



COVID-19 Restrictions on Reproductive Healthcare: Balancing rights in times of crisis

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Abstract: Containing the spread of COVID-19 means curtailing some human rights. However, questions must be raised when governments allow people to attend large sporting events and sit indoors in restaurants and bars but ban partners from prenatal consultations and childbirth.

One of the challenges that quickly arose during the pandemic was whether public health restrictions struck an appropriate balance in allowing adequate access to essential sexual and reproductive health services. A [major concern](#) was that, in many countries, restrictions limited the ability to access information and advice concerning abortion, attend appointments at termination clinics and receive appropriate healthcare such as the administration of abortion pills.

The Committee on the Elimination of Discrimination against Women (CEDAW) issued [guidance notes on COVID-19](#) expressing deep concern about how the pandemic was exacerbating inequalities, risks and discrimination faced by women. The guidelines identified access to abortion services as one of the main health services compromised by pandemic-related restrictions and declared that:

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Confidential access to sexual and reproductive health information and services such as modern forms of contraception, safe abortion and post-abortion services (...) must be ensured to women and girls at all times.

Despite the emphasis on disruption to abortion services, it is important to note that they were not the only facilities interrupted. Access to other reproductive healthcare services, as for example fertility treatments, were heavily restricted but this issue received little attention. Researchers found that the prolonged lockdown of fertility treatments has been [detrimental](#) for patients in particular but also for society as a whole. There was a solid consensus around the key recommendations for practitioners which included suspension of all new fertility treatments with just a few exceptions. The CEDAW guidance note on COVID-19 was clear in this regard and addressed the need to protect sexual and reproductive health services in a **broad sense**, affirming that:

States ... must continue to provide gender-responsive sexual and reproductive health services, including maternity care, as part of their COVID-19 response.

These examples show how important it is to (i) find a balance when governments regulate the portfolio of essential health services in exceptional circumstances like a global pandemic, and (ii) develop a gender-responsive approach.

There is, however, another important facet regarding balance that deserves further attention when regulating access to services during health crises: the equilibrium between the restrictions applied in the health context, more specifically in relation to sexual and reproductive services, and the lower level of restrictions in some other contexts.

Maternity healthcare restrictions: Impact and protests

[In this film](#), we see a man sitting in his car in a hospital carpark. He is visibly distressed and concerned. He is listening to the radio: '(...) *maternity visitation restrictions will remain in place for the foreseeable future.*' 'God, I hope she is okay', he says. Natalie Britton and Paul Horan's short documentary, *Every Parked Car Tells a Story*, gives a vivid picture of how Irish men and women went through pregnancy and loss during COVID-19.

The film chronicles experiences of pregnant women and couples impacted by Ireland's guidelines on [maternity restrictions](#). One woman explains: 'I had my first pregnancy during the pandemic, I was six months pregnant when our baby, which had been progressing perfectly until then, died suddenly.' Another woman says: 'My husband was not allowed to come with me for the

scan, I was there, and they found out there was no heartbeat. I had to go outside and tell him on my own, this was his baby too.'

In Ireland, hundreds of people protested against COVID-19 restrictions in maternity units. With the hashtags [#BetterMaternityCare](#) and [#MarchForMaternity](#), social media echoed the testimonies of Irish women and men affected by the limitation on partners' presence, not only in pre- and postnatal appointments and visits but also during labour. Maternity healthcare restrictions have been a controversial issue in Ireland but also in other European countries such as the [UK](#), [Spain](#) and [France](#), and in other regions of the world.

Were these restrictions necessary or do they unfairly breach these women's (and their partner's) human rights? I believe the restrictions were formulated in such a way that they lacked a gender-responsive approach and had a disproportionately damaging impact on women and their sexual and reproductive rights. Economic profit was prioritised. In Ireland, as in many other countries, at various stages throughout the pandemic, tens of thousands of people could attend sporting events, up to 100 people could be guests at a wedding, indoor drinking and dining were allowed. Yet women had to go through labour or endure miscarriage on their own without the presence and support of a person of their choice.

The experience of some expectant mothers, facing appointments, scans, delivery and, in some cases, losing their babies alone due to COVID-19 restrictions, has been [traumatic](#). The World Health Organization (WHO) issued a [recommendation](#) supporting women's right to have a chosen companion during labour and childbirth, a reminder that 'pregnancy is not put on pause in a pandemic, and neither are fundamental human rights'.

Balancing as a human rights issue

International human rights bodies have played a vital role in '[systemising, setting standards and monitoring human rights violations in the context of sexual and reproductive health and rights](#)'. They have also addressed critical human rights issues in the provision and experience of care during and after pregnancy, including childbirth. Moreover, the [WHO](#) has already affirmed in 2014 that 'every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care throughout pregnancy and childbirth'.

However, the pandemic has highlighted significant human rights challenges such as how best to maintain and balance essential health services (abortion services, reproductive and maternity healthcare services) with the need to restrict movement during an outbreak of a highly contagious virus.

Regarding the latter, questions must be raised when governments allow people to attend football matches but limit the presence of partners in prenatal consultations and during childbirth. And there are other important

related issues. For example, COVID-19 restrictions meant many women had to wear face masks for hours at a time during childbirth. This caused them much anxiety and stress, making their [labour experience](#) extremely negative. Conversely, during the same period, people could [take off their face masks](#) while seated in indoor restaurants and bars.

[While many states](#) considered restrictions on freedom of movement and physical distancing necessary to prevent infection, such measures excessively limited and negatively impacted women's access to healthcare. These issues and concerns need a better engagement and therefore better responses from the human rights community to assist in preparation for future health crises.