The need to measure Obstetric Violence to address the Sustainable Development Goal #5 "Gender Equality"
CIVIL SOCIETY JOINT STATEMENT

SUMMARY

Obstetric violence, disrespect and abuse during facility-based childbirth has recently been recognized, reported and condemned by several leading international organizations: United Nations Special Rapporteur on violence against women, its causes and consequences (1), World Health Organization (WHO) (2) and Council of Europe (3).

Although the former organizations have pointed out the need to measure practices that are considered mistreatment as a recommendation for the prevention of obstetric violence, there is a deep lack of official data on obstetric violence across countries.

The signatories of this Civil Joint Statement, committed to women and newborns' rights during childbirth, call to measure mistreatment during pregnancy and childbirth by adding adequate Sustainable Development Goals Indicators, in order to address Sustainable Development Goal #5 "Gender Equality".

Therefore, four SDG Indicators are proposed. Justification and proposed statistical methodology are displayed in the annex, in the basis of our experience.

STATEMENT

1. As announced by the United Nations Special Rapporteur on violence against women, its causes and consequences (2019) in its report on the "*human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence":*

   "In recent years the mistreatment and violence against women experienced during facility-based childbirth and in other reproductive health services have gained global attention, inter alia, through the numerous testimonies posted by women and women's organizations on social media; this form of violence has been shown to be widespread and systematic in nature."

2. As the leading health organization of the United Nations system, the World Health Organization has reacted to the growing concerns of women during childbirth by issuing a statement in 2014 condemning:

   "Outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures (including sterilization), lack of confidentiality, failure to get 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 its statement, WHO has also alerted that "such treatment not only violates the rights of women to respectful care but can also threaten their rights to life, health, bodily integrity and freedom from discrimination."

3. As reported by the Council of Europe in 2019, obstetrical and gynecological violence is a form of violence that has long been hidden and is still too often ignored. In the privacy of medical consultation or childbirth, women are victims of practices that are violent or that can be perceived as such. These include inappropriate or non-consensual acts, such as episiotomies and vaginal examinations carried out without consent, fundal pressure (Kristeller) or painful interventions without anesthetic. Sexist behavior in the course of medical consultations has also been reported. This violence reflects a patriarchal culture that is still dominant in society, including in the medical field.

4. In their reports and statements, the three former organizations have pointed out the need to measure practices that are considered mistreatment as a recommendation for the prevention of obstetric violence:

   - The WHO, calling to generate data related to respectful and disrespectful care practices.
   - The United Nations Special Rapporteur on violence against women, urging to monitor health-care facilities and collect and publish data on the percentage of caesarean sections, vaginal births, episiotomies and other interventions related to childbirth, obstetric care and reproductive health services on a yearly basis as a recommendation for the prevention of obstetric violence.
   - The Council of Europe, calling to health and equality ministries to collect data on medical procedures during childbirth and cases of gynecological and obstetrical violence, to undertake studies on this subject and to make them public.

5. Nevertheless, as a form of violence that has long been hidden and ignored, no official obstetric violence data exist across countries.

6. In the Guidelines of the 2020 Comprehensive Review of the global SDG indicator framework the following specific criteria is included:

   - An additional indicator may be considered only in exceptional cases **when a crucial aspect of a target is not being monitored by the current indicator(s)** or to address a critical or emerging new issue that is not monitored by the existing indicators, or when a whole Goal has very few tier I or tier II indicators for the follow up;

In light of these considerations and the widespread and systematic nature of disrespectful care practices during childbirth, we declare that making obstetric violence visible is core to address Sustainable Development Goal #5 "Gender Equality" and women's dignity, and therefore we call to measure mistreatment during pregnancy and childbirth, by adding the following Sustainable Development Goals Indicators. The indicators, justification, and proposed methodology can be consulted in the Annex.

