**ENCA’s 18th Meeting -- Bulgaria**

**Present:**

Bernard Bel – France

Edeltraud Voill – Austria

Olga Ducat - Bulgaria

Elisabeth Geisel - Germany

 Beverley Lawrence Beech – UK

Anna Otffinowska - Poland

Mary C Zwart - Portugal

??? Spain

Thea van Tuyl - Holland

Hannie Orr – Holland

Maria Andreoulaki - Greece

The meeting was opened by Olga Ducat who explained the experiences of childbearing women in Bulgaria. Midwives have little or no power and even though home birth is not illegal it is very difficult to achieve and most of the traditional birth attendants have been prevented from practicing and very few midwives practice in the community. When women go into hospital they have to sign a consent form when they are in labour and they cannot reject any of the procedures.

This week was the World Week of Birth and it is only the second time that Bulgaria has celebrated. They are preparing a birth plan and a national information campaign and a demonstration on Active Birth.

**General Discussion**

Bernard suggest that the web site has some static pages and proposes to put some WIKI pages which the members can access and put additional information. He proposes to install this as a trial and it was unanimously agreed that he would get access codes to access the domain and install a WIKI for everyone to access.

It was suggested that Agnes should be asked if she would be willing to allow her film Norak to be put on our web site. Marie Andreoulaki said that she would contact a film maker and see if she would make a film following women to see what choices they make. **Action: ??**

It was suggested that ENCA should propose a standard set of statistics for normal birth and each country would lobby for the statistics to be gathered. France proposes that in all countries there should be facilities for birth centres and home births in all countries. **Action: Beverley**

The European Directive supports the right of the woman to make her own decisions about pregnancy and birth. Mary will send Beverley the text of the Directive. **Action: Mary**

There was a discussion about the membership of ENCA. Members were reminded that the ENCA representative should be a consumer, this means that the ENCA representative will co-ordinate contact with ENCA members in their own country, some of whom will be professionals e.g midwives and doctors.

**Women’s kno wledge, EU Integrity of the body on the web.focus,** [**www.europarl.europa.eu**](http://www.europarl.europa.eu) **I have no idea what these notes mean, can anyone else help?**

Members expressed their concern about the Witch Hunt in Hungary in which Agnes Gareb is being prosecuted for a home birth. ??? wrote to the lawyer asking for the statistics and she said she will provide them but we have not heard anything since. **Action ???**

**Violence Against Women**

ENCA During its 18th meeting has chosen violence against women as a theme

In November there is a Violence against Women week and we should make sure that we raise violence against women and babies in hospital as a serious issue. Bernard will compile a leaflet and each member will give him their ideas. Deadline by the end of June.

 Put references to European law – details from Mary Schwartz suggested that we collect the stories of violence against women. Which includes the emotional abuse. Denying the right to have food or water during birth, for example. **Action: Bernard/ Mary**

??? Has agreed to do a press release in English and send it to Bernard for us to approve and discuss.

 **Action: ???**

**Country Reports**

The country reports were tabled and the following are comments arising from the reports:

**Austria** - A new birth centre opened which is only run by midwives funded by an Arab man. Run by Rotraud Zeilinger.

**Bosnia** – would be grateful for any information we can send them.

**France** CIAN is getting more requests from perinatal units because they have to make contact with the consumers. The law requires them to have customers at all levels, so the authorities think CIAN has lots of likely representatives. CIAN had a meeting and asked what they wanted, they said that they comply with the policies and the representative will see that they are implemented. Found two representatives and they will check. To find people is difficult, but they are finding them and supporting them. CIAN gives informal training.

In the south of France there is a midwife who is starting a birthing centre without asking permission Marie-line Perarnaud the y have a local midwife support group.

Peristat – looking into perinatal mortality the rate for abortion at 20 weeks has doubled because of 20 weeks ultrasound. ENCA should contact them about normal birth statistics and find out how many of the aborted fetuses were in fact normal. **Action: ????**

**Germany – for our ears only**. EU is providing funding for birth in a freestanding birth centre. The mother gets a refund for using the house from the insurance. This was felt to be a big victory. They expected a big rush into the birth centres which did not happen. Now the insurance companies are saying that they should determine which midwives should work there. A recent study showed that only 3 per cent have a home birth but 17 per cent would like to do so. Suggestion that that health insurance will increase to 20,000 euros and if this happens then many midwives will give up.

Petition to parliament within 3 days already had 50,000 signatures.

If a petition achieves 1,000,000 signatures then the issue has to be heard by the European parliament. Mary Schwartz will organize. **Action: Mary Schwartz**

**Greece** – A written report has been sent but Maria’s main issue is that Eftokia wrote the report which does not cover all of Greece, it was the view of one midwife. Etfokia organize antenatal classes in a very traditional way. Marie wants an ENCA representative to represent as many organizations in Greece as possible. There are a number of active groups in Greece - Tokia does antenatal and postnatal groups. A group in Northern Greece is Birth Choices run by a British woman. Birth Voice is in Athens and is yet another childbirth group. Maria has asked La Leche and the Doula organization to join and would like to organize another meeting and make it clear that we do not have professional organizations as members, but they can be associated. Beverley will send the statement that AIMS devised about having professionals in the group. **Action: Beverley**

Do a leaflet about ENCA and what it has achieved and what it offers those who are members. Marie will write a leaflet about the benefits and circulate it. **Action: Marie**

**Netherlands** Thea is very concerned about the perinatal mortality rate (pmr) which is the highest in Europe The obstetricians are very enthusiastic about having 5 or 6 big hospitals with alongside birth centres. The midwives are very worried and home birth will be under threat. In France there has been more evidence that care is improved by concentrating units. **Bernard is this true? I do not believe it. The only thing that is improved is the work arrangements for the doctors.** In the hospitals they have ‘Birth Centres’ which are in the hospitals but there is only one that is run entirely by midwives and do not involve obstetricians.

