

THE SPANISH SITUATION

General data

Population: 45 million people.

Babies born per year (2008): 519,779, 8% of them premature.

Abortions: 1992: 5.10; 2008: 11.78 (out of 1000 women between 15-44 years). Twice than 10 years ago and 2.5% more than in 2007.

Abortion was made legal in 1985. In Spain it is possible to have an abortion before the 22 weeks of pregnancy, as long as at least one of these requirements is fulfilled: serious danger for the life of the mother, her physical or psychological health; pregnancy as a result of rape; or severe physical or psychological problems in the foetus.

Working mothers:

Although it is illegal to make pregnant women redundant, it is still common.

Maternal leave for working women: 16 weeks + vacation days + "breastfeeding-hours" = max. 5 months. It is possible to take some time off to care for a child under 3, but this is often detrimental to the woman's career.

Paternal leave: 15 days.

Pregnancy

A high percentage of all pregnancies in Spain are considered "high risk" (previous caesarean, diabetes, heavy weight, maternal age of more than 35, myopia, in-vitro babies, etc.) and, in general, pregnant women "need to be controlled".

The number of caesarean and instrumental births has increased dramatically due to defensive medicine. Gynaecologists admit they often perform them "just to be sure".

Public and private facilities

The medical system in Spain is divided into public and private system.

Public system is said to be much better (although many doctors work in both systems), but private hospitals offer shorter waiting lists and more comfort. Those who can afford it, often pay to go private. In big companies, private insurance coverage is part of the "package" received by the employees; it often extends to the whole family.

15% (6.7 million people) in Spain have private medical insurance. As soon as a woman knows she is pregnant the question often is, "Public or private?"

Many women prefer private clinics because they get the comfort of a single room and a sleeping chair or bed for their partner. Even though the partner sleeps in the same room, the baby is often taken away during the night and even during the day "so the mother can rest". Some people especially like private clinics for their "nursery" service, which takes care of the child at night or even 24h a day during the whole stay. "Rooming in" is known as a term, but rarely practised.

In the private system the same gyn, or the same gyn-team, will see the mother during the whole pregnancy and birth, whereas in the public system the woman is usually attended by a different professional at each appointment.

In order to guarantee this special attention in the private system it is completely normal to do inductions and perform all kinds of interventions in order to programme or accelerate the process of labour, which leads to an almost double rate of caesareans in the private sector.

The national tendency is to a decrease in childbirth during weekends, which is evidence of the growing number of programmed births.

Public hospitals have half the caesareans the private clinics show, but they are usually collapsed, especially in big cities.

There is a lack of midwives in both systems.

Prenatal diagnosis

Hospital birth

Public system: 3 ultra sounds (weeks 11-12, 20 and 33-35). Foetal monitoring each week during the last month. The number of visits to the midwife changes according to the area.

Private system: One ultra sound each time you visit your gyn. Foetal monitoring at least once a week during the last month. A midwife is not part of prenatal attention.

In Spain almost all prenatal analysis is done by routine, not by medical indication.

In both systems all women have to do the 1-hour O'Sullivan test (glucose tolerance test) and many women are also forced to do the 3-hour one.

Blood tests are done once a trimester, including the genetic analysis of "probabilities" of Down-Syndrome in the first trimester.

Amniocentesis has increased considerably. It is carried out when there is a high probability of genetic alterations and also when the mother is older than 35 years old.

In some hospitals, there is an appointment with the anaesthetist (called "pre-anaesthesia") during the last weeks of pregnancy to inform the women about the epidural and to give her the inform consent form. In order to get an epidural during the delivery it is absolutely necessary to attend this appointment.

Spanish doctors tend to prescribe all kinds of vitamins and similar products to all women.

Home birth

Public system: there is no public system in place for birthing at home.

Private system: see homebirth below.

Antenatal courses

The majority of these courses are actually "birth instructions". These do not really inform the woman; in fact they only make her "fit into the system". They prepare her for all the routine interventions that will be carried out in hospital by routine. Most courses are run by midwives.

