Obstetric violence is a misnomer

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The term "obstetric violence" has been used in the legislative language of several countries to protect mothers from abuse during pregnancy. Subsequently, it has been expanded to include a spectrum of obstetric procedures, such as induction of labor, episiotomy, and cesarean delivery, and has surfaced in the peer-reviewed literature. The term "obstetric violence" can be seen as quite strong and emotionally charged, which may lead to misunderstandings or misconceptions. It might be interpreted as implying a deliberate act of violence by healthcare providers when mistreatment can sometimes result from systemic issues, lack of training, or misunderstandings rather than intentional violence. "Obstetric mistreatment" is a more comprehensive term that can encompass a broader range of behaviors and actions. "Violence" generally refers to the intentional use of physical force to cause harm, injury, or damage to another person (eg, physical assault, domestic violence, street fights, or acts of terrorism), whereas "mistreatment" is a more general term and refers to the abuse, harm, or control exerted over another person (such as nonconsensual medical procedures, verbal abuse, disrespect, discrimination and stigmatization, or neglect, to name a few examples).

There may be cases where unprofessional personnel may commit mistreatment and violence against pregnant patients, but as obstetrics is dedicated to the health and well-being of pregnant and fetal patients, mistreatment of obstetric patients should never be an intended component of professional obstetric care. It is necessary to move beyond the term "obstetric violence" in discourse and acknowledge and address the structural dimensions of abusive reproductive practices. Similarly, we do not use the term "psychiatric violence" for appropriately used professional procedures in psychiatry, such as electroshock therapy, or use the term "neurosurgical violence" when drilling a burr hole. There is an ongoing need to raise awareness about the potential mistreatment of obstetric patients within the context of abuse against women in general. Using the term "mistreatment in healthcare" instead of the more limited term "obstetric violence" is more appropriate and applies to all specialties when there is unprofessional abuse and mistreatment, such as biased care, neglect, emotional abuse (verbal), or physical abuse, including performing procedures that are unnecessary, unindicated, or without informed patient consent. Healthcare providers must promote unbiased, respectful, and patient-centered professional care; provide an ethical framework for all healthcare personnel; and work toward systemic change to prevent any mistreatment or abuse in our specialty.

Key words: abuse, abuse in healthcare, anesthesia, cesarean delivery, ethics, epidural, episiotomy, induction of labor, mistreatment, obstetric racism, obstetric violence, pain relief, pelvic examination, professionalism, professional practice, violence

Historical background

Obstetrics is the discipline that deals with pregnancy, childbirth, and the postpartum period. The etymology of "obstetrics" derives from the Latin "obstetricius," meaning "pertaining to a midwife," from "obstetrix," which translates to "midwife," and is rooted in "obstare," meaning "to stand before." The term "obstetric violence" has been used in the legislative language of several countries to protect mothers from mistreatment and abuse during pregnancy.[1] Subsequently, the term "obstetric violence" has been used in several obstetric procedures, including induction of labor, episiotomy, and cesarean delivery.[1]

The term "obstetric violence" was first used in *The Lancet* in 1827 by James Blundell,[2] although, at that time, it had a different connotation and described the forceful removal of the placenta after delivery: "[W]hen dangerous symptoms appear, and the placenta is lying in the uterus, the symptoms being clearly referrible to the retention of the placenta—if the symptoms are not urgent, you had better leave the placenta, if it cannot be abstracted without violence; and even where the symptoms are pressing, you are still scarcely justifiable in abstracting manually, provided the operation be attended with the risk of

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Received Aug. 24, 2023; revised Oct. 1, 2023; accepted Oct. 2, 2023.

The authors report no conflict of interest.

This study received departmental funds.

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0002-9378/$36.00

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https://doi.org/10.1016/j.ajog.2023.10.003

laceration; for when a patient must be exposed to dangers, in the general, perhaps she had better be exposed to the dangers [that] arise naturally from her situation than to those [that] may result from obstetrics violence."

