



## CREATING A POSITIVE BIRTH EXPERIENCE

Information regarding health care options

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Countries in Central and Eastern Europe have significantly changed or “grown-up” over the last twenty years. The health care system, too, has changed for the better. We can choose from various types of care during pregnancy as well as during and after childbirth. We can choose freely. But are we not too stuck in the routine of previous years? Are we really able to choose the care that is best for us and our babies?

When you visit any maternity hospital in the Czech Republic today, the staff is likely to smile, telling you they respect women giving birth as much as possible, that they “routinely work with ‘Birthing Plans’” and that they support 24/7 contact between mothers and babies as well as breastfeeding. Mothers have every reason to be happy. But are they?

Generally, the most satisfied women are those who have not been preparing for the birth too much and have no requests that could be in conflict with the ways of the hospital. On the other hand, more knowledgeable women who have more specific ideas regarding their childbirths will definitely have problems in the hospital. They will be lectured a great deal that in the interest of the baby’s safety, they must undergo this and that – a long list of interventions and orders will follow. Moreover, they will be told that as mothers they have no right to decide on the childbirth as it is the doctors who are responsible for the outcome. It is not unusual to hear a (rather rhetorical) question: “With these requests of yours, why not give birth at home?”, or a threat, should the woman insist on her wishes: “You better go somewhere else.”

What do these requests involve usually? The majority of knowledgeable parents would expect today that the hospital would let them have their baby according to the most up-to-date expert recommendations based on reliable research – such as recommendations by the WHO. Free choice regarding the mother’s position during labour and delivery, interventions and medication only in justified cases and based on informed consent, a partner present during the birth as the woman wishes, leaving hospital when the parents want to, etc. and all this in an atmosphere of trust, no threat and knowing that the mother will always be





respected.

Does this sound like mere utopia? An exceptional philosophy in some “alternative” hospitals? It is very sad because this should be absolutely natural. The WHO recommendations are not legally binding, but we still have laws. These give mothers an almost unlimited choice to decide on their bodies and babies and impose obligations on the medical staff to provide care in compliance with the currently available knowledge of medical science. In all medical facilities, women should be given complete and unbiased information resulting from the best available research so that they can decide, in a well-informed manner, on the care to be provided to them and their children. This is not always the case, whether due to lack of time, language barriers or other obstacles.

In a maternity hospital, it is possible to implement “your birth”, although sometimes at the cost of energy that would be better used for the mother and the baby. Nevertheless, we still recommend that you try and agree with the medical staff, especially when you are convinced that your decisions are right and also supported by scientific evidence. The strengthening experience of a normal childbirth and a harmonious beginning to your life with your baby are definitely worth it!

This text was written to support communication between mothers (or rather, parents) and caregivers during childbirth in a hospital and as a source of information about normal childbirth. And last, but not least – to encourage all women to perceive their pregnancy and childbirth as a joy and a gift and not to be afraid to choose and decide freely!

We wish you all a lot of patience and friendly negotiations. And, naturally, many happily born children!

Petra Sovová  
Active Motherhood Movement

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## **DEFINITION OF NORMAL BIRTH**

According to the WHO (World Health Organization):

We define normal birth as: spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After the birth, the mother and infant are in good condition.

The aim of care is to ensure the good health of the mother and the infant with the minimal possible level of intervention indicated for the safety of the mother and the infant. This approach necessarily leads to the conclusion that during normal childbirth, there should be a justified reason for any intervention in the natural course of the childbirth.

### **WHO: Care during normal birth**

According to the ENCA (European Network of Childbirth Associations), a normal





birth is a birth that starts and progresses spontaneously; the woman gives birth to the baby and the placenta at her own pace, through her own efforts and without external intervention. After the birth, the child remains in close contact with the mother and they form an inseparable unit.

The course of childbirth and subsequent child-mother relationship should only be intervened into when some complications appear.

Selected recommendations from the WHO for normal birth (Source: Care in Normal Birth, a practical guide, issued by the Czech Ministry of Health in 2002):

Practices recommended by the WHO as demonstrably useful (a selection):

- Preparing a birth plan
- Offering oral fluids during labour and delivery
- Respecting women's informed choice of place of birth
- Empathic support by caregivers during labour and birth
- Respecting women's choice of companions during labour and birth
- Giving women as much information and explanation as they desire
- Non-invasive, non-pharmacological methods of pain relief during labour
- Fetal monitoring with intermittent auscultation
- Freedom in position and movement throughout labour and birth
- Clamping the umbilical cord only after the pulsations of the cord have ceased
- Early skin-to-skin contact between mother and child, rooming-in
- Supporting breastfeeding without restrictions

Practices not recommended by the WHO as they are clearly harmful (a selection):

- Routine use of enema and pubic shaving
- Routine use of intravenous therapy
- Routine use of the supine position during labour
- Routine use of a stretcher with or without stirrups during labour
- Pushing while holding breath
- Routine use of synthetic oxytocin during the third stage
- Restricting contact between the mother and the child
- Giving water, glucose or artificial nourishment to children who are initiating breastfeeding
- Any restriction of time or frequency of breastfeeding

## **CHOOSING YOUR MATERNITY HOSPITAL**

It is good to visit the maternity hospital(s) you have chosen during pregnancy and ask about everything you may be interested in, to find out what procedures their staff prefer and what the atmosphere is in the hospital. If you do not speak Czech well, take somebody to interpret with you. There is no need for a professional interpreter; a person speaking both your mother tongue and Czech will suffice.

