

# Breaking the frame: Obstetric violence and epistemic rupture

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## Abstract

The concept of ‘obstetric violence’ has emerged as an important legal and activist tool in the global quest for humane, equitable, and respectful maternal and intrapartum care. Over the last decade or so, the term has been elaborated as a legal concept in several countries of the Global South and has travelled across transnational boundaries, with scholars from diverse regions adopting the framework. In this paper, I argue that the term obstetric violence is not just a mode of description or a legal concept, but that it constitutes an epistemic intervention. By naming normalised modes of harm and violation as violence, this conceptual vocabulary challenges normative conceptions of pregnancy and birth. By rejecting the normalisation of reproductive oppression, the language of obstetric violence also constitutes a refusal of epistemic frames that silence, diminish, erase, and devalue alternative and embodied forms of reproductive knowledge and agency. I also argue that we need to consider and conceptualise obstetric violence not just as gender violence but as a *specific form of violence against reproductive subjects*. This means grappling with what makes this form of violence distinctive. It also means considering a broader entanglement of forces that work to coerce/constrain reproductive subjects beyond the scope of gender or the boundaries of ‘women’. Finally, I explore how Afro-feminist, decolonial, and queer challenges advance the focus on obstetric violence as violence against reproductive subjects, offering new directions that reiterate the epistemic rupturing potential of this conceptual apparatus.

**Keywords:** obstetric violence, reproductive oppression, Afro-feminism, reproductive subjectivity, epistemic violence, reproductive violence

## Introduction

Over the last decade or so, the concept of ‘obstetric violence’ has emerged as an important legal and activist tool in the global quest for humane, equitable, and respectful maternal and intrapartum care. The term emerged in the early 2000s from the broader (and ongoing) struggle for ‘humanised birth’ in the Latin and Central American context and has been elaborated on as a legal concept in several countries of the Global South (i.e. Venezuela, Argentina, Mexico, Bolivia, and Panama). The terminology has also travelled across transnational boundaries, with activists and scholars from a range of settings adopting the framework. Since 2014, obstetric violence observatories (civil rights groups) have been founded in France and Spain (Sadler et al. 2016). Researchers working in a wide range of locations, including South Africa, have adopted the term (Pickles 2015; Chadwick 2016; Dutton & Knight 2020; Lappaman & Swartz 2019), India (Chattopadhyay, Mishra & Jacob 2018), Ethiopia (Mihret 2019), the United States (Diaz Tello 2016; Garcia 2020), and Italy (Ravaldi et al. 2018). It has also made its way (albeit slowly) into everyday discourse in diverse settings, with news and online media pieces using the concept (e.g. Grant 2018; Mentor & Görgens 2019; Allers 2020). While not specifically using the term ‘obstetric violence’, the World Health Organization (WHO) recognised mistreatment and abuse during childbirth as a violation of human rights in 2014 with the release of a consensus statement.

Significantly, in 2019 the term ‘obstetric violence’ was directly used by the United Nations (UN) Special Rapporteur on Violence against Women (VAW) in their report on violence in reproductive healthcare services. These developments signal growing international recognition of obstetric violence as a global problem, a form of gendered and racialised violence, and an unacceptable mode of reproductive injustice.

In this article I aim to advance current debates and conceptualisations of obstetric violence by making three arguments. First, I argue that the term obstetric violence is not just a mode of description or a legal concept, but that it constitutes an epistemic intervention. By naming normalised modes of harm and violation as *violence*, this conceptual vocabulary challenges normative conceptions of pregnancy and birth (founded in oppressive power hierarchies) as ‘natural’ and physiological phenomena removed from political and social struggle, and separate from racialised, economic, and gendered relations of power.<sup>1</sup> By rejecting the normalisation of reproductive violence and oppression, the language of obstetric violence also constitutes a refusal of epistemic frames that silence, diminish, erase, and devalue alternative and embodied forms of reproductive knowledge and agency. Second, I argue that we need to consider and conceptualise obstetric violence not just as gender violence but as a *specific form of violence against reproductive subjects*. This means that we sharpen our lenses to look at what makes this form of violence distinctive and more than simply a typology of different forms of abuse (i.e. physical, verbal, structural, sexual, neglect, lack of consent). It also means considering a broader entanglement of forces (i.e. racism, cisnormativity<sup>2</sup>) that work to coerce/constrain reproductive subjects beyond the scope of gender or the boundaries of ‘women’. Last, I explore how Afro-feminist, decolonial, and queer challenges advance the focus on obstetric violence as violence against reproductive subjects, offering new directions that reiterate the epistemic rupturing potential of this conceptual apparatus. Before making these arguments, I contextualise and define obstetric violence, focusing on the contested aspects of the concept.

