Review title

The experiences, meaning and impact of obstetric violence for women during childbearing: Protocol for a systematic review of qualitative evidence.

Reviewers

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Review question/objective

The aim of this review is to synthesise the best available evidence on the experiences of childbearing women in order to understand what is meant by the term ‘obstetric violence’ (OV) For the purposes of this review we have adopted the definition of childbearing as:

…the act or process of carrying and giving birth to a child (Collins, 2016)

Specific objectives are:

1. To understand what is meant by the term ‘obstetric violence’ (OV) from the particular perspective of women themselves;
2. To explore the reported impact of OV on the psychological and physical health and wellbeing of women.

Background
There is a clear body of evidence to suggest that a significant number of women globally experience poor levels of care and (mis) treatment during childbirth (Bohren et al., 2013). It has been identified that higher levels of obstetric intervention during childbirth are an important factor in predicting a negative experience and impacting on the psychological wellbeing of the mother (Waldenstrom et al. 2004). Seminal work undertaken by Green et al (1990) identified that women who felt disempowered during the birthing process exhibited more psychological stress post birth and this has been supported by other commentators (Slade et al. 1993, Waldenstrom, 1999). This disempowerment is more evident in hospital based births, where the lead professional is often the obstetrician. The positioning of the Obstetrician as the lead professional for women during the childbearing process is not uncommon practice in many countries worldwide and has arguably placed Obstetricians in a position of influence and power. These two factors are key components within the obstetric violence phenomenon.

Recently, in an attempt to address the conceptual confusion surrounding the breadth of terminology associated with this phenomenon, Bohren et al. (2015) have undertaken a systematic review and development of a typology for the term ‘mistreatment’ of women during childbirth. Within this comprehensive systematic review the decision to use the term ‘mistreatment’ inclusively has been articulated as follows:

*While different countries, organizations, and authors have adopted different terminology such as “obstetric violence,” “dehumanized care,” and “disrespect and abuse” to describe the phenomenon discussed in this review, we have proposed “mistreatment of women” as a broader, more inclusive term that better captures the full range of experiences women and health care providers have described in the literature. These experiences can be active (such as intentional or deliberate physical abuse), passive (such as unintentional neglect due to staffing constraints or overcrowding), related to the behavior of individuals (verbal abuse by health care providers against women), or related to health system conditions (such as a lack of beds compromising basic privacy and confidentiality). However, they can all impact on a woman’s health, her childbirth experiences, and her rights to respectful, dignified, and humane care during childbirth (page ref)*

In this statement, the discussion of the decision to use the umbrella term ‘mistreatment’ to describe the phenomena means that ‘obstetric violence’ is contextualised within a a particular frame of reference i.e. mistreatment. For example, the definition of obstetric
violence would appear not to include lack of beds, although poor conditions will negatively impact on the woman’s experience and might play a part in an overall experience of, for example, dehumanizing care.

The subsuming of OV within a broader definition of ‘mistreatment’ during childbirth arguably does not explore or articulate the potential harms, poor practice or abuse that may occur during the wider period known as childbearing.

While in the United Kingdom (UK) and elsewhere the term ‘obstetric violence’ is not widely utilised, within the Latin American and Caribbean literature obstetric violence (as abusive practice) is well known and has been operationalised through national policy and legislation. For the purpose of this review a definition taken from Venezuelan Law has been used to contextualise the current literature and the focus for the proposed systematic review:

…the appropriation of the body and reproductive processes of women by health personnel, which is expressed as dehumanized treatment, an abuse of medication, and to convert the natural processes into pathological ones, bringing with it loss of autonomy and the ability to decide freely about their bodies and sexuality, negatively impacting the quality of life of women (Organic Law on the Right of Women to be Free from Violence, Venezuela 2007).

As such, the term ‘obstetric violence’ arguably offers a distinct contribution in the ongoing awareness raising and investigation into women’s experience of assault, violence and abuse by virtue of their pregnancy status at the hands of their care providers. In the instance of the Venezuelan legal definition of ‘obstetric violence’ a stance is taken as it engenders an underlying assumption that birth should not be pathologised and pregnant women should therefore not be treated per se as if they are ‘sick’.

Using obstetric violence as a clearly distinct concept in the broader experience of childbearing, rather than just the period of childbirth is worthy of a separate review. A separate systematic literature review would broaden its application outside of the legal definitions and may start to build an evidence base that illuminates how some obstetric practices, some legally mandated as well as others that are not, are part of a wider culture of gender violence. It also acknowledges the breadth of obstetric care beyond childbirth. This is an important contribution to a growing body of evidence in this field and one which seeks to improve reproductive health and women’s rights within the overall childbearing discourse.
Inclusion criteria

Types of participants
This review will include papers which report the experiences of women of childbearing age who have experienced childbearing and who have been in receipt of professional care (those who are recognised as undergoing formal healthcare training for birth practices). Papers collecting data from women from any ethnic group who have given birth, regardless of parity, will be included.

Phenomena of interest
The experiences of women during the active period of childbearing who have experienced OV.

Context
This review will include any setting globally (hospital and community) where engagement with recognised maternity services have been accessed.

Types of studies
This review will include studies that include, but not limited to, design such as phenomenology, grounded theory, ethnography, action research and feminist research. We will include mixed methods papers only where the qualitative results are reported separately.

