deploying midwives away from maternity services to work in public health or general medical areas during coronavirus pandemic is likely to increase poor maternal and newborn outcomes.
13. Midwives have the right to full access for all personal protective equipment (PPE), sanitation and a safe and respectful working environment
14. Sexual reproductive health care such as Family Planning, emergency contraception, and abortion services should remain available as core health services.

Sources of Information

- [Information about Covid19 on WHO website](#)
- [In seeking and receiving maternity care before, during, and after childbirth: WHO Respectful Maternity Care: Universal Rights of Childbearing Women](#)
- [The full reference for the joint RCOG/RCM statement](#)
- [Evidence on continuous support for women in childbirth: Cochrane database](#)
- [Information about Covid19 on UNICEF website](#)
- [CDC guidelines on expressed breastmilk](#)
- [Universal Rights of the Child: Healthy Newborn Network 2019](#)
- [Information about Covid19 on UNFPA website](#)