

Maternal Health and Global Attention: Appeals, Tears and Public Neglect Experiences of Mistreatment

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Received: May 20, 2021; **Accepted:** November 15, 2021; **Published:** November 23, 2021

Abstract

Objective: Health authorities claim that mistreatment of women during childbirth seem to be global, including developed countries. But the practices are rarely documented, and women often fear reporting such violations. Disrespect and abuse are observed during childbirth. This situation is a violation of women's rights.

Methods: Studies were identified using large-circulation international journals found in two electronic databases: Scopus and Embase.

Results: For each type of abuse or maltreatment, different injuries may arise, which may be short-term or long-term. Cesarean section is a common example of an often-unwanted procedure and unnecessary medical intervention which can generate physical damage. In the short term, that caesarean sections can result in blood clots and stroke, injury, infection, early postpartum hemorrhage, intense and prolonged postpartum, and obstetric shock.

Conclusion: Understanding the causes and human rights' dimensions of mistreatment on women during childbirth can contribute to accelerating progress towards universal health coverage, including access to reproductive health services.

Keywords: *Maternal health; Women's rights; Violation; Global experiences of mistreatment; Reproductive health services*

Every woman has the right of getting a respectful childbirth in all health system, when mistreatment exists, is a serious violation to this right [1]. The authorities claim that mistreatment of women during childbirth seem to be global even in developed countries. But these cases are rarely documented, and women often fear reporting such violations [2]. Disrespect and abuse are observed during childbirth. This situation is a women's rights transgression. All women deserve cares in order to preserve their dignity, ensures their privacy and confidentiality, as well as an attention free from abuse and discrimination [3].

Citation: Milfont KL, Neto AMT, de Alencar, et al. Maternal Health and Global Attention: Appeals, Tears and Public Neglect Experiences of Mistreatment. J Anxiety Depress. 2021;4(2):141.

Evidence suggests that disrespect and abuse during childbirth and attention to abortion are public health problems not mention human rights problems too. It is necessary to find an international consensus on the definition of this problem, alongside ways to operate it and develop standardized methods for its measurement. The aforementioned, is essential to achieve the goals of the 2030 Agenda regarding the reduction of maternal and neonatal morbidity and mortality and the elimination of every women form of violence and discrimination [4]. Bohren et al. [5] carried out a systematic review and developed a typology for the term "mistreatment" of women during childbirth. In this extensive systematic review, mistreatment includes terms such as "obstetric violence", "dehumanized care," and "disrespect and abuse". The authors also included deliberate or intentional acts of abuse alongside broader organizational issues, for example, suboptimal facilities that can compromise women's privacy and dignity during childbirth. Given the magnitude of this problem, it is essential to give the correct terminology to this important issue of public health. Naming it as "obstetric violence" and understanding it as gender-based violence will ensure appropriate interventions to prevent this women's rights violation [6].

Although there have been global increases in maternal health, maternal mortality remains high, along with the presence of poor-quality care and mistreatment during parturition [7,8]. This kind of violation during childbirth in health units can be an important barrier for women when considering having their kids in these facilities [5,9].

It is important to highlight that the first quantitative study to analyze mistreatment during childbirth was conducted in the United States, published by Vedam et al. [10]. The study found that 17 percent - one in six women - of the 2,700 participants surveyed reported at least one kind of abuse, particularly among Indigenous women, followed by Hispanic and black women. Women up to 24 years old and/or with a lower income, reported higher rates of abuse. Attanasio and Hardeman [11] observed that women who refused medical interventions (such as tests or medications) during childbirth were more likely to report discrimination.

As a result, a large amount of evidence reveals that abuse of pregnant women during childbirth inside health facilities is occurring worldwide. Human Rights entities have recognized increasingly that several human rights are implicated in the context of women mistreatment during parturition, including the not suffering torture right, the right to privacy, right to health, right to non-discrimination and right to equality [12]. Obstetric violence can cause various kinds of physical and psychological harms to women [13,14].

In this clinical scenario, for each type of abuse, different injuries may arise as short-term or long-term consequences. Cesarean section is a common example of an often-unwanted procedure and unnecessary medical intervention which can generate physical damage [13]. Regarding the short-term consequences, researches show that caesarean section can result in blood clots and stroke, injury, infection, early postpartum hemorrhage, intense and prolonged postpartum, and obstetric shock [13,15].

