



## **EXPERIENCES OF BIRTH IN PORTUGAL (2012-2015)**

Survey of Women's experience of birth

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### INTRODUCTION

The Portuguese Association for Women's Rights in Pregnancy and Childbirth (APDMGP) is a non-profit association, established in December 2014. Its line of action and philosophy are based on the perspective of those who live pregnancy and childbirth at first hand: the women and their families.

In Portugal we have some of the lowest maternal and infant mortality rates in the world. However, we still had around 7 or 8 cases of maternal death per year in the last years, and as such, these should be taken into consideration as an avoidable phenomenon (Finch, 2014).

In 2010, we were also among the European countries with the highest caesarean section rates, episiotomies and inductions, among other interventions (European Perinatal Health Report, 2013; Nurses Association, 2012). Only 48.8% of births were vaginal and not instrumented, and if we exclude those births that were induced - and for which there is no concrete data- that is very few physiological births. The consequences of these interventions are difficult to assess in the short, medium and long term. The data available on maternal morbidity relate mainly with admissions resulting from caesarean sections and have a range that encompasses the extent of this phenomenon (Goldfinch, 2014).

In addition, the "perinatal safety concept must be extended beyond the prevention of morbidity or mortality encompassing respect for fundamental human rights for women, including respect for their autonomy, dignity, feelings, choices and preferences, including the choice of a companion "(White Ribbon Alliance, 2011).

Thus, considering the approach to health through human rights, the World Health Organization states that there is evidence that the participation of women in the design, implementation, evaluation and/or management of their systems services of their health at a community level, is associated with better health and health outcomes (World Health Organization, 2013).

As a result, in the attempt to foster the improvement of maternal healthcare in Portugal, we saw it as a priority to first and foremost hear what women had to say about their birth experiences – that was our main goal. We wanted to know what difficulties they experienced, if they felt supported and respected, or if their expectations were met regarding the health



care that they received during the perinatal period. Based on this data, we will draw our plan action, framed in the panorama of care in pregnancy and childbirth in Portugal.

## SURVEY OF CHILDBIRTH EXPERIENCES IN PORTUGAL

### METHODOLOGY

In February 2015, APDMGP launched an online survey asking women about their birth experiences, and it was made available through social media. For two months, any woman whose birth had occurred in Portugal between 01/01/2012 and 31/03/2015 could participate. Responses were collected anonymously.

The program to which the questionnaire was associated only accepted one response per electronic device, decreasing the likelihood of data duplication. The qualitative component of the survey and the number of open responses relativized the importance of duplication of responses and made it more difficult to do so intentionally. However, we must take into account this possibility.

The questionnaire consisted of 23 questions with multiple choice answers. At the end of each response, women could spontaneously add additional information about their birth experience, through a text box with unlimited space characters. Some of these records are used as examples throughout this document. In some cases, the higher number of negative experiences of testimonies that are transcribed in this report were a way to give voice to those who have not been heard, hoping to serve as a call for change.

The survey conducted by APDMGP was adapted from the survey Dignity in Childbirth (2013) conducted by Birthrights and commissioned by a site about maternity/parenting designated as Mumsnet, two non-governmental organizations in the UK that support women during the perinatal period. This version of the questionnaire was adapted by APDMGP, which included other issues that seemed more relevant in the Portuguese context.

### CHARACTERIZATION OF THE SAMPLE

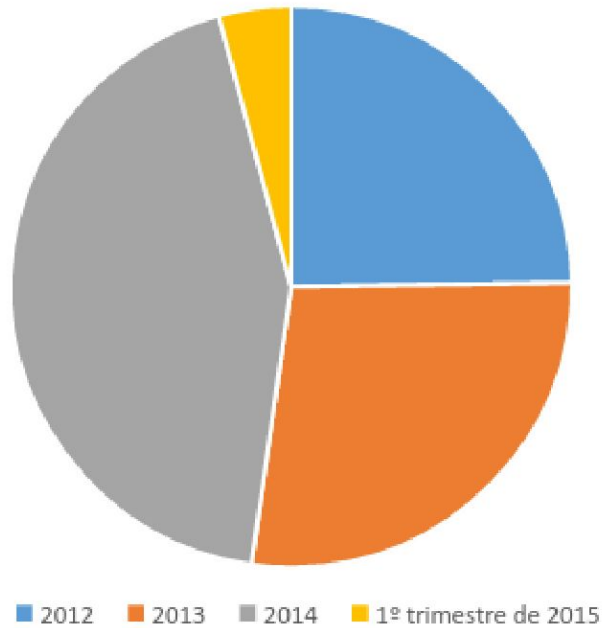
The sample size was 3833. Of these, the responses that were not fully answered were eliminated, which left us with 3378 completed questionnaires. These reported data of women who had a birth in Portugal between 01/01/2012 and 31/03/2015.

#### 1. Year when I had my baby:

The birth experiences recorded are divided by year: 24.8% (n = 837) took place in 2012, in 2013 the percentage was 27.5% (n = 928), in 2014 the rate was 43.6% (n = 1473) and on the first quarter of 2015, the percentage was 4.1% (n = 140). It is possible that women who had had their babies more recently were more willing to share their experiences, and they were also more active in social networks groups related to pregnancy, childbirth and motherhood, where this survey was also released.



Ano em que tive o meu bebé



Year of the Birth

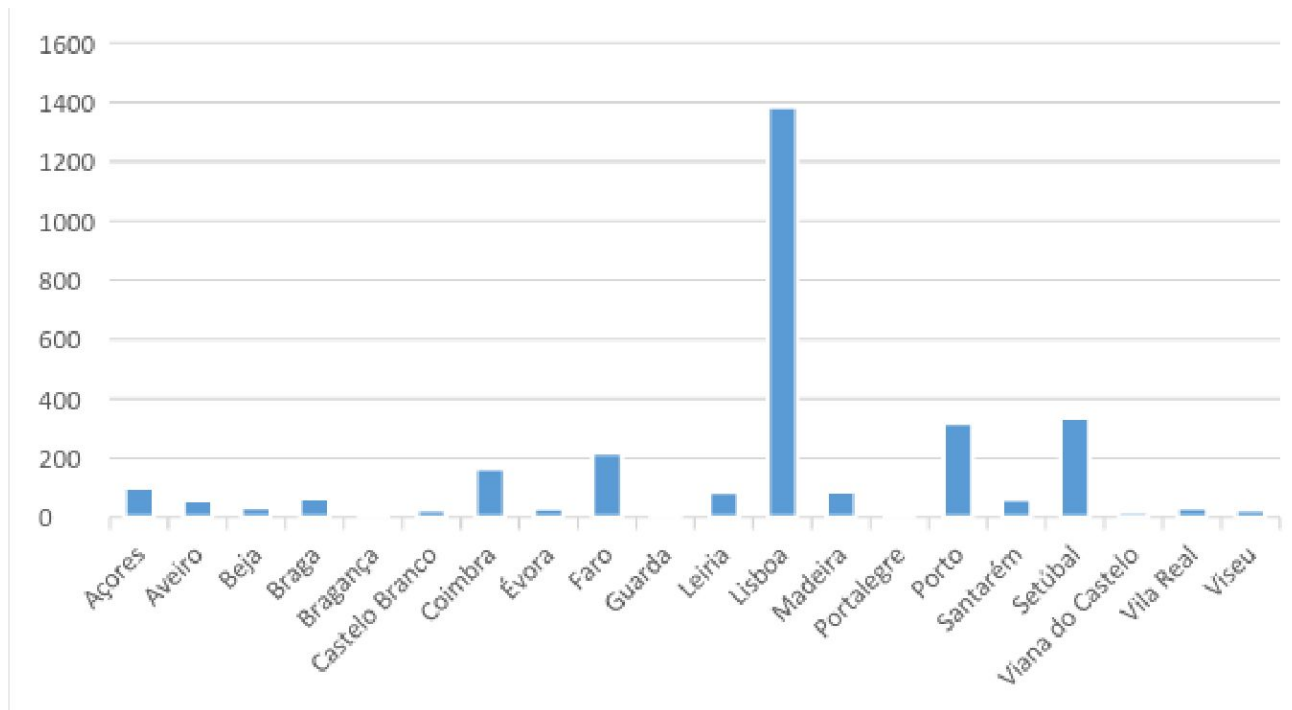
Year	Percentage %	Frequency
2014	43,6	1473
2013	27,5	928
2012	24,8	837
2015	4,1	140
<b>Total</b>	<b>100</b>	<b>3378</b>

## 2. Where I live:

We have received responses from all districts of the country and the autonomous regions of the Azores and Madeira. The vast majority of participants reported living in Lisbon, which was 41% of respondents, followed by the most significant percentages: Oporto 14.1%, Setúbal 9.9%, Faro 11.1%, Coimbra 4.9% , Azores 3%, Madeira 2,6%, with all other regions in a lower number.



### Where I live

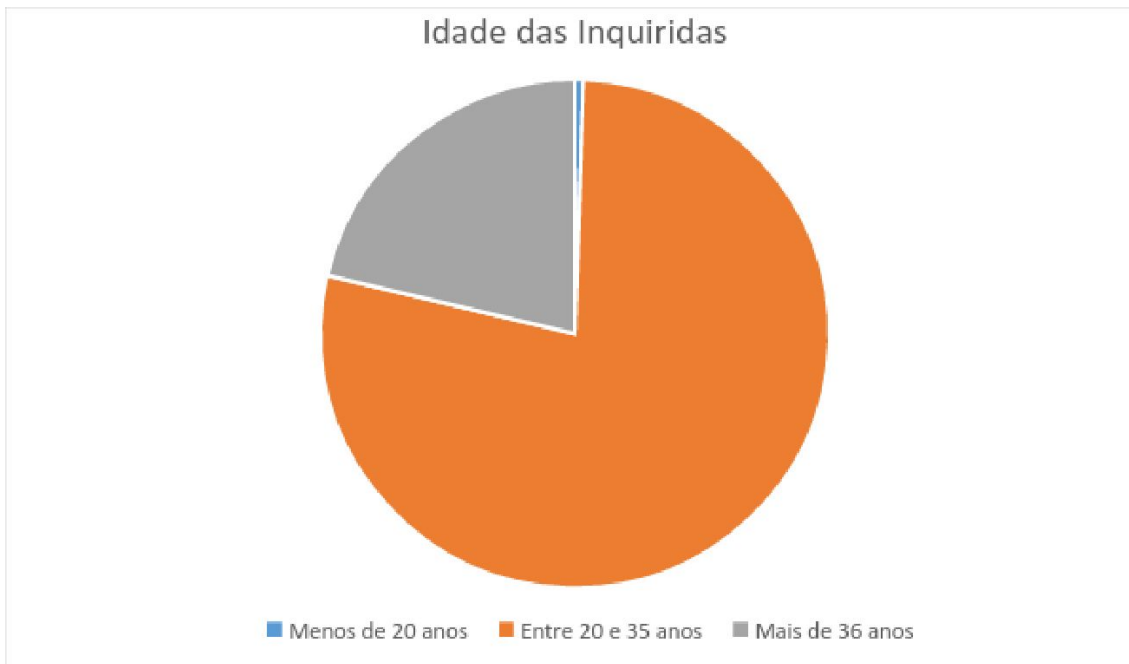


County	Percentage %	Frequency
Lisbon	41	1386
Oporto	14,1	476
Faro	11,1	373
Setúbal	9,9	335
Coimbra	4,9	165
Açores	3	102
Madeira	2,6	86
Leiria	2,5	85
Braga	1,9	64
Santarém	1,8	62
Aveiro	1,7	57
Beja	1	33
Vila Real	0,9	32
Évora	0,9	30
Viseu	0,7	25
Castelo Branco	0,7	24
Viana do Castelo	0,5	18
Portalegre	0,3	10
Guarda	0,3	9
Bragança	0,2	6
<b>Total</b>	<b>100</b>	<b>3378</b>



### 3. Age

Most participants of this survey had between 20 and 35 years of age (78.2% of women), followed by 21.3% of women over 36. These percentages are similar to our National reality according to the European Perinatal Health Report (Europeristat, 2010).



### 4. Was my pregnancy considered high risk? If so, it was considered high risk because:

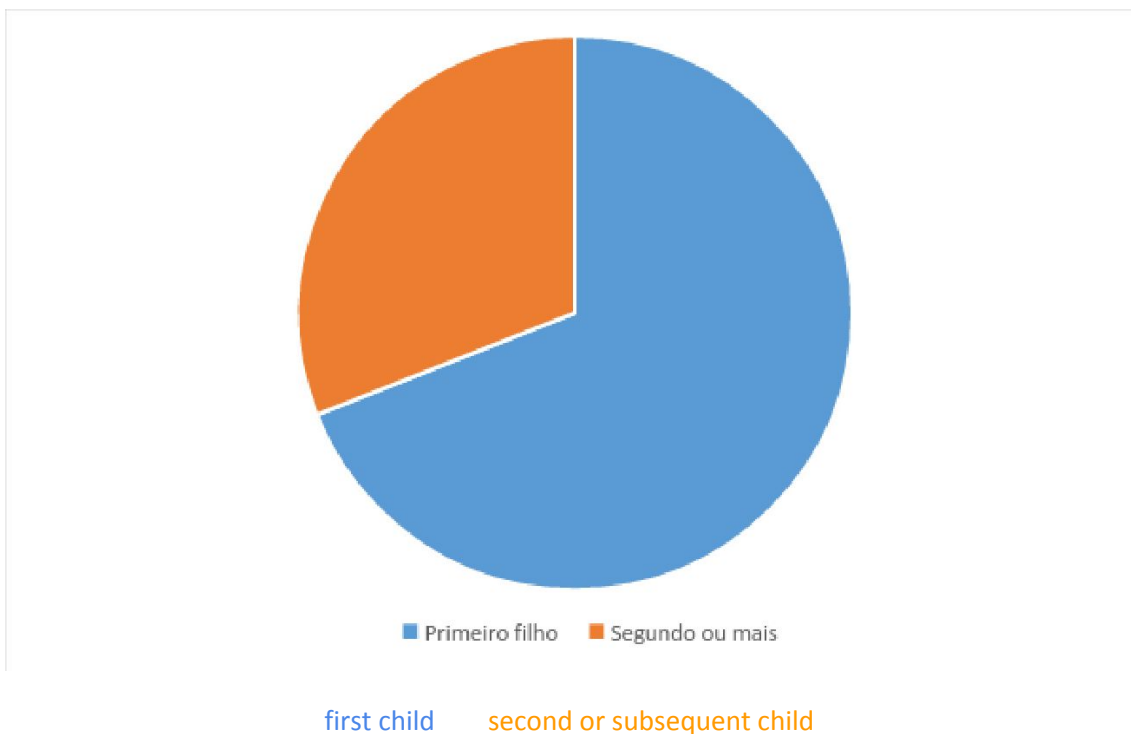
Regarding the question "Was your pregnancy considered high risk?", 74.3% (n = 2511) of women said no and 25.7% (n = 867) stated that their pregnancy was classed as high risk. After analysing these responses we found that the most frequently mentioned reasons, according to the mothers, were: maternal age (100 women, with responses ranging from pregnant at 36 to 44 years of age), gestational diabetes (87 women), twin pregnancies (51 women), threat of preterm labour (36 women), preeclampsia (24 women), restriction of intrauterine fetal growth (21 women), hypertension (23 women), placenta previa (19 women), early miscarriage signs (15 women), thrombophilia (16 women), hypothyroidism (14 women). In lower percentages, there were also references to the fact that women suffered from asthma, stress and were on antidepressants.

