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Disrespect during childbirth and postpartum mental health: a French cohort study

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Context

The same year the WHO warned about mistreatment, a social media movement with #paytonuterus brought to light the problematic of obstetrical violence in French speaking countries. A year later, in 2015, the International Federation of Gynecology and Obstetrics defined 7 categories of disrespect and abuse during childbirth also known as obstetric violence (1). To allow contextual relevance, the French National Academy of Medicine has focused only on the disrespects committed by the caregivers and has not retained the overall constituents of obstetric violence (2,3).

Inadequate support and loss of control in labour are some of the most frequently reported risk factors for **childbirth-related post-traumatic stress disorder (CB-PTSD)** (4). Hence the need to **explore the associations between disrespect during childbirth and the mental well-being of mothers. We conducted** a multicentered cohort study within a French perinatal network and used auto-questionnaires to measure women's report of disrespect during childbirth, **CB-PTSD and Postpartum Depression (PPD)**.



Appropriate
behaviour



Respect for
privacy



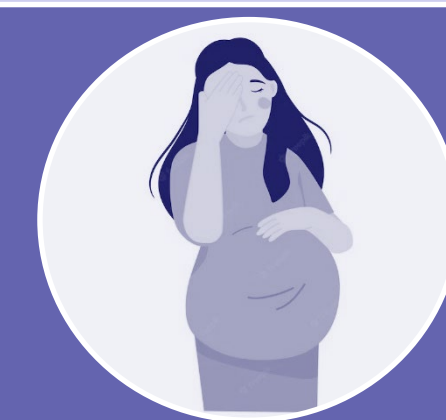
Appropriate
language



Gentleness of
care



Clear and
appropriate
information



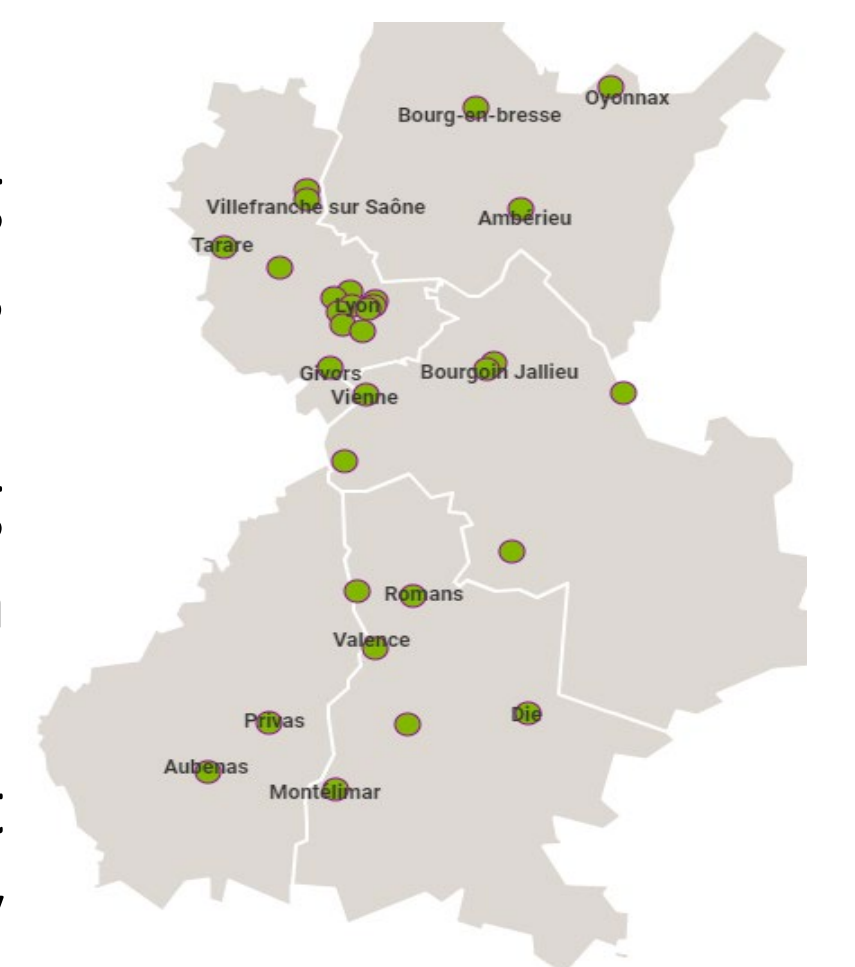
Consideration of
pain



Participation in
decision-making

Methods

A multicenter observational cohort study measured the women's report of disrespect during childbirth and mental health during postpartum. Women's report of disrespect during childbirth was measured by the **Behavior of the Mother's Caregivers – Satisfaction Questionnaire (BMC-SQ)** 3 days and 2 months after childbirth. CB-PTSD and PPD were assessed 2 months after childbirth using respectively the **Post-Traumatic Checklist Scale (PCLS)** and the **Edinburgh Postnatal Depression Scale (EPDS)**. This study followed **123 mothers** from childbirth to 2 months postpartum. Two multiple linear regressions allowed us to observe the associations between reported disrespect during childbirth, EPDS scores, PCLS scores, and other characteristics such as the mother's age, body mass index, education, baby's birth term, mode of birth, perineal trauma and others.