Therefore, understanding the causes and dimensions of women's mistreatment during childbirth, could contribute to accelerating progress towards universal health coverage, including access to reproductive health services, since mistreatment is a fundamental barrier to women's access to these services [16]. Bustreo et al. [17] highlight that human rights-based debates have shown promising advances in the field of women and children's health in various contexts. Women have the right to a

dignified and respectful attention, free from discrimination and coercion, during pregnancy and childbirth, as protected by international and regional human rights laws and standards [12].

In this context, it is up to each practitioner to reflect on the different ways and situations in which women are treated, especially when they are part of an extreme vulnerability, social risk and poverty group which can compromise their lives and reaffirm the most diverse types of abuse.

Conflict of Interest

The authors declare that they have no competing interests.

Acknowledgment

Brazilian National Council for Scientific and Technological Development (CNPq) - institution linked to the Brazilian Department of Science, Technology.

Funding

Brazilian National Council for Scientific and Technological Development (CNPq) - institution linked to the Brazilian Department of Science, Technology and Innovation to encourage research in Brazil.

REFERENCES

1. Dwekat IMM, Tengku Ismail TA, Ibrahim MI, et al. Exploring factors contributing to mistreatment of women during childbirth in West Bank, Palestine. *Women Birth*. 2021;34(4):344-351
2. NBC New York. Women Are Slapped, Forcibly Treated, Abused During Childbirth, Report on 4 Countries. 2019. Finds. <https://www.nbcnewyork.com/news/national-international/mistreated-in-childbirth/2080729/>
3. The Conversation. What drives abuse of women in childbirth? We asked those providing the care. 2020. <https://theconversation.com/what-drives-abuse-of-women-in-childbirth-we-asked-those-providing-the-care-134465>
4. Tobiasía-Hege C, Pinart M, Madeira S, et al. Disrespect and abuse during childbirth and abortion in Latin America: systematic review and meta-analysis. *Rev Panam Salud Publica*. 2019;43:e36.
5. Bohren MA, Vogel JP, Hunter EC, et al. The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review. *PLOS Med*. 2015;12(6):e1001847.
6. Amorim MM, Bastos MHS, Katz L, et al. Mistreatment during childbirth. *Lancet*. 2020;369:816.
7. Bohren MA, Hunter EC, Munthe-Kaas HM, et al. Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. *Reprod Health*. 2014;11(1):71.
8. Bhutta ZA, Salam RA, Lassi ZS, et al. Approaches to improve the quality of maternal and newborn health care: conclusions, evidence gaps and research priorities. *Reprod Health*. 2014;11(Suppl 2):1-9.
9. Maung TM, Show KL, Mon NO, et al. A qualitative study on acceptability of the mistreatment of women during childbirth in Myanmar. *Reprod Health*. 2020;17(1):56.
10. Vedam S, Stoll K, Taiwo TK, et al. The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reprod Health*. 2019;16(1):77.

11. Attanasio LB, Hardeman RR. Declined care and discrimination during the childbirth hospitalization. *Soc Sci Med.* 2019;232:270-77.
12. Zampas C, Amin A, O'Hanlon L, et al. Operationalizing a Human Rights-Based Approach to Address Mistreatment against Women during Childbirth. *Health Hum Rights.* 2020;22(1):251-64.
13. Tach CL, Toebes B, Feriato JMF. obstetric violence: a women's human and personality rights violation. *Revista Jurídica.* 2020;01(58):187-206.
14. Kukura E. Obstetric violence. *Georgetown Law J.* 2018;106.
15. Sandall J, Tribe RM, Avery L, et al. Short-term and long-term effects of caesarean section on the health of women and children. *Lancet.* 2018;392(10155):1349-57.
16. Zampas C, Amin A, O'Hanlon L, et al. Operationalizing a Human Rights-Based Approach to Address Mistreatment against Women during Childbirth. *Health Hum Rights.* 2020;22(1):251-64.
17. Bustreo F & Hunt P. Women's and children's health: evidence of impact of human rights. 2013. http://repository.essex.ac.uk/7425/1/9789241505420_eng.pdf