Before you go to the hospital, you should find enough information about normal childbirth in general and about your options. There are many ways of providing care to the mother and the baby during birth and some places are more mother-





friendly than others.

Have a look around the hospital(s) you have chosen. Knowing the surroundings, it will feel more familiar. Ask about specific things that are important to you. If the answer is not clear or sufficient for you, go on asking; it is the details that often reveal the real situation.

Have the staff describe in detail an everyday birth in their hospital and what procedures they usually apply. Compare the information you were given with your wishes or your birth plan. If the information is in conflict, go on asking. Do not be afraid to talk about your ideas and plans; the hospital should respect them.

To learn as much as possible, you can ask, for example, these questions:

How many persons can accompany a woman during the entire childbirth?

What is your experience with doulas accompanying birthing women?

Is it usual that women bring their birth plans and that they have wishes and requirements regarding labour and delivery?

Are there any places where the woman cannot be accompanied (because there are other women there, etc.)?

What procedures do you usually apply to women during birth?

What position do you recommend for delivery (the "pushing phase")? In what positions do women in your hospital usually give birth?

How do you help mothers to feel as comfortable as possible?

How do you help them to cope with labour pain (aside from medication)?

What are your statistics concerning episiotomy (incision through the perineum)? (It should not be more than in one in five women, i.e. up to 20%).

What are your statistics concerning Caesarean sections? (It should not be more than 10% of all births / in perinatal facilities, it should not be more than 15%).

What do you do with the newborn? Is it common that mothers or, as the case may be, the parents take care of the baby immediately after the birth?

How do you support breast feeding?

What procedures do you apply should the woman require "outpatient delivery"?

The responses to your questions will give you an idea about the atmosphere you may expect for labour and delivery. The forms of questions should show your active approach (not "May I ...?", "Can I ..." but "My plan is to...", "I would like to ...", "I would rather not ...", etc.).

The answers will help you get an idea of individual hospitals but the rules in each hospital should not restrict your rights or expert recommendations in any way.

Do not be surprised by negative answers – most decisions during and after normal labour and delivery are only up to you and maybe the staff of the hospital have not yet met women/parents with similar attitudes. Assure the staff that you can do it together and that you believe the birth of your baby is your





responsibility. You can also ask them to explain their negative attitude.

If the answer is "it depends on the situation", ask what situations they have in mind.

In case of answers such as "we do it like this", "this must be done" or "it depends on the attending physician", ask about what procedure follows if the woman refuses the intervention. Remind them of the WHO recommendations for normal birth. Try and adopt a positive approach. Responsibility for the mother and the baby is only the mother's (and the parents' when the baby is born) while the health care staff are responsible for their work only. Do not be afraid to enforce "your" idea of the birth. The restricting factor should only be your and the baby's health condition, not the opinions of the staff and customary ways of the maternity ward.

## **BIRTH PLAN**

It is good to prepare a birth plan for several reasons: you can set your priorities in advance and in peace. Preparing it with your partner or the person accompanying you during birth, you can clarify your expectations and details concerning the childbirth and state your key issues. You do not write it only for the medical staff; it will help you, too. In order to make communication easier, it should be written in Czech.

The birth plan should begin with your personal details. Your name is sufficient but if you include more details, you will avoid many questions from the medical staff making notes of your medical history while you have contractions. You can then refer them to your birth plan (due date, you and the baby's father's name, your birth registration numbers, your health care insurance company, name of your gynaecologist, paediatrician, names you have chosen for your baby (including the surname, should it be different from the mother's surname). State your health problems or allergies, if any, and make a list of medication you take (in case of any contraindications or compulsory diet).

In the beginning, you can include a short message to the staff about what type of care you would prefer in order to feel safe. It is recommended that you mention, time permitting, to be consulted about all interventions during labour and delivery (you should definitely not undergo anything you do not agree with).

Issues to be considered:

(Your birth plan should contain points important for you personally)

Presence of person(s) chosen by you

Presence of other persons besides attending staff (medical students, nurses in training)

Induction of labour

Enema, shaving, restrictions on eating and drinking

Fetal monitoring, monitoring uterine activity (movement restrictions, frequency)

Movement during the first and second stages

Pain relief (warm bath or shower, aromatherapy, music, massage, unrestricted movement, acupuncture, etc.)





Medication (to relieve pain)  
Amniotomy (rupture of the amniotic sac)  
Accelerating labour  
Position for the delivery of the baby  
Incision through the perineum (episiotomy)  
Controlled pushing  
Letting the pulsations of the cord cease  
Care of the baby immediately after the birth  
Placenta – spontaneous delivery or oxytocin  
Uninterrupted mother-child contact  
Breastfeeding, additional nutrition, pacifier, cosmetics, BCG vaccination (against tuberculosis)  
Removing the rest of the umbilical cord or waiting for natural separation  
Partner or older children staying in the ward  
Time of release from the hospital, early release

It is also good to think about potential complications:

Caesarean section  
Forceps delivery  
A premature baby  
An unhealthy child, disabled in some way  
Stillbirth, giving birth to a dead baby

Further text (bullet points are enough) should express what is important for you – all this should be specified; you should also stress what you do or do not require or whether you require something after a consultation.