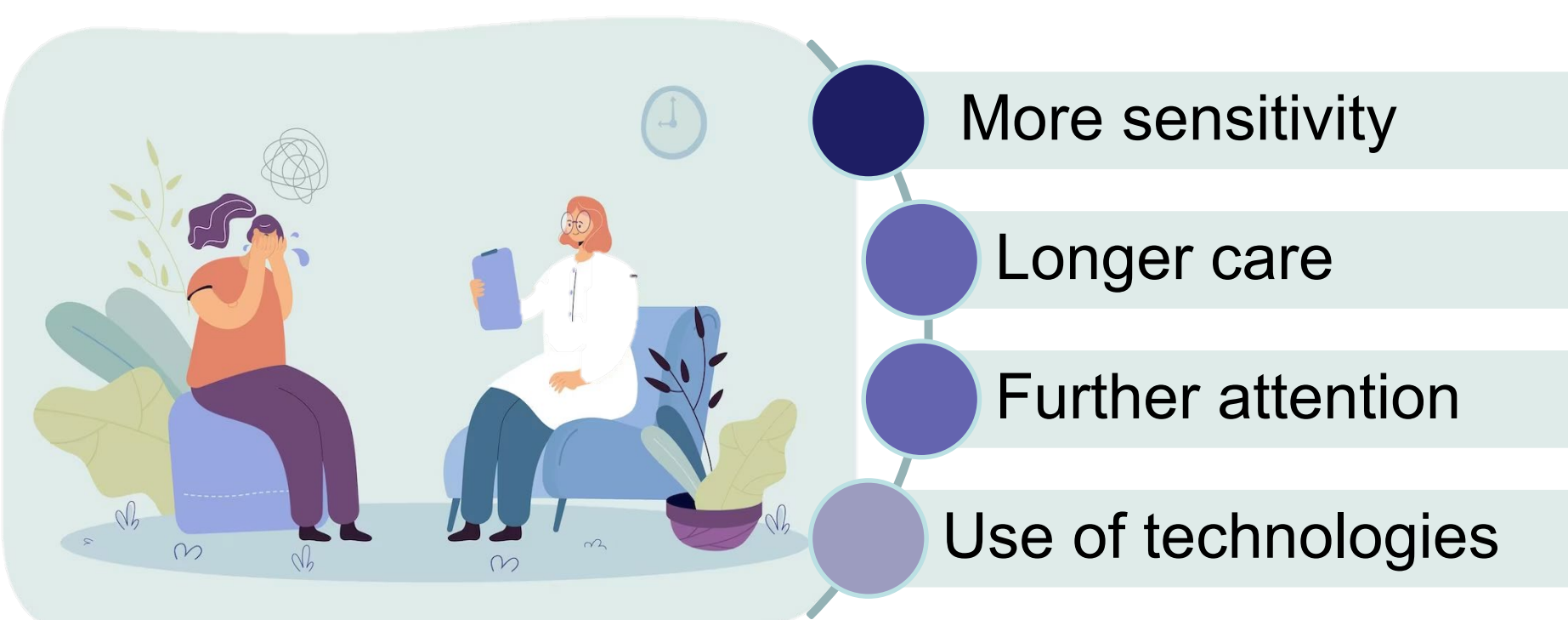
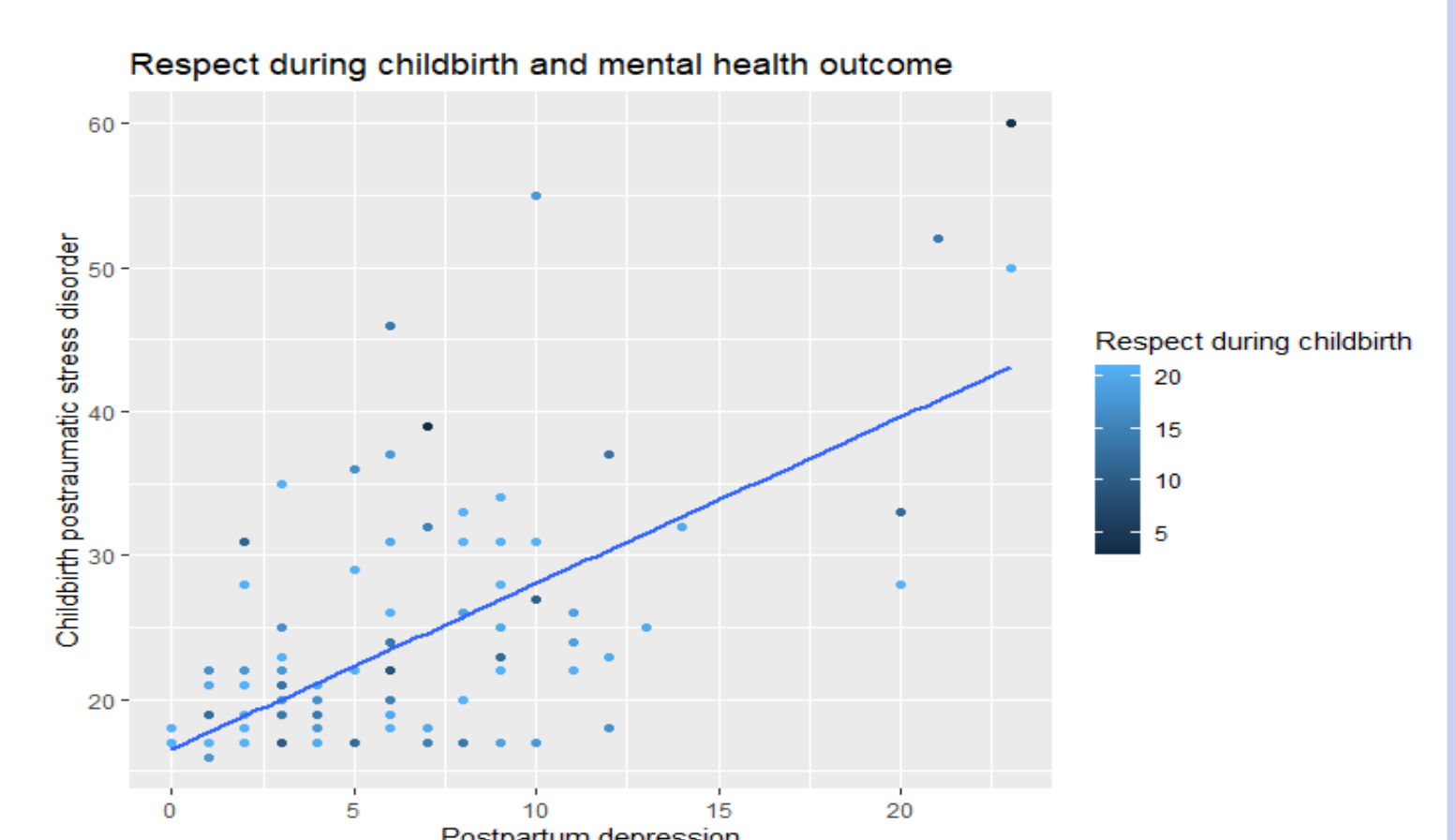


