**Minutes of the 20th ENCA Meeting – Bucharest**

**26th – 28th April 2013**

Present

Marta Parra - Spain

Beverley A Lawrence Beech - UK

Thea van Tuyl - Netherlands

Maryse Arendt - Luxembourg

Maria Andreoulaki - Greece

Anna Maitoe - Romania

Eva Javorszky - Austria

Elisabeth Geisel - Germany

Madeleine Akrich - France

Soizic Guerin-Cauet- France

Edeltraut Voill - Austria

Julia Frigyes - Hungary

Beagovesta Kostovo - Bulgaria

Nevena Tselanova - Bulgaria

Angela Muller - Austria

Petra Sovova- Czech Republic

Martina Prokovova – Czech Republic

Friday 26th April

The conference opened with a welcome from Elisabeth and it was followed by a general discussion.

Spain had designed a sign to hang on the door which said – Please do not disturb – we are birthing.

The Netherlands developed this idea and made a card – Shhh there is a baby is coming into the world. The Dutch midwives heard about this door-hanger and suggested that they would like to support it and perhaps raise some money. The editor of a midwifery magazine asked the publisher to print it for them at 1200 euros for 12,000 copies. They could not afford that so it was suggested that if they ordered 2,000 copies the magazine would use 1,000 to give to midwives at their conference and Thea and her colleagues could have the remainder. The magazine published an article which suggested that copies could be ordered. 1 for 1euro each and **xxx** orders over **xxx** They want to use it on the International Respecting Childbirth Day

Angela will email the details to everyone.

**Suggestions for 2014**

There was a lengthy discussion about natural/normal/physiological birth with different countries having a different interpretation. It was noted that the desire to have a normal birth is often interpreted as an upper class thing and an exotic desire. It is a physiological desire and it should be available for all and it should not be available for only the rich and to those who have to fight for it. It is not a fashionable choice but the safest way to birth.

In Spain they decided to change the name to normal birth which is for normal people. In Holland they prefer to refer to undisturbed birth. In France they suggested referring to an organic birth – don’t use chemicals i.e. oxytocin, mysoprostol,pethidine etc. In the UK they use normal or physiological birth.

Maryse suggested a card with the words ‘I can give birth’ and on the back there is a list of what would help her give birth.

In the UK they are developing a campaign A Midwife for Me and my Baby and they have produced a Manifesto which sets out that parents want, what is wrong with the present system of care and what needs to be done to achieve the changes parents want.

Some suggestions were made about future catch phrases:

My decision is the best decision

Never separate – mother and babies stay together – an initiative from Spain.

Keep us together

Leave me to give birth in peace – an idea from Germany

Help me to give birth in peace

Sex is private – birth is private

Normal birth is not an exotic desire

Every woman can choose her midwife

My decision is the best

Never separate mother and baby

I want to give birth in peace

Normal birth is the midwife’s job

Birth is sex so is birth

For my birthday I want a midwife

A Christmas card campaign – cartoons

 Women are designed to birth – leave her alone

Women are designed to birth – they do not need routine technology

Unplugged birth

My body my baby - our safety

My body is designed to birth

Birth information is power

Birth is not a medical act

Blackmail is unethical –stop blackmail in birth

Birth information – empower the women

This birth – not babyectomy

The members were asked to highlight the most pressing issues in their country:

Austria - Germany - High rate of Caesarean sections

Austria - Kristeller manoeuvre -Fundal pressure

Romania – caesarean sections - over 60% and in private units it is over 80%

Romania - Home birth is illegal in Romania

Bulgaria Induction of labour and midwifery is not allowed to be an independent profession

Spain – blackmailing women

UK Insurance for midwives, high caesarean rates and a shortage of midwives

Hungary and Bulgaria – midwifery is not allowed to be an independent profession

France – injections of chemicals oxytocin and mysoprostol and antipsychotic drugs

Greece – informing and empowering women

Czech Republic ?

Luxembourg ?

Netherlands ?

**Country Reports**

**United Kingdom**

Beverley drew attention to her Country Report and briefed the members on the OptiBirth study. A multi-centre, multi-national study to enable more women to achieve a vaginal birth after a caesarean section.

