



Position Paper

Obstetric Violence

AIMS position

AIMS is calling for the issue of obstetric violence to be recognised and addressed at both national and local levels.

AIMS believes that failure to address obstetric violence could be leading to many maternity service users experiencing violations of their human rights including being subjected to physical and/or psychological harm.

AIMS supports the human rights of maternity service users, including the absolute right to bodily autonomy. This means that all people have the right to make decisions about the care offered to them and must be treated with respect at all times.

What is the issue?

Obstetric violence is any form of disrespectful or abusive treatment carried out by maternity services staff during pregnancy, childbirth or shortly after birth. The World Health Organization has recognised that it "not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity and freedom from discrimination."¹

Obstetric violence can take many forms including neglect, verbal or physical violence, confidentiality breaches, discrimination, and medical procedures being performed under coercion or without informed consent.

In the UK, as elsewhere, violations of autonomy and bodily integrity within the healthcare services are normalised. We know from our Helpline that this affects how maternity service users are treated during pregnancy and childbirth, including being subject to actions by healthcare staff which would in other circumstances be considered unacceptable or even criminal. For example, a vaginal examination performed without consent or under coercion would be recognised as a sexual assault if performed by anyone other than a midwife, doctor or nurse in a healthcare setting.

Obstetric violence can lead to both physical and psychological injuries that can last a lifetime, as well as having serious consequences for a whole family. It is known that PTSD and suicide are issues postnatally².

Obstetric violence has hidden financial consequences for the NHS in terms of the need to provide treatments for resultant physical and psychological injuries, as well as potential legal consequences, placing further financial strain on the already-struggling NHS.

Obstetric violence is poorly-recognised and under-reported, in part due to the lack of an effective reporting process. Also, as with other sexual violence, it is an extremely sensitive topic often triggering disturbing memories for those who have experienced or witnessed it. Because of this, many people are reluctant or emotionally unable to recount their experience.

Obstetric violence can be difficult to challenge. AIMS notes a tendency to accept obstetric violence due to an implicit assumption that whatever happened was necessary to ensure a safe outcome for mother and baby. Often others use dismissive language which undermines an individual's belief that what happened to them was wrong.

Discussion of obstetric violence can be challenging for maternity staff, who may not recognise that established practices, which are ingrained in the culture of maternity care, have the potential to cause harm. Challenging these cultural norms can be difficult for an individual doctor or midwife. Maternity staff need to be made aware of this issue, take responsibility for their own practice and be supported in doing so. Ignorance or lack of ill-intent can never be an excuse.

In the UK, law^{3,4}, policy^{5,6,7} and professional guidance^{8,9} all prohibit obstetric violence within the maternity setting. In principle, it would appear that there are some accountability mechanisms to provide redress to those who have experienced obstetric violence. In practice, it can be extremely difficult to gain recognition of the validity of a complaint and the illegality of an experience.

What is needed?

- A recognition throughout society that obstetric violence exists and is unacceptable.
- Initial and ongoing education and training for all relevant staff (including frontline maternity staff, management at the provider level, social services staff and the police) to understand and respect the autonomy of maternity service users in making decisions about their maternity care, both to prevent cases of obstetric violence and to ensure good support for victims.
- Independent information to be provided to all maternity service users explaining the concept of obstetric violence, their rights and the complaints pathways available. Such information should also be made available to partners/supporters and other family members.
- A new mechanism offering an independent pathway for all maternity complaints, staffed by those with the specialist training to understand the issue of obstetric violence, ensuring that lessons learnt are shared nationally.
- A new national framework for monitoring and dealing with incidents of obstetric violence, with transparency for the public, including an annual review and the timely publication of data around complaints of obstetric violence, by maternity service provider.

Why does AIMS believe this?

- Obstetric violence, and medical intervention without informed consent, are long-standing issues which continue to occur in the UK despite the existence of laws^{3,4} which guarantee the right to bodily integrity and autonomy, including the right to decline any medical treatment.
- Many people who contact AIMS for support or to share their maternity experience for our Journal report suffering obstetric violence carried out by doctors and midwives during pregnancy or birth. There appears to be widespread ignorance of maternity service users' rights to make their own decisions and to have these supported even if their doctor or midwife disagrees with them.
- A 2019 UN Special Rapporteur's Report¹⁰ concluded that "Women's human rights include their right to receive dignified and respectful reproductive health-care services and obstetric care, free from discrimination and any violence, including sexism and psychological violence, torture, inhuman and degrading treatment and coercion.... States should address the current problem of mistreatment and violence against women in reproductive services and childbirth from a human rights perspective."

What is AIMS doing?

- AIMS runs an email and telephone helpline which provides individual maternity service users with information about their rights, and support in pursuing complaints of obstetric violence.
- We provide information on our website and in a series of books produced to help maternity service users make informed decisions about their care and to challenge misinformation.
- We supported the UN's investigation into violence against women on abuses during facility-based childbirth via a submission in 2019¹¹.
- We have submitted evidence to the UK Government's Violence Against Women and Girls strategy review in 2021, calling for obstetric violence to be included in the strategy¹².

Call to action: what can you do?

- Share this Position Paper to raise awareness of the issue
- Join AIMS to support our campaigning initiatives.
- Share the AIMS Birth Information page [Making Decisions about your Maternity Care](#) with maternity service users who need this information
- If you have experienced obstetric violence consider making a complaint to your Trust/Board and/or the relevant professional body - refer to the AIMS Guide to Resolution After Birth for support and information.
- If you are concerned about the behaviour of staff and/or Trust/Board policies and guidelines which may be causing cases of obstetric violence to occur in your local area, write to your Maternity Voices Partnership/Maternity Services Liaison Committee and/or your Trust/Board.

References

1. WHO statement - [The prevention and elimination of disrespect and abuse during facility-based childbirth](#)
2. MBRRACE - [Saving Lives, Improving Mothers' Care" December 2020](#)
3. [Human Rights Act 1998, Article 8](#)
4. Birthrights - [Human Rights in Maternity Care](#) April 2017
5. [The NHS Constitution for England](#) January 2021
6. NHS Scotland - [The Charter of Patients Rights and Responsibilities](#)
7. Northern Ireland - [Patient standards](#)
8. GMC - [Good medical practice](#) April 2019
9. NMC - [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates](#) October 2018
10. Dubravka Šimonović, UN Special Rapporteur on violence against women "A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence" July 2019
11. [AIMS Submission to the UN Special Rapporteur on violence against women, its causes and consequences 2019](#)
12. [AIMS Submission to the consultation on Tackling Violence Against Women and Girls \(VAWG\) strategy 2021-2024](#)

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