DOI: 10.1111/nuf.12482

CONCEPT ANALYSIS

NURSING FORUM AN INDEPENDENT VOICE FOR NURSING WILEY

A concept analysis of obstetric violence in the United States of America

Lorraine M. Garcia MA, MSN, WHNP-BC, CNM

College of Nursing, Anschutz Medical Campus, University of Colorado, Aurora, Colorado

Correspondence
Lorraine M. Garcia, MA, MSN, WHNP-BC, CNM, College of Nursing, Anschutz Medical Campus, University of Colorado Denver, 13120 East 19th Avenue, Ed 2 North Room 3250, Aurora, CO 80045.
Email: Lorraine.Garcia@cuanschutz.edu

Abstract

The aim is to clarify the concept of "obstetric violence in the United States of America." Obstetric violence (OV) is a poorly defined and rarely applied concept in the United States that causes significant harm and requires recognition. The design is a concept analysis to examine the structure and function of OV in the United States. An English language literature review with no date restrictions was performed using CINAHL, PubMed, and Google search. The search was expanded to the related terms "birth rape" and "birth trauma." The concept analysis was conducted using the method outlined by Walker and Avant. The synthesized definition proposed is: Obstetric violence is abuse or mistreatment by a health care provider of a female who is engaged in fertility treatment, preconception care, pregnant, birthing, or postpartum; or the performance of any invasive or surgical procedure during the full span of the childbearing continuum without informed consent, that is coerced, or in violation of refusal. It is a sex-specific form of violence against women (VAW) that is a violation of human rights. A clear definition and understanding of OV in the United States will allow for its recognition. A conceptual basis for naming it can lead to better knowing its prevalence, further studies, and operationalizing the term to create pathways for accountability and restitution. Nurses are in a unique position to minimize OV risk and to promote individual and unit-based responses for zero-tolerance.

KEYWORDS

abuse, childbirth, concept analysis, mistreatment, obstetric violence, pregnancy, United States, violence against women

1 | INTRODUCTION

Obstetric violence (OV) is typically associated with low-resource nations and regions where severe abuses of women are common features of daily existence. A concept analysis for OV in the United States is needed to expand attention and increase knowledge about the occurrence of this problem in the US maternity care system. It is also necessary to address OV in the United States in a concept analysis because the term is becoming more widely used worldwide at the human rights level with scarce attention to defining its use or applications in the United States.[1-5] This lack of attention confounds the dual objectives of eliminating OV and establishing a means for accountability commensurate with the harm it causes. The greatest amount of attention to OV in the United States is currently from advocacy groups and scholars outside of the health care sphere.[6-11]

There is an opportunity and a duty for nurses to apply the principles of compassion, caring, and patients' rights to the protection of all pregnant and birthing people. The American Nurses Association (ANA) provides a reference for the ethical duties and conduct for nurses in "The Code."[12] The fundamental values and commitments of the nurse are outlined in the Provisions[12] where it can be seen that the social contract and ethical obligations for professional nurses are incompatible with OV.

2 | BACKGROUND

The concept of OV gained traction among childbirth activists in Latin America and the Caribbean as they worked to improve conditions for childbearing women in response to the extreme medicalization of the birth experience along with social inequalities and inequitable access.[3,5,13] The foundation of the Network for the Humanization of Labour and Birth (ReHuNa) in Brazil in 1993 is credited with formally recognizing OV as the circumstances of violence and harassment that happen during the course of care around childbirth.[5] The human rights-based approach against OV was given further international attention in March 2007 when Venezuela introduced OV as a legally recognized form of violence in their "Organic Law on the Right of Women to a Life Free of Violence."[1] The World Health Organization (WHO) addressed the disrespectful and abusive treatment women experience at facilities worldwide as an important public health and human rights issue and has pointed out that "there is currently no international consensus on how disrespect and abuse should be scientifically defined and measured."[14(p2)] The United Nations (UN) Special Rapporteur on violence against women (VAW) submitted her report in September 2019 that "solidified obstetric violence as a form of VAW—a human rights violation to be addressed by the UN, rather than solely a matter of quality of care for maternal health professionals."[11(p9)]

A comprehensive analysis of OV in the United States is challenging because of the complexity of the structural influences that enable it. There are US hospitals with primary cesarean rates for low-risk women as high as 51%, while others have rates as low as 7%, and some of these wide fluctuations happen within the same zip codes.[15,16] The lack of adherence to medical necessity is also present in the United States with the overuse of episiotomies.[17] Friedman et al[18] analyzed data from 2006-2012 in 510 hospitals with a mean adjusted hospital episiotomy rate of 34.1% among the top 10% of hospitals for frequency of use and 2.5% in the 10% of hospitals with the least frequent use. The wide variations in episiotomy and cesarean overuse combined with issues around lack of informed consent and ignored refusals are what situate the matter in the context of OV.