The risk associated with pregnancy is related to the change of reproductive behaviour of the Portuguese population studied since the early twentieth century until today, highlighting a tendency of couples/Portuguese families to have fewer children, and later in life. ("The Double Postponement", 2015).



5. The birth that I share in this survey is that of my:

Most of the participants shared the birth experience of their first child, which corresponds to a percentage of 69% (n = 2331), while the remaining (31%, n = 1047) referred to the birth of their second or subsequent children.

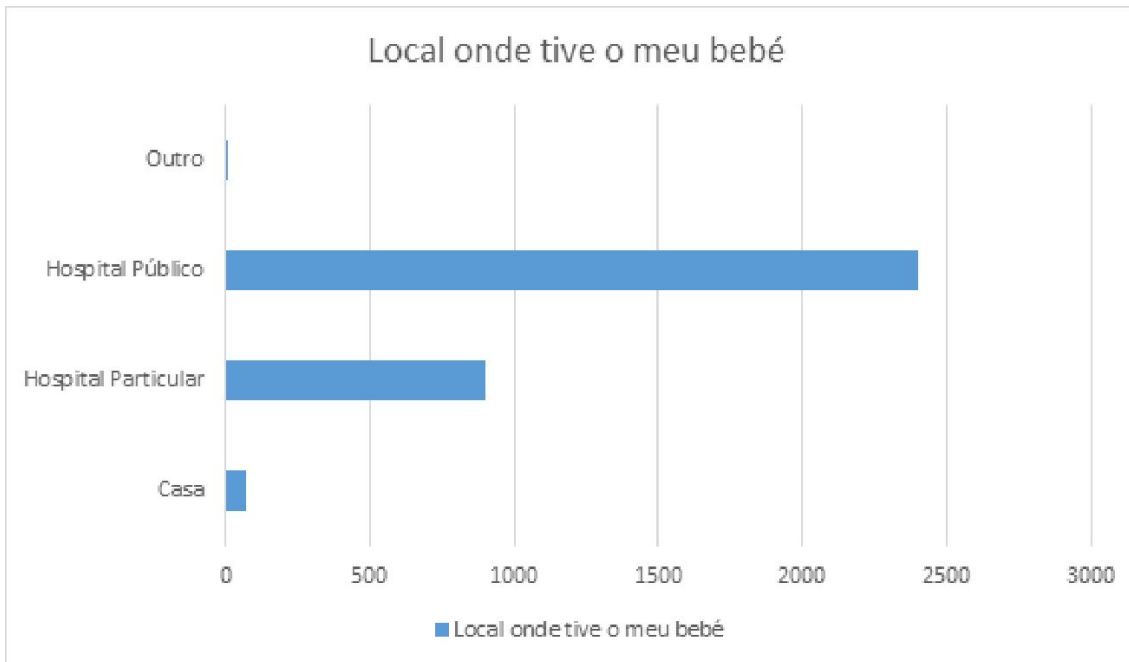


6. Where I had my baby:

As the image below shows us, the vast majority of surveyed women gave birth in a hospital setting, a percentage of 97.8% (n = 3302). The public sector was the most frequented place, with a percentage which corresponds to 71.1% of births (n = 2403). 26.6% of women (n = 899) had their baby in private obstetric units. A small number of women (n = 74) birthed at home (2.2%). Despite the diminutive percentage, this number is higher than the percentage of home births (planned and unplanned) registered in Portugal, which in recent years has remained below 1% of total births, although there is an apparent slight tendency to increase (Goldfinch, 2014).



### Where I had my baby



Setting	Percentage	Frequency
Public hospital	71,1	2403
Private hospital	26,6	899
Home	2,2	74
Other	0,1	2
<b>Total</b>	<b>100</b>	<b>3378</b>

#### 7. Type of birth I had:

Regarding the type of birth, 33.2% (n = 1121) of women had a caesarean delivery, a percentage close to the national average according to the European Perinatal Health Report (2010) and the National Commission for the Reduction of Caesarean Rates (CNRTC). Thus, 66.8% (n = 2257) of infants were born vaginally.

However, to determine more concisely how these births were unfolding, we asked women if the birth had any kind of intervention. Thus, we obtained a percentage of 71.3% (n = 1609) of births that, according to women, happened vaginally but with intervention. Only the remaining (only 19.2%, n = 648, of total births) were considered by women as vaginal births without intervention.



Type of Delivery	Percentage %	Frequency
Physiological vaginal birth	19,2	648
Vaginal birth with some intervention	47,6	1609
Caesarean	33,2	1121
<b>Total</b>	<b>100</b>	<b>3378</b>

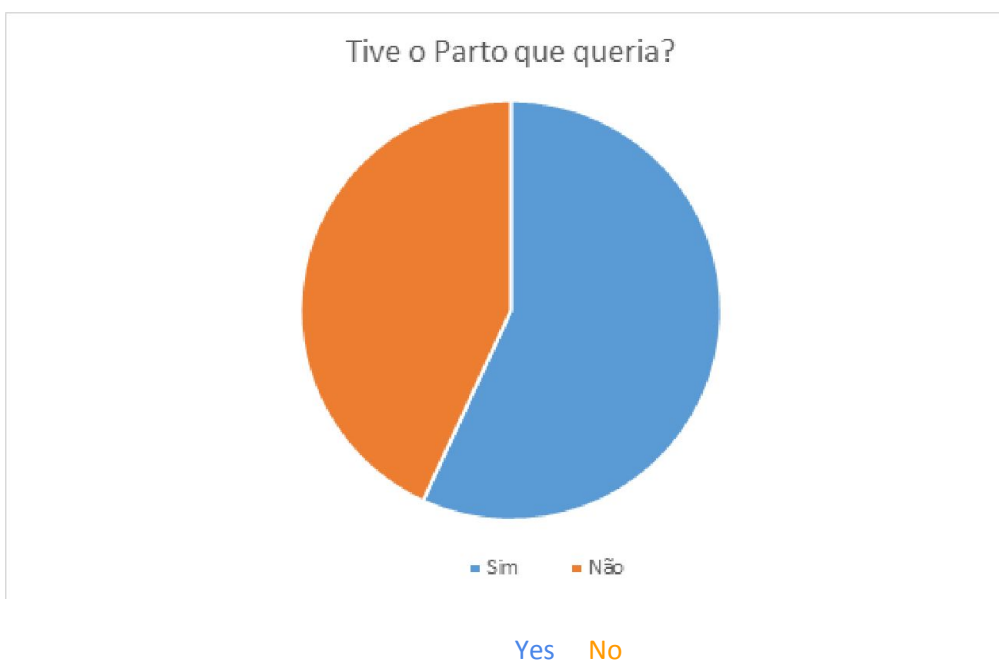
## RESULTS

The following results follow:

8. Do you agree with this statement: “I had the birth I wanted” ?

When we asked women if they had had the birth they wanted, 56.5% (n = 1910) stated yes, they had the birth they wanted. However, a significant number of women - 1468 (43.5% of the sample) – stated they had not. Public reports on maternal health claim that our National Health Service is an international example of positive developments, highlighting as a quality criterion the consistent reduction of infant and maternal mortality. Nevertheless, from 1468 women, nearly half of the respondents consider that they did not have birth they wanted. This fact leads us to question how quality is assessed. Perhaps because of data like this, health systems, such as the National Health Service (NHS) in the UK, for example, are changing their health policies to aim for a more woman-centred care, including the systematic review by customers as one of the indicators for evaluating quality and good practices (NHS, 2013).

Did I have the Birth I wanted?







When adding to their response with a written comment in the text box, the respondents who did not have the birth they wanted related this perception with the loss of control over the labour process, something that can be found in written bibliography on this subject (Gibbins, J., Thompson, AM, 2001; Waldenstöm, U., 2004). Some examples are statements such as the following:

É\*Vh|jX1 n{ k nfZ'Ny\*„ Mi{ZXSUZVMlyZ k t k Zk UvNI Zy'aNk'x| u{| xZX^\*XB1 n{ ZYMMUZ {aZ'X'x'w' MIX{aZ Zubyom(nk t Zk'aZSZfZI {an|` a\*aNk'YIMZX\*XB1 n{„ Mi{ {aM'tb` k t'Uo(a'ujMI^E`  
 É3nSUZVMlyZ \*aNk'ZfZx{ab` \*XB1 n{„ Mi{Zubyom(nk tSM'k'UvNI'x| u{| xZ'n\_k Zk UvNI Zys jtb` Xn, I`E`  
 É3nSUZVMlyZ {aZ'yZyf'VZ', Myjn| y'tSI ZfZx'xZyuZV{tb` k t {tk Z MIX{aZ UNW't'y MIX{aZ'Z', MyM jn{n\_k byb`\_nk M'loni UZ{, ZZI y{M' MIX'Nk' b by{x'M'loni Z'xny'ni {aZ'k ZX'b'M'loni`E`  
 É\*XB1 n{„ Mi{ {aZ'k {n Xn {aZ Zubyom(nk tSU| { {aZ'XB1 n{ ZfZI` b'fZ'k Z'Mant'VZ`E`  
 .

These testimonies reveal situations and practices of coercion, disrespect for the right to refuse and informed consent, abuse and obstetric violence that persist in the Portuguese maternal health services.

On the other hand, these accounts also seemed to show that the women who claimed to have had the birth they wanted were not just those whose experience went on according to their expectations. It was also the women who felt respected, who were involved in the decision making whenever there was a need for intervention, even though there was a deviation from what they had idealized:

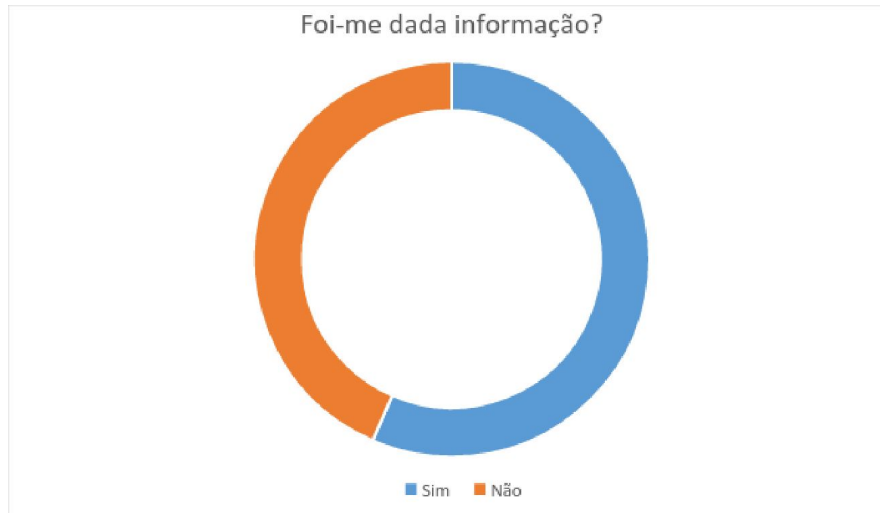
ÉAaZ'Uo(a', MyI n{ab` j'b Z', aM' \*aNk' b` k t'Uo(a'ujMISU| {\*, My'ujZM'ZX', k'a {aZ' Z. uZ'x'ZI VZSUZVMlyZ \*„ My'Nj, My'xZyuZV{ZX MIX' b` Nj {aZ'VaMI` Zy{n {aZ'ujMI {aM', Zx'k Nk'ZS \*„ My'Nj, My'Vh| y|j{ZX', k'a xZyuZV{ MIX'VWZ`E`  
 É` j{an|` a` k', My'b y{x| k ZI {ZXS'k', My'Nj, My', k'a b`\_nk ZX'Vh| yZI {SMIX' h' y{b'Z'X`E`  
 .

9. Was I given information on birth options so that I could decide calmly (Induction, C-section, home birth, etc.)?

The quality information is fundamental so that one can reflect on the various options, make decisions and consent - or not – to a given intervention. Health professionals are in a privileged position to convey up-to-date, unbiased information to women and their families, and to create an opportunity for debate and sharing with openness and trust. Nevertheless, as shown in the chart below, 43.3% (n = 1470) of the women answered that they were not given information about some of their possible options in labour and birth, such as induction, caesarean, home birth or others, to be able make a conscious, calm decision. On the other hand, 56.7% (n = 1908) of the women said that they were given information about different birth options.



Was I given Information?



There are examples of women who reported having had information while attending childbirth preparation courses at their local health centres.

