



Obstetric Violence in Developed Countries (United States- Canada- Italy)



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Introduction

Last year, the Unit of Research and Studies at the Forum for Development and Human Rights issued a similar report that monitors violations of women's rights, particularly "obstetric violence" in areas of armed conflict. This phenomenon is widely spread in these places as a result of the deterioration of health care systems. Despite this, we recently observed that obstetric violence is not far from women in developed countries, and we found many daring women who disclosed the abuse they were exposed to during the birth process in the United States of America, Canada and Italy, and refugees from different countries who live on the borders of foreign countries are exposed Also for obstetric violence.

Globally, maternal and child health outcomes are improving and maternal mortality rates are declining, however, ensuring patient safety and high-quality obstetric care is an unfinished agenda. There is growing evidence of a range of disrespectful and violent practices that women face in obstetric care facilities at the hands of health care providers, particularly during childbirth. The fifth Millennium Development Goal (MDG) has driven the development of health policies and reforms around the world aimed at increasing the number of live births in health facilities and reducing maternal mortality.

Recent studies have defined obstetric violence as "maltreatment that occurs in the care provided during pregnancy, delivery and the immediate postpartum period". Obstetric violence is considered a form of gender-based violence because it involves forcing women to do what they refuse to do during the process of giving birth. It includes intentional emotional, verbal and sexual violence; a variety of obstetric practices that may inadvertently cause patient suffering, such as the



abandonment or refusal of a woman's assistance during childbirth; lack of empathy from service providers; and disapproval of interventions such as caesarean sections.

Obstetric violence practices can also be seen as reflecting abusive men's attitudes and practices through coercive control over women's bodies and behavior. As a result, obstetric care facilities can be poignant sites of abuse and suffering for pregnant women and women during childbirth. Disrespect and abuse of women at work may result from failures of the health system, including what health providers have learned in training and reinforcement on the job, as well as various prejudices in society.

Obstetric violence is a violation of women's human rights, including non-discrimination, individual freedom and security, reproductive health and autonomy, and freedom from cruel, inhuman and degrading treatment. This assault on women's human dignity requires a stronger government response than access to civilian courts - a remedy that in and of itself remains elusive in some countries.

The WHO on obstetric Violence

The World Health Organization classifies forms of obstetric violence and highlights five categories that give effect to legal definitions: routine and unnecessary interventions and medical treatment (on the mother or infant); verbal abuse, humiliation or physical abuse; lack of adequate materials and facilities; Practices carried out by residents and professionals without the permission of the woman



after providing her with comprehensive, honest and sufficient information; Discrimination on cultural, economic, religious and ethnic grounds.

In 2015, the World Health Organization recognized the severity of women's abuse during childbirth when it issued a statement on the prevention and removal of disrespect and abuse during childbirth in facilities, which described abuse, neglect or disrespect during childbirth as a "violation of women's fundamental human rights."

The WHO called to support research to define and measure "disrespect and abuse" in health facilities around the world, as well as to study the effectiveness of interventions to prevent this type of abuse. The statement also noted the link between maternal mortality rates and ensuring access to high-quality and respectful maternity care. According to the World Health Organization, this includes, but is not limited to, "social support through facilitation of choice, mobility, access to food and fluids, confidentiality, privacy, informed choice, information for women about their rights, redress mechanisms in the aftermath of violations, and ensuring standards High professional care.

When women are denied high-quality care and are scorned and abused by caregivers, there can be 'direct negative consequences' for both mother and child. While maternal mortality is seen primarily as an issue in low-income countries, the maternal mortality ratio in the United States more than doubled between 1990 and 2013. The reasons for this rise are not fully known, but the statistics point to the underlying problems in American maternity care that merit further research and investigation.



Obstetric Violence in the United States of America

Obstetric violence is a human rights violation and a serious public health problem that manifests itself in the negligent, reckless, discriminatory and disrespectful actions of health professionals that are legitimized by symbolic power relations that naturalize and diminish their occurrence.

Obstetric violence is common in the United States of America, especially against women of color that includes a form of racism against them. The United States of America is a developed country that protects human rights, especially the rights of marginalized groups. We cannot relate the problem to economic issues in the United States because it spends almost twice as much on maternity care as other "developed" countries. However, the medical condition of women in the United States is getting worse. In 2015, the United States ranked 27th in the world in infant mortality, and 46th in maternal mortality.

