

Abortion as obstetric violence

Authors:

Florencia Daniela Binci Mauri, Esq.

María Paula Croatto Massi, Esq.

January 2022

INTRODUCTION

Obstetric violence affects women and their children during pregnancy, childbirth, and even postpartum due to certain behavior of health professionals, including their practices, conduct, actions, or omissions towards women and newborns. It is known that abortion injures (as much the health as the life of) both the mother and child, so the practice of abortion is obstetric violence. This is why we maintain that countries should prohibit abortion and work with interdisciplinary teams to develop social support systems for pregnancy, childbirth and post-delivery. This is done at a governmental level through legislation and regulations.

In Argentina, Law 26485¹ defines obstetric violence as *"that which a healthcare worker exerts on the body and reproductive processes of women, resulting in dehumanized treatment, an abuse of medicine and perversion of natural processes, in accordance with Law 25929"*².

In this regard, the World Health Organization (WHO) declared: "All women have the right to receive the highest level of health care, which includes the right to dignified and respectful care during pregnancy and childbirth, and the right to be free from violence and discrimination."³

¹ <http://servicios.infoleg.gob.ar/infolegInternet/anexos/150000154999/152155/norma.htm>

² <http://servicios.infoleg.gob.ar/infolegInternet/anexos/95000-99999/98805/norma.htm>

³ Prevention and eradication of disrespect and mistreatment during delivery care in health centers. WHO statement. https://www.who.int/reproductivehealth/topics/maternal_perinatal/statementchildbirth/es/

Likewise, Law 25929 on Humanized Childbirth establishes mandatory benefits that public health establishments must provide to women and children, social programs, and publicly funded medical entities related to pregnancy, labor, childbirth, and postpartum.⁴

In the text of the same law, it is universally established "that the health of the mother-child relationship must be ensured".⁵

In this way, we see how speaking of obstetric violence refers to the duty of healthcare workers to ensure the physical and mental health of the mother and baby not only during pregnancy but also during labor, delivery, and postpartum.

VIOLENCE AGAINST THE UNBORN CHILD

As indicated by the so-called ILE ("legal interruption of pregnancy," a pro-choice acronym for abortion in Spanish) protocol of the Ministry of Health of the National Government⁶, in the chapter that lists "Procedures to carry out the interruption of pregnancy", Argentina indicates different methods to end the baby's life by "respecting the standard of care" used by the medical system. Here we find protocol for chemical and surgical abortions.

In any of the cases, at first glance we are faced with tortuous practices⁷, which, regardless of the method applied, injure the baby and, with few exceptions, inevitably lead to death.

VIOLENCE AGAINST WOMEN

As a consequence of the above study of abortion procedures and their consequences, we will simply highlight that the small print of the documents indicates certain consequences for the health and well-being of women⁸. However, other sources indicate several unnoticed complications in abortion procedures, such as maternal mortality⁹, ovarian vein

⁴ <http://servicios.infoleg.gob.ar/infolegInternet/anexos/95000-99999/98805/norma.htm>

⁵ NATIONAL DECREE 2.035/2015, BUENOS AIRES, September 24, 2015, Official Gazette, October 1, 2015 In force, of general scope

<https://www.argentina.gob.ar/normativa/nacional/decreto-2035-2015-252755>

⁶ <http://iah.salud.gob.ar/doc/433.pdf>

⁷ Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Article 1.1. [:https://www.ohchr.org/sp/professionalinterest/pages/cat.aspx](https://www.ohchr.org/sp/professionalinterest/pages/cat.aspx)

⁸ OSEP abortion protocol, see in: <https://www.mendozapost.com/nota/115795-osep-publico-en-el-boletin-oficial-su-protocolo-para-abortos-legales/>

⁹ Research conducted at the Finnish National Research and Development Center for Welfare and Health, which concluded that pregnancy contributes to women's health (Am J Ob Gyn. 2004, 190:422-427) and Research :(

thrombosis¹⁰, post-abortive pregnancy loss¹¹, post-abortive preterm birth¹², psychological problems¹³, and sexual health problems¹⁴.

As we can see, the physical and psychological injuries in women who undergo this practice have been scientifically proven. Abortion providers either do not disclose these injuries or deny them, going against the essential norm that indicates that it is the patient's right to receive clear, precise, and adequate information regarding foreseeable risks, discomforts and adverse effects, the availability of alternative procedures and their risks, benefits, and harms concerning the proposed procedure¹⁵.