Search strategy
The search strategy aims to find both published and unpublished studies. A three-step search strategy will be utilised in this review. An initial limited search of MEDLINE and CINAHL will be undertaken followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe article. A second search using all identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified reports and articles will be searched for additional studies.
Studies published after 2000 and in English (or where a translation is available) will be considered for inclusion in this review.

The databases to be searched include: EMBASE, AMED, PsycINFO, WEB OF SCIENCE, LILACS GLOBAL HEALTH, MIDIRS (Midwives Information and Resource Service), PASCAL (European science, technology and medicine), ASSIA and SSCI. The search for unpublished studies will include reports from the World Health Organisation (WHO), National and international organisations and bodies including the UK Royal College of Nursing and Royal College of Midwifery. Hand searching will be carried out from GOOGLE web and GOOGLE scholar databases.

Initial keywords to be used will be:

<table>
<thead>
<tr>
<th>(OV) OR obstetric*, violen* (using proximity search)</th>
<th>Obstetric violence</th>
</tr>
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<tbody>
<tr>
<td>Preg*/childbirth</td>
<td>Pregnancy</td>
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<tr>
<td>Midwife*</td>
<td>Birth attendant, nur* midwif* doctor medic* profess*</td>
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<td>Childbear*</td>
<td>Childbearing</td>
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<td>Trauma*</td>
<td>Traumatic birth</td>
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<td>Exper*</td>
<td>Experiences</td>
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<tr>
<td>Antenatal AND OR postnatal care AND OR intrapartum AND OR labour/labor</td>
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<td>Wom*</td>
<td>Women, woman</td>
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<td>Abuse</td>
<td>Verbal, physical, sexual</td>
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<td>Autonom*</td>
<td>Loss of autonomy</td>
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<td>Pain relief</td>
<td>Refusal of medication</td>
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<td>Consent</td>
<td>Non consent</td>
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<td>Discrimin*</td>
<td>Discrimination, discriminatory practice</td>
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<td>Cultur*</td>
<td>Cultural, culture</td>
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Maternity services

To identify MESH headings for each of the database plus AND OR plus wild cards (women/woman, paediatric/paediatric)

**Assessment of methodological quality**

Qualitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardised critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) (Appendix 1). Any disagreements that arise between the reviewers will be resolved through discussion among the review team.

If eligibility is not clear from the information provided in the paper, all efforts will be made to seek clarification through contacting the original authors.

**Data collection**

Qualitative data will be extracted from papers included in the review using the standardised data extraction tool from JBI-QARI (Appendix II). The data extracted will include specific details about the phenomena of interest, populations, study methods, contexts and outcomes of significance to the review questions and specific objectives. One reviewer (the primary reviewer) will extract the data and thereafter will discuss with the review team. As above, we will contact authors of papers if there are any issues that require clarification during data extraction.

**Data synthesis**

Qualitative research findings will, where possible be pooled using JBI-QARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings (Level 1 findings) rated according to their quality, and categorising these findings on the basis of similarity in meaning (Level 2 findings). These categories are then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesised findings (Level 3 findings) that can be used as a basis for evidence-based practice. Where textual pooling is not possible the findings will be
presented in narrative form.

Conflicts of interest

The reviewers declare no conflict of interest.

Acknowledgements

This protocol builds on earlier discussions with colleagues in Sao Paulo, Brazil during an educational researcher links workshop and was originally funded by the British Council Researcher Links initiative 2014. Funding received from the Centre for Evidence Based Healthcare, Nottingham UK to develop the review protocol.

References


Appendix I: Appraisal instruments

QARI Appraisal Instrument

<table>
<thead>
<tr>
<th>JBI QARI Critical Appraisal Checklist for Interpretive &amp; Critical Research</th>
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<td>Reviewer ___________________________ Date ___________________________</td>
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<td>Author ___________________________ Year ______ Record Number ______</td>
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1. Is there congruity between the stated philosophical perspective and the research methodology?  
   Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

2. Is there congruity between the research methodology and the research question or objectives?  
   Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

3. Is there congruity between the research methodology and the methods used to collect data?  
   Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

4. Is there congruity between the research methodology and the representation and analysis of data?  
   Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

5. Is there congruity between the research methodology and the interpretation of results?  
   Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

6. Is there a statement locating the researcher culturally or theoretically?  
   Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

7. Is the influence of the researcher on the research, and vice-versa, addressed?  
   Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

8. Are participants, and their voices, adequately represented?  
   Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?  
   Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?  
    Yes ☐ No ☐ Unclear ☐ Not Applicable ☐

Overall appraisal: ☐ Include ☐ Exclude ☐ Seek further info. ☐

Comments (including reason for exclusion)  
________________________________________________________________________
________________________________________________________________________
Appendix I: Data extraction instruments

Appendix II: Data extraction instruments: QARI data extraction instrument

JBI QARI Data Extraction Form for Interpretive & Critical Research

Reviewer ______________________ Date ______________________

Author ______________________ Year ______________________

Journal ______________________ Record Number ______________

Study Description

Methodology

Method

Phenomena of interest

Setting

Geographical

Cultural

Participants

Data analysis

Authors Conclusions

Comments

Complete Yes ☐ No ☐
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<tr>
<th>Findings</th>
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<th>Evidence</th>
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Extraction of findings complete: Yes □ No □