

Statement

Obstetric Violence and Mistreatment and Violence Against Women in Reproductive Health Services

Obstetric violence during childbirth, mistreatment and violence against women who are seeking sexual and reproductive health services, are serious human rights violations, as well as a recognised form of gender-based violence (1). As such, they must be examined in the context of human (and reproductive) rights, not as a matter of quality of care (2). While these rights violations can affect all women of reproductive age, gender diverse people and women from marginalised and racialised communities are disproportionately impacted (3,4).

While the specific terminology is debated by health professionals, the United Nation's Special Rapporteur for Violence Against Women has adopted the term *obstetric violence* when referring to violence experienced by women during facility-based childbirth, and the term *mistreatment and violence against women in reproductive health services* when referring to violence experienced when women are seeking other forms of sexual and reproductive health (SRH) services (4).

The midwifery model of care is practised by midwives in many settings including in midwife- and obstetric-led facility-based childbirth. However, many midwives provide facility-based care during childbirth according to the obstetric model of care. The [ICM Philosophy and Model of Midwifery Care](#) is grounded in an understanding of the social,

emotional, cultural, spiritual, psychological and physical experiences of women (5). As a result, **ICM has decided to adopt the terminology used globally by human rights' bodies and women's groups, and to use the term obstetric violence to refer to violence experienced by women during facility-based childbirth.** Importantly, this term places the experiences, needs and wishes of women at the same level as those of health professionals (6).

Although the English terminology may suggest that obstetric violence is committed by obstetricians, in other languages the term is more encompassing of a broader range of professionals that provide facility-based maternity services, including midwives. As with all forms of violence, the only way to end it is to name and define it, and provide the opportunity to question and improve the way health systems and individual health providers approach care during childbirth (6).

What is obstetric violence?

Obstetric violence refers to the mistreatment of women during childbirth, which can manifest in various forms. It includes physical violence, loss of autonomy; being subjected to any clinical intervention without appropriate informed consent; being shouted at, scolded, humiliated, or threatened; and being ignored, refused, or receiving no response to requests for help (4). It may also include non-evidence-based practices, such as routine episiotomy and lack of access to physiological birth (1). Disrespect, mistreatment and obstetric violence has an impact on women, and has been associated with birth trauma, postpartum depression, post-traumatic stress disorder, negative implications on sexuality, exacerbated risks of complications during childbirth, and distrust in the health system resulting in unwillingness to seek medical care (1).

Causes of obstetric violence

As with all forms of gender-based violence, obstetric violence is widespread and systemic in nature. Obstetric violence is structural and intersectional, rooted in complex political, social and medical contexts, enabled, or discouraged, by working conditions, financial pressures, professional hierarchies and educational programmes (6). It is connected to structural problems that generally impact the provision of maternity services, including under resourcing, staff and equipment shortages, poor working conditions, and a lack of guidance and clear policies (4). Discriminatory attitudes also play a role, especially harmful gender stereotypes on women's decision-making competence, women's role in society and motherhood (1, 4). Obstetric violence is an intersectional issue, that disproportionately affects marginalised and racialised communities in all settings, particularly Black, Indigenous and women of colour, due to systemic racism embedded in health systems (7).

Addressing obstetric violence

Obstetric violence is a multi-faceted complex phenomenon which requires a multidimensional approach and contributions from different disciplines, including midwives (8). ICM has prepared numerous resources on providing respectful care, signed on to initiatives on implementing respectful maternity services, and has embedded human rights principles in its standards (9), resources (10), and work with midwives' associations. ICM is also working with stakeholders and other professional organisations to meaningfully engage in making the changes necessary to improve the culture of maternity, sexual and reproductive health services (11, 12).

Recommendations

ICM urges policymakers to allocate enough resources so that midwives and other healthcare workers are enabled to provide quality, accessible maternal, sexual and reproductive healthcare.

ICM urges midwives' associations and policymakers to develop policies and practices that meaningfully involve women's groups and members of civil society organisations in decisions about maternity services including the design, planning, delivery and evaluation of care. We also urge midwives' associations to promote knowledge and dissemination of evidence-based care guidelines among students and professionals.

ICM urges all decisionmakers in facilities that provide maternity, sexual and reproductive care services, to ensure accountability measures are established, including whistleblowing mechanisms for staff, and complaint and redress mechanisms for women. In-service training in respectful care should be mandatory and regular.

ICM urges midwifery educators to include principles on human rights and preventing obstetric violence, mistreatment and violence against women in healthcare services in pre- and in-service curricula.

ICM urges all those providing maternity, sexual and reproductive healthcare, including individual midwives, to work to ensure that this care is free from mistreatment and gender-based violence, and to ensure that women receive dignified and respectful care. This includes ensuring informed consent, respecting dignity, and guaranteeing confidentiality.

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