

Birth Forward REPORT: impact of COVID 19 on maternal care in Cyprus GCc

By Anthi Chrysanthou

Introduction

During the lockdown in March and April 2020, Birth Forward was approached by upset pregnant parents regarding the measures taken by the hospitals and clinics, in response to the Covid_19 pandemic. Main sources of concern were the mandatory change of obstetricians and hospitals for some women because of the closure of the maternity units in Paphos and Limassol General hospitals, the prohibition of the presence of partners during childbirth and during mom's stay at the hospital and the fear that if a mother is found positive, she will be forced to a caesarean and separated from her baby. (The Paphos General closed down since mid-March, the Limassol General around 20th of March and both remained closed until the end of the lockdown).

There is anecdotal evidence that many moms who were referred from the hospital to the private clinics because of the closure of their maternity units, had caesarean births. This might be attributed to the general fear of the virus that might have led medical personnel to prefer a caesarean, as this minimises the time they have to be in contact with the woman. Also, different styles of approach might be blamed, as some gynaecologists in general prefer to do caesareans and the increased workload might influenced their decisions. Birth Forward had one testimony from a first time mom who initially planned to give birth to the Limassol General Hospital, that the obstetrician in the private clinic she was sent to because of the closure of the General's maternity unit, was not paying attention to her needs and did not respect her request to have a natural labour. He was quick to proceed with c-section without true medical need, since neither the mom nor the baby were in distress. The mother feels that because the doctor would not be paid by her, he did what was easier for him, thus a caesarean.

The prohibition of partners to be present at birth was also a huge source of stress as pregnant moms expressed the need to be with their partner and not give birth alone. According to the [WHO](#) women have the right to have a companion of their choice when giving birth as this leads to a safer and more positive experience. Mothers do not lose this right in the pandemic according to the WHO and other institutions, such as the [RCOG](#), which encourages women to have at least one birth partner as 'having at least one trusted birth partner present throughout labour is known to make a significant difference to the safety and wellbeing of women in childbirth'. A birth partner is encouraged to be present even for an instrumental or caesarean birth.

The same organisations also recommend that birth choices of the mother are being respected if she is found to be positive for covid_19 and mode of delivery decided solely on obstetric findings, as for mothers with no positive test. Homebirth is even supported for low risk women who test positive but have no symptoms. For positive mothers with symptoms, vaginal birth is



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still preferable For positive mothers with symptoms, vaginal birth is still preferable as [research](#) has shown that positive women who gave birth by caesarean had deterioration of their health as their symptoms became more severe. In the Republic of Cyprus, [a woman positive to Covid_19](#), gave birth by elective caesarean, however it is not known if this was due to being positive or other reasons. She was separated with her baby for several days, an action that renders a gross violation of this woman's and baby's human rights.

Lastly, another great issue was the prohibition on visitation of the parents to their premature babies in the NICU in Nicosia. Since 17 March the NICU in Makario has prohibited all visitations to parents, and they could only see their babies through video calls, from a mobile phone that was donated by the NGO Thermokoitida Agapis. After the lifting up of the restrictions parents of premature babies in Nicosia have 30 minutes visiting time, which speaking to the head nurse there is often not enough to breastfeed. The Limassol NICU unit was not affected in the same way but is also very small and is not taking care of any severe cases.

2. Key findings

For the purposes of this report I have spoken to a number of stakeholders (midwives, ombudsman office, ngos about premature babies) and pregnant women/young mothers who gave birth in the quarantine

I was not able to find the actual guidelines from the Cyprus Society of Obstetricians and Gynaecologists or the Ministry of Health regarding pregnancy and birth management during the pandemic. However, the Cyprus Society of Obstetricians and Gynaecologists shared an [informational leaflet](#) on coronavirus and pregnancy from the Hellenic Society of Obstetric and Gynaecologic Emergency, which describes the Greek guidelines regarding the management of positive pregnant women, showing that the same guidelines are followed in Cyprus too. Greek guidelines mention that the type of delivery, vaginal or caesarean, should be based on obstetric indications and Covid positive women should not have a caesarean just because they are positive. However, in reality, all positive women had a caesarean section in Greece. The Greek protocol supports the separation of mother and baby when the mother is positive, and prohibits skin to skin and breastfeeding. This procedure has been followed in Cyprus (Greek Cypriot side) too.