The United States is the only high-resource country in the world with an increasing maternal mortality rate, which is almost two times greater than in the United Kingdom and more than two times greater than in Canada.[19,20] In addition, maternal mortality persists as a compounded problem for Black women in the United States who die at disproportionately higher rates than white women even when protective factors from socioeconomic status and education level are present.[20] Vedam et al[21] found that women of color reported consistently higher rates of mistreatment during pregnancy and childbirth and that having a Black partner increased reported mistreatment regardless of maternal race.

The American College of Nurse-Midwives (ACNM) does not address OV in their published statements on "Violence Against Women"[22] or "Social Justice."[23] The ACOG Committee Opinion on "Refusal of Medically Recommended Treatment During Pregnancy" refers to the issue of "forced compliance."[24] This term represents OV without naming it, and the ACOG clearly states its opposition to coerced medical interventions and the use of court-ordered mandates that violate refusals from decisionally capable women. Yet when women are surveyed about how they feel about childbirth in the United States, one in six women (17.3%) reported experiencing one or more types of mistreatment in the Giving Voice to Mothers (GVtM)—US Study.[21] Psychological trauma was reported by 34% of participants from a sample in the Atlanta metropolitan area in a study by Soet et al.[25] Birth trauma as the cause for meeting the criteria of posttraumatic stress disorder (PTSD) after childbirth has reports that range from 1.5% to 6% globally.[26] The US study by Soet et al[25] found that 1.9% of women developed all the symptoms for a diagnosis of PTSD when surveyed on their childbirth experiences, and 30.1% were partially symptomatic.

3 | METHODS

Purposes that are specific to the concept of OV in the United States stem from the lack of recognition of its occurrence along with not having a clear definition of what it is. The analytic strategy for the process of concept analysis was conducted using the method outlined by Walker and Avant.[27] The process is iterative, although the steps are listed sequentially. The significance of the background review and literature search is to find as many uses of the concept as can be found. "Failing to identify, or worse, ignoring some uses of a concept may result in an analysis that severely limits the usefulness of the outcome."[27(p172)] Determining the defining attributes is the crux of concept analysis, and the identification of antecedents and consequences that follows can also be helpful for refining attributes. Identifying a model case along with alternate cases is the next step, and the final step is determining the empirical referents for the defining attributes.[27]

4 | DATA SOURCES

An online database search was used for the literature review with no limits on time period. The search was conducted from 28 January 2020 up to the final search date of 8 March 2020. A PubMed search for "obstetric violence" in the title or abstract and "US or USA" in all fields returned 10 articles with six selected for inclusion. Using CINAHL for the same search yielded 34 articles with three additional articles selected for inclusion. A PubMed search revealed 706 articles when both "obstetric violence" and "US or USA" were unrestricted to all fields. Titles were scanned, and overall this search produced a near complete lack of specificity, yet one significant US study was selected. A search in CINAHL for "obstetric violence" in the title or abstract produced 55 results without the parameter for the United States, which involved duplicates and no new findings.

Articles were included when they were available in English and had the term "obstetric violence" in the title or abstract. The original intent was to exclude articles that were not centered on research either conducted in or focused on OV in the United States. This was

too limiting for the goal of a quality concept analysis with a usable outcome, so the search was expanded to review articles with the related terms "birth rape" in the title or abstract and "birth trauma" specific to the author "Beck" who is well known for her program of research on birth trauma.

PubMed produced 161 articles with "birth rape" in the title or abstract. One was related to OV and was selected. The same search in CINAHL returned the one duplicate article. The intentional search for "birth trauma" and "Beck" in PubMed yielded seven articles, from which two were chosen for their relevance to OV. The same search in CINAHL revealed 12 articles with the two duplicates already selected. Articles were also hand selected from searching the reference pages of all included papers. No published concept analysis on OV was found.

Web sites were found from a combination of doing a Google search for "obstetric violence in the United States" and following shared links among sites. A quality review was not used as a tool for making exclusion decisions, and the search was open to gray literature. The scarcity of sources on OV in the United States was anticipated and affirmed the decision for broad inclusion of materials that informed the conduct of this concept analysis. See Table 1 for a literature review summary of the sources that include a definition or are closely related to OV along with level of evidence assignments based on the Johns Hopkins Evidence Based Practice Toolkit for Nursing.[29]

5 | RESULTS

5.1 | Definition

Lexico online dictionary[30] defines "obstetric" as an adjective that means "Related to childbirth and the processes associated with it." The same dictionary defines "violence" as a noun that is most often used to mean "Behavior involving physical force intended to hurt, damage, or kill someone or something." It can also apply to acts of nature or intensity of feelings, such as "Strength of emotion or an unpleasant or destructive natural force." There is also an entry for the meaning of "violence" in a legal context: "The unlawful exercise of physical force or intimidation by the exhibition of such force." The term "obstetric violence" is not found in this dictionary.

