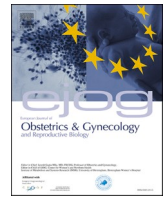




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Correspondence

Joint response from Latin American, European Obstetric Violence Observatories and others organizations all over Europe to the Joint Position Statement on Substandard and Disrespectful Care in Labour – Because Words Matter

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ABSTRACT

The issue of obstetric violence is internationally acknowledged as a serious violation of human rights. First identified by the Committee of Experts of the Inter-American Belém do Pará Convention in 2012, it is recognized as a form of gender-based violence that infringes upon women's rights during childbirth. Nations such as Argentina, Mexico, Venezuela, and certain regions in Spain have implemented laws against it, highlighting its severity and the need for protective legislation.

Major international organizations, including WHO and the Council of Europe, advocate for the elimination of disrespectful and abusive treatment in maternity care. In 2019, the UN Special Rapporteur on violence against women called on states to protect women's human rights in reproductive services by enforcing laws, prosecuting perpetrators, and providing compensation to victims.

However, despite advances, there remains institutional and systemic resistance to recognizing obstetric violence, which undermines trust in healthcare and impacts women's quality of life. Addressing this violence is imperative, requiring education and training in women's human rights for all healthcare professionals.

As part of the coalition of experts from various organizations (InterOVO), we respond to the publication by EAPM, EBCOG, and EMA: "Joint Position Statement: Substandard and Disrespectful Care in Labor – Because Words Matter." We are committed to preventing and mitigating obstetric violence and improving care for women and newborns.

Dear Editor,

As Obstetric Violence Observatories (OVO) from Europe, Latin America, and others Organizations all over Europe, we have dedicated decades to promoting research and data collection on respectful maternity and childbirth care. We collaborate closely with women, healthcare professionals, policymakers, institutions, governments, and universities, fostering cooperation among all stakeholders.

We are responding to the publication by EAPM, EBCOG, and EMA in your journal, titled "Joint Position Statement: Substandard and Disrespectful Care in Labor – Because Words Matter" [1].

We deeply respect and appreciate all professionals in sexual and reproductive healthcare. We understand the significant legal and social responsibilities they carry and recognize the potential challenges of their work environment, which may be stressful.

We are committed to raise awareness on the need to improve healthcare professionals' work conditions and human rights education to enhance the quality of care for women and newborns.

Nevertheless, it is necessary to underline what follows:

- The Committee of Experts of the Follow-up Mechanism of the Inter-American *Belém do Pará Convention* was the first mechanism to recognize obstetric violence as a human rights violation in 2012, and recommended that States adopt legal provisions that criminalize obstetric violence [2].

- Obstetric violence is recognized and punished by law in Argentina, Mexico, and Venezuela, and recently by three Autonomous Communities of Spain.
- In 2014, the WHO called for prevention of disrespectful and abusive treatment that women may suffer during facility-based childbirth [4].
- Obstetric and gynecological violence has been addressed by the Parliamentary Assembly Council of Europe in its Resolution 2306/2019 [4].
- In 2019, the UN Special Rapporteur on violence against women recommended that States and stakeholders respect, protect, and fulfill women's human rights during reproductive services and childbirth. This includes ensuring the highest attainable standard of physical and mental health, free from mistreatment and gender-based violence. It was also advised to adopt laws and policies to prevent and combat such violence, prosecute perpetrators, and provide reparations and compensation to victims [2].

The use of the word "substandards" to avoid the term "obstetric violence" conflicts with international bodies recommendations. The substandard care itself is a violation of women's human rights to the highest attainable health.

Furthermore, the attempt to put barriers to the recognition of this form of gender-based violence is a form of institutional and epistemic violence. The term obstetric violence has been codified by national and international laws and conventions, and it has become a legal term.

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Obstetric violence goes beyond leaving women with negative feelings. It results in significant physical and psychological harm to women and their families, in their quality of life, as extensively documented globally. Additionally, it erodes trust in healthcare institutions, with potential repercussions on reproductive health [3].

Given that substandard and disrespectful care practices described in the statement perfectly comply with the definition of obstetric violence [1], it is crucial to recognize obstetric violence as a global issue, reported worldwide, including Europe, acknowledged by the United Nations and international human rights courts like the UN Committee on Elimination of Discrimination against Women [5]. It is concerning that influential scientific societies keep overlooking international laws and recommendations, as well as substantial scientific literature detailing the scope and repercussions of this problem.

In conclusion, we urge the healthcare community to take decisive action to prevent and address obstetric violence, emphasizing the need for comprehensive education and training on women's human rights for all healthcare professionals.

We are available as experts, and we would be honored to give advice and support for the best interest of all key actors involved in maternity and childbirth care. Please, accept the assurances of our highest consideration. Signed by representatives from OVO Brasil, Chile, Colombia, Italy, Perú, Portugal, Spain, Venezuela, IO Stop VOG France and other organizations.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

- [1] Ayres-de-Campos D, Louwen F, Vivilaki V, Benedetto C, Modi N, Wielgos M, 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. *Eur J Obstet Gynecol Reprod Biol* 2024;296:205–7. doi:10.1016/j.ejogrb.2024.02.048.
- [2] Šimonović D. A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric

violence. <https://digitallibrary.un.org/record/3823698/files/A_74_137-EN.pdf> 2019. [accessed 30.03.2024].

- [3] WHO, 2014, The prevention and elimination of disrespect and abuse during facility-based childbirth. <<https://www.who.int/publications/i/item/WHO-RHR-14.23>> [accessed 30.03.2024].
- [4] Parliamentary Assembly Council of Europe, Resolution 2306/2019, <<https://pace.coe.int/en/files/28236>>; 2019 [accessed 30.03.2024].
- [5] Committee on the Elimination of Discrimination against Women Seventy-fifth session Decision adopted by the Committee under article 4 (2)(c) of the Optional Protocol, concerning communication No. 138/2018* CEDAW/C/75/D/138/2018, 28 February 2020. <<https://documents.un.org/doc/undoc/gen/n20/082/21/pdf/n2008221.pdf?token=DKI3W6G5DJVpGLegL&fe=true>> [accessed 30.03.2024].

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