



Panel ABSTRACT

Panel 39: Obstetric Violence, Care, and Technologies

Organizer: Elif Gül and Rodante van der Waal

Abstract: In recent years, there has been a growing number of research and activism on obstetrics as a field marked by systemic inequalities and injustices. Scholars and activists have critically examined obstetric practices, technological advancements, epistemological frameworks, and violence perpetrated in obstetrics in the name of safety. While the medicalization of childbirth and the institutional dynamics of hospitals have been studied since the second feminist wave, the concept of 'obstetric violence' has gained only significant attention in the past 20 years, by now earning its place in various laws as a form of violence against women.

The European Commission's 2024 report on obstetric violence states that between 21% and 81% of pregnant people- depending on the member state- experience some form of obstetric violence during childbirth. However, many countries lack representative studies. The prevalence of obstetric violence is often rooted in broader systemic issues, including patriarchal structures, the colonial and racist history of gynecology, and capitalist norms embedded in healthcare systems. Marginalized groups- such as trans and nonbinary individuals, fat people, older birthing individuals, and those from marginalized ethnic and religious communities- often face compounded and intersectional experiences of violence within obstetric care.

How should we understand violence in a discipline that aims to care? How can we develop understandings of health care and well-being that are radically exclusionary of violence? This panel seeks to engage with traditional and developing interdisciplinary perspectives on health and well-being during childbirth from various fields, including Reproductive Justice, feminist science-and technology studies (STS), and medical-anthropology.

SESSION SCHEDULE

19.09.2025 | Slot 1 | 2-0-1

Daiva Bartušienė: "Women like you don't give birth": autistic women's experiences of

pregnancy and childbirth in Lithuania

Maksuda Khanam: 'The risk is yours if something happens to your baby'-an exploration of obstetric violence during childbirth among middle class women in Bangladesh

Ivana Nikolić: "Pregnancy Hurts—Get Over It": The Normalisation of Obstetric Violence in Serbia and its Human Rights Implications

Syahirah Rasheed: Bidan, Bismillah, Biomedicine: Muslim doulas build epistemological bridges against obstetric violence in Singapore

SESSION PAPERS

“Women like you don't give birth”: autistic women's experiences of pregnancy and childbirth in Lithuania

Daiva Bartušienė

This presentation addresses a topic that has been largely overlooked in Lithuania where midwifery training and maternity services are not prepared to meet the neurodivergent women during the childbirth period. The paradigm of inclusive healthcare has not yet been integrated widely into the curricula for training healthcare specialists in general, nor specifically in midwifery. Current obstetrics and midwifery study programs largely overlook patient diversity, focusing predominantly on neurotypical women and “normal birth” while failing to address neurodivergent population and unique challenges during childbirth that differ from those of neurotypical women. This presentation explores findings from a qualitative study examining the experiences of autistic women during pregnancy, childbirth, and the postpartum period. The primary objective is to highlight instances of obstetric violence reported by participants during semi-structured interviews. Additionally, the study sheds light on the unique needs and experiences of autistic women throughout these stages, emphasizing the challenges they face in communicating with healthcare professionals and others involved in their care. By examining these narratives, the research underscores the urgent need for more inclusive training and practices in midwifery to accommodate neurodiversity and improve maternal healthcare outcomes.

‘The risk is yours if something happens to your baby’-an exploration of obstetric violence during childbirth among middle class women in Bangladesh

Maksuda Khanam

In this paper, I examine how Bangladeshi middle-class women experience obstetric violence during childbirth in private healthcare settings. Drawing on Johanna Shapiro's framework of violence in medical contexts, I explore how such violence takes shape through bodily harm, institutional power, metaphoric language, and dehumanizing discourse. Based on interviews I conducted with 30 women who underwent caesarean

births, along with 9 medical professionals at a reputed private hospital in Dhaka, I reveal a paradox in which educated, financially solvent women—who actively seek technological interventions and expert guidance—often encounter subtle but persistent forms of violence. My findings show how this violence unfolds in three interconnected domains: clinical practices, such as medication side effects without accountability; institutional structures that reinforce power hierarchies; and medical discourse that uses risk-based metaphors to silence women’s voices. The women who asserted their birth preferences, delayed consent, or questioned interventions were especially vulnerable to coercive tactics, including the administration of unnecessary general anaesthesia aimed at suppressing their agency. While these women turned to technology and biomedical expertise to secure safety and control, this decision often led to a cascade of medical interventions that compromised both their autonomy and emotional well-being. Women’s responses varied—from rationalizing their experiences as misfortune, to later avoiding the same facilities, indicating the complex negotiations of class identity and medical authority. Here, I challenge the assumption that obstetric violence is confined to the poor and instead show how it is embedded within the very systems that middle-class women trust and choose.

"Pregnancy Hurts—Get Over It": The Normalisation of Obstetric Violence in Serbia and its Human Rights Implications

Ivana Nikolić

Obstetric violence continues to be a prevailing global issue. This ongoing public health concern has led to severe and long-lasting impact on women's physical and mental health. The normalisation of this type of gender-based violence within the healthcare system as an inherent aspect of childbirth signals the pervasive broad disregard towards women’s bodily autonomy, dignity, and health. Moreover, as sexual and reproductive rights face threats and backlash worldwide, pregnancies will inevitably become riskier. Urgent action is needed to create and maintain methods and mechanisms that deal with obstetric violence. Serbia has, in recent years, experienced multiple high-profile cases that have invigorated public anger and outrage. However, not much has been done to combat this systemic issue. Paradoxically, while the government encourages higher birth rates, women continue to fear mistreatment, injury, or even the loss of their own or their child’s life within the healthcare system. The underfunding of the overburdened public healthcare system, the lack of any kind of accountability and the absence of care for those affected help maintain a cycle of neglect—where systemic failures go unaddressed, medical errors are swept aside, and women’s suffering is dismissed as collateral damage in the pursuit of demographic goals. This paper will examine the international and national legal systems that deal with the violence and mistreatment of women in maternal healthcare. It will look into the current challenges that women face in Serbia’s healthcare with the ultimate goal of proposing solutions that can minimise obstetric violence.

Bidan, Bismillah, Biomedicine: Muslim doulas build epistemological bridges against obstetric violence in Singapore

Syahirah Rasheed

This paper interrogates the role of Muslim doulas in Singapore as they leverage cultural heritage in the context of hypermedicalised birth and obstetric violence in Singapore's maternity care. As advocates for birthing women, these doulas draw upon Islamic traditions, indigenous Malay midwifery knowledge (bidan), and biomedical childbirth education to empower expectant Malay/Muslim mothers. Through a narrative analysis of qualitative interviews and participant observations, the research highlights how Muslim doulas provide emotional, physical, and informational support during pregnancy and the birthing process. Findings reveal that the doulas' practices not only enhance maternal well-being but also challenge systemic biases of race in maternity care. By incorporating culturally relevant practices, they facilitate a more respectful and compassionate birthing experience. This study highlights Muslim doulas as intermediaries who resurrect indigenous knowledge and create bridges, contributing to cultural competence in healthcare and mitigating obstetric violence.