Some points may seem irrelevant but they will help you to avoid misunderstanding. You need not comment on all of them, only the ones that are of key importance to you. Write in a brief, clear and concise manner. Try to sound friendly and positive but do not hesitate to hold your ground.

Do not hesitate to mention important facts that could have a significant impact on the birth (e.g. if you were sexually abused or raped, you may need a very sensitive approach and you might prefer women care givers; if you have had a traumatic experience in a hospital, you may not wish to have metal objects around you, etc.).

If your family has customs related to the birth, you may practise them, depending on the situation, in the hospital. The same applies to cultural and religious rules and rituals of your home country. The only criterion should be the interest and health of the baby.

The birth plan is your expressed wishes. That is why it is legally binding on the attending staff. However, do not rely on it entirely – there may be situations when you need to leave behind your original ideas due to health reasons. You should consider this possibility beforehand so that you do not feel trapped.

Do not forget that it is desirable during childbirth that you behave according to your feelings and instincts in the moment. You do not have to prove anything to anybody, not even yourself.

The Czech Republic is proud to have very good results in perinatal care, but it





only means that we have low perinatal mortality. This does not relate to the course of the delivery. Psychological support for birthing women is often ignored. That is why we recommend that you bring a person close to you to the hospital to provide you with the support and care you need.

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## **PROBLEMATIC PROCEDURES COMMONLY USED IN CZECH MATERNITY HOSPITALS (according to research)**

### **Pubic shaving**

Pubic shaving was presumed to reduce infection and facilitate the suturing of birth wounds.

However, there is no evidence for such a hypothesis. Routine use of pubic shaving can even increase the risk of HIV infection and the hepatitis virus, either to the care provider or the woman giving birth.

### **Enema**

Enemas were presumed to stimulate uterine contractions and they were used because an empty bowel allows the baby's head to descend more easily. They were also believed to reduce contamination and thereby infection to the mother and child. However, an enema is uncomfortable and carries a particular risk of damage to the bowel. Without an enema, soiling is usually minor and easier to remove than soiling after an enema. No effects on the duration of labour or on neonatal infection or perineal wound infection were detected. Application of an enema interferes with the course of the labour.

### **WHO opinion:**

Routine application of an enema is clearly harmful and should be eliminated. Constipation at the beginning of the labour may be an exception unless it subsides spontaneously at the outset. However, in such a case, it is sufficient to apply a smaller enema or a special gel applied only to the anal area.

### **Induction of labour**

The doctor may have several reasons to opt for induction:

- concerns regarding the baby's condition
- more comfort
- suspected hypertrophic (too large) baby
- amniotic fluid breaking too early
- positive group B Streptococcus
- an overdue baby

Labour is induced for many reasons – and only a small number of those are fully justified. Here, in the Czech Republic, we focus on quite frequent induction because the baby is "overdue". A pregnancy usually lasts 40 weeks +/- 2 weeks. Until the end of week 42, the baby cannot be considered overdue. Labour induced at a time when the mother is not ready often results in a Caesarean section. It also tends to be more painful and the pain is more difficult to deal with.

### **Restrictions on eating and drinking**





Many physicians still believe that eating and drinking during childbirth is risky because in the case of general anaesthesia (operative delivery), aspiration is possible, although rarely.

The rule of no food, however, does not guarantee reduced stomach content. Furthermore, general anaesthesia is used less and less during childbirth.

### **WHO opinion:**

Dehydration and starving cause significant discomfort and stress to women and may negatively affect the course of the birth.

Restrictions on eating and drinking for women in labour have no justification and they are a useless and inappropriate practice.

### **Amniotomy (rupture of the membranes)**

Physicians justify this practice by stating it expedites labour and allows the quality of the amniotic fluids (which illustrate the condition of the baby) to be checked. It can also induce labour and allows electrodes to be attached to the foetal scalp.

However, routine amniotomy has insignificant benefits that are difficult to assess and brings many potential risks.

Early amniotomy increases the risk of infection in both the mother and baby and the risk of a caesarean section due to foetal distress. Amniotomy may cause prolapse of the umbilical cord.

After amniotomy, the woman is electronically monitored more which represents further interference with the course of the labour.

### **WHO opinion:**

Amniotomy reduces the duration of labour by only a short time and is not a factor that should have a fundamental impact on the duration of labour.

Research has not confirmed the benefits of amniotomy.

### **Epidural analgesia and anaesthesia**

Many doctors believe that the birthing woman suffers from pain unnecessarily and think that epidural analgesia is a suitable relief.

Hospitals earn a lot of money from administering epidurals.

Risks are rarely mentioned and that is why we will deal with them here in more detail.

Epidural analgesia (EA) slows down the birth, results in more frequent use of oxytocin, increases the number of episiotomies, forceps deliveries, vacuum extractions, the probability of instrumental vaginal delivery and C-section.