More and more women also inform themselves with books, internet, and a wide range of magazines dedicated to pregnancy, birth and the post partum period.

Homebirth

Hospitals became the most common place to birth around 1950-1960.

A very small percentage of all babies in Spain are born at home. Homebirth is not covered by the social security (public system).

It is also “not covered” by the mentality of society in general. Women who want to birth at home are still called irresponsible mothers and the usual comment they receive after the birth is, “Thank God everything went well, lucky you”.

When a homebirth is taken to hospital the woman usually ends up with the whole chain of interventions and abuses, including verbal abuse.

There is an official homebirth register, but there are no national statistics about homebirths.

Interesting numbers

In Spain most people only make a distinction between caesarean and “natural birth”, and it is hard to explain somebody that “natural birth” is not the same as “non-caesarean-born baby”. We are trying to get this message to the media and the public in general.

Caesarean births: 20 to 35% in public hospitals, more than 35% in private hospitals
It is really surprising how hospital statistics vary from one place to another. Some hospitals in Spain practice more than 50% caesareans while some in the same area show a rate of 15%.

Percentage of instrumental births

We do not know these percentages.

It is usual not to make these rates public, and most hospitals do not even register them.

Episiotomies: 90%

The rate of episiotomies is 90%. In hospitals it is a routine intervention. In prenatal classes women are shown straight away how to treat the wound and stitches after delivery. It is a big taboo and many women suffer the consequences (physical and psychological) without medical attention.

“High risk pregnancies”

There is no statistics about these numbers.

VBAC (PVDC in Spanish)

Although we do not have numbers, we know it is increasing. We even have a few VBA2C stories on our site.

Epidural: 85%

Epidural anaesthesia is used in approximately 85% of normal births. This percentage has gradually increased since the Spanish Health Ministry announced in 1998 the intention to make it available to 100% of women in labour. In Spain the traditional epidural, not the “walking epidural”, is the one used most of the time.

Other alternatives of pain relief

There is a growing interest in water as a pain relief. A few hospitals have built birthing baths to use during dilation.

Mortality rate: 6/1000

8% premature born babies in 2008

The number of premature babies increased from 17,000 in the year 1997 to 40,501 in 2008.

Twenty years ago, premature babies accounted for 5% of all births, now this rate has almost doubled. Out of this 8%, between 1% and 2% are estimated to be extreme premature born babies, before week 29.

Who attends births?

Put in place under Franco's regime, the current law about the midwife's role uses an authoritarian language (e.g. "instructions", "superiors", "orders") and refers to the midwife as a mere "helper".

The gynaecologist is still considered the most important person concerning pregnancy and birth attention. But the main problem with gynaecologists is that most of them have never seen a normal birth in their whole career. They have been exclusively trained on pathologies, and in their view everything is considered as such.

The role of the midwife or "10 years without new midwives in Spain"

Midwifery in Spain was regulated by a 1973 law. It left very little competency for them; gynaecologists were in charge of labour and midwives were simple assistants. A 1980 European law somehow returned to midwives their traditional role, but still Spanish society believe physicians are the ones who should attend labour.

During the years 1987 to 1994 no midwife graduated in Spain, schools were closed due to a political decision. This affected almost two generation of midwives, and as a result it took away the importance of this profession. Even nowadays, it is mainly gynaecologists who lecture them and who play a major part in midwifery teaching.

Statistics (midwives officially registered)

1994: 5,861; 2007: 6,868

Only 1,200 midwives are actually members of FAME (The Spanish Federal Association of Midwives). One of their objectives is to increase the number of midwives in Spain, which is clearly small. It is also their aim to promote a change in midwifery study plans, in order to comply with the Bologna process, which expects midwives to be able to work in any country in the EU.

In order to become a midwife in Spain the person has to study for 3 years to graduate as a nurse and then they can specialize on midwifery. In other countries the professions of midwifery and nursing are well differentiated and each one specializes in their own area.