Pregnant women have also contacted Birth Forward in search for lawyers that would help them to protect their rights in case they are found positive. Their demand was to be able to have a vaginal birth and stay with their baby. A woman I talked to was so stressed that she said she would stay home to give birth alone if found positive. She said «Σκέφτομαι να κάνω εξετάσεις μόνη μου και αν βγω θετική απλά να κάτσω σπίτι και να γεννήσω χωρίς κανέναν. Πριν λίγες μέρες είδα όνειρο ότι με έπιασαν συσπάσεις μέσα στη νύχτα και ότι δεν έβγαζα κιχ για να μην ξυπνήσω τον άντρα μου. Τον ξύπνησα τη στιγμή που βγήκε το κεφάλι, και με βοήθησε (να φέρει πετσέτες, κτλ). Του το είπα το πρώι και φρίκαρε!»



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(Translation: "I am thinking of doing Covid test on my own and if I come out positive I will just sit at home and give birth without anyone. A few days ago, I had a dream that I had contractions during the night and that I did not make any noise so as not to wake my husband. I woke him up the moment the head came out, and he was helping me (to bring towels, etc). I told him in the morning and he was horrified!")

One of the main violations of human rights of pregnant women was the ban of birth companions and the ban of the fathers during exams. Not all clinics followed this, but most clinics and all general hospitals had a total ban on birth companions and women gave birth only with the medical staff. During our conversation a pregnant woman mentioned she feels that dads are treated like sperm donors and their presence is not considered essential, neither for the mother nor for the baby.

(Quote: 'Αντιμετωπίζουμε τον πατέρα σαν απλό δότη σπέρματος και δεν του επιτρέπουμε να είναι παρών στις προγεννητικές εξετάσεις, βάζουμε ένα σωρό περιορισμούς για την παρουσία του (τις λίγες φορές που επιτρέπεται) στην αίθουσα τοκετού, περιορίζουμε ακόμα περισσότερο τις ελευθερίες της επιτοκού «επειδή έτσι λένε τα πρωτόκολλα του covid»...') (Translation: We treat the father as a mere sperm donor and do not allow him to be present at prenatal examinations, we put many restrictions on his presence (the few times he is allowed to be with his partner) in the delivery room, we restrict the liberties of the birthing woman even more "because the covid protocols say so.")

Other mothers who gave birth in the pandemic under a strict protocol said that they felt really lonely. Someone described the experience like a punishment, not joy. A second time mom said that gave birth vaginally to her baby alone said that she felt more anxious than the first time she gave birth, due to the situation. She said she feels lucky this was her second time because if it was her first she would freak out. However, she said she found it easier to establish breastfeeding this time as she did not have to go back to work immediately, like the first time she gave birth. She is a freelancer and after her first birth she returned to work 15 days postpartum, having to leave her baby behind and to pump, until he completely rejected the breast due to nipple confusion and her supply dropped. She really wanted to breastfeed longer this time but she thought it would be impossible. Lockdown gave her the chance to successfully breastfeed her baby but on the other hand, it made it very difficult to deal with her first baby who is 2 years old and wanted her attention and to go out, play etc. It was difficult that she could not receive help with her older son from her parents or parents in law or other friends and relatives, as everyone was isolated.

A first time mother described her experience:

Το ότι γέννησα μόνη μου εννοείτε με επηρέασε αρνητικά. Διότι δεν είχα σύντροφο, μάνα, κανένα γύρω μου. Σαν μια μάνα μονογονιός .. Όντως δύσκολο για αυτές τις μάνες. Άπειρη σαν νέα μάνα. [...] Σίγουρα αν ήταν ο άντρας μου ήταν να έπαιρνα δύναμη. Θα είχα βοήθεια στο δωμάτιο. Θα μπορούσα να έκανα ένα μπάνιο με βοήθεια αφού έκανα μόνη μου και είχα έννοια του μωρού αφού έκανα αργά αργά τα βήματα μου αφού καμιά δεν με βοήθησε. Ξέχασα να



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πάρω νερά μαζί μου στην κλινική. Διψούσα πολύ και με ένα ποτηράκι νερό τι να μου κάνει. Διάβασα πως επρεπε να πίνω πολλά υγρά για το θηλασμό. Πήγαινα μόνη μου με τον ορό και γέμιζα συνέχεια νερό το ποτήρι ωσπου με λυπηθηκε ένα πλάσμα του Θεού. Μια μαία μικρή έχετε part time εκεί και μου γέμισε λαμιτζανα. Ήταν το μοναδικό πλάσμα που ήταν καλή ψυχή. Και κρίμα που την είδα μια φορά μόνο. (Translation: The fact that I gave birth alone of course had a negative effect on me. Because I had no partner, mother, no one around me. Like a single mother... It is indeed difficult for these mothers. [...] Surely if my husband was with me, he would have given me strength. I would have help, in the room. He would help me take a shower or watch the baby for me to take a shower peacefully, as I was nervous to leave the baby alone in the room to take a shower. I forgot to take water with me to the clinic. I was very thirsty and with only a glass of water, what can you do.... I read that I had to drink lots of fluids for breastfeeding. I was going alone [to the kitchen] with the drip and kept filling the glass with water until a creature of God took pity on me. A young midwife who worked part time there, and she filled me a water container. She was the only person who was a good soul. And what a pity I saw her only once.)