In exceptional cases, EA may cause life-threatening complications (loss of consciousness, cramps, cardiac arrest, sudden drop in blood pressure, nausea, vomiting, breathing problems, brain damage, allergic shock, injury to the nerves, abscess formation, severe backache or headache, urination problems, shivering







fits, itching, sensory problems, functional muscular disorders and death of the mother, foetal distress), an increase in body temperature (causing fever) and the risk of infection.

In mothers, it can result in long-term or chronic problems, such as temporary urinary incontinence, the formation of haematomas and nerve damage or injury. It also has an impact on how the woman (and her partner) perceives the birth.

Possible, but not yet confirmed complications include neurological problems, bladder dysfunction, chronic headache, long-term back pain, tinnitus, hearing loss and sensory problems.

Analgesics and anaesthetics administered via an epidural cross the placenta and enter the bloodstream of the foetus, having an adverse impact on oxygenation which may cause severe heart rhythm disorders and breathing problems during birth as well as complications in the onset of breastfeeding. They may also have a negative impact on both the physical and psychological health of the newborn.

There is not the slightest scientific evidence for the hypothesis that EA may protect the child from foetal distress.

EA interferes with the physiological process of birth and has a negative impact on the first contact and creation of an emotional bond between the mother and the baby.

Pain during labour is a normal, physiological phenomenon. The pain has its own value and there are many natural and safe techniques regarding pain relief during labour:

- the free choice of position during both the first and the second stages
- a warm bath or shower
- massage, touch, hypnosis, music
- techniques to distract attention (rhythmic breathing, visualisation, etc.)
- continual support for the women in addition to the attending staff, e.g. by a doula.

### **WHO opinion:**

Many women who have experienced these natural practices consider them useful. They are harmless and can be recommended. Pharmacological methods should never replace personal attention and tender care for the birthing woman.

### **Directed pushing**

It is routine procedure in some hospitals to decide on the onset of the second stage when full dilation has been diagnosed and to encourage the woman to push without taking account of her own feelings, often while holding her breath.

### **WHO opinion:**

The physiological approach is to wait until the woman feels the urge to bear down herself, i.e. until the bear down reflex appears. This procedure is easier for the woman and has no dangerous consequences for the foetus or the outcome of the birth and shortens the total time of pushing. Pushing directed by the hospital





staff brings no advantages.

The WHO lists this procedure as one that is frequently used inappropriately.

### **Episiotomy**

Episiotomy is supposed to be less painful than a tear. It is believed to prevent incontinence and deep tears affecting the sphincter.

However, compared to spontaneous tears, it is not less painful. In fact, vice versa, it is much more painful. Anal tears rarely appear other than as a spontaneously continuing episiotomy and increase the risk of faecal incontinence, infection and painful intercourse.

### **WHO opinion:**

There is no reliable evidence that liberal or routine use of episiotomy is beneficial, however, there is clear evidence that it may be harmful.

### **Interrupted contact between mother and baby**

In many hospitals, babies and mothers are separated as the children are taken away for various examinations, observation and interventions in the newborn ward or for warming in incubators or heated beds. Often the reason is to give the woman a rest.

### **WHO opinion:**

Close bodily contact with the mother is the best way to maintain the baby's temperature. This contact is also recommended for psychological reasons: it stimulates the relationship between the mother and baby and gives the baby the much needed feeling of safety.

It is good for the condition of the baby to get into contact with the bacteria on the mother's skin, not only with the bacteria of the caregivers.

The baby should be close to the mother 24/7 and have unrestricted access to her.

The WHO lists restrictions on the contact between mother and baby as a practice that is clearly harmful and should be eliminated.

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## **HOW TO GIVE BIRTH WELL AND SAFELY**

Based on many discussions with women and their partners, we selected some frequently asked questions that may help you find your way through the jungle of Czech maternity hospitals.

### **This is my first pregnancy. My partner and I have no idea what to expect. How can we prepare ourselves for the birth?**

Today, you have many options. You may read books together (there are enough of them on the market), preferably those describing childbirth as a natural part of life, not the medical ones which are too expert-focused. Many of the "natural" books have been written by midwives with a lot of experience. A list of recommended books is given at the end of this brochure.





We also strongly recommend attending a good childbirth class, preferably one given by an experienced midwife or another qualified person. Hospital classes often only prepare you for the birth in the given hospital and do not necessarily provide objective information.

You may see film documents to help you find your way; there is a list available at [www.iham.cz](http://www.iham.cz). You may order them by e-mail, borrow them in the Aperio library or in some mothers' clubs. Sometimes there are movie presentations often followed by useful discussions.

A doula may also help you prepare for the birth. You may appreciate a one-off consultation, help with drafting the birth plan or her support during or after birth.

It is great if you have friends who already have some experience with childbirth. But be careful – each person is different as is each childbirth. Consider only the relevant parts from the experience of others – make your own birth plan and do not be afraid to involve your feelings and intuition.

It should be natural to restrict smoking, drinking alcohol and the impact of chemical substances to the maximum extent during pregnancy. Also be careful to watch your intake of sodium glutamate which is commonly added to many food stuffs.

