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A response to “Substandard and disrespectful care during labour: Because words matter”

Laurent Gaucher, Isabelle Hernandez, Dahlia Tharwat, Lucile Abiola, Eleonore Bleuzen-Her, Sarah Benjilany, Caroline Matteo

► To cite this version:

Laurent Gaucher, Isabelle Hernandez, Dahlia Tharwat, Lucile Abiola, Eleonore Bleuzen-Her, et al.. A response to “Substandard and disrespectful care during labour: Because words matter”. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 2024, 305, pp.421-422. <10.1016/j.ejogrb.2024.12.007>. <hal-04853395>

HAL Id: hal-04853395

<https://univ-lyon1.hal.science/hal-04853395v1>

Submitted on 22 Dec 2024

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COVER LETTER

22 December 2024

Professor Laurent Gaucher, RM
Faculty of Medicine and Midwifery, Lyon Sud – Charles Mérieux
165 Chem. du Petit Revoyet
69921 Oullins-Pierre-Bénite, FRANCE
Email: laurent.gaucher@univ-lyon1.fr

Professor Janesh K. Gupta, MD, FRCOG
Editor-in-Chief
*European Journal of Obstetrics & Gynecology
and Reproductive Biology*

Dear Professor Gupta,

We wish to submit a letter to the editor in response to the article by Ayres-de-Campos et al., “Substandard and disrespectful care in labour – because words matter”, published in the *European Journal of Obstetrics & Gynecology and Reproductive Biology* (<https://doi.org/10.1016/j.ejogrb.2024.02.048>).

Ayres-de-Campos et al. provided significant insights into the issue of substandard and disrespectful care during perinatal and gynaecological care. The authors discuss the term “obstetric violence”, suggesting it can be counterproductive by generating defensive reactions. However, it is crucial to recognise the term’s role in highlighting severe cases of mistreatment. An approach that acknowledges both the term’s significance and the need for collaboration could be more beneficial.

It is important to note that this position was published without consulting the member associations of the EMA. Consequently, it is essential that the National College of Midwives of France (CNSF) responds to this position paper to ensure a comprehensive discussion and representation of all perspectives.

The National College of Midwives of France is frequently consulted on this issue, as many healthcare professionals and institutions have interpreted the term “obstetric violence” in a defensive manner. We believe it is important to address this term in a balanced way to improve understanding and collaboration among healthcare providers.

Yours sincerely,

Laurent Gaucher,
Registered Midwife, Full Professor.

Caroline Matteo

For the National College of Midwives of France (CNSF)

LETTER TO THE EDITOR

Dear Editor,

We wish to extend our gratitude to Ayres-de-Campos et al. and the European Association of Perinatal Medicine (EAPM), the European Board and College of Obstetricians and Gynaecologists (EBCOG), and the European Midwives Association (EMA) for addressing the critical issue of substandard and disrespectful care during perinatal and gynaecological care [1]. Recognising this important issue is a significant step forward. The authors have identified three categories of substandard care: (1) the use of non-best-practice interventions, (2) withholding or not offering best-practice measures, and (3) the inadequate execution of healthcare interventions. This categorisation is vital to understand and address these critical issues. The authors noted, “The term ‘obstetric violence’ [...] suggests that it is mainly carried out by obstetricians and is a serious form of aggression, carried out with the intent to cause harm” before concluding “that this term should not be used.” This argument highlights the conflict around the terminology, especially underlining intentionality.

Violence can result from actions that are objectively observable and from subjective feelings or perceptions [3]. The perspectives of women, as users of the healthcare system, must be considered [4]. A French study has shown that dissatisfaction with healthcare providers’ behaviours correlates with increased symptoms of post-traumatic stress disorder, indicating that these behaviours can be perceived as violent, regardless of intentionality [5]. Therefore, it is crucial to address both the objective actions and the subjective experiences of women to improve maternity care. All terms, including violence, disrespect, and mistreatment, have their place in this discourse. Measuring Clinical Reported Outcome Measures (CROM), Patient Reported Outcome Measures (PROM), and Patient Reported Experience Measures (PREM) systematically is essential to enhance our practices [6].

It is to be noted The National College of Midwives of France (CNSF), along with other EMA member associations, was not consulted before this position was taken, a statement that contradicts the French association’s 2022 stance regarding the definition and assessment of obstetric violence [2]. The work that the CNSF conducts in collaboration with user organisations confirms the importance and complexity of these issues. The negation of the use of a term that was chosen by women to express lack of respect for their autonomy might be considered additional violence which contradicts our position. The CNSF’s stand is that we respect the women’s choice to use the term obstetric violence, in addition to the terms discussed in this paper, as it leads to better understanding of their experiences and better care for the consequences thereof.

Yours sincerely,

Laurent Gaucher, Isabelle Hernandez, Dahlia Tharwat, Lucile Abiola, Eleonore Bleuzen-Her, Sarah Benjilany, and Caroline Matteo for the National College of Midwives of France (CNSF)

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