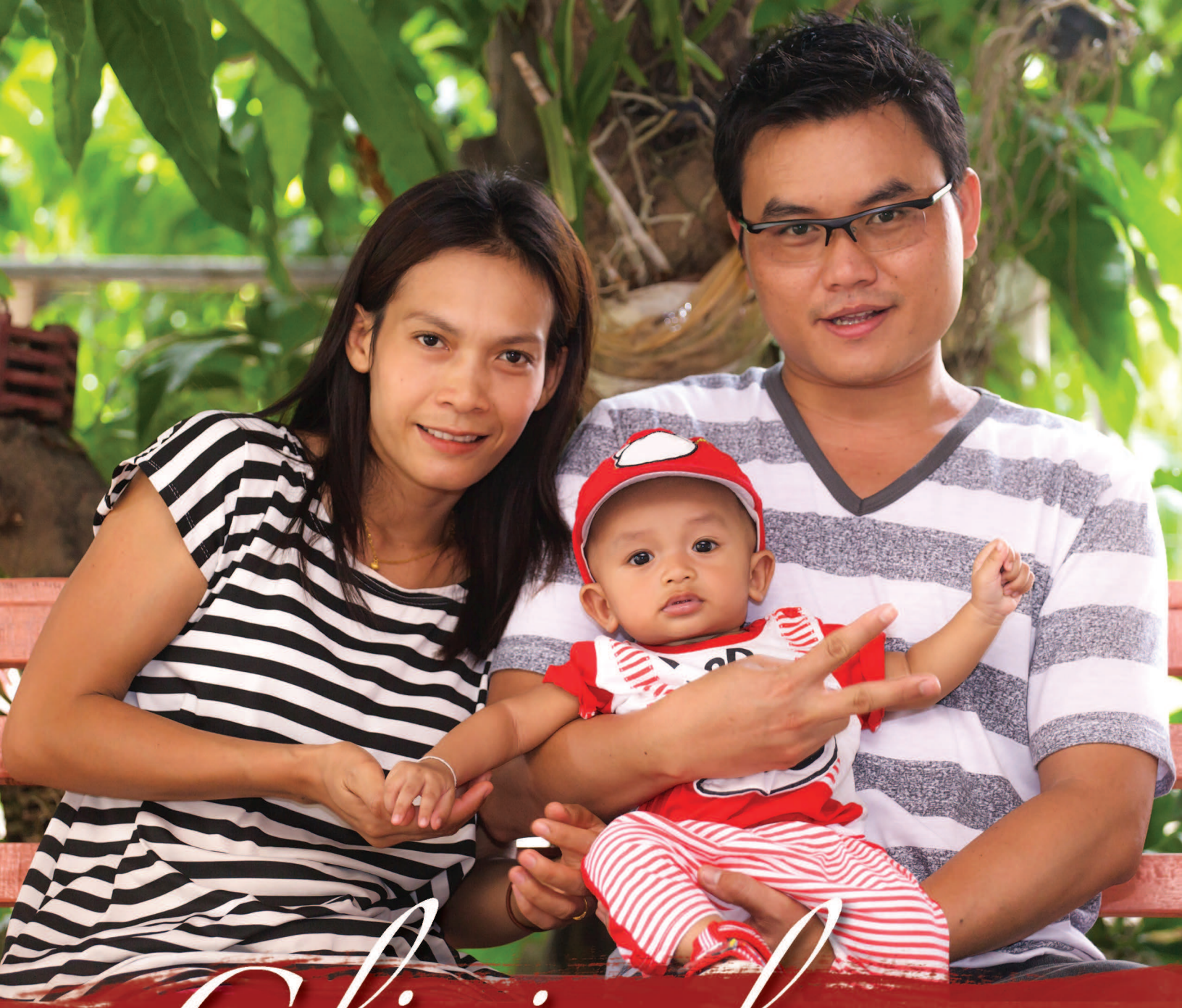

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Respectful Care During Birth = Better Breastfeeding Rates

Remarkable New Statement From WHO Calls for the End of Disrespect and Abuse During Childbirth

Editorial

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> *Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. (World Health Organization, 2014)*

A couple of weeks ago, I received a link for a new statement from the World Health Organization (WHO; see Figure 1). On any given week, I receive emails about various policy statements and initiatives from many organizations interested in maternal/child or women's health. But this one particularly caught my eye, mainly because it acknowledges that the emotional care that women receive during labor *matters*.