É\*, My bZI b\_nx Mlml ni Ub(a uxZuMlml Vh| xyZ M{aZ) ZN{a t ZI {xZS,, abá \* y| uujZk ZI {ZX'Ut' xZNXb` n\_ynk Z'Ub|bn` xMlat xZVhk k ZI XZX'Ut' xZl Xy,, an'aNX'UZZI {axn|` a' {aZ'Z. uZxZl VZ UZ\_nxZ'É

ÉAaZ'Ub(a uxZuMlml Vh| xyZ,, MyZ. VZjZl {j) ZN{a t ZI {xZAMIXI n{ jnl` Mn'É

É\*(nni MUb(a uxZuMlml Vh| xyZ M{aZ) ZN{a t ZI {xZSZfZI {an|` a\*, MyMYZNXt' XZ{Zxk b ZX' ni {aZ' {tuZ'n\_Ub(a \*, M{ZX'É

Others say that they had to be proactive and look for information on their own:

É\*yZNVaZX' nx b\_nx Mlml k tyZj\_É

É` j| {aZ' b\_nx Mlml ,, Myyn|` a{ Ut k Z'É

É\*jnni ZX' nx{aby' b\_nx Mlml k tyZj\_ a\* XbXl n{` Z{ t{ {axn|` a {aZ) ZN{a t ZI {xZ'nx'anyuk{MYÉ

É` { {aZ' anyuk{MY{aZt' yNX'ynk Z{ab` yU| {l n{ ZI n|` a^AaZ' b\_nx Mlml by VhjjZVZX'n| {yXZ' {aZ' anyuk{MYÉ

In regards to the homebirth option, there are examples of women who received biased information, or none at all, nor the possibility to talk about this option. There are also examples of women who have been criticized, and not respected about this choice:

É|/ {b Mu| UjV' anyuk{MY{aZxZ' byl n' nu{ml S{ XZuZl Xynl` an,, {aZ' uxZ' l MIVt` nZYSMIX' xZ' NXb` ank Z' Ub(aS,, MZxUb(aSZ{VSj{t{ jZ nxl n{ab` by'NX'É



É a ZxZ, Myl n b \_nk Mlml nxnuZI l Zyy n l {aZ uMk n {aZ nUy {xMl MIX {aZ anyukl Ml\*}, My Ml Myly {ZX ank Z Ux {a Suj Ml l ZX \_nk {aZ UZ b l b ` a\*Ml, My {njXk t XnV nxMh} {k t VanbZS MIX My MZy} j {\*, My {aZ y} UZV n\_a Mya Vx b k Sl n {nl jt Ut {aZ XnV nxSU} {Njn Ut {aZ l | xtb ` y {M^aAZ XnV nxk MZ k M unb { {n, xZ b k t MZ l n {Zy {aM} \*uj Ml l ZX {n ` bZ Ux {a M ank Z Syn Z fZ t k n l {a {aZ l | xyZy Vx b k Z {n {aZ n {aZ k n {aZy, an, Zx uxZyZl {SM} b\* „ Myl n { {aZx^@

È nk Z Ux {a XnZy l n {Z. b { b <nx | ` Np^1 2 MZ b M jZ M {S b y l n {Njn, ZX UZ V M yZ \*, Ml {ZX M, MZx Ux {a M ank Z^E

È\*, Ml {ZX {n a MZ M ank Z Ux {a^\*nl jt xZ V b Z X {a b y M y, Zx \_nk Mj XnV nx y Xnl È Xn k^E

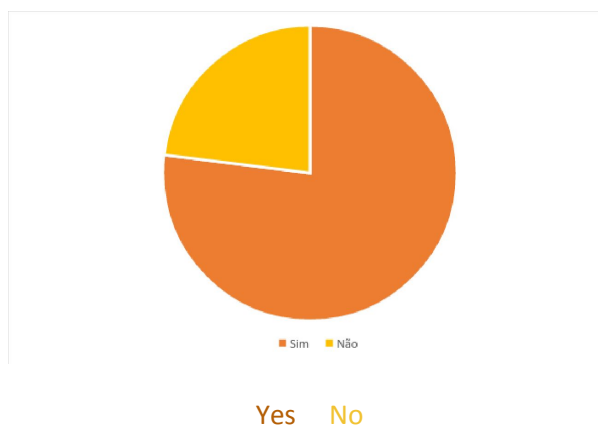
È\* {a b i {aZ Z MZ y {tj k Ml t XnV nx y, an UZ j Z fZ {aM {aZ nl jt y MZ uj MZ {n a MZ M unb t y {aZ u l Uj b anyukl Ml^H Z Xnl È Z fZ {Ml Mh} {ank Z Ux {a S b y M Mh n y} UZ V b <nx | ` Np^E

Although it is not regulated or integrated into the National Health Service in Portugal, the option and professional practice associated with home birth is not illegal. In Europe, in several countries such as Italy, the Netherlands, the United Kingdom, Denmark, among others, home birth is part of the official health system in some regions or across the country, and thus not paid as a private service. Of the several recent studies that address the safety of home birth, Birthplace in England (2011) stands out, whose results have also led to the publication of new guidelines in the United Kingdom, stating that all professionals should advise all low-risk pregnant women to have an out-of-hospital birth, whether at home or in midwifery-led birth centres (NICE, 2014).

10. Am I happy with the choice of position in which I gave birth? (lying down, squatting, standing, sitting, sideways, etc.)?

Regarding the position that each woman adopted during the second stage of labour, the results show us that 77% (n = 1734) of the women were satisfied with the chosen position. However, 23% (n = 523) still show dissatisfaction with the adopted position.

Am I happy with the choice of position in which I gave birth?





11. Position that women who birthed vaginally adopted during the second stage of labour:

Regarding the position adopted by women on the second stage of labour, the 1102 responses expressed in a text box can be grouped into 6 groups: lying down, lying down on their side, on all fours/seated/semi-lying down, squatting and standing up.

The following percentages were found:

80.2% of the women (n = 884) reported having their children lying down, of which 0.5% specified that they were in a gynaecological position (n = 5);

1.4% of the women (n = 16) were lying on their side;

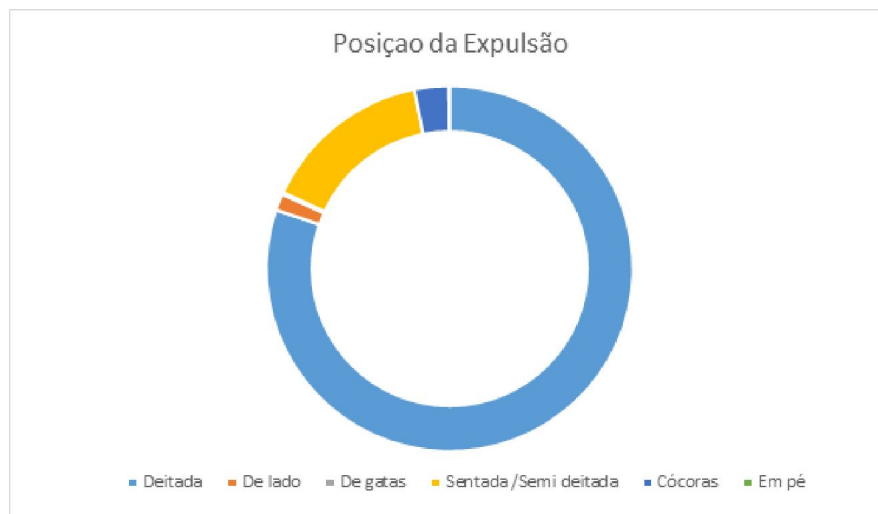
15.1% (n = 166) reported having been in a seated or semi-seated position;

0.2% (n = 2) adopted an “on all fours” position;

2.9% (n = 33) were squatting;

0.1% (n = 1) standing.

Position during the second stage of labour



Lying down lying sideways On all fours Seated Squatting Standing

Some of the following examples reveal the dissatisfaction with the lying down position which implies disrespect for the woman's preferences.



Éttb`b`MEI nXk NjE`UZXSUT VanbVZSUZVMlyz \*, NjNjKZNXt`fZxt`{bZX`MIX`XB`I n{, MI`{`n`y`MIX` nx`y`M`P`L`|`{\*`a`M`K`{`n`\_`b`a`{`\_`nx`{`ab`y`Nj`\*`x`\_`|`y`Z`X`{`n`j`Z`X`n,, I`n`l`{`a`Z`n`U`y`Z`y`M`l`n`l`{`M`U`J`Z`a`" `f`Z`I`M`{`Z`x` u`y`f`V`a`n`j`n` `b`M`y`l`u`x`Z`y`|`x`Z,, Nj`u`|`{`n`l`k`Z`U`f`{`a`Z`X`n`V`n`x,, a`n,, Nj`{`x`t`b` `{`n`y`M`V`Z`k`Z`x`Z`M`X`b` `{`a`Z` U`N`U`f`@`" `a`E`@,, a`M`l`b`\_`t`n`|`x`U`N`U`f`\_`N`j`y`n`l`{`a`Z`\_`j`n`n`x`@`A`n,, a`b`b`a`\*`x`Z`u`j`b`Z`X`E`z`n`l`'`{`{`Z`j`k`Z`{`a`M`l,, k`a` y`n`k`M`l`+`u`Z`n`u`j`Z`a`Z`Z`{`a`Z`Z`b`y`l`n`n`l`Z`M`U`J`Z`{`n`V`M`V`a`a`t`k`#`E`

E\*, Nj`l`n`{`N`j`n,, Z`X`{`n`a`M`V`Z`k`f`a`|`y`U`M`I`X,, k`a`k`Z`X`|`x`b` `{`a`Z,, a`n`j`Z`j`M`U`h`|`x`M`I`X`U`b`{`a`" `j`y`n`S\*, Nj`k`M`K`Z`{`n`j`Z`X`n,, I`{`a`Z,, a`n`j`Z`{`t`k`Z`E`

E\*, M`l`{`Z`X`{`n`y`{`M`I`X`n`x`{`n`y`{`X`n,, I`U`|`{,, Mj`k`M`K`Z`{`n`j`Z`X`n,, I`E`

Éttb` `X`n,, I`S,, k`a`i`l`Z`Z`y`x`M`y`Z`X`S`x`Z`y`{`b` `n`l`{`a`Z`y`{`b`x`|`u`y`a`\*`{,, Nj`l`n`{`{`a`Z`u`n`y`{`b`l`n`l`\*`a`M`K`V`a`n`y`Z`I`M`I`X` u`x`M`K`b`V`Z`X`b`{`a`Z`V`a`b`X`U`b`{`a`u`z`U`M`M`l`n`l`V`M`y`Z`y`Z`Z`{`y`|`u`u`n`x`{`Z`X`S`y`b`V`Z`b`M`U`|`U`j`b`V`a`n`y`u`b`{`N`j`\*,, n`|`j`X` I`n`{`U`Z`M`U`J`Z`{`n`y`y`M`P`B`I`\_`n`x`|`I`M`Z`j`+`{`a`Z`X`n`V`n`x`X`B`I`n`{, M`l`{`k`Z`{`n`u`|`{`k`f`Z`Z`{`b`{`a`Z`u`n`y`{`b`l`n`l`\*` a`M`K`{`x`M`b`Z`X`S`y`M`l`b` `M`I`X`\*`w`n`{`Z`E`{`y`l`n`{`y`n`u`x`M`K`b`M`U`l`n`x`k`Z`E`" `|`{`a`Z`{`t`k`Z`\*`X`B`I`n`{`a`M`V`Z`{`a`Z` y`{`x`Z`l` `a`{`n`V`h`l`{`x`M`K`b`{`a`Z`x`a`a`E`

E\*a`M`K`{`n`j`Z`X`n,, I`S,, k`a`k`f`j`Z`y`|`u`S`n`l`{`a`Z`U`b`{`a`b` `U`Z`X`a`\*,, M`l`{`Z`X`{`n`y`{`X`n,, I`S`U`|`{`{`a`Z`k`Z`X`b`M`U`j` {`Z`M`K`X`B`I`n`{`M`x`Z`Z`a`E`

Éttb` `X`n,, I`a`A`a`Z`+`M`Z`k`Z`I`n`V`a`n`b`V`Z`a`\*`\_`n`|`I`X`{`f`Z`x`f`|`I`V`h`k`\_`n`x`{`M`U`J`Z`M`I`X`y`j`n,, Z`x`\_`n`x`{`a`Z`y`Z`V`h`l`X` y`{`M`Z`a`A`a`Z`+`a`M`K`y`{`x`M`y`{`l`Z`X`{`n`{`a`Z`U`Z`X`S`y`n`{`a`M`l`\*`V`h`|`j`X`V`j`b` `n`{`a`Z`k` , a`Z`I`\*`u`|`y`a`Z`X`S`M`I`X`y`n`k`Z` j`Z`x`Z`{`x`M`K`n`x`y`a`\*`\_`V`h`|`j`X`a`M`V`Z`V`a`n`y`Z`I`S`k`M`I`U`Z`\*, n`|`j`X`a`M`V`Z`y`y`M`l`{`Z`X`{`n`j`Z`{` `x`M`l`{`t`a`Z`j`u`S`n`x`U`Z`Z`I` n`l`k`f`a`M`I`X`y`M`I`X`i`l`Z`Z`y`a`E`|`{`{`a`Z`t,, n`|`j`X`I`n`{`j`Z`{`k`Z`k`n`f`Z`a`A`a`Z`+`X`B`I`n`{`Z`f`Z`I`u`M`M`l`+`M`l`{`Z`I`{`b`l` `n`k`Z`E`

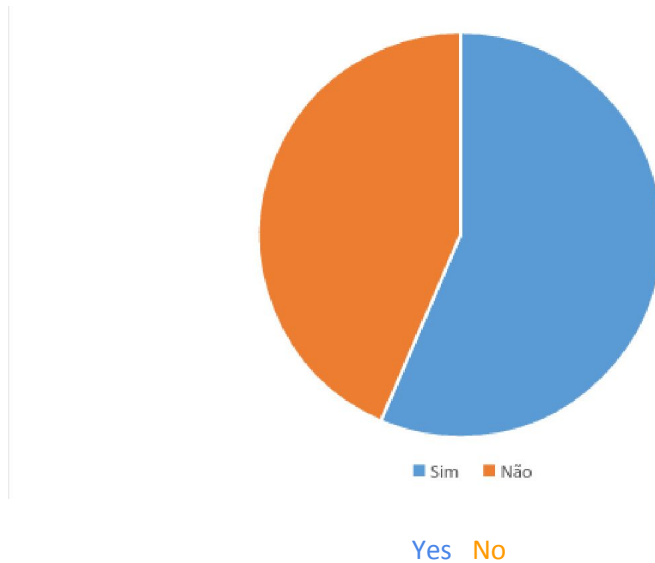
**12. Was I asked if I agreed with each intervention or exam before it happened?**

56.2% (n = 1900) of the women state that they were asked if they agreed with the interventions that had arisen during their birth. However, 43.8% (n = 1478) of the women consider that they were not consulted about the interventions to which they were subjected, again revealing a violation of the right to informed consent and refusal.