Nowadays the role of midwifery is growing in importance, but they won't yet take on the whole responsibility of the pregnancy, birth and postpartum.

If a pregnancy is attended in the private medical system, the woman probably do not get to see a midwife till the day she gives birth. Many women cannot say if there was a midwife present during their labour, they only remember the anaesthetist and the gynaecologist.

Doulas

This profession is quite new in Spain. And anyhow, most hospitals only admit one additional person during the birth, so the woman has to choose between the doula and her partner or another person.

Epidural, an important indicator of quality nowadays

Epidural rate: approx. 85%. The epidural has not only been sold as “the best intervention ever”, but also as “the one and only”. Full information on its side effects, contra-indications or alternative pain relief is not given to the woman. Only in a very few places walking-epidurals or water are offered.

Hospitals with less than an 80% of epidurals are considered of low quality service.

In order to be able to understand this situation it is necessary to know that in Spain there is an important movement by women to make this drug available.

Most women are adamant about having an epidural. They think it is crazy to give birth without it.

Separation of mother and child or “Never separate”

Our campaign “Que no os separen” (Don’t let them separate you) is dedicated to this subject: www.quenooosseparen.info

It is still completely normal to separate the baby from her mother once born, in some cases for only minutes, but often hours or even days, especially if the baby is taken to another hospital without the mother or the father. “The baby belongs to the hospital” they would still say in order to explain any type of separation.

In Spain there is an 8% of premature newborns, tendency increasing, so the care of premature babies is a very important issue:

- Only in 11% of all hospitals parents have free access to neonatal departments.
- Only 23% of all neonatal departments practice the Mother Kangaroo care. Usually breastfeeding is not allowed when the baby is in neonatal care.

But not only premature-born babies are being separated from their parents. In some places they do this as a routine – all babies go under the “heating lamp” for 4 hours, or “all babies into the nursery for their first bottle of milk so they do not starve till their mother has milk”, or “all babies delivered by caesarean must stay in nursery for observation for at least 24 hours”.

This routine separation takes place because of various reasons: In most Spanish hospitals during years or even decades protocols have not been adapted; neither are they based on scientific evidence. There is a big lack of continuous education in general.

Post Partum

Post-partum attention hardly exists. Social security does not include midwife visits to the home. Usually the only contact with “the system” after birth is the monthly paediatric appointments mother and child attend.

There is a postnatal appointment at around 4-5 weeks after delivery as a general check-up for the mother.

Breastfeeding and maternity leave

In Spain a women are entitled to 16 weeks of maternity leave, if she takes time before the baby is born, it will be deducted from these 16 weeks.

Therefore, if the woman is employed, she will normally try to work until labour starts.

There is an increasing number of pregnant women who get sick leave from their doctor in the last month of the pregnancy, so they still have 16 weeks after the baby is born.

These 16 weeks significantly determine the time the mother dedicates to breastfeeding her baby. The other important factor is the lack of breastfeeding consultants; as soon as there is a problem the woman have no option but to turn to bottle feeding. It is very common for women to stop breastfeeding because their paediatrician tells them that their milk is not nutritious anymore, etc.

It is much more common to see women bottle feeding, therefore breastfeeding is socially still seen as taboo. For example, a woman was asked to leave the museum of El Prado when she was breastfeeding her 3-month-old baby, and another was asked to leave a restaurant. These incidents brought the issue to the public prompting a candid social discussion and protests from breastfeeding supporting groups.

Breastfeeding is also connected to another topic:

Spain is the European country with the higher number of esthetical surgery.

It is not rare to see an announcement in the newspaper: “Want to lift up again your breasts after breastfeeding?” – Or others like: “Get your caesarean scars done beautifully”, etc.

IHAN– Initiative for the humanisation of birth attendance

At the moment there are 14 baby-friendly hospitals and some more have applied for this certificate. We like this idea, but no all hospitals consider the humanisation of birth on the same terms, some even turned out to be “enemies” of the mothers.