Defining the concept of OV in the United States is complicated by its lack of distinction from appearing as part of or being implied by other terms. The most decided definition of OV originates from Venezuelan law as part of the "Organic Law on the Right of Women to a Life Free of Violence" and is defined as

> *…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.*[1(p201)]

Articles and research that use a feminist framework are steadfast in their definition of OV as a gender specific violation "directed at women *because* they are women."[10(p233)] Godfrey-Isaacs stated that "OV embodies disrespectful and abusive care towards childbearing women which could be carried out by any health care professional during the childbirth continuum, and connects with global movements for human rights in childbirth…"[2(p6)] The importance of recognizing OV in the broader context of VAW as it stems from structural sex-based inequalities and constitutes a violation of human rights is most prevalent in global work against OV.[5,8,11] Jardim and Modena concluded that OV is a violation of human rights and a serious public health problem and is "an obvious event expressed as negligent, reckless, omissive, discriminatory and disrespectful acts practiced by health professionals and legitimized by the symbolic relations of power and the technical-scientific knowledge that naturalize and trivialize its occurrence in the obstetric scenario."[3(p10)] Birth Monopoly is a US-based advocacy web site with a definition of OV as the "…normalized mistreatment of women and birthing people in the childbirth setting. It is an attempt to control a woman's body and decisions, violating her autonomy and dignity."[6] See Figure 1 for their "Obstetric Violence Culture Pyramid."[6]

Davis examined obstetric racism in the United States with the distinction that its occurrence is at the intersection of obstetric violence and medical racism. She states that OV is "a form of gender-based violence experienced by people giving birth who are subjected to acts of violence that result in their being subordinated *because* they are obstetric patients."[28(p561)] Diaz-Tello is a US attorney who stated that her article took "the important step of acknowledging that the problem of obstetric violence exists in the United States."[8(p57)] She described OV as the "bullying and coercion of pregnant women during birth by health care personnel."[8(p56)]

The GVtM—US study considered the inconsistencies in terminology and definitions of disrespect and abuse that happen in maternity care in the United States and named the phenomenon "mistreatment" with no mention of OV.[21] The occurrence of mistreatment was delineated across the seven dimensions of "physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and providers, and poor conditions and constraints presented by the health system."[21(p79)] McGarry et al[4] did not specifically define OV in their systematic review of the experiences of mistreatment and/or obstetric violence in women. The researchers made mistreatment the primary term and included "obstetric violence," "dehumanized care," and "disrespect and abuse" under it. The definition for OV that they cited is a quotation from the Venezuelan law that codifies it. McGarry et al[4] acknowledged that in the UK and many parts of the world the term OV is not used.

5.2 | Antecedents

There are conditions that must be in place before the occurrence of OV. Antecedents are not the same as the concept of OV in the United States, yet they must be present for it to happen and provide insight to the social contexts in which the concept is used.[27] The antecedents for

TABLE 1 Literature review summary for sources that address obstetric violence

Reference	Discipline/Country	Hierarchies/EBP level	Concepts/Terms	Key findings/Conclusions
Birth Monopoly[6]	Advocacy/USA	Web site/Level V	Obstetric violence	Normalized mistreatment of women and birthing people in childbirth setting Attempt to control a woman's body and decisions, violation of autonomy and dignity Invasive procedures without informed consent, coerced, or against refusal Ignoring, belittling, pressuring the laboring or birthing person
Borges[7]	Legal/USA	Legal Note/Level IV	Obstetric violence	Uses OV definition from Venezuelan law/Limited to define legal treatment of coerced procedures in childbearing time Right to freedom from violence Subset of gendered violence that is also structural violence Underreported and largely unexplored by medical professionals American legal system needs a civil and criminal liability regime to address OV Return to making women's interests primary, not those perceived for fetus
Davis[28]	Medical Anthropology/USA	Qualitative analysis/ Level III	Obstetric violence, Obstetric racism, Medical racism	OV is gender-based violence experienced by people giving birth Subjected to acts of violence and subordination *because* they are obstetric patients Institutional violence and VAW coalesce during childbearing Dehumanizing treatment, medical abuse, birth rape, violations Obstetric racism is intersection of OV and medical racism
D'Gregorio[1]	Obstetrics & Gynecology/Venezuela	Special Editorial/Level V	Obstetric violence	Legal codification Appropriation of body and reproductive processes of women by health personnel Dehumanized treatment, abuse of medication, pathologization of childbirth, loss of autonomy and decision making Negative impact on quality of life of women
Diaz-Tello[8]	Legal/USA	Legal Note—Case studies analysis/Level III	Obstetric violence	Bullying and coercion of pregnant women during birth by health care personnel Gender-based violence, discriminatory, infringement on human rights Freedom from cruel, inhuman, and degrading treatment
Godfrey-Isaacs[2]	Midwifery/UK	Discussion/Level IV	Obstetric violence	Specific violation of women's rights—right to equality, freedom from discrimination, information, integrity, health, and reproductive autonomy Birth as intimate and vulnerable time, lack of agency, unequal power VAW as visual pleasure, normalized, culture of VAW, depersonalization Medical gaze, disembodiment, fragmented, disconnected
Jardim and Modena[3]	Nursing/Brazil	Integrative literature review/Level III	Obstetric violence	Violation of human rights, public health problem Negligent, reckless, omissive, disrespectful, discriminatory Acts by health professionals, legitimized by symbolic relations of power Problem of normalizing and trivializing occurrence of OV