We know that all interventions and exams should be preceded by an explanation of why this treatment proposal arose, how it will occur, and what will happen next, what are the expected results and/or the associated risks. It is equally important to clarify doubts about all this information and to present possible alternatives, and what will happen if nothing is done. Having said this, the woman/couple should have time for reflection and a response free of judgment or coercion, which should always be respected: free and informed consent. When unidirectional information is given without room for further clarification, informed consent can't be considered to have taken place. We know that in urgent situations, every minute counts, but for this same reason, pregnancy is a privileged phase when it comes to preparation for birth, where all options must be addressed in a clear and accessible way (Law no. 15/2014 of March 21, Chapter II).



Was I asked if I agreed with each intervention or exam before it happened?



There were examples of women who felt their doubts were clarified and/or their preferences respected, regardless of whether or not they had stated their preferences on a birth plan:

*ÉH aZI \*, MyMk k{ZXS\* MZ{aZk k t Uba ujMI MIXXZk nl y{MZXnuZI I Zyy{n'XbYh | Z'AaZ' k b,, bZy,, ZxZ,, nl XZx|j° {aZt xZNX{aZ ujMISXbM| yyZX'ynk Z'Xn| U{y'z, k'an| {ZfZxuxZybb` b' MIt'XbzV{bnl ANIX{axn|` an| {ValbXUbaS{aZt xZyuZVZXk t'ujMI'É*

*É\* MZ Uba MIXMj k t xZwZy{y,, ZxZ xZyuZVZX'É*

*É{,, MyMUba,, k'a Vhl y{MI{Vhk k | I bM{bnl ,, k'a {aZk ZXbMj{ZNX'É*

The following are some examples of women who reported having been simply told by professionals that a certain procedure was to be done, with no room for prior clarification or for the women's final consent:

*É' I | I Vhl yZI {ZXZub{bnk t'byMf{bnjM{bnl a" .uxZybb` k t' b{ZI {bnl I n{ {n'UZMIZy{aZ{bZk,, MyS b' k t' VjZSMj{x|` jZS,, ab'a I n'uxZ' I MI{,, nk MI yan|jX'aMfZ{n` n{axn|` a'''ZyuZVbMj{t,, aZI` b' jM{h| x'É*

*É {` bY{ {aZt,, n|jX{Zjj'k ZSEfj Z.Nk b' Z'tn| {n'yZZ'an,, 'M'Nyhl` tn| MZSni M' (although even this is not obtaining consent) SU| {My{aZ'an| xy,, ZI {Ut {abyb {ZxfZI {bnl UZVNR Z'Xn| {b'Z' MIX{aZt'y{nuuZX'Vji b` \_nxk t' Vhl yZI {É*

*ÉAaZ'nl jt xZMjnl ,, at {aZt'XbXl n{Xn{aZ'Zub{bnk t,, MyUZVMjyZ{aZ'Xn|jVMjM {aM|{aZt,, ZxZ` nb` {n'Xn k' MIXyMk'XbXl n{,, MI{ k'É*

*É\*, MyI n{` b` \_nxk Z'Xn` MI t'n` {aZ' b' {ZxfZI {bnl yMIX{aZt'ZfZI jkZX{n'k Z'Ut {Zjjb` k Z{aM|{aZt' XbXl n{` b'Z'utqnb,, aZI k', MyVZVMj{t` b'ZI {n'k Z'É*

*É' M| U|bV| I bZxyk' t' anyuk'NyS\*, My'nUyZxfZX'Nj'k ny{ZfZxt'an| xS,, k'a,, anjZ'VMjyZyn` y{XZI {y,, M'ab` a\* Zj{ {aM' aMk'jny{Mj Vhl {xnj n'fZxk t' Uhx't MIX'k t' b' {b' MIt'É*



É\*{x|y{k t XnV{nxMIX\*il n,, {aM'aZ'aM'Xnl Z{aZ'UZy{ 'nxk t UNWt MIX'k Za\*Xnl n{aM'Z' Zl n|` a'k ZXbM'li l n,, jZX Z{n'il n,, ,, aM'ly'UZy{ 'Ab ValbXUb{a'Æ`

È) M'bb` k N'KZ {aZ'XZVb|nl {n'aM'Z'MMZYM'ZMI yZV|nl S\*{x|y{ {aZ'XnV{nxMIX\*Xnl n{il n,, ' an,, {n'v'Zy{nl {aZ'uxnVZX| xZyjaZ'|l XZx{MIZy'È`

È\*,, M'y{njX',, aM'i,, M'y{n'UZ'Xnl ZSUI { {aZt'XbXl n{` b'Z'k Z'VantbZS\*,, M'y{njX'q',, M'y'l ZVZyyM't'È`

È<ZxaM'ly\*yan|jX'aM'Z'k N'KZ n{aZ'xnu{nl yS\*l n,, UZj'k'fZ {aM'aZ'N'f'a'uxn\_Zyy|nl M'y'yan|jX'l n{ XZVbZ {n'k MIZ'bb {Zy'fZl {nl y'bb 'M'b a{k M'II ZxMIX'yan|jX'Z. ujn'bb {aZ'Vhl yZV'Zl VZy'n\_,, aM'i {aZt'Xn'a'H Z'Zl X'| u'Vhl yZl {b` ,, k'an| {k | Va'bb\_nxk M'nl È`

È'Z' N'X'bb` {aZ'fM'V| k Z. {xM'V{nx{aZt'XbXl n{ 'M'y' È`

Èaaa\*aM'ZX {aM'i {aZ'uZnujZ',, an'Zl {ZxZX {aZ'XZj'fZxt'xnnk S'XnV{nxMIX'l | xyZyS,, ZxZ'N'j, M'y' uZx\_nxk bb` fM'Vb N'jZ. N'k bb M'nl y,, k'an| {,, M'bb` X|xb` j'N'bh| xÈ`

È'l\_nxk ZX'Vhl yZl {,, M'y'l n{ 'M'y' ZX'\_nx'ujM'Zk Zl {n'\_M'uk'nVb'bb`\_y'nl V'M'aZ{Zx'M'fZx{aZ'UNWt' ,, M'y'U'x' 'l n'bb\_nxk ZX'Vhl yZl {,, M'y'xZV'y'Zy{ZX'\_nx'M'V'fZ'k M'IM'Zk Zl {n'\_aZ{abX'y{M'Z'n\_ j'N'bh|x' l n'Vhl yZl {\_nx'k M'II N'jXZVMI{M'nl ,, k'an| {M'IN'Zy{aZy'bb'fM'V'Zy'bb, M'y'xZV'y'Zy{ZX''3n' Vhl yZl {,, M'y'yn|` a{'\_nx'y| {l xZ'n'\_U' X'XZ' xZZ'jM'ZxM'nl ,, k'an| {M'IN'Zy{aZy'bb'fM'V'Zy'bbÈ`

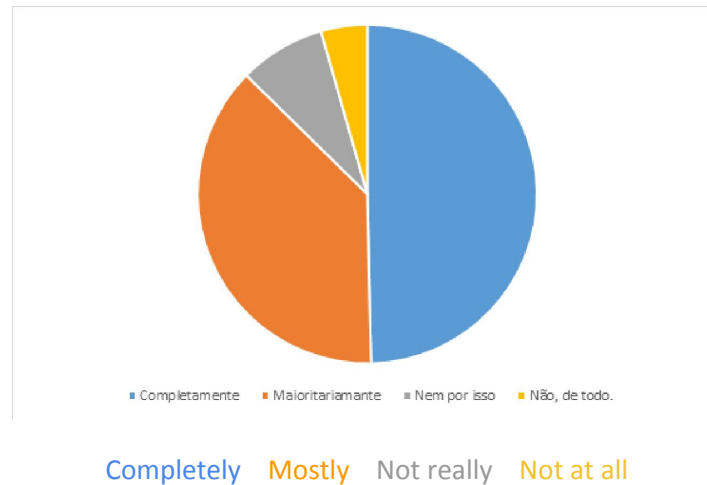
With regard to vaginal exams, a topic that frequently arises in this context, the World Health Organization is clear, stating that under no circumstances should women be required to undergo repeated vaginal exams by many caregivers or students. Its use should be limited and consented to by the woman (WHO, 1996, p.22).

**13. Did I feel respected by health professionals?**

49.7% of the women (n = 1677) reported that they felt completely respected and 37.7% of the women (n = 1274) reported that they felt mostly respected by their health professionals. Only 8.2% (278 women) considered that they were not respected, while 4.4% (149 women) stated that they were not respected at all. This large number of women who consider that they have been respected by health professionals contrasts with the large number of women who say they have not been consulted about the interventions to which they were subjected.



Did I feel respected by health professionals?



#### 14. Interventions I had during my delivery (vaginal).

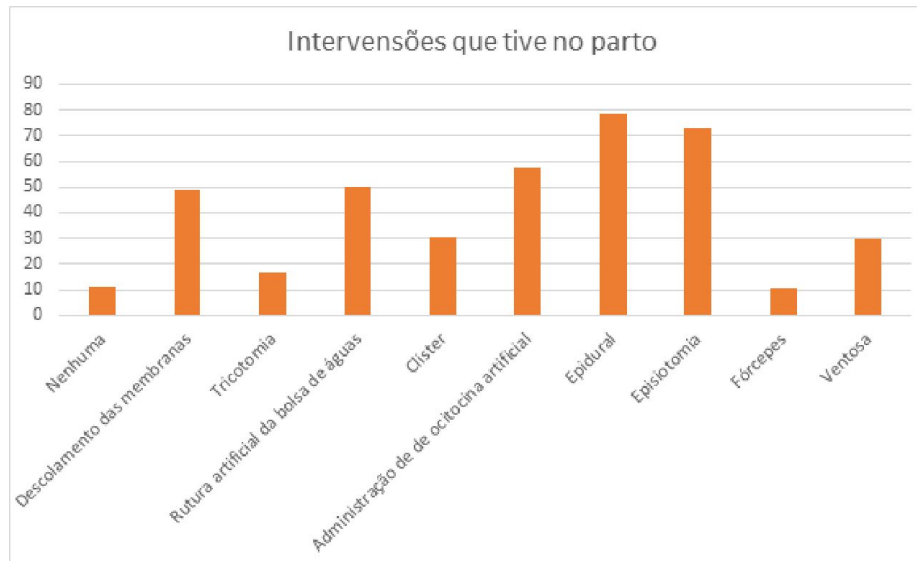
Regarding the interventions to which women underwent during labour, excluding the caesarean section participants' answers, the following data refer only to interventions during vaginal deliveries (100%: n = 2257).

The epidural was the most common procedure, reaching 78.3%, followed by episiotomy with 72.7%. In 57.6% of births artificial oxytocin was administered and 50.2% of the women had an artificial rupture of the membranes. The sweeping of the membranes was reported by 48.9% of the women. 30.6% of the women were given rectal enemas and pubic shaving or trichotomy was performed in 16.7% of the women. 40.1% (n = 906) of the babies born vaginally were born by instrumental delivery: 29.7% by vacuum extractor (n = 671) and 10.4% with forceps (n = 23).





### Interventions I had during my (vaginal) birth



	%	Nr of Women
Epidural	78,3	1767
Episiotomy ("the cut")	72,7	1641
Administration of Pitocin	57,6	1300
Artificial Rupture of Membranes	50,2	1132
Sweeping of the membranes	48,9	1104
Enema	30,6	691
Vacuum extractor	29,7	671
Shaving of pubic hair	16,7	376
No interventions	11	249
Forceps	10,4	235
Other interventions	6,8	229

As far as other interventions were concerned, we have been given examples of "misoprostol administration", "mucus plug removed by hand" or "vaginal exams made during labour by many different people." Through the comments in the text boxes, some women also reported having been subjected to the Kristeller manoeuvre, meaning, pressure applied to the woman's belly (top of the uterus) in order to expel the baby (12 reports appeared in 229 comments). This is a practice that is not advised, according to the most recent scientific evidence, reported as uncomfortable and dangerous (WHO, 2010). Currently, it is a procedure that falls within the scope of obstetric violence (Human Rights in Childbirth, 2015).