*This first time mom had a cesarean about 5 hours after her water broke because of failure to progress. She said that if her husband was with her she would have more stamina to fight the pressure for a cesarean that early.

A midwife that did not want to be identified, reported that she felt really bad having to prohibit the entry of the fathers to the clinic she works. She said most women were crying as their partner left and she had to play the role of the psychologist and try to calm the women. She had to support upset and anxious birthing women psychologically more than usual, something that was a huge burden and made her job very difficult. She said she cried many times with pregnant women.

Women who were adamant to have their partners with them at their birth, changed obstetricians based on whether the clinic they worked at, allowed the partners to be with them at the birth. Maryline Achilleos, a doula, said: I supported all my clients to find new doctors in clinics that did not ban partners. Pregnant women had to travel to another city for this. Clinics that allow partners, make them have a covid test upon admission to the clinic with the pregnant woman.

On May 8th 2020, the Ombudsman office published a report saying it is a woman's human right to have a birth companion and fathers should be allowed at the birth of their child on every occasion, provided they test negative for Covid. Despina Mertakka, the officer who wrote the recommendation for the presence of the fathers during labour and birth, said that they accepted two complaints from fathers whose partners were giving birth in Makario hospital and they were told they would not be allowed to be present. She mentioned that she tried to contact the hospital first but they were not willing to discuss it, so she wrote the recommendation so the fathers that contacted her to have something to base their demand to be present. She thought that if there is this violation in Makario, then the same would happen in the private sector as



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well. After the recommendation by the Ombudsman, clinics and hospitals in their majority changed their policy and allowed partners. However, there are anecdotal reports from women that the results of the test may take a lot of hours to come and during these hours the fathers are not allowed to be with their partner. This leaves the mother without the support of her partner for many hours during labour and there is the chance the father will miss the birth of their child.

Birth Forward had many more requests from couples regarding the birth companion during labour during their online seminars, as well over other channels and after a couple succeeded they recommended them to directly contact the Minister of Health. These seemed to have shown some impact and change in the public hospitals since the fathers then succeeded to be present during labour.

Another issue is that many women that were sent to the private sector from Limassol hospital, had caesareans. There is no published data but for two first time mothers I spoke with for the purposes of this report, this was the case.

Lastly, the policy of no visits in the NICU of Makario, except for being a violation of the human rights of the parents to have contact with their baby, has also negative impact to the wellbeing of the babies'. Thermokoitida agapis promoted the campaign Zero Separation as the evidence supports the continuation of visitations and the contact of the parents with their premature baby, while taking suitable protective measures. However, the visitation policy of the NICU of Makario was not ideal before the Covid pandemic either, the pandemic just made the problem worse. The reason behind these practises is a lack of space and staff which it's negative impacts on premature babies and their parents are even more amplified during the pandemic.

This is an issue that needs to be addressed by the Ministry of Health and the management of the NICU as their policy does not follow the current recommendations on the care of premature babies. Limassol hospital's NICU has a more flexible visitation policy where parents can visit any time they want and they can stay as long as they want when their babies are awake and breastfeeding. However, if the baby is sleeping, they don't let them stay or wake them up to breastfeed. They can accept 15 babies in total and they do not take extremely premature babies, only babies after 32-33 weeks gestation.

I had the chance to discuss with Pavlina Kleanthous, nurse supervisor in the Limassol General NICU and Dr Maria Zeniou, neonatologist in the NICU, and both assured me that their visitation policy did not change in the quarantine. There were still free visits for the parents 24/7 but only the mother or the father could be present each time, not both together. They did not require extra Covid-19 tests for the parents, only the test mothers had when they gave birth. Recently their policy changed and there is a guideline to ask for Covid negative tests from both parents, without any further clarification as to how long this test will be valid, if the parents will have to



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repeat it etc. Pavlina Kleanthous, supervisor nurse, told me they know that contact with parents and breastfeeding is irreplaceable for the development and health of the babies and they cannot restrict it even in the pandemic. The parents were wearing masks and took all protective measures but nevertheless breastfeeding and contact with their baby was supported. Dr Maria Zeniou, added that they follow the principles of neurodevelopmental care and family centered care for preterm babies (Family Centered Developmental Care) according to international standards and best practices. Their goal is to provide the best care for the infants they have in the NICU and according to the research, the best for their development and growth is as much contact with their parents as possible. She admitted that they do not provide the best support on breastfeeding though because they are understaffed and much needed training on breastfeeding and other areas of care have been postponed due to the pandemic. She mentioned that during the pandemic a number of the staff was moved to other posts by the management of the hospital in order to cover other positions. She did not mention how many people were moved, but she said these have not been back yet and their positions have not been covered in any way, so they are extremely understaffed.