Thea a book about the Robozo technique which Mexican midwives use it to turn midwives into the right position. Costs 18 euros.

Mata presented her book about caesarean, it is in English. 12 euros

**Poland**  They are developing a protocol for Normal Birth with a group in cooperation with the Ministry of Health. For 15 years it has felt that no one was listening, but now Anna’s group is asked to participate. It has been a tragic comedy. The minister decided who would take part - old male professors of obstetrics, frightened midwives and people from the ministry. At the beginning of the meeting the professors were very upset because they thought they were making the decisions and not the midwives. They were assured that their professional status was enough and they did not have to produce evidence.

Anna’s group translated all of the Normal Birth Spanish report and the NICE guidelines, gave them all these papers to on. A protocol was developed from evidence based guidelines and the other part is the Polish experience produced by the professors. It is still in progress because it gives direction on how to improve maternity care. Much is critical of current practice, positions in labour, mother and baby contact for 2 hours after birth, right now they have 2 minutes together after birth, So, the past two years were the easy part the ministry has no idea about how they will change attitudes. They think it will be easy.

**Spain** - We have women who can use the protocol who can say this I what I want and I am allowed. Now the obstetricans are pretending to comply and they then go ahead and do what they want.

In April people and nurses from Barcelona published guidelines for home birth which has helped improve home birth. They have focused on educating children in schools, and it has been very successful. Insurance for midwives is not an issue in Spain as it has not yet got involved. This year they want to concentrate more on the internal organization of the group and increase press releases and focus on the local groups. In three years they have moved so much and Angela had her home birth.

In Spain they have the idea of offering workshops to encourage change but the ministry ???? But this has been a success to get this far. It is said that the woman has the choice of the place of birth and it is implied that she can choose home. So the birth is possible and the midwives are keen to help at home. But the obstetricians are just waiting for the bad home birth stories.

Orgasmic birth screenings – Had a dozen showings in different cities. Started doula training and Hannie and Thea came, and they want more training.

**UK -** Maternity care in the UK is all over the place. While the propaganda is all about choice the reality is that very few women have any choice. We are waiting to see what the new government will do, particularly about midwifery insurance. AIMS has been campaigning for improvements for the last 50 years, and very little has changed for the better. This will not improve until the male medical domination of childbirth is seriously curtailed.

**Comment on the visit to the Tokuda hospital**

We were invited to visit a private Japanese run hospital. It is owned by a Japanese, Dr Torao Tokuda, who owns the Tokushukai Medical Corporation, which owns more than 280 hospitals in Japan. This hospital is the first to be built in Europe and was opened in June 2006. The hospital has 1,000 beds, 21 operating and delivery rooms and 18 maternity beds. 180 doctors and 12 midwives. To date 1,900 babies had been delivered in the unit. Because delivery (I hesitate to all it birth) in the hospital is very expensive not too many Bulgarians can afford to go there, and they only stay for a few days, three nights after a ‘normal’ birth and 4 nights after a caesarean.

We were given a talk by the chief midwife, Marianne Skovanova who proudly told us about the hospital and what it provided. We were told that the staff have a policy ‘to explain to patients what we want to do to them’ …..’We work with them until we convince them to agree with what we want to do’. Apparently, they are putting into practice ideas that are still new to Bulgaria, for example, there have been cases of doctors who encourage women to prepare birth plans, of women giving birth in different positions and early contact between mother and baby, although we did not see any mothers with their babies as we wandered around the unit. We were told that this is the only hospital in Bulgaria where they have a policy of treating women nicely!

When we were shown around this very modern and clean unit (we were required to put on paper gowns and over-shoes) and told that the staff ‘work to inform patients that the best course is to have a natural birth’. A statement that provoked most of us to wonder how on earth anyone achieved a ‘natural’ birth when the women is required to transfer into a delivery room which had a delivery bed/chair complete with fixed foot rests to enable the woman to push in an unfavourable position.

Their statistics are 50% caesarean (mainly the woman’s request – allegedly); 25% ‘normal’ and 30% episiotomy for primips. They do have free birth in the hospital, paid for by the state, but only if the woman has paid her contributions. We left the unit shocked by the out of date and authoritarian attitudes and asked Olga if we could go and see a State hospital, she said this was not possible because they would never allow us in – they are far worse in their attitudes than this hospital. Bernard proposed that the Bulgarian consumer group approaches the hospital and suggests that they work together to improve the care for women and in the meantime Beverley would write a briefing paper about their out of date procedures and current research. **Action: Beverley/Olga**

**Next meeting**

Mary proposed that the next meeting should be held in Portugal, in May – perhaps the 26th May Decision to be made before the end of June. If not Portugal, then Vienna. **Action: Mary**

**Theme for next year**

World Respecting Childbirth week – in May

Birth where you want, the way you want, and with whom you want. Material will be put on the ENCA web site and on the web site of WRCW

Beverley will write a statement about this. **Action: Beverley**