



Obstetric violence at the heart of care provision in eyes of parturients:

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INTRODUCTION/BACKGROUND

Childbirth is supposed to be a happy and serene event for the woman, but these expectations are not always fulfilled. during this experience, in which the woman is often vulnerable and sensitive, any trivial fact is considered by the patient to be aggressive. the concept of obstetric violence (OV) is relatively recent and its exact definition is still problematic. The word violence has often been associated with physical aggression, but it seems to have a broader meaning. Several situations have been identified as OV, such as humiliation, infantilization but also the lack of empathy and kindness.

OBJECTIVES

This study aimed to study obstetric violence during labor

METHODS

Our study lasted 12 months. We included all women of childbearing age who had given birth at least once in a public health establishment. We used a questionnaire evaluating the different forms of OV.

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RESULTS

This study enrolled 600 women. The median age at the time of pregnancy was 28 years [18 to 44 years]. The mean number of births in the study was 1.87. Birth preparation was performed in 22% of cases. Birth assistance was judged satisfactory in 85% of cases, and in the majority of cases, obstetric gynecologists were the main health professional who provided it. Psychological care during childbirth was noted in 35% of cases. In the majority of cases (57.7% of cases) it was the midwife who took psychological care of the women during childbirth. 11% of women declaimed they had suffered OV. In 73% of cases, the midwives were accused of being the perpetrators of OV. The forms of OV were related to the professional attitude of the staff without empathy in 33% of cases and humiliation in 5% of cases. According to the women interviewed, 0.7% of staff were physically aggressive and 4.7% verbally aggressive. Several violent attitudes were described by the women in our study: in the majority of cases (35%) it was a lack of availability, collaboration and information, in 28% of cases abandonment, in 6% of cases a judgmental attitude, and in 5% of cases dehumanized treatment, disrespect, infantilization and humiliation. We noted that patients were well accompanied to the delivery room in 73.3% of cases, particularly in the caesarean section group; 52% of women were satisfied with their accompaniment to the operating theatre. The patients questioned felt safe in 75% of cases, respected in 64% of cases, listened to in 11% of cases, in danger in 3.5% of cases and assaulted in 4.6% of cases. In 27% of cases, the patients had had a sensation of imminent death, 12.5% had heard inappropriate or even humiliating phrases during childbirth and 3% felt dispossessed of their body.

DISCUSSION

OV is a recent phenomenon, hence the exact definition of this term has not yet been codified. Several types of violence were identified by women, and were divided into 3 main categories: physical violence, psychological violence and psycho-affective violence(1). In a qualitative study, Annborn found that women identified as an OV the bad attitude and bad jargon of the staff; besides, they perceived abuse including threats of violence from midwives and where the birth experience was compared to rape(2). Medical and paramedical staff are the direct perpetrators of OV, Claudia found in her systematic review that The most common negative actions from the medical staff for OV were unfollow the birth plan (13.3% to 79.4%), deprivation of social support during delivery (1.9% to 73.0%), disrespectful and discriminatory treatment (0.9% to 65.5%), coercive communication or poor information (6.2% to 40.9%), and to avoid skin-to-skin contact (20.7% to 35.5%)(3). In his meta analysis, Hakimi found that the global prevalence of OV was 59% (95% CI 0.48–0.70; I² = 99.5%). The most prevalent subdomain of OBV was non-consented care (37%; 95% CI 0.23–0.50; I² = 99.7%), followed by request for money (31% ; 95% CI 0.1-0.86 ; I²= 99,9%) ; Psycho-affective violence 26% (95% CI 0.15–0.38 ; I²= 97.7) ; Non-dignified care 24% (95% CI 0.16–0.32 ; I²= 99.7) ;Non-confidential care 24% (95% CI 0.14–0.35 ; I²= 99.5) and discriminatory care 20% (95% CI 0.02–0.38 ; I²= 98,9%). Neglected care presented 19% ; 95% CI 0.12-0,26 ; I²=99%) while the least prevalent subdomain of OV was detention in health facilities (0.02; 95% CI 0.00–0.03; I²P = 96.2%)(4).

CONCLUSIONS

Obstetric violence is a health problem that is becoming increasingly worrying and requires an urgent response.