**Greece**

**For members only**. Maria discussed the prosecution of midwives who assisted women who buried their placenta after the birth. The authorities are also prosecuting 69 parents who had given birth with the midwives at home. Altogether they are prosecuting ~~72~~ 79 people on the grounds of pollution of the environment. The midwife has had one hearing and had her license withdrawn for one year. On the 11th June there is a prosecution of the parents. There is a petition about home birth rights, it seems that all this is about the midwives’ and obstetricians’ associations in the north want strict conditions for home birth. They also appear to want to target one single lay midwife, who is a physiotherapist, because she cannot sign the paper for birth other health professionals are being charged for signing the papers and they are prosecuted for falsifying the birth, and selling babies.

There is no common press release so it is difficult to take action. The Greeks campaigners are collecting information about disposal of the placenta in other countries. Some are going to Strasbourg saying that they are not allowed to choose where to birth. There has been a lot of TV coverage, one of those making a fuss is a doctor, and there is publicity about it. Maria will make a proposal for agreement by the ENCA delegates.

A suggestion was made that the midwives’ council is prosecuted for negligence.

There is a need for an international campaign to put pressure on the authorities.

**Bulgaria**

There have been around 60 illegal home births in the last year, and three ‘accidents’. The government wanted to prosecute a woman who has a fistula and one whose baby died at home because the births were unassisted. The midwives are scared to go to a home birth, they are not trained to attend a home birth and they do not have enough practice. One woman is a lawyer who has gone to Strasbourg to prosecute the Government. Once the government makes a decision about home births the midwives will start to train. Mary Swartz is in Bulgaria starting to train the midwives.

At present there is some training for hospital midwives to do’ normal’ births but most of the birth centres are in the hospital. The women pay 170 euros for an ‘exotic’ normal birth, but in other hospitals they pay 1,000 euros for a normal birth. Babies are still separated from the mother. Some doulas are attending home births.

There is another association of health care but they insist that if you want to work you have to register with them. It is controlled by the doctors.

**France** CIANE conducted a large on line survey about birth – 10,000 answers. About prenatal care, with questions about how the women were informed and how did they behave in the very first days. Madeleine analysed the answers and tried to analyse the risks of drugs, particularly mysoprostol. One of the associations within Ciane  **is doing what?**

Give Siozic the name of the Danish woman who is campaigning about cytotec. There is a suggestion to have women in other countries combine to lobby the European medicine agency to stop its use. Obstetricians have said that there is no evidence that cytotec is dangerous.

It was suggested that a European survey is undertaken **(by whom?).**

**Romania** The most recent good news concerns the most prestigious magazine which published an article about the high rates of caesareans in Romania, over 60% and over 80% in private hospitals. They have a video of doctors manipulating doctors into persuading women to have a caesarean. In public they are saying they support natural birth but then persuade the women to have a caesarean. Finally after considerable pressure the mainstream press and the medical journals acknowledged that the caesarean section rates are really bad. The WHO has acknowledged that caesareans over 10% demonstrated no health benefit to either mother or baby. They are now going to the Ministry asking what action is going to be taken about this serious public health issue.

There is concern about the irresponsible practice of some doulas. Michelle Odent came and organised training for doulas. A three day course, paid by one of the medical services network which does not allow doulas in their hospitals. More and more women are enthusiastic about becoming a doula, some go to unattended home births. Women pay them 200 euros a birth.

Suggest writing a declaration to the European Doula Networks. Maria is going to their meeting and will be able to make a statement about how doulas are putting home birth at risk . Very angry with midwives in Romania because they **(who are they?)** did a lot of publicity work for them and lobbying but they are inert. Decided to stop and told the midwives that when they sort themselves out they are not going to fight their fight. Shifted the focus from home birth and changed the name to Out of Hospital birth either to birth centre or at home and not concerned if it is obstetricians or midwives. Approached obstetricians for support. Regulating out of hospital birth is expected soon and **Who?** have obtained an agreement from the regulating body of obstetricians that he (**who?)** can attend any birth they choose. Pushing for friendly natural birth. Going for the easiest first step.

Very keen about regulating what is available and the responsibility and freedom of choice, criteria of exclusion

**Czech Republic** The most important event of the year pushed through a working group for maternity care by the Ministry of Health in co-operation with the women’s lobby. The main goal was to **(what?)**  - In 2011 new law would not allow midwives to work in the community and the group **(what group?)** got together to address this.. Midwives are allowed to work if they are registered, but the authorities will not register them. The working group met four times, but finally it was stopped, there were problems with communications between doctors and women because the doctors would not accept the authority of the women, finally all the women representatives were kicked off the working group. The group was led by one doctor and two lawyers. The women went to the press and also published an open letter to the Minister of Health. The group is planning to find a mediator to mediate this working group because it is a serious communication problem.