É AnXM \*i l n, {aM \*y|\_ZxX'nUy(Z(xVfajZI VZ'UZVM|yZ \*, Mj| n{ b nk ZX'n\_Ml t{ab` M'Nj' MIX'UZVM|yZ {aZt'uzx'nk ZX'MjZxZyn\_| || ZVZyMAt MIX'ZfZI XMI` Zn|yuxnVZX| xZy^AaZ Ubx(a' UZ' MI Wjk jt^a\*, Mj'w|qZ Wjk ^E| {MjZxMI Z. Nk b Mlml Ut {aZ'k Bx, bZSMMh|ujZ'n\_k b | {Zy'



jMzS{, nXnVnxyZi {ZxZ{aZ'xnnk ; anYnXk k t'ynl 'aNX{n'UZ Unx 'aH k'an|{M t'Z. UjMIM|bnl '
 {aZt'y{M{Zx{nXn'ZfZxt{ab` fZxt`M{MIX{n` bZ'k Z'nxXZxy'a5I Z'n\_{aZ'XnVnxy'XbX{aZ'
 Oxy{ZjjZxk MIZ|fZx'jM|'|| ZVZyNAt MlX'XMI` Zn|y'uxnVZX| xZÀ, abZ{aZ'n{aZx'XbX{aZ'
 Zubyn{nk t'ZfZi M{Zx\*yNk\*XbX'n{; Ml{n'jMn{aZx|'|| ZVZyNAt ux'nVZX| xZÀ'2 t'ynl ; Mj'
 Unx ; k'a{aZ'aZju'n\_nxVZuyMlX'fM| |k Z. {xM'nx'a'z; Mj'y| Va' MuNB \_j' Ubx{a' aMl'\*XbX'n{
 ; Ml{n'yZZ'k t'ynl M{ZxaZ; Mj'Unx 'E'

E5fZxVjSZfZxt{ab` ; Mj'Xnl Z; k'a xZjM|bZjt' b\_nxk ZX'Vnl yZi {S; k'a {aZ Z.VZu{bnl 'n\_{aZ'
 Oxy{ZjjZxk MlnZ|fxZ{aMl'\*aMZXsU|{i|n, b` ; aMl'i|n, {nXMSMn{n\_{ab`y, n|jX'aMfZ'
 UZZI Xb\_ZxZi {E'

E\*, Mj'jt'b` Xn, l S{aZt'\_nxVZX'k Z{n'u|j'k t' i l ZzyMNB y{k t'VaZy{MlX{aZt'XbX{aZ'Oxy{ZjjZx'
 k MlnZ|fxZ'E'

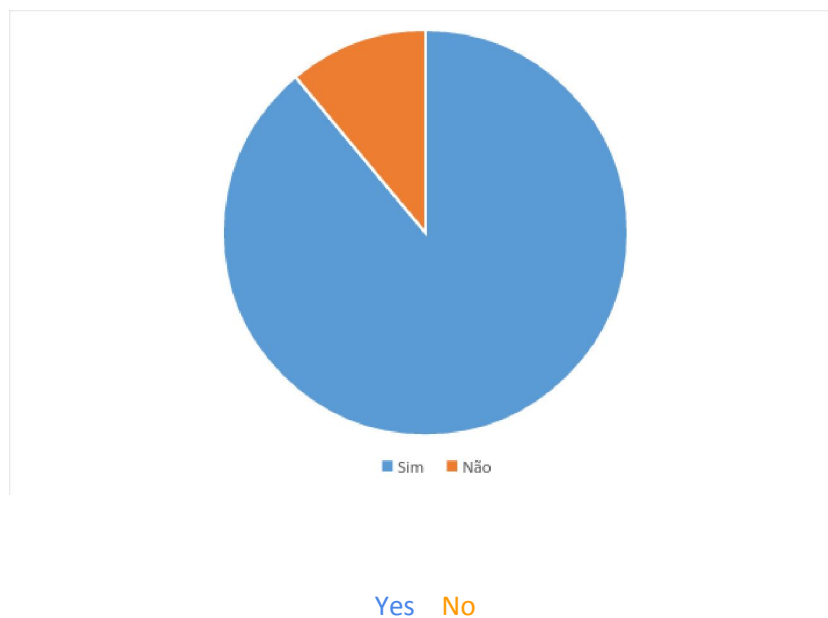
E\*, Mj'jt'b` Xn, l ; k'a Mk bX, bZ'n| k t'UZjt'E'

EAaZt'ul{ {aZbx, anjZ, Zb a{n| k Z{, bZ'MlX{aZ'k bX, bZ'yNk{aZ'UNWt, Mj'yk Nj'U| {k, Mj'
 UZb` Unx ybXZ, Mj'syaZV| {k ZSul{ {aZ', n'aMlXy'b ybXZ'k Z{n'|x| {aZ'UNWt'a'\*l ZZxZx'k nxZ'
 {aMl'ÜÜy{kVaZyMlZx{aMl'®

E` XnVnxy{nnX'n| k t'UZjt{n'u|ya {aZ'UNWt'n| {E'

**15. Did health professionals communicate with me in a friendly and positive manner?**

88.9% (n = 3004) of the women reported that health professionals communicated to them in a friendly and positive way, while 11.1% (n = 374) reported that this did not happen:





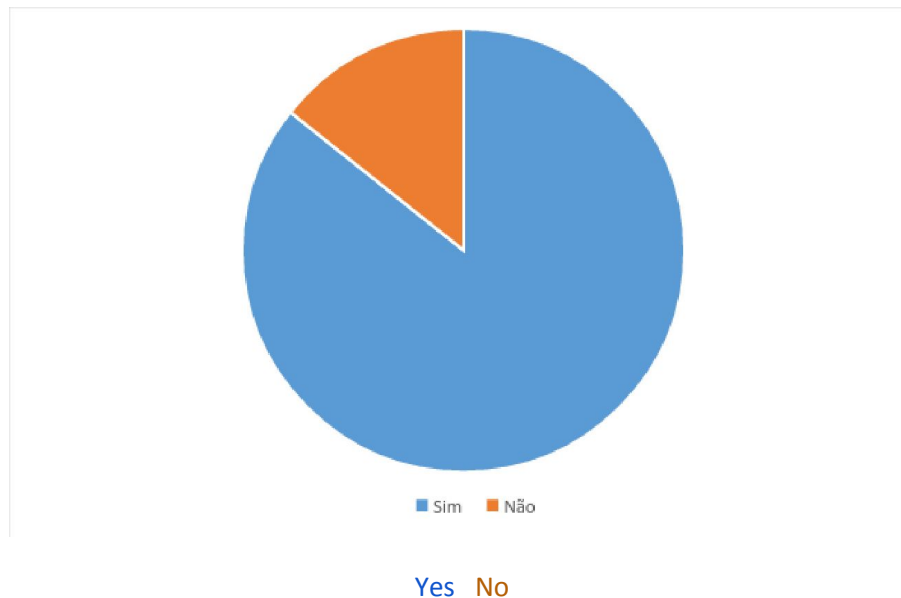
Here are some examples:

"The information was given to me in an attentive and very sensitive way. It was not an easy birth, but the whole staff was tireless and very professional."

"The best possible care of the obstetric unit, from doctors to midwives, cleaning staff and administrative personnel. I was always very well treated, with care and attention."

### 16. Did I feel heard for what I had to say/the questions I asked?

85.7% (n = 2895) of women stated that they felt heard by health, while 14.3% (n = 483) of women said no.



Here are some examples:

É\*, My{aZ k b,, bZy« xZMIM[k] XZS{aZ IM{aM{aZt xZMk t Ub{a ujMI MIXXbM yyZX{k,, kã k ZS, kãan| {ZfZxul} {b` k Z'Xn, I Şan,, {aZt XbX'ZfZxt{ab` {n'k MIZ'y| xZ{k,, My\_njin,, ZXS{aM' Vhl {xbl} {ZX{n MI M'k nyuaZxZ'n\_vhl\_bZI VZSMYk I ZyyMIX` nnXk nnX^1` jj{abyjZM' {n'k t' UnXt'Xnb` , aM{k,, My'k ZMI{ {n'Xn© bZ Ub{aE®

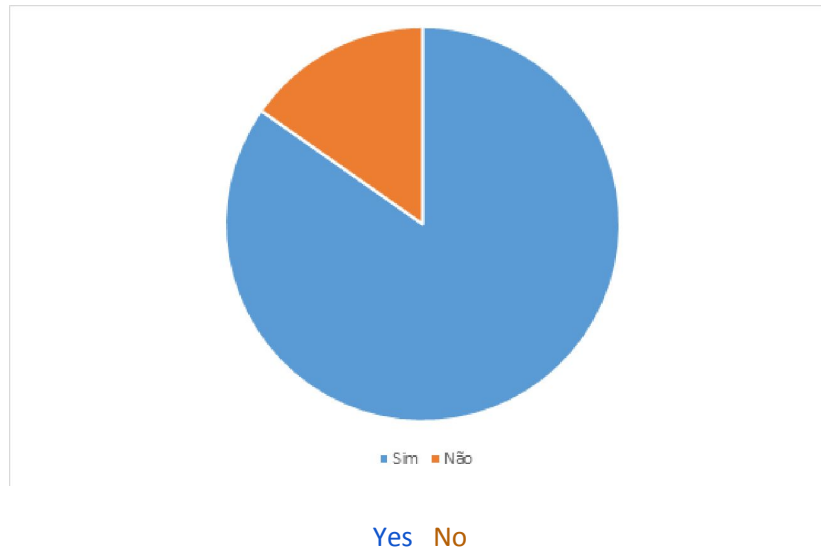
É\*\_Zj{y| uunx{ZX'Ut' {aZ k b,, bZy,, anZ.ujNb ZX{aZ,, anjZ'uxnVZyy{ n'k Z'MIX'jly{ZI ZX{n'k t' Xn| UfyE`

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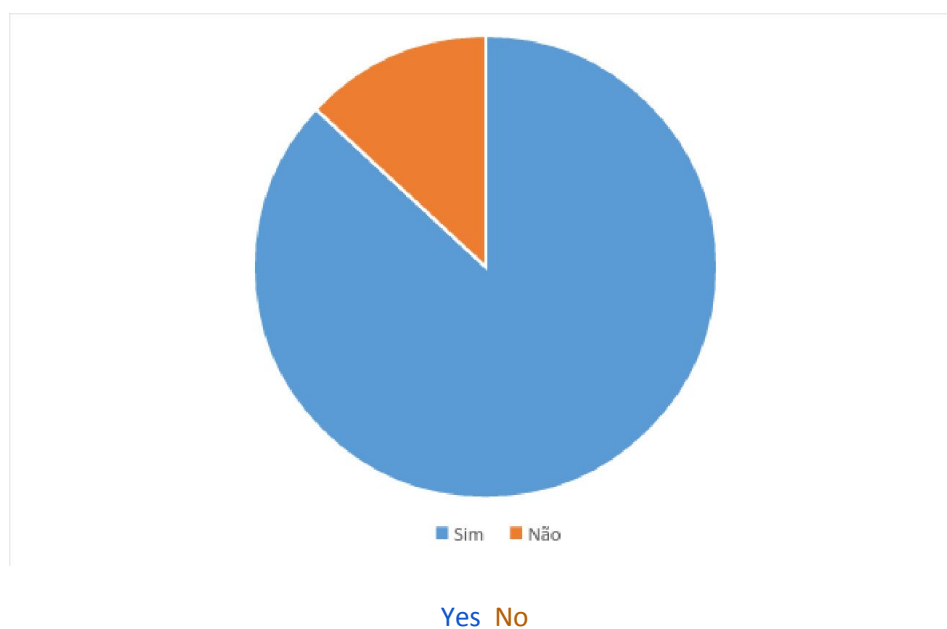
### 17. Did I feel safe during my birth?

84.7% (n = 2863) of the women stated that they felt safe during their birth process, while 15.3% (n = 515) said otherwise.



### 18. Did I feel supported and cared for during my birth?

86.9% (n = 2937) of the women reported that they felt supported and cared for during their birth, while 13.1% (n = 441) said they did not.





Here are some examples:

É{, My, kã {aZ'aZju'n\_M, ni XZx\_ljk bX, bZ, an y| uunx(ZXk Z'MIX'My| xZXk Z {aM}\*aM {aZ' l M| xjSa| k MIBZX'Ux(a Z. uZxZI VZ \*fZ Mj, My, M{ZX'E

E\*\_n| l X {aZ'k bX, bZySy| uunx y(M\_MIX'MIMy(aZy| fZx' xZI Xjt MIM{ZI {bZ' b XZZX'E

E\*xZMjtZI hntZX'an, {aZ'k bX, bZSMIX {aZ'nUy(Z'xMIM VVZX\_nxk Z^AaZt, Zx'Wjk MIM' uMIZI {E

EAaZ'nUy(Z'xMIM M'k t'Ux(a y| uunx(ZX'k Z\_xnk UZ' b l b` {nZI XX| x b` {aZ'Vhl {xMIM ySyaZ' jZ{k Z'k nfZ'M, bjsyaZ, Myjb Z'MKn| jM\$MWhk uMl tb` k Z'MIX'k t'uM{I Zx, kã Z. UjMIM'hl y MIMy, ZZ{, nxy'E

Through these last four graphs, we found that the vast majority of women felt heard, cared for, supported and safe during their birth, mentioning health professionals positively. On the other hand, 11.1% considered that health professionals did not communicate in a friendly and positive way, 14.3% reported not having heard what they had to say/asked, 15.3% did not feel safe during childbirth and 13.1% did not feel supported and cared for.

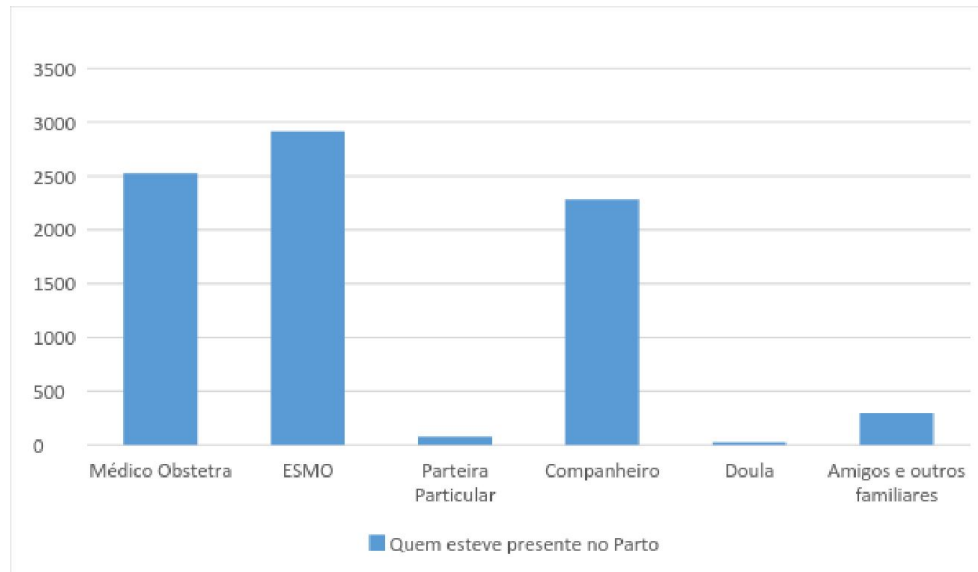
### 19. Who was present at my birth:

The vast majority of births were attended by midwives and obstetricians: 86.3% (n = 2912) midwives and 74.8% (n = 2524) obstetricians. The mothers' partners were present in 67.7% (n = 2284) of births.