(Continues)

TABLE 1 (Continued)

Reference	Discipline/Country	Hierarchies/EBP level	Concepts/Terms	Key findings/Conclusions
McGarry et al[4]	The Joanna Briggs Institute—Nursing & Midwifery/UK	Systematic review protocol/Level III	Obstetric violence and/or Mistreatment	Folds OV into mistreatment Refers to OV definition from Venezuelan law Mistreatment includes OV, dehumanized care, and disrespect and abuse Includes pregnancy and birth/excludes preconception and postnatal care
Pope[9]	Legal/USA	Legal briefing/Level IV	Obstetric violence	Summarizes definition of OV from Venezuelan law Legal review of OV cases involving forced and coerced cesareans Calls for better training and institutional policies, and new statutory legal theories to protect women from OV
Sadler et al[5]	Multidisciplinary—Social Sciences & Health Care/Latin America, UK, Italy, Denmark	Discussion/Level IV	Obstetric violence, Disrespect, Abuse	Uses OV definition from Venezuelan law Structural dimensions of violence within multiple forms of disrespect and abuse VAW stems from structural gender inequality
Shabot[10]	Women's & Gender Studies/Israel	Feminist phenomenology/Level III	Obstetric violence	OV is structural, gendered violence directed at women because they are women Laboring bodies as antithetical to myth of femininity Pervasiveness of OV in highly medicalized societies heavily influenced by capitalist and patriarchal values OV is sometimes interpreted as rape because the childbirth experience is deeply sexual Embodies oppression, diminishment of self, physical and emotional infantilization
Vedam et al[21]	Reproductive Health/USA	Mixed methods/Level III	Mistreatment	Physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and providers, poor conditions and constraints by health system Intersectionality of race, social risk factors, low socioeconomic status, being young, pregnancy complications, and nulliparous or primiparous Protective factors of being White, vaginal birth, out of hospital birth, having a midwife, >30 years of age, and multiparous
Williams and Meier[11]	Maternal Child Health & Public Policy/USA	Commentary/Level IV	Obstetric violence, Rights-based policy, Respectful maternity care	OV as a form of VAW and human rights violation addressed by UN OV violates rights to health, privacy, freedom from discrimination, freedom from violence, tortures, and other ill-treatment Empowers redress for rights violations Gender-based mistreatment in childbirth

FIGURE 1 Obstetric Violence Culture Pyramid. This figure demonstrates the cultural normalization of OV as it escalates to examples of assault. Credit is given to 11th Principle: Consent![31] for their "Rape Culture Pyramid" that was adapted to this "Obstetric Violence Culture Pyramid" by Birth Monopoly. Copyright by BirthMonopoly.com. Reprinted with permission [Color figure can be viewed at wileyonlinelibrary.com]

OV in the United States are: (a) The person must be a genetic female with female reproductive organs either desiring pregnancy, pregnant, birthing, or postpartum. A trans man who still has functioning female reproductive organs may choose to be pregnant and give birth. This consideration necessitates the accurate distinction between the socialized and identity states of woman and gender versus female and genotype sex. The victim of OV is a genetic female.[1-3,6-8,28] Additional antecedents include (b) the existence of an unequal power relationship[2-10,28] and (c) the geographic boundary of the occurrence being in the United States.[6,8,21]

5.3 | Defining attributes

The defining attributes are the characteristics that best describe the concept and allow for the broadest insight to it.[27] For the concept analysis of OV in the United States, these include (1) abuse or mistreatment during the time of fertility treatment, preconception care, pregnancy, childbirth, or postpartum,[1-3,21,28] that is (2) caused by a health care provider[1-5,7-9,21,28]; (3) the conduct of any invasive or surgical procedure during the full span of the childbearing continuum without informed consent, that is coerced, or in violation of refusal,[2,3,5-9,14]; and (4) the presence of the broader problem of VAW and a violation of human rights.[2,3,5,10,11,14,21]

5.4 | Consequences

None of the results from the occurrence of OV are positive. The possible consequences include[7,8,26,32,33]:

- Physical injury and future harm from fear or refusal to engage with the health care system or providers.
- Psychological trauma that can involve mood disturbances, personality changes, elements of PTSD, and meeting full diagnostic criteria for PTSD.
- Impaired personal and family sequelae that can include impaired bonding with the newborn, negatively altered family dynamics, impaired sexuality and sexual function, choosing not to have any more children.