Spain offered to put the Czechs in contact with their ministerial contact. There are doctors and the Minister of Health who are interested in saving money, but there are those who are not interested in saving money when it affects them.

**Croatia** – Anya is in Kenya and cannot write the report, her email keeps breaking down. Her daughter is very sick with ulcerative colitis, duodenal ulcer and e coli. Will write **(who?)** a report as soon as she gets the information. They are trying to get some guidelines to stop the rule that there is only one person at the birth, the negotiations are not going too well. **(I am not sure I understand this)** Made guidelines with doctors that require them to treat women with respect. The doctors are ignoring that, Has a good feeling about Poland. Will send her report.

Elisabeth went to a conference where she heard about conditions in Croatia and Slovenia which are similar to everywhere else, A woman who is head of a maternity ward **(which hospital?)** read a paper **(which paper?)** by a doctor on oxytocin and was so impressed and convinced by the study that she transformed the maternity ward and is not using so much oxytocin. The is becoming the leading star in their area. They do not do induction any more, they just stopped, the midwives noticed how much better birth goes. Elizabeth will send the details later.

**Switzerland –** Much the same as usual, they have a campaign, they have produced a CD with lullabies and information about active birth, they are a small group and, as a result, could not afford to come this meeting.

**Hungary** There is a government plan to enable midwives to work independently but they require that if the woman chooses a midwife a doctor must assess, so she is not independent. VBAC is harder and harder to attain because a hospital offered a VBAC but the obstetrician said it had to stop because there were problems. A sad case involving a home birth of a woman who had a second VBAC and the baby died when she went to the hospital. She had bladder and womb problems and now the police are investigating. The caesarean rate is growing each year, almost 50% A New Birth House Association has been established, very brave and ambitious, they have spoken with the Minister of Health and had support and a promise to make public the statistics from hospitals.

The hospitals are against ambulant childbirth, insurance gives money only if the woman spends two days in the hospitals, if the women do not agree they are told they will not be accepted in the hospital.

The cost of insurance makes home birth very expensive. Midwives are not really independent and there is no midwifery board for any problems to be judged by midwives. There are three independent midwifery practices which have been sent up . Agi is still under house arrest, and the Danes have awarded her a prize but she will not be able to collect it.

Maryse has suggested that they contact organisations that explore the Human Rights issues of her house arrest.

**Netherlands.** An email was received from Hannie whose husband was very ill and she felt that she needed to stay at home with him. Everyone in the Netherlands is talking about the dropping home birth rate. More Birth Centres are being built near the hospitals, but home birth is stabilising. Perinatal mortality rates (pmr) were poor but lately they have found that when you look at full term babies then the pmr is low, the highest rate is caused by premature births.

**Austria –** Not much change from last year. They have a Minister of Health has a smart wife, he wants to reduce the caesarean rates by having a midwife, but the midwives are saying ‘how can we do this? But some midwives are keen to **?????**  Only 20% of women in the cities are attend pre-natal classes. Midwives now go to the universities, Edeltraud gave a lecture to doctors who were astonished when she talked about a vaginal examination being an intervention. They want to support her travelling around the country lecturing to doctors.

**Luxembourg**. The midwives are getting frustrated and trying to keep their jobs and keeping a low profile. Maryse hears frustrating stories from women and midwives but she is not sure what they can do to publicise these stories. She is involved with the Child Rights Convention, a United Nations (UN) body. Each country is required to make an official report to the UN and the UN can also receive an alternative report from the Non Governmental Organisations (NGOs), and then the UN asks the country to improve, so NGOs can put pressure on the government.

The Centre had 350 antenatal sessions informing women and men about maternity care with a total of 500 parents attending. **Maryse will send me the rest of the statistics.**

**Germany**  The birth rate has been dropping again, fewer babies than ever - 663,000 from a birth rate of over 800,000. The rate of home births stays steady, around 2%. A study of 60,000 births in hospital and 30,000 births out of hospital. Found that even having good conditions in hospitals the women had more of everything – drips, epidurals, caesareans. , episiotomy, positions for birth. Postcard is meant to be sent to doctors, **(a postcard of what?)**  the main medical journals managed to avoid publishing the results, so they sent the cards to local doctors who put pressure to have the results published.

