

SYMPOSIUM: INSTITUTIONAL VIOLENCE AGAINST WOMEN DURING OBSTETRIC CARE

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Obstetric violence: historical aspects Violencia obstétrica: aspectos históricos

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ABSTRACT

From ancient times to the present day, pregnancy and childbirth are one and the same biological process. What has changed is the environment and the way our society has cared for them. Modern medicine and technology have prevented many complications of pregnancy, childbirth and the postpartum period and saved many lives, but the woman-centered approach has been neglected. It is not a matter of going totally back to the past and leaving modern childbirth care aside to avoid the misnamed 'obstetric violence'. Rather, it is about incorporating what was valuable in past care, such as the involvement of the family, of the couple. But also, the respect of ethical principles, the quality of care for a safe delivery, as well as the rights of the pregnant woman so that obstetric care is a modern and humanized care, as all women deserve.

Key words: Pregnancy, Parturition, Obstetrics, Obstetric violence, Gender-based violence, Humanizing delivery

RESUMEN

Desde épocas remotas hasta la actualidad, el embarazo y el parto constituyen un mismo proceso biológico. Lo que ha variado ha sido su entorno y su cuidado de parte de nuestra sociedad. La medicina moderna y la tecnología han prevenido muchas complicaciones del embarazo, parto, puerperio y salvado muchas vidas; pero se ha descuidado el enfoque centrado en la mujer. No se trata de volver totalmente al pasado y dejar de lado la atención moderna del parto para evitar la mal llamada 'violencia obstétrica'. Sino que debe incorporarse lo valioso de la atención en el pasado, como la participación de la familia, de la pareja. Pero también el respeto de los principios éticos, la calidad en la atención para un parto seguro, así como, los derechos de la gestante para que la atención obstétrica sea una atención moderna y humanizada, como merecen todas las mujeres.

Palabras clave. Embarazo, Parto, Obstetricia, Violencia obstétrica, Violencia de género, Parto humanizado

INTRODUCTION

The preservation of the human species over the centuries has been made possible by the processes of reproduction, which include pregnancy, childbirth and the birth of a new being. These events have been occurring for thousands of years as a result of sexual relations between couples. The procedures of pregnancy and childbirth, as such, are the same as they are today; evolution has not changed in this respect. What has changed is the environment in which these processes take place and the way society views them.

In primitive societies they observed that gestation took place, but there was no additional care, beyond the limitations that this determined in women's daily tasks⁽¹⁾. In the beginning, it was probably the women themselves who assisted during childbirth⁽²⁾. The labour contractions were the same as they are today, and the pain was the same, perhaps without any sign of complaint, trying not to attract the attention of their surroundings, which could be dangerous⁽³⁾. The greatest pain occurred at the end of labour and during birth; then came the calm. The symptomatology has remained the same over the years. However, it was the consideration of pain, of the naturalness of the process, that was different from today.

For women, experiencing pain during childbirth and tolerating it was expected of them. This was in accordance with the biblical quotation in relation to childbirth - Genesis 3:16: 'To the woman he said: - I will



greatly multiply the trouble of your childbearing, and you shall bring forth your children in pain. You will lust for your husband, and he will rule over you'.

This natural process probably meant that the first to come in solidarity to the 'suffering' of women in childbirth were the people around them, usually women of the family. Without having any scientific knowledge, many of them probably became the midwives of a community, who were called when a woman was about to give birth. The earliest record we have of midwives (midwives) being involved dates back to 6,000 BC⁽²⁾. No men were involved. Moreover, these processes were seen by men as women's work; they did not interfere in childbirth.

MEDICAL PRESENCE IN CHILDBIRTH

The development of medicine since ancient times, but especially with the knowledge acquired from the East in the Middle Ages, meant that in the 17th century the process of childbirth was approached from a biomedical point of view, probably due to the occurrence of maternal deaths or due to causes that could be treated or attended by the doctors of that time⁽³⁾.

In the 15th century, many authors refer to the lack of knowledge and education of midwives - most of them illiterate - who were controlled by the Church, more for their moral values than for their technical expertise.

Medicine gradually gained more social recognition as more attention was paid to childbirth, a field that was carried out in very private settings and was only of interest for some emergency medical procedures. This recognition increased with the advent of instruments such as the forceps, which required the dorsal decubitus position for its application. Ancient texts were recovered, such as those of Soranus of Ephesus, with techniques for the proper management of childbirth, even complicated ones. Greater professionalization was achieved for their care, from which midwives were excluded. There was greater interest on the part of the states in hospital childbirth care and those who could pay for the services of doctors, who were more active in the cities. In the meantime, midwives continued to provide care, but in rural areas, and in general in the less favored sectors⁽⁴⁾.