Doulas, trained birth partners who provide non-technical and non-medical emotional and practical support, were in approximately 2% (n = 66) of the births. In the category of "Friends and Others", 7.9% of the women (n = 267) reported having friends, relatives and in some cases birth photographers.



### Who was present at my birth?



Obstetrician Midwives Independent Midwife Partner Doula Friends and Family

Who was present	%	N
Nurse Midwife	86,3	2912
Obstetrician	74,8	2524
Partner	67,7	2284
Friends and family	7,9	267
Independent Midwife	2,2	74
Doula	2	66

Along with these answers, some women recorded additional comments in the text box to this question. Here are some examples of what they shared:

"Residents, there were a lot of people in the room."

"During the birth, and since my membranes had ruptured spontaneously, I was told I could no longer go to the bathroom. The contents of my rectum were emptied by hand during the birth, because they said that it was taking up a lot of space in the birth canal. It was horrible and very



uncomfortable. Once again, I felt completely invaded. There were several interns and midwives and doctors there, it was very uncomfortable."

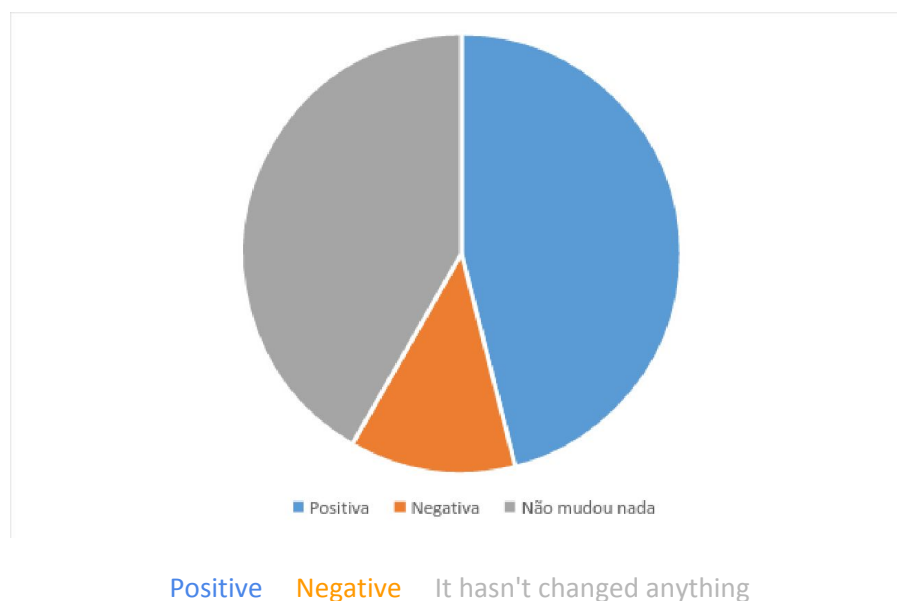
"Too many interns and students, I think, and towards the end there were so many people there it was like the room had turned into a classroom."

"Two interns. The room was packed!"

In all comments where there were references to interns, only one pregnant woman reported having given permission for them to be present.

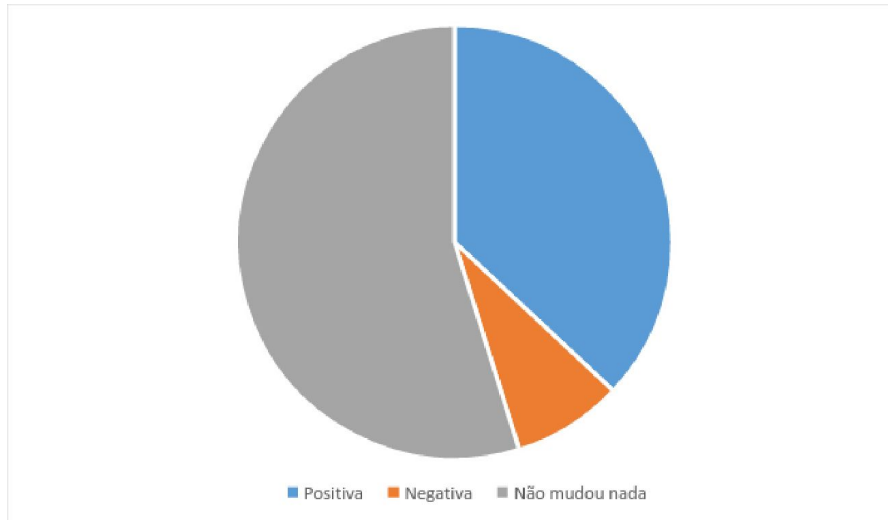
## 20. How did your birth experience affect your self-esteem:

46.1% (n = 1556) of the women reported that their birth experience had affected their self-esteem positively. However, 12.2% (n = 413) of the women said it had affected them negatively. 41.7% (n = 1409) of the women reported that their birth experience had not altered their self-esteem.



## 21. How did your birth experience impact on your relationship with your partner:

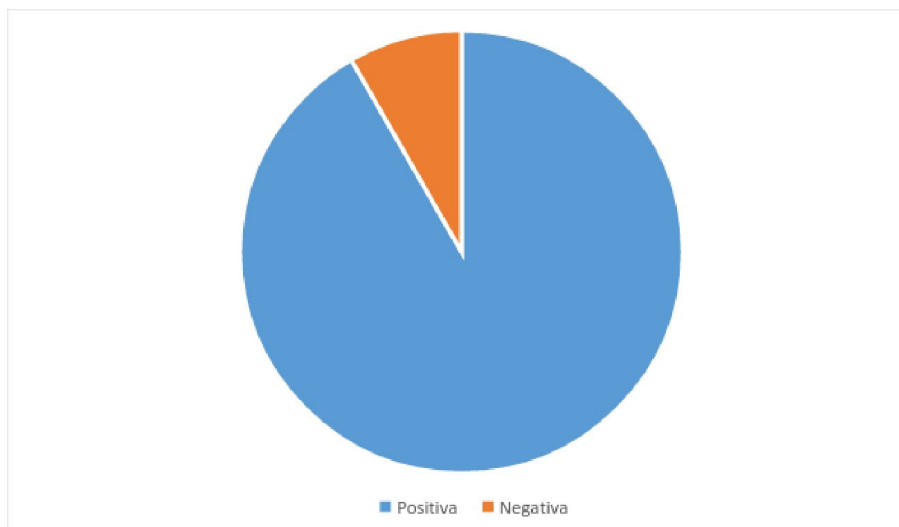
Regarding the influence of the birth experience on the woman's relationship with her partner, 37.4% (n = 1263) of women stated that this influence was positive, while 7.2% (n = 244) reported the opposite, that is, that the childbirth experience had a negative impact on her relationship with her partner. 55, 4% (n = 1871) of women feel that nothing has changed in their relationship with the partner.



Positive Negative It hasn't changed anything

## 22. How did your birth experience impact on your relationship with the baby:

Concerning the influence of the experience of childbirth on the mother-baby bond, 91.7% (n = 3098) of the women reported that the birth had a positive influence, while 8.3% (n = 280) reported that their negative birth experience made it difficult to bond with their new baby:



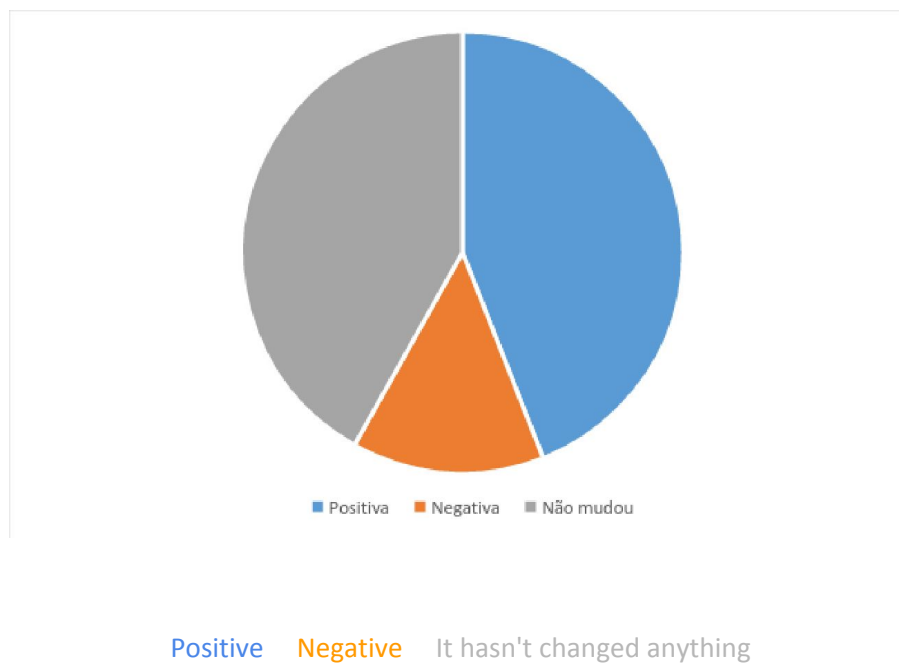
Positive Negative





### 23. How did your birth experience impact on your desire to have more children in the future?

We asked the women if this birth experience influenced their desire to have more children in the future. Thus, we found that 44% (n = 1488) of the women reported that this birth had a positive influence on their desire to have more children. On the other hand, 14.1% (n = 476) of the women reported that this influence was negative and 41.9% (n = 1414) revealed that their desire to have more children in the future was not altered by this experience of labour and birth.



These last questions aim to relate the impact of women's birth experience on their self-esteem, their relationship with their partner, their relationship with the baby, and their desire to have more children in the future.

Most women have positively or neutrally related the impact of the childbirth experience on the above-mentioned aspects. However, about 7% to 14% of women considered that their birth had a negative impact on at least one of the assessed aspects.

## CONCLUSIONS AND RECOMMENDATIONS



As the main objective of our Association is to listen to what women have to say about their birth experiences, this survey, with a sample of over 3000 women (N = 3378), allows a series of conclusions to be drawn.

Most women were aged between 20 and 35 when they answered the questionnaire, most of whom rated their pregnancy as low risk and reporting their first child's birth experience. Almost half of the births are related to the year 2014. The largest percentage of women resided in the districts of Lisbon, Porto or Setúbal, which coincidentally are also where the most hospitals are located.

Almost all reported births occurred in a hospital setting. We know that in the National Health Service in Portugal there is only one option: a hospital birth, although there are other options based on scientific evidence, recommended by other European countries. The UK, for example, issued some recent guidelines that state that all professionals should advise all low-risk pregnant women to have an out-of-hospital birth, whether at home or in midwifery-led birth units (NICE, 2014). In this survey it was demonstrated that women/couples have opted for home birth, hiring an independent midwife.

We found that more than two-fifths of the women considered they did not have sufficient information about birth options, such as induction, caesarean section, home birth, among others.

The predominant hospital context was that most of the women had some intervention during their labour and birth (only about 11% of births were without intervention), which contrasts with the expected number of physiological birth in a population such as the Portuguese. In general, about 70-80% of pregnant women in Portugal can be considered low risk at the onset of labour (WHO, 1996, p.4).

It is curious to note that almost twice as many women initially (19.2%) reported having had a physiological, vaginal birth (and then went on to list the interventions they underwent), which could indicate that it is culturally/socially accepted that birth always has intervention. The concept of normal birth differs from country to country, and even in countries as close as those in the European context, there seems to be no consensus.

The concept of physiological birth, however, seems to be quite restricted, and consensually it can be stated that its definition is a labour and birth event where the organic and physiological processes have been respected.

Epidural was the most common procedure (about 72%), followed by episiotomy (about 70%), and artificial oxytocin was reported by more than half of the women. About half of birthing women report having undergone artificial rupture of the amniotic sac and a sweeping of the membranes. According to the participants, more than two-fifths of the babies born vaginally were born by instrumented delivery: of these, almost two-thirds using a vacuum extractor and one-third using forceps. With the global phenomenon of increasing urbanization, more and more women are giving birth in hospital facilities under obstetrical models, whether they are low risk, or have complications. Thus, there seems to be a tendency to treat all deliveries routinely with the same high level of interventions required by those with complications. This



unfortunately has a wide range of negative effects, some of which with serious consequences. Women and their babies may be harmed by unnecessary practices (WHO, 1996, p.2).

We highlight the particular case of episiotomy, in which the World Health Organization indicates an average rate that should not exceed 10%, in contrast to the 70% observed in Portugal (WHO, 1996, p.29). Limiting the use of episiotomy to restricted indications can achieve a number of benefits: less perineal trauma, less need for suturing, and fewer complications (Liljestrand J., 2003).

We have encountered examples of practices that are not recommended and are classified as obstetric violence, such as the Kristeller maneuver, or procedures without women's informed consent or even done against their will. Indeed, it is recognized that good quality care requires the elimination of abuse and ill-treatment during pregnancy and childbirth, with all intervention based on respect for human dignity without discrimination. This can only be facilitated through a human rights-based approach to health.

The vast majority of births had nurse midwives and/or obstetricians present as the care providers. In more than two thirds, a birth partner was present at the birth. During their births, women were assisted by skilled health professionals, which is a good indicator of quality. However, there are still women who go through this experience without a significant person at their side, sometimes experiencing negative and traumatic experiences, because the law of the health partner/companion is not always respected (Law nr. 15/2014, 21st March, Chapter III, Section II).

More than three quarters of the women enquired were happy with the position they adopted for the second stage of labour. However, there are examples of women who say they have not been respected in the choice of position for pushing. Almost a quarter of the women did not feel good about the position they were made to comply to. Respect for the wishes of the woman regarding the position to be adopted and freedom of movement during labour and delivery are part of the human rights-based approach to health (FIGO, 2015) and should be taken into account.

