OBSTETRIC VIOLENCE

At the expense of women's health and caregivers

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BACKGROUND

- **Obstetric violence** concerns all the **abuse supported by women in the care** they received i**n childbirth.**
- Reality no more questionable which appears as **an important public health problem.**
- **Taken in account** in different **ways/countries.**

AIM

What's going on for caregivers at their **occupational work** with **women in childbirth** in the **case of obstetric violence?**

Engraving of Abraham Bosse (1633).

MATERIAL and METHOD

➢ Investigation from the point of view of the **clinical occupational psychology.**

➢ Situational analysis of obstetrical violence through several themes linked to it:

- **Word Health Organization statements** 2014/15.
- **International medical publications:**
- *Plos Medecine* 2015/ **gender violence.**
- *The Lancet* 2014/ **over-medicalization linked.**
- *The Lancet* 2006/ key element in woman's health: **respecting their sexual and reproductive rights.**
- *The Lancet* 2002/ **"an emerging problem".**
- **Medical practices** considered **excessive** like **caesarian** sections as a social marker in Brazil.

- **Legal protections of patients' right** in many countries:
- like Kouchner law in France /2002.
- **legally characterizing of obstetric violence** in Venezuela/2007, Argentina/2009, Mexico/2014.

- **Work in Scandinavian countries**/ 2007/2012/2013:
- **Women reported abuse in care 3 cases more than men,** but **stay silent in 60% to 70% of cases.**

- **Work about post-traumatic stress after childbirth**:
- **Prevalence 1,3 to 6%** after traditional birth, **even more** depending on the symptoms included.
- reported by women with same t**erms as victims of rape.**

- **Public debate:** Often **silent.**
- Media flood of testimonials in France in 2017 with the "Me too" wave and **outrage reactions** from caregivers.

RESULTS

- **Disqualification of caregivers' work** through l**oss of recognition**:
- ***Social level***, when caregivers seem like aggressors.
- ***Personal level,*** recognition found in the care relationship.
- ***Professional community level*****,** by degrading the **honor** and the **professional image.**

- **Identification of a "Defensive ideology of profession"** (Dejours, 1983), an **unconscious collective pact to counteract** caregivers' **loss of recognition :**
- **Denies a threatening reality** for their **role**, their **interests and their rewards** (outrage reactions of caregivers in France).
- Explains **paucity research on the question** (researchers are often caregivers).
- Explains **the resistance to implement national or international recommendations** (or those for respect physiological labor).

- **Strengthening** of professional ideology **with scientific ideology:**
- Legitimacy derived from the certainties of the experimental approach.
- **Scientist perspective** permeated medical practices.
- Legitimacy from **affirmed medical performativity** in childbirth.

- **Consecrated asymmetry in the care relationship:** expert/layman:
- maintained a **paternalistic model** in care, especially a **patriarchal model** when it comes to women**, deeply gendered.**
- good **compatibility** with a **productivist culture: standardized care procedures, control of residence time**, "baby factories".

DISCUSSION

- Processes focused **opposing caregivers and women** as two front line. Yet the care relationship is a **meeting in the same activity** of both.

- A **contractual relationship** where caregivers **act concretely "on" someone** (Hughes,1996), **on women and their body**. Where each actor has his **"own philosophy of rendered services".**

- Requires **true cooperation** and **solidarity** like in **a work collective,** with **recognizing** for the **skills, investments, contribution** and **resources** of each actor.

- Patients always **influence continuously their own care** as much as **the working organization itself** (Strauss, 1965): **free and informed consent, consensual practices, respect for women's conceptions** and **rights** are resources in the activity and **not work prescriptions.**

- Needs to **combine all practices: medical and physiological skills** (medical/women/midwifery).

CONCLUSION

With such cooperation, **recognition** will be at the rendezvous **for all.** For women as for caregivers at work, **recognition supports esteem, self-fulfillment** and sense of **self-worth**. **For the child** who has just be born, it is the surest **support for his mother's mothering abilities** and the **trust she can have in herself.**

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