The vast majority of women who give birth in US hospitals leave the hospital with what appears to be the desired outcome: a physically healthy mother and baby. However, many women report low satisfaction with childbirth in US hospitals. One in five women reports PTSD after giving birth, and as many as 34% see a birth that they describe as 'traumatic'.

The United States is the only highly resourced country in the world where the maternal mortality rate is increasing, almost twice as large as in the United Kingdom and more than twice as high as in Canada. In addition, mortality remains a complex problem for women of color in the United States who die at disproportionately higher rates than white women even when there are protective factors of socioeconomic status and level of education. Studies have found that



black women consistently report higher rates of abuse during pregnancy and childbirth.

The problem in the United States of America stems from the inability to define obstetric violence, and many American studies have tried to define the concept of obstetric violence, and all agreed that it performs non-deposited activities against the will of the woman who gives birth.

However, in the US, an obstetrician, Sarah DeGeorgi, claims that there is no such thing as a "forced caesarean section". Despite DiGiorge's insistence that this was not possible, this was the exact threat faced by Jennifer Goodall, a mother of three who hoped to give birth to her fourth child naturally after three C-sections. At the 37th week of her pregnancy, Goodall received a letter from her obstetrician's office, which included the following threats: The hospital had confirmed the need for a caesarean section, which would be done with or without her consent, and had threatened the hospital to initiate an urgent judicial intervention regarding medical intervention.

This indicates that there is virtually no concern for the rights of mothers who give birth and no regard for human rights because the statements of Mother Goodall, may have played a vital role in the increase in the rate of violence against women, particularly obstetric violence in which doctors act as the sole decision-makers.

High maternal mortality rate among black women, why?

Black women are subject to what is called "obstetric racism". In the United States, the rights of women of color are devalued because they seek pregnancy-related



health care and are uniquely vulnerable to abuse and neglect in facility-based delivery settings. Because entrenched discrimination based on gender, race, class, and other factors is applied in the United States, many cases of abuse and violence in birth facilities are overlooked or accepted by government agencies, health care professionals, and even vulnerable patients themselves.

In the United States, a woman's access to high-quality, respectful maternity care varies greatly depending on her geographic location, race, income, immigration status, and other factors. Many providers do not accept public insurance, nearly half of the United States lacks an obstetric provider, rural hospitals are closing across the country, and hospitals serving a high percentage of black patients have been shown to provide lower quality care.

This disparity persists even in California, where maternal mortality rates are lower than the national average and have been declining; However, the rate is more than three times higher among black women than among white women. Differences in pregnancy-related deaths for black and Asian women increase by maternal age and persist across education levels. For example, the rate of black women aged 30 to 34 is more than four times that of white women (48.6% vs. 11.3%), while the rate of Asian women in the same age group is nearly four times that of white women (41.2%).

Informed consent

The idea of obtaining the consent of the patient plays a vital role in the medical field, and its importance appears in the process of childbirth as some doctors do



not require the consent of the patient before deciding to take a certain action, and some doctors decide to take a certain action against the patient's will and consent, which represents a major violation of human rights. It is also a form of gender-based violence in which some doctors use their "power" to make medical decisions themselves without the patient's consent, meaning the mother who gives birth. It has been suggested that much of the excessive use of unnecessary medical intervention in labor and delivery can be prevented by adhering to basic principles of informed consent.

Despite the legal and ethical requirements for health care, informed consent in maternity care is often restricted and not consistently implemented for all women in all countries. As research in the American system of maternity care indicates, women in the United States experience a significant loss of autonomy during pregnancy and childbirth. In a survey conducted in the United States to measure women's ability to make decisions on their own during childbirth, 25% of mothers who had caesarean sections and 25% of mothers who had training felt pressure to do so. In addition, 63% of women who gave birth identified them as "decision makers".

The Breaking the Silence campaign aims to reduce gender-based violence through media campaigns and initiatives to raise awareness and knowledge among victims of gender-based violence and society as a whole. The aim is to prevent gender-based violence and encourage zero tolerance for such violence. This campaign discussed obstetric violence and presented stories from hundreds of women who reported being bullied or coerced for interventions, and in some cases lacking



possession. Caregivers are often able to get women to "consent" to interventions because of the power imbalance between physician and patient.