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### **Obstetric violence: A contested vocabulary**

While sometimes assumed to be a problem predominantly in low-income contexts (see Garcia 2020), obstetric violence is increasingly recognised as a mode of gendered violence (against birthers/gestating persons) that manifests transnationally across a range of settings in the Global South and North. The specific form/s this violence assumes, however, differ/s depending on situation, local cultures and politics, racist inequalities, and stratified strands of discriminations including class, ethnicity, age, size, sexuality, cisgender normativity, and disability. While the conceptual lexicon of ‘obstetric violence’ is relatively recent, and dates back to the early 2000s (Pérez D’Gregorio 2010), the problem of violence against women, pregnant persons, and birthers is not a new phenomenon. The fight against dehumanised treatment, disrespectful care, and both the over-use, and under-utilisation of medical technologies during pregnancy, reproductive events, and birthing has been a long and ongoing historical struggle for feminists, birth activists, women, gestating persons, and birth workers. As Federici (2004) argues, the violent appropriation of the reproductive sphere is itself a historical process that has unfolded over centuries, and has variously involved the policing and regulation of fertility, the criminalisation of abortion and contraception, and the bio-obstetric and capitalist appropriation and colonisation of gestation. Obstetrics is not a

neutral body of scientific knowledge, but is entangled with histories of racist violence (Bridges 2011; Cooper Owens 2018; Davis 2018) in which Black and indigenous women's reproductive and birthing bodies have been subjected to experimental modes of obstetric violence, and continue to suffer the adverse effects of racist stereotypes and mythologies (see Bridges 2011; Davis 2019; Carranza 2019).

The roots and shadows of reproductive and obstetric violence are thus long, multidimensional, and historically embedded. For a long time, this violence has remained unnamed and untheorised. While gestating subjects would have long resisted and struggled in local and everyday ways against modes of reproductive oppression, a socially legitimised language with which to speak about these injustices has been lacking. This is why the act of naming and claiming such abuses as *violence* via the framework of 'obstetric violence' has been central to galvanising efforts, garnering support, and raising awareness of this issue over the last decade or so. Earlier efforts to name abuses during birthing as violence were initiated by scholar-activists such as Sheila Kitzinger (1992), who described and reported on women's violent narratives of their birthing experiences. Efforts to name distressing births as violent were made by birthers themselves (e.g. via references to 'birth rape'). The terminology of 'birth rape' is controversial and has never found widespread recognition as an academic, legal, or scholarly term. In contrast, the concept of 'obstetric violence' has become an accepted term over the last two decades.

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It is largely the legal recognition of 'obstetric violence' as a specific form of punishable offence that has given a sense of legitimacy to the term and resulted in growing recognition of the problem by global health and intergovernmental organisations. Obstetric violence is recognised legally as a criminal offence in several Latin American countries (e.g. Venezuela, Argentina, Mexico, Bolivia). While increasingly recognised, responses to the concept have continued to be mixed, and have ranged from enthusiasm to outright hostility, especially (and unsurprisingly) from members of the obstetric profession (e.g. Scambia et al. 2018) as well as government officials in certain contexts (see Sesia 2020). Many birth workers (i.e. doulas and midwives), public health researchers, and social science scholars also remain hesitant and ambivalent about the concept, worried that the terminology will antagonise rather than engage medical professionals and healthcare providers. As a result, competing and arguably 'softer' terminologies are sometimes used to talk about birth violations, including: 'mistreatment', 'abuse', and 'disrespectful care'.

