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SPECIAL EDITORIAL

Obstetric violence: A new legal term introduced in Venezuela



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Dr Rogelio Pérez D'Gregorio achieved his medical degree in 1972 from the Universidad Central de Venezuela, Caracas, Venezuela. He gained his obstetrics and gynecology degree at the same University in 1978, and was granted a Fellowship in Reproductive Toxicology with Professor Richard K. Miller at the University of Rochester, New York, between 1982 and 1987. After 32 years practicing as a certified obstetrician/gynecologist and 29 years as a full member of the Society of Obstetrics and Gynecology of Venezuela (SOGV), Dr Pérez D'Gregorio became President of the Board (2010–2012); his previous roles at SOGV were as Secretary for 4 years, Vice President for 2 years, and he has been Coordinator of the Sexual and Reproductive Health Committee since 2008. As President of the SOGV, Dr Pérez D'Gregorio represents Venezuela on the Executive Board of the International Federation of Gynecology and Obstetrics (FIGO).

In recent years, Venezuela has recognized “obstetric violence” as a new legal term. The term appeared in March 2007 when the “Organic

Law on the Right of Women to a Life Free of Violence” entered into force and was published in Venezuela’s “Gaceta Oficial” (Official Gazette) [1]. The law addresses the high incidence of violence against women in Venezuela –a significant problem that is perpetrated worldwide [2].

According to Article 1 of the law: “This Act aims to ensure and promote the right of women to a life free of violence and to create conditions to prevent, treat, punish and eradicate violence towards women in any of its forms and fields, performing changes in sociocultural patterns that sustain gender inequality and power relations on women, to promote the construction of a just, democratic, participatory, peer and self-reliant society.”

The Act covers the protection of the following rights according to Article 3: (1) The right to life; (2) The protection of dignity and physical, psychological, sexual, and legal integrity of female victims of violence, in both public and private arenas; (3) Equal rights for men and women; (4) The protection of women particularly vulnerable to gender-based violence; (5) The right of female victims of violence to receive full information and appropriate advice according to their personal situation, through the services, agencies, or offices of the Public, National, Statal, and Municipal Administrations.

Chapter III, Article 14, of the law establishes that: “Violence against women referred to in this Act, includes any sexist act that is likely to result in harm or physical, sexual, psychological, emotional, occupational, economic or patrimonial suffering; coercion or arbitrary deprivation of freedom, and the threat of executing such acts, whether occurring in public or private practice.”

In Article 15, 19 forms of violence are described, including obstetric violence, which 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.”

The first consideration is that the text includes the term “**health personnel**,” which in Venezuela includes technicians, nurses, medical students, medical residents, and obstetricians; midwifery does not exist in obstetric practice in Venezuela, where all deliveries are attended by physicians in an institution [3].

The second consideration is that “the appropriation of the body and reproductive processes of women by health personnel” is contrary to good obstetric practice, whereby medication should only be used when it is indicated, the natural processes should be respected, and instrumental or surgical procedures should be performed only when the indication follows evidence-based medicine.

Chapter VI concerns offences, and Article 51 establishes that: “The following acts implemented by health personnel are considered

obstetric violence: (1) Untimely and ineffective attention of obstetric emergencies; (2) Forcing the woman to give birth in a supine position, with legs raised, when the necessary means to perform a vertical delivery are available; (3) Impeding the early attachment of the child with his/her mother without a medical cause thus preventing the early attachment and blocking the possibility of holding, nursing or breast-feeding immediately after birth; (4) Altering the natural process of low-risk delivery by using acceleration techniques, without obtaining voluntary, expressed and informed consent of the woman; (5) Performing delivery via cesarean section, when natural childbirth is possible, without obtaining voluntary, expressed, and informed consent from the woman."

It goes on to say: "In such cases, the court shall impose upon the person or persons responsible, a fine of two hundred and fifty (250 TU) to five hundred tax units (500 TU) and the court must submit a certified copy of the sentence signed by the respective professional body or institution union, for the correspondent purposes of disciplinary proceedings."

In relation to Article 51, the following is worth noting. **There is no doubt that obstetric emergencies should be treated immediately and resolved as soon as possible; however, this is difficult to achieve in overcrowded public hospitals that have a high population of patients to attend, a deficient number of health personnel, scant supplies, as well as an inappropriate infrastructure.** The Constitution of Venezuela [4] establishes that health is a fundamental social right and an obligation of the State, which shall guarantee it as part of the right to life. In this regard it is the responsibility of the National Government to solve these problems in order to fulfill the requirements. **According to this law, health personnel are responsible for a situation that is an institutional responsibility, not a personal one.**

In the medical schools of the 9 national universities, as well as on all postgraduate courses in obstetrics and gynecology, the supine position for vaginal delivery is the method taught; consequently, there is limited experience of vertical delivery. In order to offer this type of delivery technique it would be necessary to train the teachers in this procedure so that they can correctly teach the students. The

advantages of vertical delivery over a traditional supine position are not clear and studies should be performed to investigate this further.

In Venezuela, obstetricians are not against the early attachment of the mother to the newborn, but again, in deficient public obstetric care facilities an unfavorable environment may make implementation of this practice problematic. Vaginal delivery is a natural process, and acceleration techniques should only be used following precise indications. Similarly, informed consent of the woman should be obtained in every case. Although protocols are followed for each patient, the care given is individualized according to the situation. One of the major concerns in Venezuela is abuse on the use cesarean delivery in private practice. It is vital that informed consent is obtained in each case.

Finally, the obstetric community of Venezuela would like to send a message to our colleagues in other countries to raise awareness of future legislation concerning obstetric violence. **Legislation should be adapted to the particular conditions of the practice of obstetrics in an individual country. In our region there are very important differences between countries. We, as obstetricians, would like to have the opportunity to participate in the regulation of Laws that incorporate aspects concerning obstetric practice.**

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