

Workshop

Obstetriskt våld/Obstetric violence och andra etiska dilemma

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Svensk definition obstetriskt våld

Obstetriskt våld utövas när sjukvårdspersonal, medvetet eller omedvetet, berövar en kvinna rätten att fatta egna beslut om sin kropp och sitt kön genom:

- **Avsaknad av information** om ingreppet, interventionen eller behandlingen
- **Bristfällig information** om fördelarna, nackdelarna och alternativ till behandlingen
- **Tvingande press** med hänvisning till rutiner, praxis och auktoritet
- **Risktänk** som inte är evidensbaserat
- Våldet tar sig formen av omänsklig behandling, kränkande medikalisering och patologisering av kvinnans naturliga processer som innebär att hon förlorar sin autonomi och förmågan att fritt fatta egna beslut om sin kropp och sexualitet, med negativa konsekvenser för hennes livskvalitet. Exempel på avsaknad av information kan vara: ”Nu sticker det till lite”

Venezuela första land att referera till obstetric violence som något straffbart, definition:

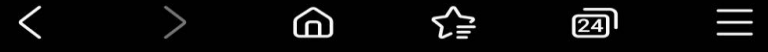
“Obstetric violence: *the appropriation of women ´s bodies and reproductive processes by health professionals, expressed as dehumanizing treatment and/or abusive medicalization and pantheonization of natural processes, resulting in loss of autonomy and the capacity to decide freely about their own bodies and sexuality, negatively impacting women ´s quality of the life”.*



Commentaries, Curated Voices

Rising Caesareans and Obstetric Violence in India: Exploring the Question of Dignity During Childbirth

Author Team CBDE
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The term obstetric violence, first recognised in March 2007 in Venezuela, refers to the mistreatment, dehumanisation, and abuse of birthing mothers by health practitioners and medical institutes. This includes breach of mothers' informed consent or bodily autonomy and the controlling of their bodies and reproductive processes by health personnel (D'Gregorio, 2010). Obstetric violence is classified along with three broad but non-exhaustive categories. First is abuse, second is coercion, and lastly disrespect, which further includes forced surgery, unconsented medical procedures, sexual violation, and physical violation. The mistreatment by healthcare providers also includes sexual and verbal abuse, the poor rapport between women and healthcare providers, and inadequate healthcare facilities (Bohren et al., 2015; Kukura, 2017).

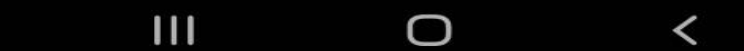
In her work among pregnant American women, legal practitioner Diaz-Tello (2016) discusses obstetric violence particularly in



While this changing trend has been hailed as a positive step in improving the maternal health of birthing mothers, other accompanying trends that need attention are the increasing cases of caesareans, better known as C-section deliveries, and violence against birthing mothers in these medical institutions. This begs the need to explore the, often overlooked, impact of institutional deliveries. Herein the unwarranted use of drugs, surgical interventions, and biomedical procedures are employed by a section of medical institutions and health practitioners to transform natural stages of reproduction and birth into pathological states that require 'treatment' (Shrivastava & Sivakami, 2020). Such procedures thus become a critical part of obstetric violence.

What is Obstetric Violence?

The term obstetric violence, first recognised in March 2007 in Venezuela







Makunda Christian Leprosy & General Hospital

P.O. Bazaricherra, Dist. Karimganj, Assam-788727



DISCHARGED AGAINST MEDICAL ADVICE (DAMA) FORM

I have decided to take the patient (Name)..... Hosp.

No..... home against the advice of the doctor who is treating the patient. I have been explained, in a language that I can understand, that the treatment is incomplete and withdrawal of treatment could lead to death or disability.

Name of the relative: *Athique Rahman*

Relationship:

CONSENT FOR CONTINUATION OF CARE

I, (Name of the relative): _____
(Relation) _____
Patient: _____
Hospital no.: _____ have been explained in a language that I can understand that my patient is suffering from:
Uncooperative.

The proposed management at Makunda Christian Leprosy and General Hospital is : *If anything happens to the pt or baby, the hospital will not be responsible.*

I have been informed that my patient is not cooperating with the treatment as explained and planned. Since the patient is not cooperating, any untoward events which may happen to mother or baby, hospital/staff will not be held responsible. I have also been explained the options that are available for his/her treatment including referral to other hospitals. After fully understanding all the above, I wish to continue treatment of my patient at Makunda Christian Leprosy and General Hospital, Assam.

Date: *11/12/22*

Time:

Signature

Patient's relative:

Signature to Patient:



Athique Rahman

Doctor:

Nurse:

Ranjana

Två extrema vårdsituationer:

Too little too late (TLTL)-low resource settings

Too much too soon (TMTS) -high resource settings

TLTL beskriver vård med otillräckliga resurser, utan evidensbaserad standard, eller vård som undanhålls eller inte är tillgänglig förrän för sent för att kunna hjälpa .

Underliggande problem associerat med maternell mortalitet och morbiditet, ex Zambia

TMTS beskriver rutinmässig övermedicinering av normal graviditet och förlossning. Inkluderar onödig användning av icke-evidensbaserade insatser, såväl som användning av insatser som kan vara livräddande när de används på rätt sätt, men skadliga när de tillämpas rutinmässigt eller överanvänds. Ex Indien induktioner, snitt

Etiska dilemma

- Avsaknad av resurser/kunnat hjälpa under andra betingelser?
- Ojämlig tillgång till vård i världen
- Människosyn/kvinnosyn
- CTG ? Tratt? Doppler?
 - Misuse, när CTG inte kan tolkas->onödiga snitt
- Osäkra graviditetslängder->
 - onödiga induktioner-> undvikbara sectio
 - komplikationer under och vid kommande graviditet/förlossningar