Deeply contested, the lexicon of obstetric violence has nonetheless steadily gained traction as a term with the ability to name, recognise, and counter unacceptable violations during pregnancy and birth. There is, however, little agreement among researchers, scholars, legal practitioners, and activists situated in different contexts about how the phenomenon should be defined (Garcia 2020). Latin American countries that have adopted obstetric violence as a legal term define the phenomenon in diverse ways. The description provided in Venezuela in 2007, via the 'Organic Law on the Right of Women to a Life Free of Violence' (cited in Williams et al. 2018), has been highly influential and used as a broad definition by several scholars/researchers. According to this law, obstetric violence involves:

The appropriation of women's bodies and reproductive processes by health professionals, expressed as dehumanising treatment and/or abusive medicalisation and pathologisation of natural processes, resulting in loss of autonomy and the capacity to decide freely about their own bodies and sexuality, negatively impacting women's quality of life (cited in Williams et al. 2018, p. 1209).

Legal definitions of obstetric violence operative in Argentina and Panama are very similar to the Venezuelan description. In these descriptions (see above) obstetric violence is strongly associated with the over-use of technologies and the medicalisation and pathologisation of the birthing process. This makes sense in the Latin American context, where pregnancy and childbirth are often highly technocratic and interventionist (i.e. see Diniz and Chacham 2004). We do, however, need to consider whether this definition works in all settings and/or whether it potentially silences other kinds of violations – i.e. where technologies are withheld (such as elective caesarean) or unavailable for a variety of reasons. For example, in the South African context obstetric violence involves both the abusive over-use of technologies (represented in the extremely high caesarean section rates in the privately funded healthcare sector) and the absence of needed interventions, obstetric management, and medical monitoring in the State-funded sector (see Chadwick 2018). The withholding, absence, or under-utilisation of obstetric technologies and medical treatment is highly racialised, with Black birthers and infants often receiving disparate and inferior care (see Oparah and Bonaparte 2016; Davis 2018; Chadwick 2018). This occurs in both high-income contexts such as the United States (Davis 2018, 2019) and in Global South settings, and is linked to racist mythologies such as 'obstetric hardness' that continue to frame the ways in which Black birthers are treated (Bridges 2011).

In addition to recognising the racially and geopolitically diffractive ways in which obstetric violence materialises across diverse settings, we also need to guard against the reproduction of technophobia in our conceptualisations of obstetric and reproductive violence. As Anne Draper Lyerly (2006) so powerfully argues, it is not technology per se or medical interventions that are inherently violating or distressing; instead, violation manifests as a relational and affective dynamic in which birthing/gestating persons are nullified, invisibilised, unheard, and diminished (see Chadwick 2019). This process of diminishment can involve the coercive use of technologies; however, technologies can also be applied and administered in a loving and affirming way and as part of 'good birth' experiences (Lyerly 2006; Chadwick 2019). Furthermore, within the Venezuelan definition lie problematic constructions of birth as a 'natural' process, as well as assumptions that birthing persons should ideally be self-contained and 'autonomous' subjects. As Shabot (2020) notes, we need to grapple with the conceptual limitations of current definitions of 'obstetric violence', including idealisations of individual autonomy (as opposed to emphasising relationality, intermeshed subjectivities and collectivity).

Significantly, Bolivia and Mexico offer more expansive definitions of obstetric violence. Bolivia, for example, refers to 'violence against reproductive rights' and 'violence in health services' that are defined as "acts or omissions that impede, limit, or otherwise violate women's right to information, orientation, comprehensive care and treatment during pregnancy or miscarriage, labour, birth, postpartum period, and breastfeeding" (Williams et al. 2018, p. 1209). Similarly, Mexico defines obstetric violence as "all acts or omissions by medical and health professionals that damages, harms, denigrates, or causes the death of the woman during pregnancy, birth, and the postpartum period" (Williams et al. 2018, p. 1209). These definitions acknowledge a wider spectrum of violations, including both 'acts or

omissions’, and thus allow room to include the absence, lack, or withholding of medical technology as possible forms of violence (and punishment) in certain cases. In an effort to synthesise current definitions for use in the United States, Garcia (2020 p. 654) provides the following explication:

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.