The consequences of OV are congruent with the antecedents in that the harms are done to the female around the total childbearing time and can ripple out to negatively affect the mother/baby pair, the family unit, and the well-being of the female person for an indefinite length of time. Figure 2 shows a summary of the antecedents, defining attributes, and consequences of OV in the United States.

5.5 | Model case

A model case is a pure exemplar that demonstrates all the defining attributes of the concept of OV in the United States. A "model case is one that we are absolutely sure is an instance of the concept."[27(p174)] The defining attributes are noted throughout the example with a parenthetical letter "A" after each occurrence along with the corresponding number of one to four for each attribute.

Leah went to the hospital in Alabama in advanced labor. A nurse came in and saw Leah leaning over the bed and squatting down for relief. She shouted at her, "Why aren't you on a monitor? Are you pushing?" Leah did not feel safe, and nobody was explaining anything

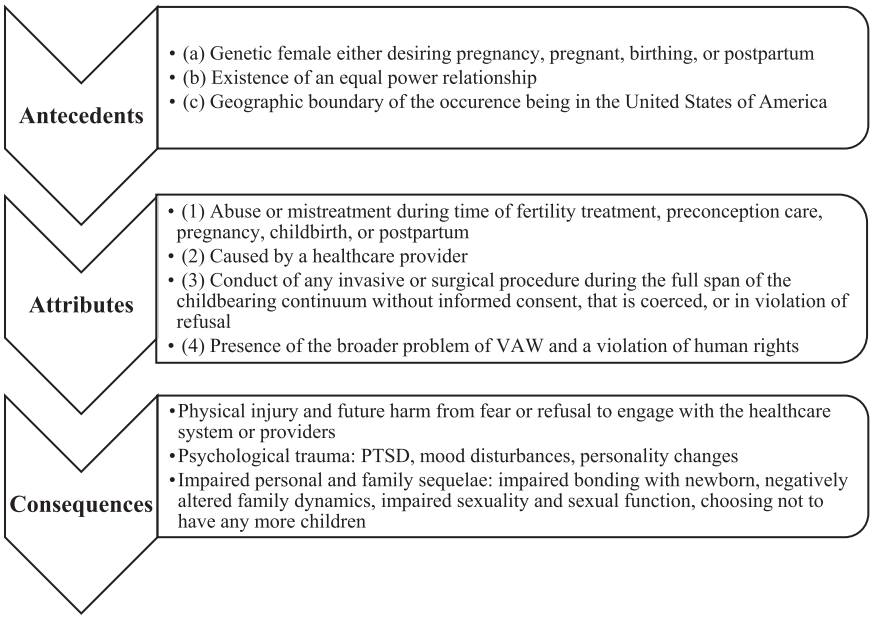

FIGURE 2 Antecedents, attributes, and consequences of obstetric violence in the United States

or helping her (A1, A2). Another nurse appeared and crowded over Leah telling her, "You need an IV, and we have to draw blood." Leah told the nurse she didn't want an IV. The nurse did not stop what she was doing and continued to insert the IV (A2, A3). The nurse told Leah that she was going to check her and started a vaginal exam (A1, A2). Leah screamed, "No! Stop, it hurts!" The other nurse pulled at her knees and told her to relax and open up, while the painful and intimate exam was forced (A1, A2, A3).

Then Leah felt a different pain when the nurse took her gloved hand and held the crowning head back shouting, "Don't push! You have to stop pushing! The doctor is coming." (A1, A2, A3) Leah heard the doctor saying that she had a bad tear. She asked for something for the pain and was told it was too late and to be still. The same nurse pushed her knees open and held them while Leah cried through her laceration repair (A1, A2, A3). She stared at the ceiling and thought about how awful birth must be for all women (A4).

5.6 | Related case

This related case exemplifies obstetric racism, which can be similar to OV, but does not contain all its defining attributes. Obstetric racism is connected to OV and fits into the network of concepts that surround it.[27] "Medical racism occurs when the patient's race influences medical professionals' perceptions, treatments and/or diagnostic decisions, placing the patient at risk."[28(p561)] Obstetric racism is the intersection of OV and medical racism that considers the many ways that racism appears during Black women's medical encounters, specifically during pregnancy and childbirth, where their lives and those of their newborns are at greater risk.