In addition, in the 16th century, the Church demonized midwives and midwives for their knowledge of women's bodies and reproduction. As a result, many died accused of witchcraft⁽⁵⁾.

It is interesting to note that, despite the fact that in the XVII and XVIII centuries, childbirth began to be institutionalized in hospitals, with the attention of doctors in the cities, women died more from infections in childbirth attended by them than in home births, attended by midwives. Doctors were unaware of the basic elements of infection prevention, such as hand washing, unlike midwives, who were more likely to wash both the woman in labour and themselves, a custom they used empirically without knowing its importance in the epidemiology of infections⁽⁶⁾.

The Hungarian physician Ignaz Philipp Semmelweis became aware of this and published the findings of his research 'Etiology, concept and prophylaxis of puerperal fever' in 1861, in which he demonstrated that hand washing prevented deaths from puerperal fever⁽⁷⁾. Unfortunately, it took many years for this important finding in medicine to be recognized.

As we can see, the medicalization of childbirth, the biomedical approach, was initiated by a safety concept in the 17th century, because of the deaths that occurred in childbirth. But also, because of the power of medicine that had been recovered in the Middle Ages, to cover processes that, until then, had mostly been attended by the so-called midwives or midwives, who in some cases also exercised the role of healers in their community.

MODERN OBSTETRICS

In the 20th century, with greater scientific knowledge of the physiology and diseases that occur during pregnancy, childbirth and puerperium, prenatal care appeared. Attempts were made to reduce pain during childbirth with psychoprophylaxis techniques - such as that of Dr. Fernand Lamaze⁽⁸⁾, which appeared in 1951 - developed from a session of the Russian Academy of Sciences where he became familiar with the studies of Pavlov, Nicolaiev and Veloski.

Antibiotics appeared, medical supplies improved, ultrasound was introduced, and cesar-



ean section techniques became safer. The process of childbirth care was medicalized, basically for safety reasons, and attention was focused on the prevention of illnesses and complications. Risk assessment and outcome are included as the most important aspects of care. Quality aspects of medical care are strongly incorporated. Maternal and fetal morbidity and mortality began to decline in the world at the end of the last century⁽⁹⁾.

OBSTETRIC VIOLENCE

Two important events took place in the last century. In 1978, the Belmont Report appeared, which presented the 'basic ethical principles' as ethical guidelines for human actions⁽¹⁰⁾, and in 1994, at the International Conference on Population and Development in Cairo, the empowerment of women and the right to sexual and reproductive health were discussed and the international commitment of the countries was achieved. At the same time, many publications appeared, especially on the part of women's organizations, in which the term obstetric violence was included, in response to what they considered an excessive medicalization of childbirth care, and there was a demand for a respected, humanized birth⁽⁶⁾.

CONCLUSIONS

- From the primitive era to the present day, because of the modification of the pelvis in humans over the last 2 million years, childbirth has been a more difficult and painful process than in their ancestors⁽¹²⁾. It is known that, lacking modern pain technologies, it must have been a situation in which women often suffered stoically during childbirth.
- In addition, whether attended by themselves or by midwives, many complications must have occurred, including severe perineal tears or other injuries to the birth canal. And, without adequate knowledge of their treatment, the injuries remained throughout their lives, such as fourth-degree tears, with permanent fistulas. In many cases the death of the parturient was the end.

- In the present century and at the end of the last century, the term obstetric violence was included for any medicalized procedure that departs from what is considered to be traditional childbirth, regardless of whether it is safer than what happened before. In this sense, the so-called 'natural childbirth' is often called for, forgetting or ignoring what childbirth care really was in past centuries, in antiquity.
- It is true that modern medicine and technology have prevented many complications of pregnancy, childbirth and the postpartum period and saved many lives; but it is also true that the woman-centered approach has been neglected⁽¹³⁾. However, it is not a matter of going completely back to the past and leaving aside modern childbirth care to avoid so-called 'obstetric violence', but rather incorporating what was valuable in the past, such as the participation of the family and the couple. But it must also incorporate respect for ethical principles, quality care for safe childbirth, as well as the rights of the pregnant woman so that obstetric care is modern and humanized, as all women deserve.
- Cesarean section, as well as other surgical or obstetric procedures, are valuable and should be performed when required by the pregnant woman. We must not abuse medical procedures in the care of a natural process that has existed since the origins of humanity. In that sense, we cannot accept the use of the term 'obstetric violence' to typify any procedure used in modern childbirth care.

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