Choose a doctor or midwife for prenatal care whom you trust (so that you can talk openly) and who does not have an authoritative approach to you. It would be best to find such caregivers for the childbirth as well but it is impossible to choose all of the staff in the hospital. Luckily, this does not mean you cannot have a normal birth, only the communication is likely to be more difficult.

**If my birth is not complicated, I would like it to be natural and avoid any medicaments, but perhaps I fear drugs too much?**

According to research, up to 90% of women are able to give birth naturally, physiologically. The WHO uses the term NORMAL BIRTH and recommends that it is not interfered with in any manner. If your birth is not complicated, it is desirable not to take any drugs as it is safer. Each intervention is an intervention in the smoothness of the birth process which may change into a chaotic event and a cascade of interventions. You should always ask for a detailed explanation if you are offered a drug. Its use should be justified – if it is not, it is easier to refuse it. The reason "because we do it like this" is not valid. The reason should be medical-based and related directly to your and the baby's conditions.

**I am not sure I will have enough energy to explain my needs and wants to the medical staff during childbirth. Should I go to the hospital to agree with them in advance?**

It is useful to visit the hospital you have chosen during pregnancy and become familiar with the environment. You may also talk about your attitudes. But as the hospital staff change, it is good to have a written birth plan and bring it with you for the childbirth. It is a list of your priorities and says what type of care you wish for during and after the birth. It is good to make several copies. You can find more details about the birth plan above.

**The doctor likes my birth plan but she says she cannot promise in**





### **advance to respect it. Do I have to obey?**

If your birth is not complicated, the doctor may only make the interventions that you have agreed on. We recommend that you act positively, explain your attitudes calmly and listen to her. But you are not a naughty schoolchild who broke a window; this is your body and your baby. Keep smiling but do not give in.

### **The doctor in the hospital said that he would decide on the episiotomy, depending on the situation – is it possible?**

I recommend you expressing that you disagree in advance and ask the doctor to explain (the situation permitting) everything clearly. You will explain to the doctor that this is your skin and your decision. Scientific research, as well as the experience of midwives, say that episiotomy is not necessary in normal birth. Deep tears occur almost always only as a result of episiotomy while natural wounds are usually small and not numerous. It is good to know that the perineum resists pressure during delivery better in a vertical position, not when lying on your back.

From the legal point of you, it is only up to you whether you agree to the episiotomy and the doctor must respect your wish.

### **And what about labour pain – what if it is too strong? Can I manage without an epidural?**

Contractions are usually very painful but each person perceives pain differently and has a different pain threshold. Epidural analgesia is not natural, it carries many risks and does not always work as planned. "Read the leaflet" – i.e. become thoroughly familiar with the risks of this method before opting for it.

There are many natural and safe methods of pain relief, the most popular being warm baths or showers, gentle massage or strong pressure on the back or other places, warm compresses, singing, various visualisation techniques, aromatherapy, dancing, rocking on a gym ball or movement in general. If you use the services of a doula, she can provide advice and also give you a gentle massage. Just the presence of a doula creates a safer environment making the woman calmer and feeling less pain.

Most women who have had natural childbirth will confirm that the pain actually helped them. It was strong but they felt it was necessary. It is encouraging that once the baby is born, it disappears almost magically.

### **May my partner act on my behalf in the hospital?**

It is definitely useful if your partner is with you. It is also important for him. However, it is only up to you to enforce your attitudes and to decide on the course of the birth. Our legislation sees the baby as a part of the mother's body. Therefore, only the mother may decide what procedures to undergo, except for the situation of an immediate threat to life which is not a normal childbirth.

Once the baby is born, both parents become the lawful representatives of the child. After the birth, the father may express your wishes concerning the baby. He may wash and hold the baby and give him/her to you for breastfeeding.





The situation is different when your partner also mediates the contact between you and the caregivers. Then, he may communicate your requests in your place during the birth. It is then necessary that you have agreed thoroughly on your desires so that he communicates your requests, not his point of view.

### **I would like to give birth at home. Is it possible in the Czech Republic?**

Sure, if the pregnancy continues well and you wish so, why not? It is best to find a midwife to help you with a home birth. It is not difficult in major cities but you may have problems in the country. Ask your health insurance company or the local health counsellor. Even if you plan a home birth, it is good to pack your bag for the hospital and be prepared that in the end, your baby may be born there. It is not possible to plan all the details of your childbirth. Therefore, it is not good to concentrate too much on the place of birth. It applies vice versa also – a woman who has chosen a maternity hospital with great care may give birth precipitously at home or in a car.

Care from a midwife during a home birth is not covered by health insurance in the Czech Republic. The costs are borne by the parents. However, the costs of a home birth are much lower than those of a hospital birth with subsequent hospitalisation. However, financial reasons should not encourage you to give birth at home – the WHO recommends that women give birth where they feel safe.