AURORE perinatal network

Results

Primary outcome: 8.1% (n = 10/123) of women reported disrespect during childbirth within the first 3 days after birth, and a higher proportion did so (10.6%, n = 13/123) when questioned at 2 months post-partum.

Secondary outcome : Higher scores of CB-PTSD at 2 months after birth was significantly associated with reported disrespect during childbirth at 3 days ($R^2 = 0.11$, $F(1,117) = 15.14$, $p < 0.001$ and $\beta = 9.11$, $p = 0.006$). There is a positive association between reported disrespect in the birth room and PPD ($R^2 = 0.04$, $F(1, 117) = 6.28$, $p = 0.01$ and $\beta = 3.36$, $p = 0.096$). Meanwhile, PPD and CB-PTSD were significantly associated 2 months after childbirth ($R^2 = 0.41$, $F(1,117) = 82.39$, $p < 0.01$ and $\beta = 11.41$, $p < 0.001$).



More sensitivity

Longer care

Further attention

Use of technologies

Practical recommendations

1. Raise healthcare staff's sensitivity to both issues of disrespect during care and CB-PTSD
2. Maintain contact with mothers over a longer period
3. Give further attention to women who declare dissatisfaction regarding the care they received during childbirth
4. Technologies such as tele-health services may help to reduce the burden of PPD and CB-PTSD (6).

References

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