Melanie felt sure that being Black wouldn't make her birth anything like what she had heard other Black women say about things that had happened to them. She did know that she had a cousin who died after giving birth. The labor nurse said, "Don't worry, a lot of women like you need to be induced for high blood pressure." Melanie was surprised by how hard the contractions came once her labor was active. The nurse didn't offer her any pain management and said, "A lot of patients like you deliver fast and don't need anything at all."

Melanie progressed to pushing the baby and worried that something could go terribly wrong and this nurse wouldn't even think to notice. The nurse looked over Melanie's knees at the baby's crowning head and said, "Don't worry. Patients like you usually don't tear or need any stitches. Your baby will be a real fighter." Melanie had always dreamed about the bond and closeness from breastfeeding. Then the nurse said "It's ok if you don't want to breastfeed. A lot of moms like you want to use formula."

5.7 | Contrary case

The contrary case does not have any of the defining attributes of OV in the United States. It provides a clear example of what is "not the concept."[27(p177)] This case embodies patient-centered, respectful maternity care with shared decision making.

Donika knew she wanted an unmedicated birth and had chosen a private midwife. The triage nurse welcomed Donika and explained what would be done and asked if she had any questions. The nurse asked Donika if when she was between contractions could she examine her to check her cervix. The nurse sat patiently in the chair and

talked with Donika while waiting. Donika was assigned to a nurse who had just taken a class on Spinning Babies and was excited about using her extra training to help more women birth naturally. The midwife arrived, and the delivery team worked together to help Donika do what she preferred and to make suggestions for her care. Donika felt secure and strong, and she gave her full concentration to the hard work her body was doing. Baby Jimmy was gently welcomed into the world and placed skin to skin. Donika was overjoyed and felt she had a wonderful birth experience.

5.8 | Empirical referents

Empirical referents are ways to measure the defining attributes. The GVtM—US study used the Mothers Autonomy in Decision Making (MADM) scale,[34] the Mothers on Respect (MOR) index,[35] and the adapted Perceptions of Racism (PR) scale.[36] None of these are specific to measuring OV. This could be expected because the GVtM—US study formulated a definition for "mistreatment" and did not include OV as a concept. There is no scale known from the conduct of this concept analysis for measuring OV.

OV needs to be the primary consideration. It should not be a term that is folded into categories of mistreatment or abuse, rather the presence of those phenomena demonstrates the occurrence of OV.[27] A failure to link these related terms to OV is problematic, because this lack of recognition causes the concept of OV in the United States to remain largely unnamed and invisible. Studies about mistreatment[21] and abuse[4,5] around the childbearing time in the United States add to the awareness of a serious problem, but failing to connect these violations to the occurrence of OV adds to the difficulty of achieving a consensus on the meaning of OV in the United States.

6 | PROPOSED DEFINITION

The proposed definition for OV in the United States that was synthesized from this concept analysis fits the general context of maternity care in US hospitals along with the overlapping needs for quality improvement and the patient satisfaction that comes from respectful care with shared decision making. Obstetric violence is abuse or mistreatment by a health care provider of a female who is engaged in fertility treatment, preconception care, pregnant, birthing, or postpartum; or the performance of any invasive or surgical procedure during the full span of the childbearing continuum without informed consent, that is coerced, or in violation of refusal. It is a sex-specific form of VAW that is a violation of human rights. The concept of OV needs to be defined and available for US women in a usable form so that there is recognition of when it occurs along with an established system of accountability for offenders and recourse for victims.[7-9,11]

7 | DISCUSSION

The study of OV in the United States is limited because of an unknowable number of articles with OV as a significant result embedded in research findings, yet invisible because it is not named as such. It cannot be estimated for this concept analysis how many studies were missed that inform OV in the United States but do not use language that links to its occurrence. An example is the study by McLemore et al[37] that was cited in the discussion section of the GVtM—US study. Its inclusion there was the only way it was found, because its keywords, title, or abstract do not match any of the search strategies used for OV in the United States. McLemore et al[37] found that the majority of pregnant women of color who experienced preterm birth in their sample from defined areas in California experienced their health care as a largely disrespectful and stressful event with examples of being yelled at, coerced, and threatened, yet with no mention of OV in the study.

Discussions about OV in the United States by legal experts have the purpose of achieving an operationalized definition that is commensurate with the harm done, so there can be a working system of accountability and redress.[7-9] Borges stressed the need to adopt the use of the term OV to convey the gravity of harm even when no physical damage occurs, because "the concept recognizes the link between coerced procedures and gender by defining obstetric violence as a subtype of gender-based violence."[7(p850)] The seriousness of OV in the United States is more difficult to convey when proposed dimensions of mistreatment include "poor rapport between women and providers."[21] Having a clinician with a bad bedside manner is not desirable but mixing relatively benign considerations into the discussion dilutes the zero-tolerance approach that is needed for addressing OV in a nation that is past due for recognizing its occurrence.