Goal 5. Achieve gender equality and empower all women and girls	**Indicators already considered by UN / Proposed indicators in this civil society joint statement**
5.1 Eradication of all forms of discrimination against women and girls worldwide.	5.1.1 Existence (or not) of legal frameworks in place to promote, enforce and monitor equality and non-discrimination based on sex
5.2 Elimination of all forms of violence against women and girls in public and private spheres, including human trafficking, sexual exploitation and other types of abuse.	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, age and place of occurrence
5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
	5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
	5.3.3 Proportion of women and girls subjected to coercive or unconsented medical procedures during pregnancy, childbirth and postpartum period (including sterilization, performing and repairing episiotomy, separating mother and newborn and Kristeller maneuver)
	5.3.4 Proportion of women and girls subjected to coercive or unconsented sterilization during childbirth
	5.3.5 Proportion of women and girls subjected to episiotomy during childbirth from the total births occurred during the previous year
	5.3.6 Proportion of women and girls subjected to the Kristeller maneuver during childbirth from the total births occurred during the previous year

ANNEX: INDICATORS JUSTIFICATION AND PROPOSED METHODOLOGY

As a general rule, these indicators are not usually considered in official statistics or administrative registers or may not be reliable. Therefore, based on our experience, the optimal proposed source would be a survey where women are directly asked different questions. These four questions could be added to already existing National Health Surveys included in the official statistics systems.

Indicator 5.3.3 - Proportion of women and girls subjected to coercive or unconsented medical procedures during pregnancy and childbirth (including sterilization, episiotomy and Kristeller maneuver).

- Justification: Studies show that the most frequent category of obstetric violence is the "imposition of not allowed interventions; interventions based on partial or distorted information" (4-6). Some studies show that a high proportion of clinical staff has witnessed obstetric violence at some point in their career (7). **As this indicator collapses all medical birth procedures in a general indicator it could be considered the priority indicator from this set of four**.

- Proposed question to women: *Have you been subjected to coercive or unconsented medical procedures during pregnancy and childbirth?*

- Statistical or survey issues: Sometimes, for different reasons, husbands or other persons are asked for consent instead of asking the woman. Therefore it is important to clarify that the consent we are asking for is women's consent. It is important to make sure that responding women are aware of what informed consent is (having been properly informed and asked for consent for each medical procedure).

Indicator 5.3.4 - Proportion of women and girls subjected to coercive or unconsented sterilization during childbirth.

- Justification: Forced sterilization and abortion are medical treatments practiced without informed consent across the globe. They are carried out by health professionals for multiple reasons, for example as being somehow in the so-called best interest of the woman, or based on the belief that certain groups of women from minority groups, such as Roma women, indigenous women, women with disabilities and women living with HIV, are not "worthy" of procreation, are incapable of making responsible decisions regarding contraception, are not fit to be "good mothers" or that their offspring are not desirable. Some providers withhold information or mislead women into consenting to sterilization, acting, in the words of the European Court of Human Rights, with "gross disregard for her right to autonomy and choice as a patient (1). In an interagency statement (8) signed by OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO it is stated that historically, women have been disproportionately subjected to forced, coerced and otherwise involuntary sterilization, especially in connection to coercive population policies and recommended to *collect data regarding forced, coercive and otherwise involuntary sterilization, in order to assess the magnitude of the problem, identify which groups of people may be affected, and conduct a comprehensive situation and legal analysis*. Inserted a contraceptive or sterilized you without asking or advising.

- Proposed question: Have you been subjected to coercive or unconsented sterilization during childbirth?

- Statistical or survey issues: Sometimes husbands or other persons are asked for consent instead of asking the woman, therefore it is important to clarify that the consent we are asking for is women's consent.

Indicator 5.3.5 - Proportion of women and girls subjected to episiotomy during childbirth from the total births occurred during the previous year.

- Justification: An episiotomy is a deep cut in a woman's perineum into the pelvic floor muscle, designed to surgically help women who are delivering a child vaginally. While the procedure may be of benefit to the infant and the mother, if medically necessary, if unnecessary and/or done without informed consent, it may have adverse physical and psychological effects on the mother, can lead to death and may amount to gender based violence and torture and inhuman and degrading treatment (1). Another problem is its overuse or routine use, contrary to WHO recommendations[1]. In some studies it is considered a form of genital mutilation and it is stated that an episiotomy rate over 20 per cent cannot be justified (9). Nevertheless, it is widespread used: 42 per cent[2] in public Spanish hospitals, over 35 per cent in Quito (10), 30 per cent in Mexico, over 70 per cent in Portugal and Cyprus[3] or 50 per cent in Italy (1).