The out of hospital births study shows that there is a good selection criteria which has been developed by insurance companies and the doctors but it is the woman and the midwives who decide. The insurance companies give 250 eu for the midwife covering two weeks before the birth and two weeks after the birth. Using the cards to argue that the hospitals now have to show that they are **what?**

**Why do they have 6% drugs for acceleration or deceleration of labour in out of hospital births? Elizabeth will check**.

**Spain** – The situation is getting better but each hospital is different. An informed women can get the birth she wants, and they are a growing minority. They **(who is they?)** are the only childbirth organisation and they are beginning to have power, already informing women on the internet. Women are starting to empower themselves. They do not work on midwifery issues, they inform the women and they decide what they want. Two new campaigns have started. One of their issues as Kristeller (fundal pressure) which women do not realise is dangerous and wrong, it is horrible for them. The group decided to contact and interview women and they are now talking about it publically. They will publish the results on their blog and get the topic on the media.

Neonatal units. There is a big campaign to stop the separation of mother and baby. Two studies from 2001 and 2005 investigating the Neonatal Intensive Care Unit (NICU) in a selection of hospitals encouraged them to find out about all hospitals, Is the unit open for parents, for 24 hours, any limits, breastfeeding without limits and do they have Kangaroo care? They made a list of 275 units and called each of them and published the results by region on the web site and allowed people to make comments. The doctors are very angry, claiming that ‘ you do not need to call my hospital I will send you the results’.

The survey is already on line in English and German, Full breast and empty arms.

The group is starting activities in Argentina,Venzuela and Ecuador, working with the women there. They realise that they have a very powerful blog. It was suggest that each country makes a report each month about some issue in their country for the ENCA web site. News from Europe. Sent Ana a list of blogs, She will send an email to members.

A discussion was then initiated about the position of ENCAs on the right of women/activism based on science and reasonable argument which was led by Ana who pointed out that in her country some activists become aggressive and angry during any debate and it does not do the campaign much good. There is a need for training and creating our own data and doing surveys. Change can be slow. When challenging those who are aggressive they are then accused of being bureaucratic. There is a need to organise debate.

Maria suggested an alternative approach, Milena, her friend, worked with oppressed groups, parents, children, racism. It is called revolution counselling. The idea is that there is so much emotional charge in the debates, those involved need to deal with their own experiences first and they need to work to deal with their own trauma before they go public. Working with doulas, discharging the emotion from the birth. Given the book by a woman who is part of the ~~SSSR~~ SSSP (Society for the Study of Social Problems – in Pursuit of Social Justice\*) working on leadership. Creating a Just World. Leadership for the Twenty-First Century. Clear your own stories before going to help women.

\*for more info: [http://sssp1.org/index.cfm/m/266/locationSectionId/0/Working\_Toward\_a\_Just\_World:\_Visions,\_Experiences,\_&\_Challenges](http://sssp1.org/index.cfm/m/266/locationSectionId/0/Working_Toward_a_Just_World%3A_Visions%2C_Experiences%2C_%26_Challenges)

In Spain they have been working one to one There are around 20 groups around Spain.

In Germany they now call caesareans a Keiserbirth – Imperial Birth In the UK an obstetrician tried marketing caesareans as having a ‘Natural Caesarean’.

**Afternoon session**

Maria said that she would like to gather information about excluding people from home births. She will send an email about the guidelines that they have.

There is a need to put together indications for low and high risk birth. And send it to Angela

Maryse suggested waiting for the Peristat report and then send the questions about caesarean sections to Angela

Madeleine will make an XL sheet for the questions.

There was a suggestion to explore the possibility of ENCA becoming a legal entity. Ana feels that ENCA should become a legal entity. Legal partnerships are very valued in NGOs. There is a great deal of funding from the EU for such groups . They will fund partnerships and there is a greater chance of funding if they get groups signing up.

Suggests that ENCA becomes a Federation which would then get money to research what ENCA wants and employ people to do the research.

Ana suggested that she will explore the possibility of establishing a federation to ensure that we have a better status. There were different views, for ENCA to become an official body is a formality. In the meantime if for example Romania gets some funding with a few other groups, if any group is interested then they should contact Ana. It was agreed that if Ana needed money to progress the investigation we could consider this.

**ENCA Finances**

Lat year ENCA received 450 euros, and last year supported Anita with 447 euros for her travelling expenses. ENCA also subsidised Maria ~~Andrialaki~~ Andreoulaki so that she could take part in the Hague conference – 700 euros. There is now 3,872 euros in the account.

