



Obstetric Violence and Birth Trauma

Definition Obstetric Violence

The concept of “obstetric violence” (OV) refers to acts in the context of labour and birth categorised as physically or psychologically violent due to unjustified use of medical intervention, dehumanizing treatment and pathologisation of natural processes¹. This mistreatment of women and birthing people is often delivered verbally and normalised as routine care, removing the opportunity for informed consent. The World Health Organization (2014) has termed OV as ‘disrespect & abuse’ in a birth setting. The “power imbalance and abuse of trust in the birth space” can result in birth trauma, higher rates of postnatal depression, and post-traumatic stress disorder (PTSD).

Definition Birth Trauma

The Australasian Birth Trauma Association (ABTA) defines birth trauma as a wound, serious injury or damage. Birth Trauma (BT) can be physical and/or psychological. Both birthing person and partner can be affected by BT. BT is self-defined and can be mild and short lasting or can contribute to postnatal depression, postnatal anxiety, and PTSD.

Background

The consequences of BT may include, but not be limited to, debilitating anxiety symptoms and panic attacks, postnatal depression and suicidal thoughts, marital and family breakdown, sexual dysfunction, incontinence, and emotional detachment from the neonate³. Women may persistently seek answers about the traumatic episode, experience flashbacks and nightmares, develop hypervigilance when caring for the baby, and experience social withdrawal. These consequences are consistently reported by women who experienced a distressing birth. Some women also report tocophobia, an anxiety or fear of pregnancy or labour, which contributes to a lack of intimacy and conflict with partners, and voluntary infertility⁴.

Research has suggested that Australia is failing to acknowledge the problem of OV. A national study identified that 1 in 10 birthing people in Australia felt they had been victims of OV, including non-consensual vaginal examinations and episiotomies, coerced consent, and other dehumanising events⁵. Furthermore, 1 in 3 birthing people describe their births as traumatic and 1 in 11 have been diagnosed with PTSD due to BT. Despite these statistics, the Australian National Plan to End Violence Against Women and Children 2022-2023 makes no mention of OV or BT⁶.

The ANMF encourages members experiencing or witnessing Birth Trauma or Obstetric Violence to seek support and assistance from a qualified health professional.



Actions

1. Recognition, support, and education for all members on relevant legislation, NMBA reporting potential by women/birthing person civil claims relating to OV and BT.
2. Recognition by government and health care organisations of how inadequate workforce levels, restrictive policies, and lack of evidence based education is impacting the occurrence of OV and BT.
3. Remove normalising OV through cultural shift of people working with birthing women/ people to reduce unnecessary intervention across the pregnancy to birth continuum.
4. Enhance professional accountability through clear reporting pathways for women and health professionals to report OV in any setting.
5. Government review and strengthen laws against gender-based violence, including OV.
6. The provision of education specific to trauma informed care education for health professionals in all areas.

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Resources:

[Australasian Birth Trauma Association](#)

[Birth Monopoly](#)

[Maternity Consumers Network](#)

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References

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5. Keedle, H., W. Keedle, and H.G. Dahlen, Dehumanized, Violated, and Powerless: An Australian Survey of Women's Experiences of Obstetric Violence in the Past 5 Years. Violence
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