Of note, 1 recent definition of obstetric violence includes 7 categories of disrespect and abuse: physical abuse, nonconsensual care, nonconfidential care, nondignified care, discrimination based on a specific patient attribute, abandonment of care, and detention in facilities.[3,4]

The connection between obstetric violence and social inequity reaches back centuries. With movements aimed at humanizing childbirth and addressing the overmedicalization of pregnancy and childbirth, the term "obstetric violence" surfaced in the 1980s with a different connotation,[5] and it has been expanded in some publications to include a spectrum of some procedures performed in pregnancy, such as induction of labor, episiotomy, and cesarean delivery.[6-9]

In addition, the term "medical violence" has been used to refer to other forms of violence, such as forced sterilizations and other procedures performed without informed consent, especially against Black women.[10,11] Most recently, an approved research study, a prospective randomized trial of elective induction of labor in France, aimed to determine whether the results from the United States can be replicated[12-14] was criticized as showcasing obstetric violence.[15,16] In response, the use of the term "obstetric violence" was called "inflammatory language [that] shreds the ability for [a] nuanced, scientific debate."[17] A recent study from the Centers for Disease Control and Prevention (April 2023) reported that approximately 1 in 5 women reported mistreatment during maternity care, which was more common among Black, Hispanic, and multiracial mothers, and approximately 30% of women reported discrimination during maternity care.[18] The most frequent mistreatments included being ignored by healthcare providers, having requests for help refused or not responded to, being shouted at or scolded by healthcare providers, having the patient's physical privacy violated, and being threatened with withholding of treatment or being forced to accept treatment that the patient does not want.[18] Worldwide, 1 in 3 women experience physical or sexual violence,[19] and in a study from Sri Lanka, 1 in 5 women reported to have experienced "violence" during maternity by healthcare providers.[20] Violence against women and girls is considered a human rights violation, and the immediate and long-term physical, sexual, and mental consequences for women and girls can be devastating.[21]

Obstetrics is a medical profession dedicated to the health and well-being of pregnant and fetal patients. There may be cases where unprofessional personnel may commit mistreatment and violence against pregnant patients, but as obstetrics is dedicated to the health and well-being of pregnant and fetal patients, mistreatment of obstetric patients should never be an intended component of professional obstetric care. In nomenclature, it is necessary to move beyond the term "obstetric violence" in discourse and address the structural dimensions that perpetuate abusive reproductive practices. This article intensively reviews the term "obstetric violence," which has been used increasingly in the medical literature with about 200 publications since 2010 and 72 publications in 2022.[22]

Violence against women: an ongoing global problem

The World Health Organization (WHO) defines violence in general as "the intentional use of physical force or power, threatened or actual, against oneself, [against] another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."[19] The US legal system defines crimes of violence as "(1) an offense that has as an element [of] use, attempted use, or threatened use of physical force against the person or property of another or (2) any other offense that is a felony and that, by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense."[23] The legal definition of crimes of violence can vary by US state and jurisdiction, but it generally includes any action that is intended to cause harm or injury to another person or property. Domestic violence, also known as intimate partner violence, family violence, or domestic abuse, is a subset of a pattern of behaviors used by 1 partner to maintain power and control over another partner in an intimate relationship. It can occur in any intimate relationship, irrespective of marital status, age, gender, sexual orientation, race, or socioeconomic background.

Wrongful use of obstetric violence

The term "obstetric violence" can be seen as quite strong and emotionally charged, which may lead to misunderstandings or misconceptions and might be interpreted as implying a deliberate act of violence by healthcare providers. Violence in pregnancy is generally defined as neglectful, physically abusive, and/or disrespectful treatment from healthcare professionals toward patients in childbirth, and it is regarded as a violation of the woman's human rights.[24] Using the term "mistreatment" instead of the term "violence" is less objectionable and can sometimes result from systemic issues, lack of training, or misunderstandings rather than intentional violence.

The WHO reported on women who have been physically and verbally abused, involuntarily sterilized, denied pain medication, and affected by life-threatening, avoidable complications because of neglectful medical care during childbirth in hospitals.[25,26]

Using the term "obstetric violence" was suggested because its usage may contribute to the ongoing awareness of violence against women.[27] We strongly disagree. Coercive clinical practices, disrespect, abuse, and mistreatment of pregnant patients by obstetricians and other obstetric personnel are unprofessional. Obstetricians frequently advocate and champion causes that empower the autonomy of women, and

it is inappropriate to define "obstetric violence" as a form of structural violence that permeates sociopolitical contexts.[28]

The term "obstetric violence" within the Latin American and Caribbean literature and laws has been operationalized mainly through national policy and legislation and not through the medical literature.[1,29] Several essential obstetric medical procedures, some of them lifesaving, have been listed in some laws among those included as "obstetric violence": induction of labor, cesarean deliveries, episiotomy, and even supine childbirth positions, among others.[1] These procedures, in and by themselves, are essential obstetric interventions designed to improve obstetric outcomes and should not be called "obstetric violence" if performed within the confines of consented procedures.

