

**Summer
2025-2026**

HDA
ACCREDITED

PRACTICE



Kogarah Specialist
Centre

4/40-42 Montgomery
St Kogarah 2217

Ultrasound

Colposcopy

LLETZ

Urodynamics

Continence Surgery

Medico-Legal
Opinions

Dr. Mike O'Connor AM FRANZCOG Summer 2025

www.drmikeoconnor.com.au

95882466

“Obstetric Violence”: Pejorative or Accurate?

Ten years ago I spoke to a medical colleague about his experience watching his wife deliver their first baby at a leading Sydney maternity unit.

He was visibly shaken by the experience especially the lack of concern by healthcare staff about his wife's extreme and untreated pain. He later declared that

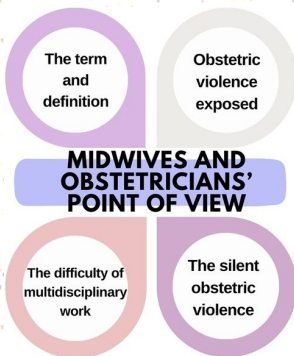
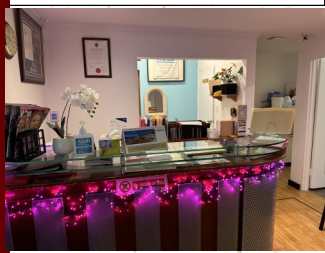
The screams and wails stained the birthing suite walls like blood

It may surprise you to know that in several Latin American countries and South Africa Obstetric Violence is a criminal offence.

More than eight percent of mothers develop post traumatic stress disorder within 6 weeks of delivery. The reasons for this include long labours and obstetric complications. Poor communication or disrespectful treatment by healthcare providers in labour and delivery may also cause and contribute to trauma. In recent years the term Obstetric Violence (OV) has been used to describe traumatic childbirth perpetrated by healthcare providers

In 2014 the World Health Organisation published a Statement entitled ‘The prevention and elimination of disrespect and abuse during facility-based childbirth’. In this Statement the WHO described examples of disrespectful and abusive treatment during childbirth in facilities which included outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures

(including sterilisation), lack of confidentiality, failure to obtain fully informed consent, refusal to give pain medication, gross violations of privacy, refusal of admission to health facilities, neglecting women during childbirth to suffer life-threatening, avoidable complications, and detention of women and their newborns in facilities after childbirth due to an inability to pay. In essence the key features of obstetric violence are mistreatment or abuse, stigmatisation and discrimination, violation of professional care standards, a poor healthcare relationship between professionals and women, and the health care system's conditions and limitations. In Australia, where there is evidence of mistreatment of mothers in labour there are professional disciplinary measures available such as determinations of ‘unsatisfactory professional conduct’ and ‘professional misconduct’. The key to considerate, ethical, and trauma-informed care of women and their infants during childbirth rests in quality training of all medical and health care staff. An engrained culture of attention and respect for women during childbirth should be modelled by senior practitioners and care-providers and informed by women's lived experience of childbirth. Clear communication and the provision of quality information during ante-natal consultations and activities is also critical to support women with informed decision-making during pregnancy and childbirth and counter misinformation and harmful medical practices. Too often antenatal education programmes skirt around adequate discussion about instrumental delivery or actually instil a fear of forceps in the minds of expectant mothers. A key problem of OV is careless indifference to the suffering of others.



The term Obstetric Violence is now widely used. Some argue that the term is “not only appropriate and helpful in highlighting, preventing and uprooting mistreatment and abuse during labour and childbirth – it also places the needs and wishes of patients on a par with those of health professionals.” On the other hand, others suggest the term OV is problematic because it evokes thoughts of malice aforethought and direct physical abuse to the exclusion of all other mistreatments which are the most commonly experienced types of childbirth abuse. Some suggest that the popularisation of the term OV has the potential to increase the fear of childbirth in the minds of prospective mothers. It could of itself increase the demand for Caesarean section on Maternal Request. It could create suspicion of and lack of trust in maternity caregivers and increase patient resistance to justified and potentially life-saving intervention. Unsafe choices such as freebirth could increase .Perceptions of the term “obstetric violence” may also cause confusion or misinterpretation, suggesting that healthcare providers are intentionally violent despite mistreatment often stemming from systemic problems, inadequate training, or miscommunication rather than deliberate harm. and is a serious form of aggression, carried out with the intent to cause harm’.

In 2024 the European Association of Perinatal Medicine (EAPM), European Board and College of Obstetricians and Gynaecologists (EBCOG), European Midwives Association (EMA) issued a joint position statement in which they claimed that obstetric violence suggests that it is ‘mainly carried out by obstetricians and is a serious form of aggression, carried out with the intent to cause harm’. The authors argued that this term should not be used, as it ‘does not help to identify the underlying problem, its causes, or its correction.’ Although direct physical aggression towards mothers is not unknown in labour wards, the greater issue is disrespect and failure to inform mothers about proposed procedures such as vaginal examinations, insertion of episiotomies, instrumental delivery and Caesarean section.

‘Obstetric violence’, ‘maleficent midwifery’ and ‘neglectful nursing’ are all terms which fail to describe the essential problem which is a deeply entrenched and pervasive culture of careless indifference to the suffering of mothers in labour and their lived experience of child birth.

Further Reading:

- Australian Nursing and Midwifery Federation Obstetric Violence and Birth Trauma Fact Sheet July 2023 https://www.anmf.org.au/media/havkmrni/anmf_information_sheet_obstetric_violence_and_birth_trauma.pdf retrieved 15 September 2025
- Keedle, H., Keedle, W., & Dahlen, H. G. (2024). Dehumanized, Violated, and Powerless: An Australian Survey of Women’s Experiences of Obstetric Violence in the Past 5 Years. *Violence Against Women*, 30(9), 2320-2344. <https://doi.org/10.1177/10778012221140138> (Original work published 2022)
- Ayres-de-Campos et al. ‘European Association of Perinatal Medicine (EAPM), European Board and College of Obstetricians and Gynaecologists (EBCOG), European Midwives Association (EMA). Joint position statement: Substandard and disrespectful care in labour – because words matter. Ayres-de-Campos, Diogo et al. 2024 296 *European Journal of Obstetrics and Gynecology and Reproductive Biology* 205, 205.

A very Happy Christmas and a Prosperous New Year to all our readers

