



**OBSERVATORIO DE  
LA VIOLENCIA  
OBSTÉTRICA**

## **Observatory of the Obstetric Violence (OVO) Spain - REPORT 25N/2016**






*"Freedom of a country can be measured by freedom in childbirth"*

*(Ágnes Geréb)*



### **Brief background about OV**

-  **OBSTETRIC VIOLENCE is GENDER-BASED VIOLENCE**
-  Spain does not yet have a specific law on OV, such as Venezuela, Argentina and Mexico; however, the constitutive practices of OV are prohibited because they involve the violation of basic rights contemplated in international Conventions, as well as in the Penal Code and in the Constitution
-  **25.11.2014:** The multidisciplinary [Observatory of Obstetric Violence \(OVO\)](#) was born, linked to the association El Parto es Nuestro

# STUDY: INCIDENCE OF THE OV IN SPAIN

## METHODS

- ✓ From the Observatory of the Obstetric Violence (Association El Parto es Nuestro)

From November 25th/2015 to September 30th/2016

### ON LINE SURVEY:

<http://www.elpartoesnuestro.es/content/encuesta-para-el-observatorio-de-la-violencia-obstetrica>

### Assessed Aspects

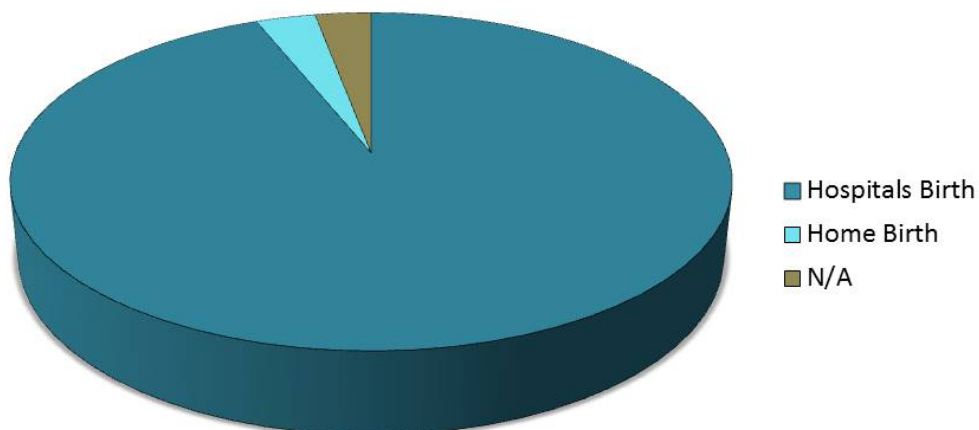
Attitudes and treatment received  
Information and consent  
Labor time  
How they were treated after delivery  
Post partum

Aimed at all the women that had given birth in Spain from 2008 to 2016  
(In 2008 the Strategy to attend to the Normal Birth was created by Spanish Ministry)

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**Sample** (n)= 1815 cases

Births attended:



# Maternal demographics at time of birth

(n= 1815)

- 👁️ Age at time of birth (median): 31.6 years
- 👁️ Spanish nationality: 92%
- 👁️ Relationship:
  - Heterosexual relationship: 91%
  - Homosexual relationship: 1.5%
  - Single women: 5.1%
- 👁️ Studies:
  - Higher education (university): 79.6%
  - Baccalaureate studies 14.6%
  - Basic studies: 5.9%
- 👁️ Employment status:
  - Work active: 75%
  - Unemployment and/ or child care: 25%



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### RESULTS



1. Attitudes and messages of health's professionals	%
They did not request authorization to treat users	70.3%
They did not request permission to treat users	66%
Unprofessional and incorrect language used	40%
Someone said they were doing it wrong	33.8%
Criticized their expressions of pain, cries or moans	32.5%
Questioning their ability to breastfeed	35.1%
Women who opted for artificial breastfeeding were judged by them	25%

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### RESULTS

2. Informed consent	%
The interventions offered (induction, Kristeller, episiotomy, etc.) were not informed to women	50.7%
It was not indicated why a particular maneuver was advised in her case	60.8%
The different options of action (including the expectant attitude) were not informed	76.6%
The possible consequences were not explained	80.4%
Neither side effects of the intervention	84.6%
Action was taken without the informed consent of women	51.1%

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### RESULTS

3. Birth Plan	%
Derogatory treatment due to Birth Plan's presentation	25.3%
The birth plan was not respected	65.8%
Not allowed to eat or drink	55.7%
Wander around	53.4%
Use of personal material (such as music or clothing)	58.2%
Or support material	51%
They were not allowed to choose the posture in the expulsive	74.7%
They could not decide on the fate of their placenta	79.2%

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### RESULTS



4. Neonatal admission	%
Mothers were not explained and asked for consent for each performance on their babies	66.7%
They could not be with their babies	42.7%
They were forced to leave when procedures or tests were performed on their babies	42.6%
The mothers were criticized because their babies cried	20.1%
They urged them to go home and leave their babies unaccompanied.	27.6%
They could not be accompanied by the person or persons of their choice during admission	21%

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### RESULTS



5. Neonatal death	%
Mothers did not receive clear information on autopsy and burial	75%
Mothers did not have the freedom and time to decide on the bodies of their babies	65.2%
Mothers were not accompanied or helped to see, touch or hug their babies	58.5%
Mothers could not be with their babies	35.7%
Pejorative language was used to refer to their dead children	24.5%



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## RESULTS



- **Psychological support:**

*“¿Have you needed or do you think you need psychological help or therapy to overcome the aftereffects or bad memories of childbirth?”*

➤ **35,9%** of answers were **“YES”**

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## Extracts from Reports of Deliveries from the study

- *“With each contraction they would tighten my belly, and I would scream. Then they told my partner to cover my mouth, as I was losing my strength when I shouted”*
- *“It has left me serious consequences ... I wake up at night crying, shaking, I cannot talk about it, I've had to change my hospital because I am unable to go back there (...) I feel unable to be a mother again”*
- *“They begin to pull the child at each contraction. I am exhausted and again very drugged by the epidural. My partner is very distressed, as he is watching as they pull on my baby's head ”*
- *“The anesthesiologist, seeing my crying, approached me with my birthing plan and told me that the next time I would think about telling the doctors what they should do”*
- *“The more I insisted, the more I asked for my child, the angrier they would answer me ... My baby cried, she needed me and I could not do anything”*
- *“At the time of the cesarean, the baby had already taken part of the head vaginally, so the medical team had to pull it back, thus causing the tear in my uterus. Due to the severity of the tear, a subtotal puerperal hysterectomy was performed in the same intervention”*

## **STUDY: INCIDENCE OF THE OV IN SPAIN**

### **CONCLUSIONS**

- Obstetric Violence is an **important global, public health problem, and of human rights** (WHO, 2014)
- The recognition that is slowly being made of this type of violence as "structural" allows us to move from the analysis **of the private to the public, to the social and to the political**