- Proposed question: Have you been subjected to episiotomy during childbirth in the previous year?

Indicator 5.3.6 - Proportion of women and girls subjected to the Kristeller maneuver during childbirth from the total births occurred during the previous year.

- Justification: The application of manual fundal pressure to facilitate childbirth during the second stage of labor, known as the Kristeller maneuver, is no longer recommended by WHO[4] but it is still widely practiced, sometimes with the elbow, forearm or with the whole body, to provoke expulsion of the baby. Its application varies from country to country, reaching the highest rates of application in Honduras where it is used in between the 50 per cent and 70 per cent of vaginal births (1).

- Proposed question: Have you been subjected to the Kristeller maneuver during childbirth in the previous year?

- Statistical or survey issues: Sometimes women ignore the name of this medical procedure although they may have been subjected to it, therefore it is important to make sure women understand what the question is about. To ask this question, an image of the Kristeller maneuver was successfully used while asking the question to women in a

1 https://extranet.who.int/rhl/topics/preconception-pregnancy-childbirth-and-postpartum-care/careduring-childbirth/care-during-labour-2nd-stage/who-recommendation-episiotomy-policy-0.
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study of Ministry of Health of Spain[5]. On the other hand, health statistics are no reliable on this item in some countries even when it is recorded by hospitals, therefore a survey directed to women is the most reliable way to obtain information.

Given the complex nature of disrespect during childbirth as a construct, and in order to give more methodological options, it may be useful to considerate a Person-Centered Maternity Care 13 Item Scale capturing key domains of Respectful Maternity Care[6].

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[5] https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/InformeFinalEAPN_revision8marzo2015.pdf

[6] Developed by University of California, San Francisco; Institute for Global Health Sciences University of California, Los Angeles; Jonathan and Karin Fielding School of Public Health Metrics for Management. https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1002/ijgo.12827

SIGNATORIES - ORGANIZATIONS

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Alternatal Foundation, Hungary

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Asociación Galega de Matronas (AGAM), Spain

Asociación Nacer en casa, Spain http://nacerencasa.org/

Asociación Naixença de Baleares, Spain

Association for Improvements in the Maternity Services (AIMS), UK

Association of Doulas of Hungary (MODULE), Hungary

Association of Independent Midwives, Hungary

Associazione "Il Melograno-centro informazione maternità e nascita" Roma, Italy

Birth Practice and Politics Forum, United Kingdom

Birth Rights Bar Association, USA

Birthrights, UK

Black Mamas Matter Alliance

BLL- Beruffsverband vun den Laktatiounsberoderinnen zu Lëtzebuerg asbl, Luxembourg

Center for Health and Gender Equity (CHANGE), USA

Childbirth Survival International, Baltimore (USA), Dallas (USA), and Africa.

Childbirth with Dignity Foundation, Poland

Committee for safe motherhood in Mexico, Mexico

El Parto es Nuestro, Ecuador, Argentina, Spain

Elephant Circle

EMMA Association, Hungary

ENCA – European Network of Childbirth Associations, Europe

Every Mother Counts

Geboortebeweging, the Dutch movement for women's rights in childbirth, Holland

GfG BV, Germany

Global Force for Healing, USA

Global Pediatric Alliance

HealthRight International, International (Cuba, Kenia, Kosovo, Mexico, Myanmar, Nepal Romania, Russia, Sri Lanka, Uganda)

If/When/How: Lawyering for Reproductive Justice

Irish Maternity Support Network, Ireland

LA DINAMO ACCIÓ SOCIAL, Spain

Lamaze International

Másállapotot a szülészetben! mozgalom (Changes in Maternity Care movement), Hungary

Mothers for Mothers Association, Romania

NANE Women's Rights Association, Hungary

Observatorio de Violencia Obstétrica, Chile

Observatorio de Violencia Obstétrica España, Spain

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PCI, a Global Communities Partner

PETRA Maternidades Feministas, Spain

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Pryrodni Prava - Human rights in childbirth NGO in Ukraine, Ukraine

Roda - Parents in Action, Croacia

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