In the United States, the United Kingdom, and elsewhere, the term "obstetric violence" has not been widely used and is ill defined. In a systematic review of 65 studies about mistreatment of women concerning childbirth from 34 countries, with most of the studies (63/65) from outside North America, Bohren et al[10] stated that "[c]linical studies show that mistreatment of women in pregnancy and childbirth is a widespread phenomenon and reports indicate that up to 30% of women, [from] both low- and high-income regions, claim to have experienced a subtype of obstetric [al] violence during childbirth."[30]

Although LexisNexis (a database containing billions of searchable documents and records, such as legal resources) found only 10 cases of "forced and coerced cesarean deliveries" in a 24-year period between 1990 and 2014,[31] Borges[32] stated that women in the United States are routinely and frequently forced to undergo cesarean deliveries, episiotomies, and the use of forceps during delivery. She proposed an "innovative" solution for addressing the problem of coerced medical procedures during childbirth by importing to the United States the framework developed in Venezuela and Argentina that characterizes this issue as obstetric violence.

There have been many attempts to decrease interventions, such as episiotomies or cesarean deliveries.[33,34] Sadler et al[8] argued that the excessive rates of medical interventions and disrespect toward women during childbirth should be analyzed as a consequence of structural violence and that the concept of obstetric violence "might prove to be a useful tool for addressing structural violence in maternity care, such as high intervention rates, nonconsented care, disrespect, and other abusive practices." Diaz-Tello[5] stated that "there has been growing public attention to a problem many US health institutions and providers disclaim: bullying and coercion of pregnant women during birth by healthcare personnel, known as "obstetric violence." Chervenak et al[35] stated that "the ethical principle of respect for patient autonomy plays an indispensable role in decision-making with patients" and that "there is evidence that the obstetrician's recommendations about the management of pregnancy are the most important factor in a pregnant woman's decision-making." Respect for patient autonomy is inappropriately applied when deferring to a patient's preference without considering professional considerations.[35,36]

Mistreatment in healthcare

Mistreatment is a broad term that refers to any form of behavior that is unprofessional, harmful, indifferent, rude, neglectful, or disrespectful and can include more severe acts, such as abuse; moreover, mistreatment can include violence against women.[18] Examples of mistreatment might include ignoring someone's needs, failing to provide adequate care, providing biased care, and treating someone with disrespect or hostility. Of note, abuse is a more severe form of mistreatment that involves intentional harm, whereas mistreatment can refer to any behavior that is harmful or disrespectful, whether it is intentional or not.

The term "mistreatment in healthcare" has been used for pregnant patients and entails neglect and emotional (verbal), physical, and even sexual mistreatment.[63-66] Patients who are mistreated can suffer and feel that they lost some of their value as human beings and describe it as the experience of being powerless, ignored, and treated with carelessness and nonempathy.[67–69] Although mistreatment is most often described as unintended in some studies,[67] it is reported as deliberate in other studies.[69] Healthcare services may even facilitate the occurrence of mistreatment in healthcare through lack of resources and time.[69,70] Using the term "mistreatment"[18] or "mistreatment in healthcare" may address the problem and may help to reduce the stigma and blame associated with the issue, making it easier for healthcare providers, patients, and policymakers to engage in constructive dialogue and seek solutions.[71] Promoting a culture of professional respect and patient-centered care emphasizes the importance of respect that can help promote a culture of empathy, understanding, and dignity in maternity care.[72]

The Foucauldian discourse analysis perspective focuses on the power relationships in our society.[62] Women (and others) should be empowered to partner with obstetricians and others to denounce abuse and mistreatment against women wherever it occurs and not limited to reproductive years. All procedures should be performed only with informed consent.[35,72–75]

In addition, it is important to acknowledge that implicit bias and systemic racism affect how some patients are cared for during pregnancy and labor and delivery; therefore, we believe that implicit bias and systemic racism in their different forms should be considered mistreatment of pregnant patients that must be addressed.[76–83]

Mistreatment of obstetric patients

Reports of disrespect, mistreatment, and abuse during maternity care are widespread.[18,37–44] It is estimated that 13% to 28% of female patients seeking any kind of gynecologic healthcare had experienced abuse in healthcare in their lifetime. Childbirth and its associated

circumstances can be experienced as a traumatic event and cause post-traumatic symptoms or even full post-traumatic stress disorder (PTSD).[45,46] Approximately 1 of 20 women with vaginal delivery was found to have PTSD. Bad memories of deliveries and induction of labor were among the causes of PTSD.[47]

The term "obstetric violence" used for well-founded professional practice does not capture the range of adverse experiences and severity of obstetric mistreatment. Using a more appropriate and broader term, such as "mistreatment," can better reflect the diversity of experiences and encourage a broader understanding of the issue.