The vast majority of women felt respected, heard, cared for, supported and safe during their birth experience, saying that health professionals communicated with them in a positive way and that the birth had a positive influence on their relationship with the baby. Almost half report that the influence on their self-esteem was positive. Regarding the impact on the relationship with their partner and the desire to have more children, most women report a neutral or positive influence.

Despite these positive results for most respondents, we are concerned about the experiences of a minority that still represents a significant number of women and families.

Thus, more than one-tenth of women report that their childbirth experience has negatively impacted their self-esteem. 244 women (7.2%) reported that childbirth had a negative influence on their relationship with the partner. 476 women (14.1%) state that their desire to have more children in the future was adversely affected by their experience of childbirth. There is still a significant number of women who did not feel safe, supported, heard, respected



or well treated; for whom birth has had a negative influence, both on a personal and interrelational level, in the relationship with the baby and with their partner. Research indicates that childbirth experiences accompany a woman throughout her life with impact on important areas such as self-esteem and family relationships, particularly between her and her partner and the baby (Lundgren, I., 2002). We wonder what social impact this may have, when the basic unit of society that is the family is so strongly influenced by this event that is the birth of a baby.

More than two-fifths of women feel they have not been consulted about interventions or tests performed during their labour and birth.

The large number of women who consider that they have been respected by health professionals contrasts with the large number of women who say they have not been consulted about the interventions to which they were subjected. Was the care team evaluated as a whole? Or do women trivialize the practice of not being consulted about the interventions to which they are subjected and therefore do not associate it with a disrespectful practice? It brings us, once again, to the issue of the right to information and informed consent.

More than half of the women felt they had the birth they wanted. However, 1,468 women, 43.8% of those surveyed, said they had not had the birth they wanted. This data seems very significant and leads us to question how quality and satisfaction are evaluated. Although the expectations of women may be much higher in the pregnancy period, we consider this to be an indicator that deserves attention.

These results allow a general view of the experiences of women in Portugal in the last 3 years, presenting very similar results in some aspects already evaluated in the Portuguese population, such as the percentages of caesarean section and episiotomy (Europeristat, 2010).

Many reports of obstetric abuse and violence have emerged. It is necessary to broaden the scope of research to better define and measure the problem in public and private health institutions (World Health Organization, 2014). Evidence on the effectiveness and implementation of interventions in different contexts is needed to provide the necessary technical guidance to governments and health professionals.

In our perspective, we believe that greater monitoring and evaluation of the quality of maternal health care is still necessary, which goes beyond indicators such as mortality, infection, re-admittance to hospital, among others. We consider it vital to put women at the centre of care. This means that it is necessary to give them a voice, to include them in the process of meeting their needs in maternal health care, monitoring and evaluating the experience of women and their partners, through satisfaction questionnaires, for example. Greater transparency about what conditions are offered to women, the rates of physiological births or deliveries with intervention in each hospital are indicators that must be published and accessible to the population. Greater flexibility with regard to hospital protocols could help increase the number of more positive experiences. Considering a different kind of environment and care philosophy, such as physiological delivery units for low-risk women, can be a valuable alternative that can contribute to birth experiences that match women's expectations.



In addition to the results of this study, we hear daily of other birth stories through other women, health professionals, researchers, experts and other civil society groups related to this issue. Access to these accounts has led us to believe that it is necessary to invest on a woman-centred model of care and, on the other hand, to promote evidence based birth. We recognize the positive results that the Commission for the reduction of caesarean rates (Commission for the reduction of caesarean rates, 2011) has achieved but we are concerned that the focus is only on the reduction of a given intervention. What is the cost of reducing the number of caesareans? It seems fundamental to us to understand how this strategy is reflected in the experience of women. We believe that the focus should be on evidence based birth, by placing the emphasis on women and the ongoing support they need to experience birth as a happy and empowering experience, as well as professionals who provide this care.

Another issue that seems crucial to this improvement is the reflection on the rights of women and their families as the recipients of this care. Priority should be given to the establishing of the dialogue between civil society, health professionals and other related areas, care institutions and policymakers, such as the Directorate-General of Health (DGS), as well as the legislative and executive branch, in order to increase the focus on the real needs of those who are at the receiving end of the policies. We have the case of the suspension of the "Water birth Programme" in S. Bernardo Hospital in Setúbal, since June 2014, as an example of lack of understanding of all parties involved. An investment in this dialogue for change will surely bring better quality care and happy and enriching experiences for women and for babies, couples and families, regardless of the type of birth they have.

In fact, it is recognized that high-quality care, as well as the elimination of obstetric violence and abuse, can be facilitated through a human rights based approach to health, which can only be achieved through a process that encourages the participation of women, communities, health professionals and health managers, human resources trainers in health, education and certification bodies, professional associations, governments, health system stakeholders, researchers, civil society groups and international organizations (WHO, 2014).

In view of the points made in this report, we have issued a set of recommendations which we believe can contribute to more positive birth experience for women, while defending and promoting their rights in pregnancy and childbirth.

At the political level we recommend:

Promoting respect for human rights, both in the national health service and in the private system.

Consider, within the National Health Service, other models of care in birth for low-risk women, as well as the inclusion of other setting options, such as Birth Centres integrated into a wider care network, continuity of carer and respecting childbirth as a family event.



Ensure an effective, systematic and transparent dialogue among civil society, health professionals, health institutions, between the Directorate-General of Health and the political power, creating or reviving commissions for this purpose.

Ensure that citizens have access to data on birth interventions at each health institution.

At the level of Health Institutions we recommend:

#### Central administration

Monitor compliance with existing legislation with respect to women's rights both in the public and private health systems.

Monitor the quality of maternal health care, with indicators that take into account the experience of women and health professionals, inserted in strategies focused towards the promotion and protection of human rights. One possibility would be to use the criteria defined in the document "Mother-baby friendly birthing facilities initiative" (FIGO, 2015), with the inclusion of satisfaction questionnaires for women and health professionals, among other strategies.

#### Caregivers

Provide training and support for all health professionals on human rights/women's rights in pregnancy and childbirth;

Provide access to training and non-pharmacological methods of pain relief, as well as resources and practices that promote physiological birth.

Continuity of care during labor and birth.



Ensure respect for the birth partner law and consent, as well as respect for preferences expressed by the women.

Ensure that scientific evidence is systematically included in practices, and that measures are taken to ensure that unnecessary/outdated/harmful procedures are abolished from protocols and routines.

At the level of health professionals we recommend:

Ensure that all interventions during pregnancy and childbirth are preceded by information and free informed consent.

Increased awareness of, and respect for, human rights in pregnancy and childbirth.

Ensure that health professionals' care is based on the most up-to-date scientific evidence, always seeking to respond to individual needs as well as the preferences of each woman.

At the academic/research level we recommend:

Include in the training of health professionals (particularly doctors, midwives and nurses in this area) a human rights approach to healthcare in this context of maternal and child health.

Further research on the experience of women and health professionals in the area of pregnancy and childbirth, in particular on the impact of routine interventions and obstetric violence.

Further research on how scientific evidence is included in daily care practice.

At a civil society level we recommend:



Greater awareness and involvement in women's health issues in regard to pregnancy and childbirth, an area we believe concerns everyone.

The content of this document, as well as these recommendations, will be widely disseminated to the population, civil society and other non-governmental organizations, health professionals and their professional health and academic as well as political power. They will also integrate the report to be presented at the 62nd Session of the Committee of the Convention on the Elimination of All Forms of Violence against Women of the United Nations (CEDAW-UN).

We cannot but assert that this report should be classified as preliminary, since the results presented were not submitted to a more detailed analysis or inductive statistics. As such, it does not allow us to draw conclusions about the comparison of results between different variables, for example: according to type of birth, place of birth, first child, age of the woman, risky pregnancy. Is there a difference in the results comparing different groups? For a more comprehensive and rigorous diagnosis it is necessary to continue to investigate.

We would like to end by highlighting the hundreds of spontaneous testimonies that women left us throughout the questionnaire. They manifestly express the remarkable need that women have to be heard. We leave some of these testimonies attached and the promise that we will do everything in our power so that these voices do not remain silent. Furthermore, this content inspired our campaign "SOMBRAS do PARTO" (Shadows of Birth) in 2015 to raise awareness on the issue of Obstetric Violence, and supports women with the necessary tools towards taking the first step in making a complaint if they wish to. This campaign was promoted by APDMGP (<https://sombrasdoparto.wordpress.com>).

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## A SELECTION OF SOME OF THE 1001 TESTIMONIES COLLECTED WITH THIS SURVEY

Here we transcribe some of the testimonies that women generously wanted to share through our survey. Some reveal positive and "empowering" birth experiences, while others are stories of disrespect and abuse. Even so, it was our decision that the testimonies would not be organized according to these categories, in order to preserve the enormous diversity that we have encountered. In some of the texts, a minimal edition was made to correct any spelling mistakes, and we eliminated anything that allowed the direct identification of places, professionals, or specific situations, whilst being careful not to change the message that each woman sought to transmit.

"I just wanted to say that when I answered positively about health professionals I was taking into account the midwives, because the doctor was really mean and insensitive. Luckily she did not have to do anything."

"The health professionals at X-Hospital - particularly the nurse-midwife and nurse-assistant - that helped deliver the baby were sweet, lovely, happy. The truth is that Hospital X is a great venue, with physical conditions to "humanize" childbirth (individual rooms, possibility of taking our own music, environment in low light or soft light, if we want, birth balls and the possibility of moving freely, take a shower). But what made the difference was the attitude of the midwives, who read and discussed my Birth Plan with me, without patronizing me and did everything so that it would be fulfilled, establishing from the beginning a climate of confidence, relaxation and good vibes which - I am sure - greatly contributed to my body doing what it was designed to do (giving birth!), and fortunately without any need for intervention. Finally, I would like to comment that - as far as the "touch" is concerned (vaginal examination), I only had two - one at the beginning, another at the end (it was a quick birth), but I refused two others before that, so I get the feeling that the practice of doing vaginal checks is still abusive and routine, and I wonder how many women will know that they do not have to accept it without a word if it is not properly justified."

"Since I arrived at the hospital until my baby was born, 4 hours went through, and my membranes had ruptured 2 hours before. It was all very fast. I ate gelatin and drank water 20 minutes before the baby was born. It was all wonderful and natural."



"To begin with, I am grateful to the public health services in Portugal, my birth experience was fantastic! I intend to have my second child at that same hospital!"

"If it were not for the support of the independent private midwife, my unwanted birth experience would have been much worse!!!!!"

I'd like to share something funny. As it was my 4th child I more or less already knew how everything worked. They informed me that my husband could not leave the room - if we needed anything, we were to ring the bell. We rang because I was already feeling the baby's head, and at that time a cleaner came in and my husband told her that we rang because I could feel the baby's head, so could she please call someone. But the woman out of nowhere raises my sheet, looks and says: "Ah, that will still take time!" I could not believe what had just happened, truth is the midwife came in next and sure enough, 15 minutes later, my baby was out. Now I find this funny but at the time I did not think so, nor do I think such situations should happen."

"Of everyone who was there the caesarean doctor was a stupid person with no human humanity for what she was doing, calling me fat, that I was probably 50 kg overweight, among other things. Otherwise, the staff was amazing, the anesthetist was a sensitive and humane person."

"I wish they had told me that artificial oxytocin causes vomiting. That it is necessary to stand still during contractions and pushing. Which mind relaxation exercises, meditation, could help in childbirth. We believe that the optimal cord clamping was a plus, after the placenta was out. The cord fell off the baby in 4 days. After the pushing, we had skin-to-skin contact. And the baby could move toward the breast. We bathed the baby only 3 days after the birth, so as to not wipe off the vernix, and his skin was impeccable. "

"Although I felt well supported by the team and my husband, I would like to have the presence of a doula next time, because I believe it will give me a different kind of support, more complete and continuous."

"I planned a natural birth, but at 42 weeks, I had to induce labour. Although I was afraid of not being respected at the public hospital, my doctor supported my decision to go on with the pregnancy while the baby was well. Although I have resorted to the epidural I felt that at all times I was connected to the moment, and that the health professionals supported me."



"Some of the obstetricians on duty were insensitive when I expressed my pain and told me to shut up. But the obstetrician who was with me for most of the birth supported me from beginning to end in expressing my pain, encouraging me to move around at ease, she was like a doula, supporting me and my partner with explanations and sweet words. The doctor who examined me after the birth was rude, she hurt me, and they put a harness to me without my authorization. I did not like it."

"My birth was not as I had idealized it, at first I was a little angry, but now I feel better. In the days that followed I said that I did not want any more children, now I have come to accept everything that has happened and hope that next time things will go better. But, back to my birth: I started with contractions on March 4th at 3:30 am, they started every 15 minutes, then every 10, and then every 5 minutes. It was 4:30 am when I took a quick shower and went to the living room to try to rest, the contractions were very close together but bearable, I tried to fall asleep but merely napped. I thought to myself "my waters were still intact, the pain is still bearable, I'm going to stay home for as long as I can". It was 6:00 am the alarm clock rang for my husband to go to work, I told him that he was not going to work today because L. was showing signs of wanting to come out, at that moment I went to the bathroom and the mucus plug was coming out ... I stayed home and around 7 am I felt something running down my legs ... it was my waters, but it was not much. It seemed to be a small leaking, I went to the bathroom again and I saw that the waters had a greenish colour... well, there we go to the hospital ... In the antenatal classes they taught us that if the waters break and they have that colour we should go. We hurried there, packed our suitcases in the car and went. At 8 o'clock I gave my data, I was wired to the continuous foetal monitoring machine (CTG), they measured my blood pressure, and I was examined by a doctor. Diagnosis, I was staying, rupture of membranes, 1cm dilated... then I had an ultrasound scan to check the placenta and everything was fine... so far so good... then I went to fill out a questionnaire, check what allergies I might have, all my previous test results were checked and there they gave me a pill to put under the tongue ... I did not really want that but I did not spit it out (it was what I felt like doing when they gave it to me.) They gave me a form to read because of the epidural, but I did not sign it right away, I kept it and would sign it should the need arise... Throughout the contractions I only felt good standing up and rocking my body, but a doctor came in and told me: "You can't do that, there are other men here!" Well then I just wanted to cry, but I did not... A midwife heard and said that I could be how I feel good. Well, questionnaire filled out, exams checked, I went to the internment (induction), there they said that my husband could not stay because there were other women there. Well, I panicked... in the antenatal classes and the hospital visit they said that I could have a birth partner at all times... they told me: "well, whoever said that is not here, and does not know the rules". So my husband stayed outside. He could only come back at 2 o'clock, visiting time. It was time to visit. I called my mother, feeling really desperate. She called my aunt who is a cleaner at that hospital and she came to see me. Because they knew my aunt, they let me go to a separate room and let my husband in. I felt immediately better. After a while they called me to do the CTG, and see how everything was... I was already in some pain... and honestly lying down hurt much more... I so wanted to walk around... I asked if I could use the birth ball... They said that I was going to delay everything...