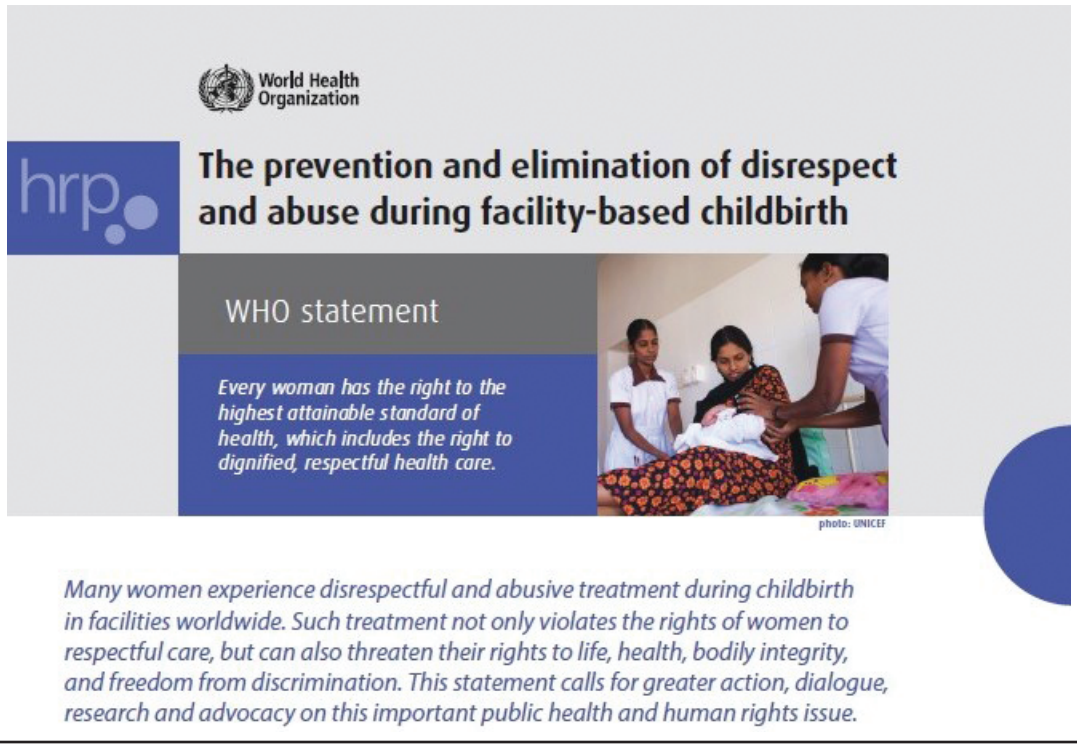
This statement did not address issues such as the high rates of cesarean births or inductions or other physiological aspects of labor and birth. It talked about "disrespect," an experience that is much more subjective. And in some cases, the report acknowledges the treatment women receive during birth constitutes abuse. Furthermore, WHO identifies disrespectful and abusive maternity care as a human rights issue that "may have direct adverse consequences for both the mother and infant."

Here are some of the experiences they list as types of abuse women have experienced.

- Outright physical abuse
- Profound humiliation and verbal abuse
- Coercive or unconsented medical procedures
- Lack of confidentiality
- Gross violations of privacy
- Neglecting women to suffer life-threatening and avoidable complications

The groups WHO identified as most likely to experience disrespectful or abusive treatment are adolescents,

Figure 1. Statement From the World Health Organization



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unmarried women, women of low socioeconomic status, women from ethnic minorities, migrant women, and women living with HIV.