8 | CONCLUSION

Nurses are in a unique position to increase awareness of OV, identify it when it occurs, and promote individual and unit-based responses that do not allow it to continue. Nurses are the largest segment of licensed health care professionals and spend the greatest amount of time with patients. The definition of ethical nursing care is contrary to OV, and the restoration of empowering the nursing environment where nurses promote nursing and nurses[38] can be synonymous with restoring the humanization of childbirth.

The importance of this concept analysis is to put forth a definition of OV in the United States that is situated in the broader view of VAW and being a human rights violation. These efforts can lead to better recognition of OV in the United States and advance its applications in practice and research. These steps can

lead to success in operationalizing the term into needed standards of care, facility policies, and legislative work that creates pathways for accountability for offenders and restitution for victims.

ACKNOWLEDGMENT

I would like to thank my fellow PhD student, Christina Baker, MS, RN-BC, NCSN, who is in the Healthcare Systems Research focal area with me for her time and attention as a reviewer.

ORCID

Lorraine M. Garcia http://orcid.org/0000-0003-1013-3715

REFERENCES

1. D'Gregorio RP. Obstetric violence: a new legal term introduced in Venezuela. *Int J Gynaecol Obstet*. 2010;111(3):201-202. https://doi.org/10.1016/j.ijgo.2010.09.002
2. Godfrey-Isaacs L. 'Straight outta vagina'—how depictions of violence and abuse towards women's bodies in Western art, media and culture can be seen to influence and perpetuate the incidence of 'obstetric violence' in maternity care. *MIDIRS Midwifery Digest*. 2018;28(1):5-10.
3. Jardim DMB, Modena CM. Obstetric violence in the daily routine of care and its characteristics. *Rev Lat Am Enfermagem*. 2018;26:e3069. https://doi.org/10.1590/1518-8345.2450.3069
4. McGarry J, Hinsliff-Smith K, Watts K, McCloskey P, Evans C. Experiences and impact of mistreatment and obstetric violence on women during childbearing: a systematic review protocol. *JBI Database System Rev Implement Rep*. 2017;15(3):620-627. https://doi.org/10.11124/JBISRIR-2016-002950
5. Sadler M, Santos MJ, Ruiz-Berdún D, et al. Moving beyond disrespect and abuse: addressing the structural dimensions of obstetric violence. *Reprod Health Matters*. 2016;24(47):47-55. https://doi.org/10.1016/j.rhm.2016.04.002
6. Birth Monopoly, 2020. https://birthmonopoly.com/obstetric-violence/. Accessed March 19, 2020
7. Borges MT. A violent birth: reframing coerced procedures during childbirth as obstetric violence. *Duke Law J*. 2018;67(4):827-862.
8. Diaz-Tello F. Invisible wounds: obstetric violence in the United States. *Reprod Health Matters*. 2016;24(47):56-64. https://doi.org/10.1016/j.rhm.2016.04.004
9. Pope TM. Legal briefing: unwanted cesareans and obstetric violence. *J Clin Ethics*. 2017;28(2):163-173.
10. Shabot SC. Making loud bodies "feminine": a feminist-phenomenological analysis of obstetric violence. *Hum Stud*. 2016;39:231-247. https://doi.org/10.1007/s10746-015-9369-x
11. Williams CR, Meier BM. Ending the abuse: the human rights implications of obstetric violence and the promise of rights-based policy to realise respectful maternity care. *Sex Reprod Health Matters*. 2019;27(1):1691899. https://doi.org/10.1080/26410397.2019.1691899
12. American Nurses Association. *Code of Ethics for Nurses with Interpretive Statements*. American Nurses Association; 2015. https://www.nursingworld.org/coe-view-only
13. Savage V, Castro A. Measuring mistreatment of women during childbirth: a review of terminology and methodological approaches. *Reprod Health*. 2017;14(1):138. https://doi.org/10.1186/s12978-017-0403-5
14. World Health Organization. The prevention and elimination of disrespect and abuse during facility-based childbirth. Geneva; 2015. https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf;jsessionid=3D76C30F757C78DFF7FD95535BA76182?sequence=1. Accessed March 20, 2020.
15. Elflein J. Highest Cesarean section rates for first-time, low-risk mothers at major U.S. hospitals as of 2017. *Statista*. 26 January 2018. https://www.statista.com/statistics/800611/highest-c-section-rates-among-major-us-hospitals/. Accessed March 20, 2020.