It is evident that such non-compliance affects a woman's ability to choose abortion with her free will. It also presents a case of obstetric violence since it constitutes violent behavior according to the definition of the National Ministry of Health: "It is manifested through practices, behaviors, actions or omissions, on women and newborns, carried out by health professionals that directly or indirectly, both in the public and private spheres, which affect a woman's body".¹⁶

In the same sense, the right to information is supposed to be "clear, precise and adequate information."¹⁷ Under no circumstance is information clear when the abortion protocols

Rev Pratt. 1995, 45:2361-9). Search in: <https://www.bioeticaweb.com/consecuencias-efectos-secundarios-y-secuelas-del-aborto-provocado-o-interrupciasn-del-embarazo-en-la-mujer/>

¹⁰ Research ovarian vein thrombosis with atypical presentation, from Washington University/Barnes-Jewish Hospital, St. Louis, Missouri, USA (Obstet Gynecol. 2000 Nov;96:828-30), search in: <https://www.bioeticaweb.com/consecuencias-efectos-secundarios-y-secuelas-del-aborto-provocado-o-interrupciasn-del-embarazo-en-la-mujer/>

¹¹ Aspiration abortion results in increased risk of loss of the child in the next pregnancy, results from Shanghai Institute of Planned Parenthood Research, China (Int J Epidemiol. 2003, 32:449-54) Search in: <https://www.bioeticaweb.com/consecuencias-efectos-secundarios-y-secuelas-del-aborto-provocado-o-interrupciasn-del-embarazo-en-la-mujer/>

¹² Results from the Fred Hutchinson Cancer Research Center, Division of Public Health Sciences, Seattle, WA, USA (Int J Gynaecol Obstet. 2003, 81:191-8). This had previously been proven in a study from the University of Medicine of New Jersey OR 1.7 (95% CI 1.0-2.9) (Am J Obstet Gynecol. 1997, 177:1071-1078).

¹³ It is a recent study by A.N. Broen et al., from the University of Oslo, in Norway (BMC Med. 2005 Dec 12;3(1):18). Read in: This is a recent study by A.N. Broen et al., from the University of Oslo, in Norway (BMC Med. 2005 Dec 12;3(1):18).

¹⁴ <https://www.bioeticaweb.com/consecuencias-efectos-secundarios-y-secuelas-del-aborto-provocado-o-interrupciasn-del-embarazo-en-la-mujer/>

¹⁵ art. 5 Patient Rights Law No. 26,529:

<http://servicios.infoleg.gob.ar/infolegInternet/anexos/160000-164999/160432/norma.htm>

¹⁶ <https://www.argentina.gob.ar/derechoshumanos/proteccion/violencia-obstetrica>

¹⁷ Patient rights law:

<https://www.argentina.gob.ar/derechoshumanos/proteccion/violencia-obstetrica>

speak of: "uterine content", "gestational product", and "tissue" among other phrases. Appealing to euphemisms is not calling things by their true name. It is resorting to distortions and fallacies to disguise a truth that is as verifiable as it is unquestionable. The effect of this is that the decision is not voluntary, because women end up being manipulated when information starts from false premises and is not tempered by the truth.¹⁸

In sum, we are facing a practice that has been advertised as an alternative that is safe to the health and life of women. Yet we have shown that abortion surely takes the lives of unborn children (through tortuous procedures) and injures the mother by placing her health and even her life in serious danger.

CONCLUSION

Just as our law teachers taught us, we applied a syllogistic structure to our paper, which takes the following form: If obstetric violence affects women and their children during pregnancy, childbirth, and even postpartum due to the behavior of health professionals, and abortion produces injuries in both subjects, then the practice of abortion is obstetric violence.

Our proposal is, on the one hand, to discard abortion as an option and, on the other hand, to work on developing corresponding regulations at the state level. This includes a system developed through interdisciplinary teams that supports women and children during pregnancy, delivery, and postpartum, and, in case a woman does not want to raise her baby, to offer adoption as outlined by the Civil and Commercial Code. These proposals are all based on the guidelines of patients' rights, humanized childbirth, Human Rights treaties, and all other human rights protections.

¹⁸ <https://www.lanacion.com.ar/opinion/aborto-no-faltar-a-la-verdad-nid2157341>