**A friend of mine had an “outpatient” birth but she said it was not at all easy to carry it through – the attending neonatologist refused to discharge the baby, saying that only the mother could leave. In the end, she left with her baby and husband 8 hours after the birth and they were very happy to be at home. If I could, I would also choose an outpatient birth – whom should I contact?**

In theory, all hospitals should allow outpatient birth; you are not obliged to stay there or leave your baby there, naturally, provided that you are both fine. However, the real situation is more difficult as many caregivers lack knowledge of legislation and believe that the law and the Ministry prohibit them (and you) from leaving the hospital. It does not help that there are few parents who consider this option and caregivers are not accustomed to such situations. In any case, we recommend finding out the attitude of the hospital in advance, during your pregnancy. Do not be content with the doctors saying that they do not allow outpatient birth (because “it is dangerous” or “we do not do it this way”) and contact your local health counsellor or get legal advice, e.g. from the Human Rights League (*Liga lidských práv*). You may provide the doctors (ideally, the head physician) of the given hospital with the information and kindly insist on leaving earlier than usual if everything is fine. Tell them (if it is true) that you are happy with the care of the hospital and do not wish to look for another one.

When back at home, you can use the services of a registered midwife in the first days (if available where you live) – she will usually visit you once a day and is qualified to monitor your health condition. She can also help with breastfeeding and the care of the baby. It is very comfortable and safe; unfortunately, such care is not paid for by health insurance companies although it is much cheaper than hospital care.

Find a paediatrician for the baby before the birth. He/she can make the first visit





to your home. It is not necessary that the child is registered with a paediatrician but it is useful to ensure regular preventive check-ups.

**As a foreigner, I have very disadvantageous commercial health insurance that does not cover (almost) any examinations and interventions during pregnancy and childbirth. A hospital birth with subsequent hospitalisation is very costly for me – is it really necessary to undergo everything?**

Let us divide the answer into two parts: health-related and legislative. Regarding your health, it is important to consider your current condition. If both you and the baby are fine and wish to limit your health care, you may.

The legislative aspect is similar – the baby is considered a part of the mother's body and, consequently, only the mother decides what examinations and interventions she wants to undergo and whether or not she agrees to suggested hospitalisation. Once the baby is born, both parents become his/her legal representatives and again, it is up to the parents to decide what interventions they want to agree to. The only exception is a life-threatening emergency which is very rare.

It is safe and much cheaper to choose care from a private midwife. A healthy woman may have check-ups with her during pregnancy and use her care during childbirth and postpartum visits.

Please note that the code of ethics forbids health care staff from notifying the police of migrants without a residence permit.

**I would love to have my baby in my arms all the time after delivery. It is literally a torture to imagine that we would be separated. They say this is not possible in a hospital because of the baby's safety. How can I ensure that the baby is all right and at the same time with me all of the time?**

Your feelings are absolutely justified and natural. Mothers and babies are not developmentally prepared, after nine months spent together, and after such a demanding process as is the childbirth, to be deprived of mutual contact. They both expect and need skin-to-skin contact, the smell and warmth of the intimately-known body, their heartbeat; with all their senses they perceive all that reminds and gives them the feeling of a familiar environment and safety. They also both produce a sufficient amount of oxytocin to support their contact. All this helps to start the postpartum process of creating deep emotional bonds between the mother and the child, the **bonding**. Any unnecessary (not life saving) interference with such a process is useless and detrimental. All those accompanying and assisting birthing women are obliged to support this bonding as much as possible and should prefer it to all routine interventions (such as early treatment, measuring, weighing, warming-up) that cause separation of the mother from the baby immediately after the birth and for two or up to twelve more hours. Any **examination** and **treatment of the baby** (such as taking the Apgar score, a stethoscope check-up, clamping of the umbilical cord) **can be done on the mother's body** (in the case of a high-risk newborn, the baby can be near the mother so that she can visually control the baby).

When the child is born, he/she must be dried, laid naked on the mother's naked





body (skin-to-skin contact) (if not possible, on the father's body) and wrapped to stay warm. Experts recommend not washing the amniotic fluid off the baby's hands as it helps the baby to track the mother's nipple (which should also not be washed immediately before).

It is necessary that the birthing woman knows and is convinced of the importance of bonding, its support and benefits. There is no law, regulation or decree in the Czech legislation that would enforce separation of the baby from the mother in order to make any other than life-saving intervention. There is no rule; there is only a habit of separating babies from mothers. An informed birth partner (doula, woman's partner) should support the birthing woman regarding bonding and help her to communicate with the hospital staff so that they know the woman's wishes.

### **What if the baby is born too early? Or by Caesarean section? Can I still be with him/her?**

Women who have not had a natural childbirth often believe that they cannot experience bonding with their baby. This is also the opinion of the health care staff who often leave babies in the newborn ward longer to allow the mother to recover from a difficult birth.

However, these are exactly the cases where even stronger encouragement of bonding is essential. Mothers and babies may be taken by surprise and not ready for the birth. Women giving birth prematurely, by Caesarean section or having the labour induced lose control over their birth processes and may unconsciously feel guilty that they were not able to carry the baby until the due date or deliver normally. Contact with the baby may help them to regain this control and deal with the feelings of guilt.

Loss of control over the birth process results in stressed reactions and, according to research, women giving birth as per programme, prematurely and by C-section are strongly threatened by stress and may show stressed reactions during puerperium and even later after the birth. Contact with the baby may reduce or even eliminate such stress.