3. Conclusions and Recommendations:

The services provided to pregnant women have become worse because of the pandemic. The lack of companions negatively affected their experience, practically and psychologically. The questions is whether the potential harm of Covid-19 infection on pregnant mothers and babies and the measures trying to protect them from the disease are ethical, in relation to the scientifically proven harm of separation of mother and baby, deprivation of birthing partners and high anxiety levels of pregnant women, impacting their unborn babies. Over medicalisation of the birth procedure and an increase of caesarean sections also cause problems and the precedents they set might take tens of years to reverse.

The violations of human rights in childbirth that existed before, became more intense during the covid pandemic. It seems there is some increase in caesareans that is also connected to the way GESY (new national health system) is working. Women carry a huge psychological burden because they are forced to give birth alone. The lack of a birth companion affected women's experience negatively both practically and psychologically. What was a procedure to some general hospitals, (for example Paphos General never allowed partners to enter the birthing room either for vaginal or caesarean birth), became a widespread practice. Furthermore, the protocol of treatment of birthing women positive to Covid, does not follow the current recommendations and violates their human rights, with separation of mother and baby and prohibition of breastfeeding, only expressed milk is allowed.

My recommendation is to address the issue of the birth companion with the Ombudsman and ask for a recommendation that will cover also caesarean birth, as this is something not allowed in the public hospitals and in the private it is left to the discretion of the dr if he will allow the



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father. The main argument from the public hospitals is that the presence of the father in the operating room is dangerous for the mother, as he would bring germs in and risk the safety of the mother. However, in private clinics in Cyprus, it is common practice for the father to be present during caesarean births with no adverse effects, (as he goes through the same procedure of disinfection and wears the same sterile equipment as the medical staff present), and this invalidates the arguments of the public hospitals. A different birth companion except from the father is much more difficult to be accepted for either vaginal birth or caesarean birth. The Ombudsman should clarify in her current report that the companion should be a person the mother chooses, in order to be more inclusive of all options. There should be clear guidelines on birth companions, protecting the right of the mother to have the person of her choice with her. Birth partners are a determining factor for the safety and wellbeing of the woman during her birth and postpartum and the decision whether to allow or prohibit their presence, should not be left to the discretion of each clinic or obstetrician.

Birth Forward could also create a campaign on social media about human rights in childbirth, covering issues like informed consent, the right to be fully informed for risks and benefits of every option and procedure, and making it clear that the birthing person is the ultimate decision maker. Birth Forward could address issues rarely spoken about, such as episiotomies, birthing positions, routine oxytocin use etc and link them to the sphere of human rights in childbirth and informed consent.

Additionally, Birth Forward should push again for progress in the creation of a government strategy by a multidisciplinary team for the promotion of natural labour/birth as we have been promised in 2017. This strategy should include the timely publication of cesarean rates by clinics or even doctors at least those in the public system. Medical guidelines and regular audits should be done by the Ministry of Health. The payment structure in the new health system might need adjustment. There was also an announcement in July prohibiting the gynecologists to see more than 20 patients per day, in a first attempt to ensure that the quality of care is secured.

Regarding the NICUs in Makario Hospital and Limassol General, Birth Forward could cooperate with the other NGOs for premature babies such as Thermokoitida Agapis and Mora Thavmata and demand for more staff, better training on breastfeeding and on how to support the contact of parents and babies in all circumstances. Also, Birth Forward with the aforementioned NGOs could demand the state to provide bigger and more suitable spaces to house the NICUs, or renovate the existing according to higher standards that will facilitate the presence of the parents near their baby. The state should prioritise premature babies and provide the medical staff to the NICUs with the means to be able to provide care according to the best practices.



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Annex: Interviews with:

- Maryline Achilleos, Doula in Paphos area
- Michael Philippakis, Thermokoitida Agapis, NGO for premature babies
- Pavlina Kleanthous, nurse supervisor, NICU, Limassol General Hospital
- Maria Zeniou, neonatologist, NICU, Limassol General Hospital
- Despina Mertakka, Ombudsman officer
- Midwife working in a private clinic in Limassol that did not want to be identified
- 5 mothers shared their experience for the purposes of this report, they did not want to be identified



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