It was agreed that ENCA would pay Julie’s hotel expenses for 70euros.

In the future anyone who wants to come to an ENCA meeting, would be asked to write a report detailing why they would need a subsidy. . Link with members **(what does that mean?)**

Potential new members should send a report of what they have been involved with and then at the next meeting we could decide whether or not they are members and if they cannot afford funding to attend we could decide whether or not to provide a subsidy in the future.

Maria will volunteer to write to all those who are listed as ENCA and Elisabeth will send the details to Maria.

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It was agreed to allocate 400 euros for part funding each year and that there should be three volunteers to assess whether or not to allocate it. Maryse, Elisabeth, Marta and Martin from Czech republic volunteered

It was noted that the web site has some members who have not paid their fees. Maria will contact them and if they do not respond they will be removed.

The domain and hosting of the web site. Needs to be paid for enmca.info domain and for hosting for 1 year – 80euros for a minimum plan. It was agreed to pay for 2012, and 2013 160 euros. It is possible to link to eacb countries blog. Ana made a plea for more material for the web site, for example the country reports.

Send details of the organisation and their logos in one month.

Soisic has offered to answer queries from interested people.

 Optibirth Report. Beverley reported that when the Optibirth study is completed the researchers are keen to fund an ENCA meeting to present the findings and encourage members to circulate it in their countries. Beverley will be the lay contact and will be responsible for arranging the meeting in whichever country ENCA considers appropriate in 2016.

 Beverley will do a rough draft of a charter for ENCA about membership, who joins, One organisation representing each country.

Maryse After the last meeting she got hold of the resolution from Spanish MEPs asking for normal birth. There is a need to activate new MEPs to work on a new charter and make a new rsolution. ENCA could launch at a new level. Develop a new resolution about normal unmedicated birth. There is a need for 5 parliamentary women to would work on it and then they would work with . Maryse asked for a vote on whether the group would be interested in pursuing this in the European Parliament.

It was agreed that we would pursue the resolution, she would circulate it and ask for expressions of interest, then she would circulate a draft letter to the EU members.

Agreed that 1st June deadline for country reports to Beverley, who would sort out the English and send the final agreed copy to Angela.

Madelaine. Wants to know which countries are involved with misoprostol, She will gather the material together and circulate it.

Madelaine has done a study comparing home birth with hospital birth showing that the risks of hospital are more than home birth, signed by midwives associations and it will be useful for other countries. The study is not limited to medical risks it is also linked to the legal risks. Madelaine will be translating it in Greece.

Send Birthplace study to Ana for the ENCA web site.

Next year’s ENCA meeting. France offered to host the meeting in Paris so did Prague. It was agreed that we would visit Prague, Czech Republic, and France would be a second possibility if the Czechs are not able to proceed..

Possible dates Prague 4-6 April, if this is not possible, 9-11 May in Paris.

Note: 19-25 May is the International Week of Respecting Childbirth.

A slogan for next year was discussed and the following were suggested:

Unleashed Birth

Birth is/givers power

Giving Birth is empowering

Birth is women’s power

Birth is Power and Love

Decided that Giving birth is empowering

Elizabeth – will send Beverley 20 years of ENCA

**Sunday**

Thea showed a power point presentation of drawings by Czech children when they were asked about their birth experiences and what they mothers told them about birth.

The economics of birth The way in which you give birth has an effect Piera from Italy started collecting drawings from children about how they imagined birth. From 8,9 and 10 years old. The Czech children were from 6 and 8. It was very powerful and showed how pain and fear feature far too much. It seems that children from a very early age have a scary view of birth.

A second power point presentation. Failure to progress. A woman on the toilet. First the midwife arrives, then the doctor and then the anaesthetist. This is a very funny video, made in Argentina **(?)** showing how unnatural it is to have medical involvement in defecation and how equally unnatural it is to over-medicalise birth.

Fear. Video of the reasons for women’s fears.

Ana asked for links for the videos for the ENCA web site.

Ciane presented their study of epidurals. Only 10% of women with their first birth already know that they did not want an epidural.

Angela, who is an architect showed a slide show of birth spaces explaining to men how important birth space is. Showed two different hospitals, with the same money and very different designs.

The meeting closed with thanks to all those who organised an interesting and stimulating conference.