Mutual contact, in any degree that is possible (caressing, the mother watching and touching the baby in the incubator), is fundamental. A baby without an ongoing infection and acute complications may be taken out of the incubator and given kangaroo care without risk. Just the contrary, premature babies receiving kangaroo care have fewer problems with breathing and progress better. In the case of a Caesarean section, contact between the baby and the mother's face and skin-to-skin contact with the father increase production and secretion of the hormones necessary to ensure the creation of emotional bonds and to support breastfeeding.

There is no obstacle for women after a Caesarean section to have early contact with the baby in the operating theatre. This can be done by the baby touching the mother's shoulder or cheek if the mother did not have general anaesthesia. There is no reason for the baby not to be in the same room with the mother in the first hours after a Caesarean section in case the mother cannot have the baby on her body. We need no longer fear significantly worse postpartum adaptation caused by anaesthetics in babies born by C-section as modern





anaesthetics used today are of high quality and small doses are sufficient.

After a medicated birth, the baby is tired for a while and it is good to let them rest on the mother's skin. They both produce the necessary amount of oxytocin to support their mutual contact. The first latch-on may occur later.

Even in the case of a stillbirth or if the baby dies after birth, contact and the chance to say goodbye are important. Do not be afraid to show your grief openly. Ask the staff for the help you need and, as the case may be, for psychological support.

## Foreigners in the Czech Republic

The source of the following information is the Information Service of the Centre for the Integration of Foreigners ([www.cicpraha.org](http://www.cicpraha.org)).

### Basic formalities

The child's birth certificate (confirming that the child was born; does not relate to residence) is issued by the birth registry in the place of birth (usually automatically, as instructed by the maternity hospital). You must apply for a residence permit for the baby in the Czech Republic at the Foreign Police within 60 days of the childbirth. The child does not automatically become a citizen of the Czech Republic after being born here. The type of residence permit of either parent also applies to the baby. You may choose the more convenient one from the parents' residence permits.

The child must be registered in their parent's passport or have her/his own passport made at the embassy (does not apply to asylum and additional protection).

### Health insurance for mother and newborn baby

If you have a **permanent residence permit, asylum, you are an applicant for international protection, you are under additional protection, you are an EU citizen or you are an employee of an employer with a registered office in the Czech Republic**, you are covered by **public health insurance**. This health insurance fully covers regular care in pregnancy as well as during and after childbirth for your baby so that you will not have to pay for the stay in the hospital.

Children born to parents with permanent residence, asylum-seekers, applicants for international protection and EU citizens working or carrying on business in the Czech Republic are automatically covered by public health insurance immediately after being born. If you fall in any of these groups, you have to file an application for residence for your baby and once it is granted, you have to register your child with your health insurance company. You will need the baby's birth certificate, your health insurance card, your or the baby's ID document and the decision that the child was granted residence.

If you have a **long-term residence permit** and you are not employed by an employer with a registered office in the Czech Republic (you may be a **student**, work under a **trade licence**, etc.), you have to take out **commercial health insurance**. The only insurance that also covers pregnancy and childbirth is currently offered by Pojišťovna VZP a.s. (N.B. : It is not the same as VZP ČR).







This insurance is called "Foreigners Health Insurance" (*Zdravotní pojištění cizinců*).

When taking out this insurance, you must inform the insurance company of your pregnancy in advance. The amount of insurance premiums for pregnant foreigners depends on the result of a medical check-up and must be paid for the entire pregnancy. The costs of health care are covered by the commercial insurance only to a limited extent, depending on contractual terms and conditions – read them carefully.

A child (with a long-term residence permit) born to parents with **long-term residence permits also needs** commercial health insurance.

Commercial health insurance may be taken out for the child only **after he/she is born**. Until then, the child is not insured and you must pay for all the health care provided. The only way to insure the baby before he/she is born is an additional insurance (type "newborn") offered by Pojišťovna VZP. The child is then insured until 3 months of age but only under certain conditions and up to a certain limit (to be stated in your insurance policy). Always read the insurance terms and conditions carefully!!!

In this connection, an "out-patient birth" may be a good option provided that both you and the baby are fine because – except for a few examinations immediately after the birth – you do not have to pay for any care for the baby which may often be unnecessary.

You have to insure your child after he/she is born. You can take out **commercial insurance covering preventive care and vaccinations – Foreigners Health Insurance offered by** Pojišťovna VZP and recently also by Slavia pojišťovna (titled "Comprehensive Health Insurance", *Komplexní zdravotní pojištění*). This commercial comprehensive insurance for foreigners is agreed for no less than 6 months and the insurance premiums must be paid in full in advance. The child is previously examined by a doctor determined by the insurance company. The insurance company may refuse to insure the child.

Another option is **commercial insurance for the baby** covering **necessary and** urgent (i.e. emergency) care. It is offered by all the insurance companies accepted by the Foreign Police. These are e.g. Pojišťovna VZP, a.s., Uniqua Pojišťovna, Viktoria Volksbanken pojišťovna, Maxima pojišťovna and Slavia pojišťovna.

If you **do not have any insurance, you will have to bear the costs** of health care during or, as the case may be, after the childbirth. The costs may amount from hundreds to hundreds of thousands of Czech crowns (in the case of a complicated childbirth or a baby in an incubator).