The strategy for the attention of normal birth within the social service (EAPN)

The EAPN was formed in 2006 as the result of social demand and the request of birth professionals.

The increasing medicalisation of birth negatively affects birth physiology and it subjects mothers and babies to routine practices that bypass the women right to choose and be responsible of their own health.

This strategy involved a series of meetings among experts (mothers, midwives, paediatricians, gynaecologist, anthropologist) aiming to analyse the situation and establish an action plan to improve health practices based on scientific evidence, in the needs of women and babies, resources and professional’s continuous education.

The EAPN works continuously to ensure changes take place, but it is a slow process. EPEN, our organisation, is part of the technical committee as customer association together with Ministry personnel and birth professionals.

There are 6 working groups, and one representative of EPEN participates in each:

1. Working group on pregnancy, birth, postpartum and neonatal periods
2. Quality indicators and evolution procedures for hospitals
3. Training (courses for trainers, networking, support material, etc.)
4. Birth plan (mother and baby)
5. Create awareness
6. Good practices

Statistics, another big issue

There is a lack of transparency in data regarding all details around birth and labour: episiotomy, breastfeeding rates, separation rates, etc.

Spain does not have national statistics concerning birth attention. The majority of hospitals do not public their numbers, and in many cases they do not keep a proper record of their statistics.

Press releases

ENCA May 2009

17th Annual ENCA Meeting. Madrid, Spain.

European associations that work to improve maternity services. Attended by 12 representatives of the 17 member countries. Spain is represented by EPEN.

- In some countries normal births without interventions are less than 6%
- Spain lags considerably behind other European countries
- National statistics regarding maternity services are missing. These are crucial to improve the current situation.

TV commercial, "Nada como Mamá, nada como mamar" (Nothing like mum, nothing like breastfeeding") May 2009

The Association *Criar con el Corazón* (Parenting from the heart) together with the organisations El Parto es Nuestro, Vía Lactea, Amamantar Asturias and Mamilactancia made this TV spot to promote breastfeeding. It shows the benefits of it.

"Disinformation is the core of 70% of the lawsuits" September 2009

Seven of every ten lawsuits regarding medical practices are related to informed consent. In the last years the number of demands has multiplied by four.

"Birth with less scalpels" December 2009

In Spain the number of caesareans is higher than the recommended by the WHO. The type of birth depends on hospital protocols instead of on mothers needs. Things are changing, though.

"Caesarean section should only be carried out for medical reasons" January 2010

Many studies show the risks, both for mother and baby, associated to this practice. 62% of the centres contacted encourage this procedure.

"Pro-normal birth" January 2010

EPEN said that hospital services are collapsed, there is lack of personnel to duly attend mothers and babies with enough time and dedication, and professional lack current knowledge on scientific evidence, which translates to a disadvantage in the attention received by Spanish consumers compared to other European countries.

"Support groups to reduce neonatal mortality" March 2010

It seems that get together to talk about problems and doubts regarding pregnancy and the baby's care in order to discuss these issues and find solutions is a good strategy to reduce neonatal deaths in the poorest areas of the country. A program developed in India showed that these support groups can reduce neonatal deaths by half. Active participation has better results than individual sessions with a specialist.

"Skin-to-skin contact for newborns and their parents" March 2010

Valdepeñas Hospital took a big step by announcing and using the skin-to-skin method for the mothers, and the fathers when the mother can't do it. This hospital announced that the best place for a newborn to be, where she is the warmest, is her mother's breast.

"Midwives and gynaecologists start a war on who should attend births" April 2010

Málaga's Hospital took the decision to give the responsibility to attend normal birth to the midwives. However, gynaecologists complained and the hospital backtracked this decision.

This incident shows how is the state of the affairs in our country, and the constant fight of gynaecologists to retain the power of attending all births.

"Homebirth Guide" April 2010

The College of Nurses in Barcelona was the first to publish this guide for homebirth. They are pioneers in creating awareness on this birth option and acknowledging that home birth is safe as long as there is a professional attending it.