In those cases where mistreatment or abuse during pregnancy and childbirth has been observed, this should be reported and addressed immediately by the appropriate hospital or legal authorities.

Obstetric mistreatment can refer to a range of disrespectful, abusive, or harmful practices that can occur during pregnancy, childbirth, and the postpartum period when receiving medical care. It can manifest in various ways, including the following:

1. Physical abuse: physical harm or rough handling of the pregnant person during labor or delivery, such as unnecessary force, pushing, or manhandling.
2. Verbal abuse: insulting, demeaning, or yelling at the pregnant person; using disrespectful language; or making derogatory comments about their appearance or choices.
3. Nonconsensual medical procedures: performing medical interventions or procedures without the informed and voluntary consent of the pregnant person. This can include episiotomies, cesarean deliveries, forced sterilizations, or other medical interventions.
4. Failure to provide adequate information: withholding essential information about medical procedures, options, and risks, which prevents the pregnant person from making informed decisions about their care.
5. Disrespect for choices and preferences: ignoring or disregarding the pregnant individual's birth plan, choices, and preferences, including their desire for pain management, birthing positions, or support persons.
6. Denial of pain relief: refusing to provide pain relief or anesthesia when medically indicated or requested by the pregnant individual.
7. Failure to provide timely care: delaying necessary medical interventions or emergency care, potentially endangering the health of the pregnant person or the neonate.
8. Discrimination and stigmatization: treating pregnant individuals differently based on their ethnicity, race, socioeconomic status, sexual orientation, or other personal characteristics.
9. Lack of privacy and dignity: failing to maintain the privacy and dignity of the pregnant person during labor and delivery, including inadequate covering or exposure of intimate body parts.
10. Forced procedures or sterilization: coercing or pressuring individuals into undergoing sterilization procedures, such as tubal ligation, without their informed and voluntary consent.
11. Neglect: failing to provide appropriate medical care, monitoring, or support during labor and delivery, potentially leading to preventable complications.
12. Separation of the mother and neonate: separating the neonate from the mother without a valid medical reason or without obtaining informed consent.
13. Preventing qualified support persons: preventing qualified support persons from attending labor and delivery without sufficient cause.

It is important to emphasize that mistreatment is a potential violation of human rights and can have long-lasting physical and psychological consequences for the pregnant patient. Recognizing and addressing these forms of mistreatment is crucial for improving maternal care and ensuring that individuals receive respectful and safe maternity care throughout their pregnancy, childbirth, and postpartum experience.

In addition, it is important to acknowledge that implicit bias and systemic racism affect how some patients are cared for during pregnancy and labor and delivery and, therefore, should be considered mistreatment of pregnant patient[18,48–50]; consequently, attempts have been made to reduce disparities in care.[51,52]

Violence against patients is unprofessional and should never be an inherent component of obstetric care, as obstetrics is dedicated to the health and well-being of pregnant and fetal patients, although there may be cases where unprofessional personnel may commit obstetric violence. Improving patient safety has been at the forefront of our efforts in the last decades,[53–56] and obstetricians and staff working on labor and delivery units routinely work to ensure safe and healthy pregnancies and deliveries and to prevent and manage complications that may arise during pregnancy and childbirth. Such improvements include a continuing reassessment of routine and other medical interventions, which should not be considered violence when performed with appropriate indications and informed patient consent or as part of an approved research protocol. Medical interventions intend to promote the health and well-being of patients, whereas violence is defined as the use of force to harm or intimidate others.

Some medical procedures, including those performed in obstetrics, have inherent risks and may involve interventions that can be perceived to be violent. However, it is important to distinguish between medical and obstetric procedures performed with fully informed patient consent, including cesarean delivery on maternal request,[57] and active acts of violence performed

with the intent to do harm. It is indisputable that the term "obstetric violence" is a misnomer. It is a misnomer to juxtapose the terms "obstetrics" and "violence," just as it would be a misnomer to juxtapose the terms "medical violence," "psychiatric violence," "neurosurgical violence," "radiologic violence," and "surgical violence."