For more information, see: [www.cicpraha.org/infoservis](http://www.cicpraha.org/infoservis)  
[www.portal.gov.cz](http://www.portal.gov.cz), [www.pvzp.cz](http://www.pvzp.cz), [www.mighealth.net/cz](http://www.mighealth.net/cz)

**Social and legal advice to migrants is offered at no charge by:**

**[www.migraceonline.cz](http://www.migraceonline.cz)**

Integration Counselling Centre (Poradna pro integraci)





<http://p-p-i.cz/>

Tel.: (+420) 224 216 758, 224 233 034

Mobile: (+420) 603 281 269

E-mail: praha@p-p-i.cz

Association for Integration and Migration (Sdružení pro integraci a migraci)

<http://www.uprchlici.cz/>

Address: Senovážná 2, 110 00 Prague 1

Tel.: (+420) 224 224 379

Fax: (+420) 224 239 455

Mobile: (+420) 603 547 450, +420 605 253 994

Organisation for Aid to Refugees (Organizace pro pomoc uprchlíkům – OPU)

<http://www.opu.cz/>

Address: Kovářská 4, 190 00 Prague 9

Tel.: (+420) 284 683 714 – social issues

Tel.: (+420) 284 683 545

Mobile: (+420) 739 413 983

Fax: (+420) 233 371 258

E-mail: [opu@opu.cz](mailto:opu@opu.cz)

Inbaze Berkat

[www.inbaze.cz](http://www.inbaze.cz)

Address: Legerova 50, 120 00 Prague 2

Tel.: (+420) 224 941 415

Mobile: (+420) 739 037 353

E-mail: [info@inbaze.cz](mailto:info@inbaze.cz)

Counselling Centre for Citizenship, Civil and Human Rights  
(Poradna pro občanství, občanská a lidská práva)

<http://www.poradna-prava.cz/>

Address: Ječná 7, 120 00 Prague 2 - Nové Město

Telephone: 270 003 281, 270 003 280

Immigration-related Legal Issues Association (Asociace pro právní otázky  
imigrace)

[www.asimos.cz](http://www.asimos.cz)

E-mail: [info@asimos.cz](mailto:info@asimos.cz)

Online help:

<http://www.asimos.cz/Pravni-poradenstvi/On-line-poradna-1/>

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## Active Motherhood Movement

**The Active Motherhood Movement** started its activities in 1999 as a platform to initiate changes in Czech obstetric care. It promotes friendly birth-related care for mothers and babies in compliance with





the latest scientific findings. Its efforts are focused on the health, safety and joy of giving birth naturally in Czech maternity hospitals.

H.A.M.

- organises annual events for the World Respected Childbirth Week
- provides medical law advice
- organises conferences and training, regular meetings, movie presentations and discussions

The Active Motherhood Movement is a member of the European Network of Childbirth Associations (ENCA) and the Czech Women's Lobby. It is the author and initiator of the "Normal Birth" initiative.

In our work, we always rely on trustworthy expert sources, such as research results, Cochrane Collaboration randomised studies and WHO recommendations.

Contact:

H.A.M. (Active Motherhood Movement)  
Dlouhá 27  
Prague 1  
110 00  
603 561 609

**[www.iham.cz](http://www.iham.cz)**

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**Useful contacts:**

[www.iham.cz](http://www.iham.cz)

Active Motherhood Movement

[www.respektkporodu.cz](http://www.respektkporodu.cz) (Respected Childbirth)

[www.normalniporod.cz](http://www.normalniporod.cz) (Normal Birth)

[www.porodniplan.cz](http://www.porodniplan.cz) (Birth Plan)

[www.ferovanemocnice.cz](http://www.ferovanemocnice.cz) (Fair Hospital)

[www.llp.cz](http://www.llp.cz) (Human Rights League)

[www.aperio.cz](http://www.aperio.cz)

Aperio – Healthy Parenting Association

[www.unipa.cz](http://www.unipa.cz)

Midwives Union (Unie porodních asistentek)

[www.duly.cz](http://www.duly.cz)





Czech Doulas Association (Česká asociace du)l)

[www.mojedula.cz](http://www.mojedula.cz)

Czech doulas

[www.pdcap.cz](http://www.pdcap.cz)

Active birth centre – Birth House at Stork (Porodní dům u Čápa)

[www.materstvi.cz](http://www.materstvi.cz)

A centrum – Conscious and active preparation for motherhood and parenting

[www.rodina.cz](http://www.rodina.cz)

[www.azrodina.cz](http://www.azrodina.cz)

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### **CESTY KE SPOKOJENÉMU PORODU**

Information on the choice of care during childbirth

Texts by: Petra Sovová, Martina Suchánková

Expert supervision of "Problematic procedures commonly used in Czech maternity hospitals as seen by research": Ivana Königsmarková, RPA (registered midwife)

Photographs: Gabriela Kontra

Cover photography: Markéta Šafránková Bejkovská

### **Used and recommended literature**

WHO (collective of authors): Care in Normal Birth: a practical guide

GOER, Henci: The Thinking Woman's Guide to a Better Birth

STADELMAN, Ingeborg: Healthy pregnancy, natural childbirth

BALASKAS, Janet: Active Birth

SIMKIN, Penny: The Birth Partner

ODENT, Michel: Birth Reborn

ODENT, Michel: Mother Earth

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