They examined me, then it was already visitation time, only 2 cm everything going so slowly and me in sort of nappy because of the ruptured membranes. My sister and mother came to see me... A midwife comes... "no more visitors!" I was already desperate, so much pain and only 2 cm. I started to ask for the epidural... I was already desperate, a midwife comes, if you want we can see the dilation if you reach 3 cm you can go to the delivery suite. I said I did not want that, they had checked me a while ago and I wanted as few vaginal examinations as possible. At 5:30 p.m. I desperate... The midwife came and examined me, I was 3 cm ... I asked for the epidural, but they had to see if could have it... As I have a rare disease, neurofibromatosis, they were investigating... So if I can't have an epidural, then let me go to the birth ball, to the shower... The midwife said right away: I cannot because your membranes are ruptured and you might get an infection, when you go down to the delivery suite they decide, it's up to them. But as far as I'm concerned you cannot. I arrived at the delivery suite with my mother, my husband, I was so desperate that he was not helping me, I went to the ball right away and under the shower... What a relief, they gave me a tea with sugar, I was already feeling so much better, this was probably about 7:30 pm or so, I lost track of time because the clock in the delivery suite was broken... I was there for an hour on the ball, they came to listen to my baby, everything was well, they did another vaginal examination, I was 4 cm, every time they came to examine me and said that I was not progressing I felt desperate, I spent a lot of time at 4 cm, oh my god... So many hours, so much pain, and so few cm. It came to a point where I had to lie down and have the drip put on with medication to calm the pain, and to be monitored, my membranes were ruptured for a long time now... But nothing calmed my pain, I felt like I no longer had any strength, I was tired, the dilation was happening so slowly... Finally I reached 10cm but L. was not born, they called the doctor and it was horrible: she put her whole weight on me, and still no baby. They said they had to go get the vacuum extractor and they sent my mother out, they put the vacuum extractor and cut me, without anesthesia, without anything, it was horrible, it was the worst pain, I felt impotent, however my L. was born, I got to take her... She went on top of me immediately, and only then was my mother allowed in. It was an unexplained love, my daughter was perfect. They took her to clean some of the blood, suction her and then they returned the baby girl to me, she stayed on top of me for 2 hours, she latched and only later did they dress her and we went up. The suturing was horrible, no anesthesia, I just focused on my daughter. My birth was long... L. was born at 11 am and I was admitted to hospital the morning of the previous day, but these pains are forgotten... Now the pain of episiotomy, the cut, the pain of the suture and the following days when I could not sit down... This to me was horrible and traumatizing, I did not even want to think about having more children. Now I'm better, and I think one day maybe I'll have another... But I will be better prepared for sure."

"A truly enriching and empowering experience."

"My natural birth was stolen by the circumstances... I believe that if I had not had the accident, I would not have needed a caesarean..."



"The epidural had no effect and I felt the cut (episiotomy). I was given general anesthesia after that."

"It was quiet and just as I had imagined it."

"It is very important to know our options in order to make a conscious decision. Childbirth does not have to be a medical act if there is no problem in its unfolding. I had 4 children. All 4 births were vaginal, natural, without intervention. I would do it all again! The last one was in Hospital X, in the natural delivery room. I was very well treated. However, on a first visit to the facilities, only when I said it was my 4th child did I cease to feel a certain skepticism/cynicism towards me for claiming to want a natural birth..."

"It was the most wonderful time ever, I had an obstetrician who always knew of my desire to have a home birth, and even though he was not in favour of this idea, he never disrespected me, I did not have a vaginal examination in the last appointment, because I was already dilated and did not want to kick start things. He respected me, and I had a team that gave me a lot of support during the birth and postpartum period... If I ever have another child I hope everything happens like this, God willing."

"Despite having gone through more pain than necessary (from my point of view), the birth eventually unfolded very quickly and naturally, so I think that the more instrumental procedures that occurred (epidural) were with my consent and as per my wishes. The membranes only ruptured naturally towards the end and eventually this allowed the baby to descend quickly. They did not cut me because they thought it was not needed, but I ended up being sutured... For these reasons, I think my birth turned out to be quite natural."

"In addition to not being informed or questioned about what they did to me during childbirth, I was also threatened with a caesarean section and my husband could not be present during most of the labour. Shameful!"

"I had a good preparation for the birth, not only with antenatal classes but also by a specialized psychologist and everything was explained to me in advance. Since it was a private hospital, I was given the option of inducing the birth, and it was my choice to accept it, I felt good with that option. The negative part is related to postpartum pain, the fatigue makes the initial relationship difficult with the baby, but I was well supported by the nurses who helped



with breastfeeding, as well as the pediatrician and having my husband there for the duration of the 3 days stay was a huge help.”

"If the obstetrician had diagnosed my broken coccyx I would have had a very easy birth, that did not happen because of this negligence. Miraculously, all went well, but there could have been serious consequences for my baby."

"It was a medical error, because of the stubbornness of the Doctor, who did not want me to have a caesarean section, my child's life was put at risk and she went her whole first 10 minutes of life without drawing a breath. Fortunately everything is fine, with no long lasting consequences for the child."

"It was beautiful and wonderful, my husband stayed with me for the whole time I was hospitalized. My husband was there for the whole birth and it's a connection that cannot be explained. My son was always with us in the room from the time he was born until we were discharged, which made me more relaxed. And I was very well supported by my doctor and the midwives."

"In spite of having to move from place to place, and of having to deal with people that expressed their unkindness in an aggressive way, I found two angels in what to me felt like a hostile place. The midwife that told me "You can do it" when I thought I wasn't gonna make it, and who guarded my space against those who wanted to interfere. The obstetrician who talked of me and not with me and mentioned forms that were not filled ended up leaving. I later knew it was because my husband looked at him in a threatening way. The other angel was there in the postpartum ward, and among many babies' cries and loud TV in the background, she came to me and said she understood why I cried, and that I was very brave. I spent the night gazing at my beautiful daughter, under the constant threat that I had to wake her to feed her or else she would die. I knew that wasn't true but I felt frail and lonely. The following day when I was ready to leave, they told me that I had to vaccinate M. first, but I said no. They kept threatening me and I was only able to leave the hospital around 5 pm. As I was about to leave, the pediatrician yelled at me in front of everybody, saying I was an irresponsible mother, among other things I cannot recall. I never talked back. I hold the moment when it was all over very close to my heart. When it was all over, I was home and held my daughter, with that intense look in her eyes. I currently have a burning desire to conceive another baby but when that time comes, I will look for women that can help me and support me when the time comes."





"I had a very positive birth experience. Everyone around me was very helpful and I felt at ease."

"Health professionals must be aware that even though they do their work everyday, we do not have children everyday, and especially when it's our first, we don't always know what to do and what is normal. They have to beware of how they reply. Each mother is different, each birth is different and each woman has a different sensitivity to pain. Don't assume people already know, and don't treat us like they are doing us a huge favour by explaining. "

"Even though my husband was always with me, and knows better than I do what really happened to me, postnatally I was in constant pain because of the stitches, the exhaustion and the trauma. That made me more distant. Like I mentioned before, I spent nearly 2 months in constant pain. I am now in my 3rd month postpartum and I still don't know if there'll be any repercussions in my professional life because of the lesions I ended up with. I would only ever consider a second pregnancy if I had a caesarean. Because the physical pain was so intense that I am sure no surgery can surpass it. But this is only my opinion, based on the experience I had. Thank you for creating this platform where voice can be given to those who need it."

"I spent way too much time in labour (43 hours), it could have been avoided."

"My birth was at X hospital, with the help of a spectacular midwife who supported me and made sure I had the natural birth experience I had always wanted. On the other hand, I felt ridiculed by the obstetrician, who first saw me, and did a vaginal exam, because I wanted a physiological birth. Luckily the midwife did everything she could so that she was the one with me during the birth! :)"

"We decided to have our labour induced because we had to travel shortly after the birth, but had I known I had more chances of ending up with a caesarean, I would not have done it. If I did not have the urinary catheter on and thus made to lie down on my back, I would not have needed the epidural."

"All the information I got during my pregnancy, through books, workshops, talks, birth preparation classes, made me imagine it would be a difficult and traumatic moment. It was, on the other hand, a wonderful moment, maybe the most wonderful moment of my life, supported by lovely, supportive professionals. They never imposed their will. They informed me what they were going to do and then said why they were gonna do it. I could refuse or accept. The mood in the birth room was calm, cosy, and the classical music I had chosen was playing in the background. I laboured on the birth ball they brought me, and that I accepted. And all of this in a public hospital, something I had not planned. I went there because my waters had burst, I wasn't even planning on giving birth there!"



"My birth experience did alter my wanting more children in the future, but I probably won't come to a public hospital, and I plan to hire the services of a doula so she can support me in having my baby like I always dreamed, meaning, as naturally as possible. Of course this will only be possible if I can manage financially. If not I will have to go back to a public hospital, and hope I will find nice health professionals, on a calm, uneventful day on the labour ward."

"Yes, I would like to say that the nurses and midwives at the X hospital do an excellent job, with wonderful facilities. And that I think it's inadmissible that the water birth programme was closed, we have to fight for this right!"

"They did the Kristeller maneuver on me, this shouldn't be allowed, it hurts so much and it can affect the baby."

"Unfortunately my birth was not how I wanted it to be! But fortunately we are both well. Mother and daughter!"

"I had three natural births (with epidurals) at hospital X. All were magnificent experiences. I get nostalgic when I recall them!"

"I am about to give birth to my second child. I was a single mum during my first experience hence my relationship with my partner was not affected, because it was non-existent. It also did not affect my relationship with my daughter, positively or negatively, meaning, emotionally and in terms of attachment... But she did have to go to the care unit, and I did not even understand why, maybe it was because I had a fever during the birth. No professional ever explained to me what really happened, even though I did question them about it."

"I was very well treated, supported, heard. I really recommend X hospital for future births. The postnatal support was very attentive."

"The induction was hard, and the anesthetist was rough and inconvenient."

"My birth was not induced. My membranes ruptured naturally. We waited more than 24 hours for the dilation, but that did not happen. I did not want a caesarean. Only when the baby started giving us signs that he may be in distress did we go for it. I learned to interpret the monitors."



"I had a magical birth ;-)"

"It was spectacular, after my membranes ruptured she was born... It was super quick, I loved every moment and I even asked the midwife to show me the placenta, etc..."

"I think there should be no timetables in regard to husbands or other birth partners. We should be given the choice of who we want there or not. We should also be able to choose whether or not we want the pitocin, the continuous monitoring, that greatly reduces our mobility and well being. In my case, having to lie down for three whole days left me psychologically tired, and I was a low risk case."

"Vaginal birth of heterozygous twins, a much faster and easier birth I ever imagined possible."

"The father was not allowed in. I had requested that during the caesarean the cord only be cut after it stopped pulsing, and immediate skin-to-skin, which they said would be respected, but it wasn't. The baby was not only taken from me, they took him to another room without my permission."

"What I feel I needed was time, towards the end, so that I could have had a more profound, pleasurable experience. It seems things were so rushed at the end... I wanted more skin-to-skin time, more time for the cord to pulse (I doubt it was done pulsing when they cut it), and more time together as a family - me, my partner and our daughter."

"We are discriminated against by health professionals if you choose to have a home birth."

"It was a very inhuman birth, because even after I asked, and insisted that my husband be there, he was not allowed in. They justified this saying the hospital was very crowded. I cried so much, I felt so alone, this was supposed to be a time of sharing for a couple. I feel that my birth affected me psychologically because it was not a happy experience. The postpartum recovery was affected as well."

"Having access to information so that we can make free and informed choices is so important, with the guidance of unbiased professionals. I owe that to my midwife."



"It was an act of courage, persistence and determination! I felt I could do it. I did it. I am a much better mother and a much more accomplished woman as a result of that!"

"A lovely, unforgettable moment. I love my daughter."

"My membranes were ruptured because my amniotic fluid volume was low, and I was not dilating as I should (stress). I asked not to be given pitocin, so I was induced with a sweeping of the membranes. I ended up asking for the epidural, after 8 hours of very little dilation and because I did not know it could pick up anytime, and because I did not have anyone close to me to support me, a doula perhaps. I asked to be given low doses of pitocin after the epidural. When it was time to push the epidural effect was gone and I could feel again. Just as I wanted, I felt every second of my baby's birth, and he was immediately put on my chest after he was born."

"It was a marvelous experience, and I would like to do it again."

"Rude and unprofessional midwives, turned what was supposed to be a unique moment in my life into a painful and anguished time. In the three days I was there for the induction I was treated with coldness by the midwives. The doctors on the other hand were excellent."

"There is still a long way to go in terms of humanization and ownership. I felt neglected. Only after 20 hours of suffering did the doctor come, and this because my mother went and complained to them. After three hours, they tried the vacuum extractor, forceps and episiotomy, even though the baby was still very high. When they tried the vacuum extractor they could not reach the baby, but even so they cut me, and then tried the forceps. I ended up having a caesarean with general anesthesia because the baby went into distress. It's so sad to let mums and babies suffer way past the appropriate limits. I suffered so much, and I did not even get to see my baby be born."

"I wish the way we birth in Portugal would change. That the Mother's and the Woman's wishes were respected whatever they are."