Using the term "obstetric violence" to advance controversial scientifically unproven agendas is not only a clinically false descriptor but also a political rhetoric.[5,32] Using the term "obstetric violence" in this context increases the degree of conflict between the patient and the provider who may disagree about the best course of treatment and may also vilify the provider as an intentional perpetrator of interpersonal violence.[32]

Using the term "violence" inappropriately has the potential to increase suspicion and distrust in both patients and their physicians. Although a "violent" birthing experience has been described by some women, this may be an inappropriate description.[58–61] The broad use of the language of "obstetric violence" to describe problems in maternity care may introduce unnecessary hostility in the patient-provider relationship.[5] For example, applying the language of violence to low-level forms of insulting and disrespectful treatment may detract from the outrage properly directed at more extreme violations. The Foucauldian discourse analysis perspective focuses on the power relationships in our society.[62] Patients should be empowered to partner with obstetricians to denounce violence against women wherever it occurs and not limited to reproductive years.

Ethical obligations of obstetric physicians and other care providers

Obstetricians and obstetric medical personnel have autonomy-based obligations to respect a reproductive patient's informed decision in treatment.[35,72–75] These obligations need to be balanced with beneficence-based obligations to the pregnant patient and the fetal patient. In almost all cases, autonomy-based and beneficence-based obligations are synergistic without ethical or clinical controversy. When conflicts occur, they should be resolved based on the strength of the medical evidence balanced with the patient's cultural beliefs and practices (and in many hospitals, an ethics committee may also be consulted). Given the literature, which shows that pregnant patients are being mistreated, abused, or disrespected, healthcare providers should promote respectful professional maternal care and raise awareness about mistreatment and abuse to ensure a positive experience for all pregnant patients.

The obstetrician and other obstetric personnel must always treat all pregnant patients with utmost respect. Any mistreatment in healthcare should be eschewed as unprofessional. Some medical procedures can be inherently painful and traumatic, and they should only be performed with informed patient consent[66] and should not inherently be labeled as "obstetric violence." For example, if an obstetrician performs an episiotomy or induction of labor against a patient's wishes and without informed consent, the obstetrician is not acting as a professional.[75]

Patients should be informed that they are empowered to report unprofessional care providers and cases of mistreatment, which must be transparently investigated. Hospitals should establish clear guidelines to prevent patient mistreatment, including guidelines to support chaperones for intimate examinations,[84] and establish clear pathways when patients feel that they are being mistreated. For example, US hospitals are required to provide their patients with a Patient Bill of Rights, which outlines the fundamental rights that patients have when receiving medical care in a hospital setting. The American Hospital Association and the State of New York State (Public Health Law(PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c)) have Hospital Patients' Bill of Rights,[85,86] which lists extensively the rights that patients have by law when admitted to the hospital. For example, in New York City, the Bill of Rights includes a reference to a law that states that "it is illegal to discriminate on the basis of a person's sexual orientation, gender identity, or gender expression in public accommodations, including in healthcare settings."

Patient rights are usually prominently displayed in hospitals for all patients and their families or support persons to see. They often start with "You have the right to be treated with dignity, respect, and professionalism in all healthcare settings by all providers and all staff" and typically also include rights, such as the right to receive compassionate, judgmental-free, respectful, and considerate care; the right to receive information about medical treatments and procedures; the right to participate in decisions about medical care; the right to privacy and confidentiality; the right to access medical records; and the right to voice complaints or care concerns. In addition, the National Institutes of Health has a specific Patient Bill of Rights to protect those who participate in clinical trials.[87] This is an important tool for protecting the rights of patients participating in clinical trials and ensuring that they receive high-quality care in a safe and respectful environment.

Autonomy, dignity, and the ability to exercise choice without coercion and sociopolitical undue power influences are the rights of all people. Obstetrics is the field of medicine that seeks to assess and create a humanized relationship for patients to share traumatic experiences and recognize trauma, violence, and coercive relationships. Every patient deserves a professional who is reflective and avoids the use of undue power in the therapeutic relationship. Unprofessionalism marginalizes the experience of women who are abused.

Conclusion

Our study has shown that the term "obstetric violence" for professional obstetric practices, such as induction of labor, episiotomy, and cesarean delivery, is a misnomer[88] and should be abandoned. Alternatively, using the term "mistreatment in healthcare," including the use of the term "mistreatment of pregnant patients," is more accurate as it encompasses all aspects of abuse and mistreatment. It encompasses being ignored by healthcare providers; having requests for help refused or not responded to; being emotionally abused (verbal), such as being shouted at or scolded by healthcare providers; having

the patient's privacy violated; and being threatened with withholding of treatment or being forced to accept treatment, including performing procedures that are unnecessary, unindicated, or without informed patient consent. Healthcare providers should raise awareness about any mistreatment or discrimination of pregnant patients, promote respectful and patient-centered unbiased care, provide an ethical framework for all healthcare personnel, and work toward systemic change to prevent any mistreatment of patients. ■

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