16. Elflein J. Lowest cesarean section rates for first-time, low-risk mothers at major U.S. hospitals as of 2017. *Statista*. 26 January 2018. https://www.statista.com/statistics/800628/lowest-c-section-rates-among-major-us-hospitals/. Accessed March 20, 2020.
17. The Leapfrog Group. Maternity care report 2019. https://www.leapfroggroup.org/sites/default/files/Files/MaternityCare_Report_PDF.pdf
18. Friedman AM, Ananth CV, Prendergast E, D'Alton ME, Wright JD. Variation in and factors associated with use of episiotomy. *JAMA*. 2015;313(2):197-199. https://doi.org/10.1001/jama.2014.14774
19. MacDorman MF, Declercq E, Cabral H, Morton C. Recent increases in the U.S. maternal mortality rate: disentangling trends from measurement issues. *Obstet Gynecol*. 2016;128(3):447-455. https://doi.org/10.1097/AOG.0000000000001556
20. Ozimek JA, Kilpatrick SJ. Maternal mortality in the twenty-first century. *Obstet Gynecol Clin North Am*. 2018;45(2):175-186. https://doi.org/10.1016/j.ogc.2018.01.004
21. Vedam S, Stoll K, Taiwo TK, et al. The giving voice to mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reprod Health*. 2019;16(1):77. https://doi.org/10.1186/s12978-019-0729-2
22. American College of Nurse-Midwives. Position statement: violence against women. September 2013. https://www.midwife.org/acnm/files/ACNMLibraryData/UPLOADFILENAME/000000000091/Violence-Against-Women-Sept-2013.pdf. Accessed March 19, 2020.
23. American College of Nurse-Midwives. Position statement: social justice. May 2018 https://www.midwife.org/acnm/files/ACNMLibraryData/UPLOADFILENAME/000000000317/PS-Social-Justice.pdf. Accessed March 19, 2020.
24. American College of Obstetricians and Gynecologists' Committee on Ethics. Committee opinion no. 664: refusal of medically recommended treatment during pregnancy. *Obstet Gynecol*. 2016;127(6):e175-e182. https://doi.org/10.1097/AOG.0000000000001485
25. Soet JE, Brack GA, Dilorio C. Prevalence and predictors of women's experience of psychological trauma during childbirth. *Birth*. 2003;30(1):36-46. https://doi.org/10.1046/j.1523-536x.2003.00215.x
26. Beck CT. Birth trauma: in the eye of the beholder. *Nurs Res*. 2004;53(1):28-35. https://doi.org/10.1097/00006199-200401000-00005
27. Walker LO, Avant KC. *Strategies for Theory Construction in Nursing*. 6th ed. Upper Saddle River, NJ: Prentice-Hall; 2019.
28. Davis DA. Obstetric racism: the racial politics of pregnancy, labor, and birthing. *Med Anthropol*. 2019;38(7):560-573. https://doi.org/10.1080/01459740.2018.1549389
29. Johns Hopkins nursing evidence based practice. Appendix C: evidence level and quality guide; 2020. https://www.hopkinsmedicine.org/evidence-based-practice/_docs/appendix_c_evidence_level_quality_guide.pdf. Accessed March 19, 2020.
30. Lexico. US dictionary; 2020. https://www.lexico.com/?search_filter=dictionary. Accessed March 19, 2020.
31. 11th Principle: Consent! Rape culture pyramid. September 2018. https://www.11thprincipleconsent.org/consent-propaganda/rape-culture-pyramid/. Accessed March 21, 2020.
32. Beck CT. Birth trauma and its sequelae. *J Trauma Dissociation*. 2009;10(2):189-203. https://doi.org/10.1080/15299730802624528
33. Richland S. Birth rape: another midwife's story. *Midwifery Today*. 2008;85:42-43.
34. Vedam S, Stoll K, Martin K, et al. The Mother's Autonomy in Decision Making (MADM) scale: patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care. *PLOS One*. 2017;12(2):e0171804. https://doi.org/10.1371/journal.pone.0171804

35. Vedam S, Stoll K, Rubashkin N, et al. The Mothers on Respect (MOR) index: measuring quality, safety, and human rights in childbirth. *SSM Popul Health*. 2017;3:201-210. https://doi.org/10.1016/j.ssmph.2017.01.005
36. Green NL. Development of the perceptions of racism scale. *Image J Nurs Sch*. 1995;27(2):141-146. https://doi.org/10.1111/j.1547-5069.1995.tb00838.x
37. McLemore MR, Altman MR, Cooper N, Williams S, Rand L, Franck L. Health care experiences of pregnant, birthing and postnatal women of color at risk for preterm birth. *Soc Sci Med*. 2018;201:127-135. https://doi.org/10.1016/j.socscimed.2018.02.013
38. Bent KN. Perspectives on critical and feminist theory in developing nursing praxis. *J Prof Nurs*. 1993;9(5):296-303. https://doi.org/10.1016/8755-7223(93)90056-i

How to cite this article: Garcia LM. A concept analysis of obstetric violence in the United States of America. *Nurs Forum*. 2020;55:654–663. https://doi.org/10.1111/nuf.12482