Reading this statement, you might think, "yes, that's true in the developing world but not in the U.S." Unfortunately, that's not true. Abusive childbirth happens in the U.S. as well. For example, in the Listening to Mothers II survey, 9% of American mothers met the full criteria for posttraumatic stress disorder (PTSD), a condition more frequently associated with combat, natural disaster, or sexual assault (Beck, Gable, Sakala, & Declercq, 2011). Furthermore, an additional 18% had posttraumatic stress symptoms. Another study of U.S. mothers found that 46% of the mothers in their sample identified their births as "traumatic" using the definition set forth in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*; Alcorn, O'Donovan, Patrick, Creedy, & Devilly, 2010).

In contrast, Sweden and the Netherlands have rates of full-criteria PTSD of 1.2%–1.3%, and only 9% of women in these samples described their births as traumatic (Soderquist, Wijma, Thorbert, & Wijma, 2009; Stramrood et al., 2011). Conversely, 54% of women in a sample from Iran described their births as traumatic, and 20% met the full criteria for PTSD. These findings clearly show that where you give birth makes a difference in the type of care you receive and that the U.S. is behind many other countries in terms of quality of care.

The qualitative studies produce even more chilling findings. In a recent meta-ethnography of 10 qualitative studies, mothers described the disrespectful care they received (Elmir, Schmied, Wilkes, & Jackson, 2010). Their statements mirror many of the aspects of disrespectful births in the WHO statement described earlier. The mothers in this study described their care as dehumanizing and uncaring. They were more likely to describe their births negatively if they felt invisible and out of control. Some of the phrases the women used to describe their births were "barbaric," "intrusive," "horrific," "inhumane," and "degrading." Women were also distressed when large numbers of people were invited to watch their births without their consent. Women felt out of control, powerless, vulnerable, and unable to make informed decisions about their care. They felt betrayed. And some agreed to procedures, such as epidurals and vacuum extractions, in an attempt to end the trauma they were experiencing.

There is also evidence that some groups, such as African Americans, may be more vulnerable to this type of care. As mentioned earlier, for the total sample of the Listening to Mothers II survey, 18% of women had symptoms of posttraumatic stress. When broken out by ethnicity, Black mothers had the highest rates (26%), compared to 14% of Hispanic mothers. These findings suggest that marginalized women may have an even worse experience of birth than women in the dominant culture. This difference in rates of trauma symptoms needs to be explored in future studies.

Why This Report Is Significant for the Breastfeeding Community

Reading all of this, you might wonder what it has to do with breastfeeding. It matters quite a lot, actually. First off, highly stressful births can delay Lactogenesis II by several days (Grajeda & Perez-Escamilla, 2002). Babies may end up with supplements or even back in the hospital, further traumatizing their mothers. A study from the U.K. revealed that women who had unplanned cesareans or forceps deliveries had the highest rates of depression and anxiety and the most breastfeeding difficulties (Rowlands & Redshaw, 2012). In Beck's (2011) qualitative study of women who experienced birth trauma, breastfeeding could either exacerbate the trauma the mothers were experiencing—or help them heal. But the lactation care that many of the women in her sample received (e.g., grabbing their breasts or shoving babies on their breasts) further added to their trauma.

In summary, treating the mother well during labor has long-term health implications. Respectful care will make breastfeeding so much easier for mothers, babies, and even staff. Even though breastfeeding is never mentioned in the Statement, if the concerns it raises are addressed, breastfeeding rates will improve. So will the mothers' mental health, and that will make all the difference in both the mothers' and babies' quality of life.

Bottom line: Birth matters. Good births = higher breastfeeding rates.

Thanks for all you do to make that happen.

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Impact of Infant Feeding Practices Study

A supplement published in the journal *Pediatrics* examines the relationship between early infant feeding and subsequent health outcomes. "Infant Feeding and Long-term Outcomes: Results from the Year Six Follow-Up of Children in the Infant Feeding Practices Study II" presents new data from a follow-up study of children at six years of age who were previously included in the Infant Feeding Practices Study II. The authors found that the longer a mother breastfeeds and waits to introduce food and beverage other than breast milk, the lower the odds her child will have ear, throat, and sinus infections at six years of age. Also, children who breastfeed longer consume more water, fruit, and vegetables at six years of age and consume less fruit juice and sugar-sweetened beverages.

Source: USBC