Hence the situation in the USA not only revolves around violence against women who give birth, but also does not take their consent to take certain actions that ultimately constitute a form of gender-based violence affecting the lives of women in the United States.

Canada: Abuse of women during childbirth

Obstetric violence is not recognized as a concept as well as not widely known in Canada, yet many women reports having experienced significant abuse during childbirth and there is clear evidence that abuse and violence in reproductive health care and childbirth is a daily reality in Canada, with disproportionate effects on marginalized groups.

There are some cases that involve threats to women and girls, and others that include not obtaining the consent of women to take certain medical procedures. To make the problem worse, Canada lacks a comprehensive, impartial national reporting mechanism for abuse and violence in reproductive and obstetric health care and the channels available lack transparency and accountability.

Many women told stories of discrimination, including young adults and teens, who were subjected to cruelty, disdain and verbal abuse for their age and perceived ability to parenting from health care providers during childbirth and receiving care. Others reported being threatened, publicly or implicitly, with participation in childcare services if they did not follow their doctor's orders. Some share their



experiences with false calls to help children and the losses they have incurred to their families and their peace of mind. Others faced obstacles in obtaining timely and respectful abortion care in their own communities.

A woman from Ontario, who went through a traumatic birth experience, explained that the nurse mistreated her because the hospital did not care about the health of the mother or the child and they asked her to write a letter of complaint to the hospital, and she had the right to do so, because they did not care about the health conditions of the mother.

Speaking of informed consent during medical procedures, although there are laws that define proper consent requirements in Canada, it is one of the many popular topics on the Community Story blog, (a blog that receives reports of cases of violence against women, especially obstetric violence),

The stories received included a complete lack of informed consent in reproductive health care; Especially childbirth.

Rather, informed consent is used as a counter-weapon, i.e. to threaten the involvement of the CPS if the doctor's orders are not followed, or imply that the patient will not be a good parent or will endanger his child's life if they question the orders; That is, warning them with a "dead child" paper. The agency also monitors parents' behavior with their children after birth, and can deprive them of their children.



Italy

One million mothers in Italy (21% of mothers) have experienced various degrees of obstetric violence in their first childbirth, and 6% of women in the past 14 years have been so traumatized that they give up having more children, a choice that leads to Approximately 20,000 babies are not born each year.

According to the first national survey conducted by the Doxa Institute, commissioned by the Obstetric Violence Observatory in Italy, 21% of mothers of children from 0 to 14 years old had experienced obstetric violence during the birth of their first child.

While childbirth is expected to be the most exciting event in a woman's life, 4 out of 10 mothers say they have been exposed to practices that undermine their dignity and personal safety.

The Obstetric Violence Observatory was founded in 2016 by a victim of obstetric violence herself and the observatory has worked to raise awareness about obstetrics and help victims obtain their rights. In a survey conducted by the observatory, the results showed that the assistance provided at birth violated in some respects her dignity and psychophysical integrity for 4 women out of 10 (41%).

One of the Italian women spoke about her experience of giving birth in an Italian hospital, where the doctor and nurse made decisions without obtaining her consent, and talked about her feeling that her rights were severely violated because of that. The doctor refused to give her a certain injection to relieve the contractions, and the woman demanded that the doctor or nurses not be exposed



to her. When the woman asked whether it was her due date, she did not find a definite answer, and the doctor did not give her a specific date, leaving her to suffer from contractions until it was time to give birth. The medical staff kicked her husband out of the room when it was due to give birth without taking her opinion, which is also a violation of her rights.

Conclusion

Awareness of obstetric violence is increasing, but it is still difficult to find specific and comparable data on it. Even the World Health Organization has called for support for research on how to define and measure disrespect and abuse in maternal health care. In recent years, thousands of women have told their stories of abuse during childbirth via social media, breaking the silence on the issue. Since 2014, observatories of childbirth violence in Chile, Spain, Argentina, Colombia and France have also conducted online surveys to collect data. Women collecting and exchanging information and testimonies about childbirth-related violence are part of a growing movement to report and stop this abuse.