Project: Discovering Maternity

El Parto es Nuestro has created a series of workshops for each stage of the education system with the aim of spreading rigorous and up-to-date scientific information regarding pregnancy, birth and breastfeeding among young people.

The workshops seek to teach the following:

- Pregnancy is a normal stage of women's life, not a disease
- Giving birth is beautiful and all birth should be a happy event
- All women are able to give birth the baby they have grown during nine months
- Breast milk is the ideal food for the newborn
- Breastfeeding is natural and an act of love, which give pleasure to both mother and baby
- It is important both for mother and baby to encourage the connection between them

To achieve this:

- We planned diverse activities with fun materials to promote curiosity and the use of imagination in the student
- We use an interactive methodology which encourages communication and significant learning
- We prioritise interactive activities through games, and encourage creativity and an inquisitive mind
- We bring a relaxed and cosy environment, which respects the rhythms and needs of everyone

The core ideas are:

- Pregnancy, birth and breastfeeding are physiological processes, not diseases, so they shouldn't be treated as such. All healthy women can experience these as natural and healthy processes.
- We are mammals, therefore: we conceive, give birth and feed our young when they are born. We are designed and conditioned by nature to do all these, so it is important to know how the fact we are mammal affects us, so we don't go against our natural instincts but instead let them flow normally.
- On the other hand, we are also rational beings, therefore we can choose how we want to experience these processes.

The project is in its second stage, and its two objectives are:

- Test the materials to ensure they are clear and their contents easy to learn
- Try out different ways to tackle the many subjects and activities

During the first trimester of 2010, 14 workshops have taken place in Madrid, A Coruña, Vigo, Lleida, Mallorca and Elche. In all cases the feedback from students and teachers was positive.

Book: "Cesárea, más allá de la herida" (Caesarean, beyond the wound)

This is the work of artist Ana Álvarez-Errecalde

http://www.hangar.org/gallery/album502/El_Nacimiento_Di_ptico?full=1 with the collaboration of EPEN.

We wanted to go beyond the scar that caesarean leaves in thousand of mothers, Ana found a way to paint the wounds so many women have. She has gone further and was able to capture the emotional wound with all its shades, including the inner journey of the mother that goes from anger to acceptance. Her beautiful and visually attractive work has moved us deeply, and has become a reality in the book she has just published (<http://www.obstare.com>), and a photographic exhibition which we are sure will go far.

This work will be the voice of many mothers, and represents another step in the eradication of obstetrics violence we long for.

Inter-Atlantic Congress on Birth and Primal Health Research

This congress was held from 26 to 28 February in Las Palmas de Gran Canaria. About 1500 people from 34 different countries attended .

The main objective of this conference was to phrase new questions, at a time when striking scientific and technical advances are leading the history of birth and humanity in general to a crossroads. Our history has suddenly pushed us in opposite directions: on the one side, caesarean is an easy and quick procedure; on the other, a great deal of current scientific data suggests the critical importance of the perinatal period in the development of the ability to love.

Some of the speakers included:

- Prof. Michael Stark, from Berlin. The “father” of the fast and quick simplified technique to perform caesareans and founder of “New European Surgical Academy”, which symbolised the hegemony of notorious technical advances.
- Prof. Kerstin Uvnäs-Moberg, from Stockholm, expert on the effects of oxytocin on behaviour.
- Anthony Costello, head of the Centre for International Health and Development of the Institute of Child Health, London. He told us about how the mother-to-mother support groups, among equals, are decreasing the rate of maternal deaths, as well as the rate of perinatal and neonatal deaths, and especially those of post partum depression.
- Dr Mario Meriardi, coordinator for maternal and perinatal health at WHO suggested the importance of the new motto: “global action”.

Asociación El Parto es Nuestro

May 2010

www.elpartoesnuestro.es

www.quenooosseparen.info

www.episiotomía.info