This definition has the advantage of being expansive and inclusive of reproductive violations beyond the sphere of birthing/labour. Violent, dehumanising, coerced, and disrespectful treatment during reproductive care more broadly (including abortion) would thus qualify in this definition as forms of obstetric violence. Broadening the conceptual scope of ‘obstetric violence’ could be important in efforts to build collaborative activism/s across different modes of reproductive injustice. There has often been an unhelpful split between birth activism and other reproductive justice struggles, such as the right to safe and accessible abortion care (Mahoney & Mitchell 2016). This reflects problematic tendencies to compartmentalise reproductive events such as contraception, pregnancy, abortion, sterilisation, fertility treatment, miscarriage, birth, and breastfeeding, and treat them as separate issues. In particular, activist and midwifery struggles for birth rights and against the ‘medicalisation’ of childbirth have at times been implicated in problematic reiterations and valorisations of ‘natural’ birth/mothering and have not necessarily been supportive of abortion rights (see Oparah and Bonaparte 2016).

The Black feminist conceptual framework of ‘reproductive justice’ has given us the tools to bring together artificially separated struggles (see Ross 2017; Oparah & Bonaparte 2016; Davis 2019) and highlighted the necessarily intersectional and racialised dimensions of our reproductive lives. The conceptual apparatus of ‘obstetric violence’ could offer the possibility of reconciling disparate struggles and theorising reproductive violence as a broader phenomenon that materialises across the full spectrum of our reproductive life events, including menstruation, contraceptive care, pregnancy, abortion, miscarriage, birthing, and postpartum experiences. It could be argued that a more expansive definition risks resulting in a loss of precision and the unhelpful ‘lumping’ together of a range of violations. However, as I will argue further on, a more expansive definition that links violations during birthing to other forms of reproductive coercion/oppression could be useful in moving towards a conceptualisation of the *ontological specificity* of obstetric violence.

In all of the abovementioned definitions, there is clear reference to obstetric violence as ‘acts or omissions’ perpetrated against women or ‘females’ (see Garcia 2020). While activist and research work on obstetric violence is moving towards acknowledging the importance of the use of trans-inclusive language that does not assume that all birthers are necessarily ‘women’ or cisnormative, the definitions discussed above still lag behind in this respect. We must guard against invoking or reproducing a conceptual language that is in and of itself violent towards certain persons (i.e. non-binary, queer, or trans individuals). As I will argue in the next section, to fully claim obstetric violence as a ‘struggle concept’ that is capable of epistemic rupture (on multiple levels), this conceptual apparatus must constantly be reinvented as a refusal of oppressive normativity of all kinds. As such, we need to constantly rethink and rework the conceptual apparatus of ‘obstetric violence’ so that it is inclusive and

avoids gynocentrism,<sup>3</sup> technophobia, cisnormativity, and bioessentialism (i.e via romanticised ideals of ‘the natural’).

### **Obstetric violence as epistemic rupture**

There is little doubt that coupling the words ‘obstetric’ and ‘violence’ is controversial. Referring to experiences of physical, emotional, verbal, structural, and interpersonal suffering and mistreatment within maternal and reproductive healthcare systems as ‘obstetric violence’ raises hackles and produces intense responses; it often upsets, angers, and provokes. This is partly due to the assumed moral benevolence of the medical profession and the high status accorded to medicine in technocratic societies. This status is founded on the belief that medical expertise/technology offers us an inherently progressive mode of liberation from pain, unnecessary death, and suffering, and that medicine is somehow apart from the political realm. Assumptions about medical progress and salvation are particularly strong in relation to obstetrics. Cheyney (2015) refers to pervasive social and subjective investment in obstetrics as life-saving and inherently progressive as the “obstetric imaginary”. This is the pervasive and hopeful promise of obstetric safety, order, and control (over the unpredictable gestating, labouring, and paining body) that continues to mesmerise and hold many of us enthralled, often encouraging individuals to ‘embrace’ biomedical management despite their own direct experiences of medicalised mistreatment, objectification, and disappointment (see Smith 2019).

The language of ‘obstetric violence’ challenges these normative assumptions about biomedical benevolence and forces us to confront the fact that the gynaecologist’s office or the birthing room are not separate spheres removed from societal relations of power, human rights violations, legacies of colonisation, and systemic prejudices. Pregnancy and birthing are not ‘natural’ events but socially, ideologically, and politically inscribed (Chadwick 2018). Furthermore, this lexicon also forces us to recognise that something is wrong with current systems of maternity and reproductive care across transnational settings and that change is necessary. The language of obstetric violence is thus fundamentally disruptive and often inflammatory. According to Dixon (2015, p. 452), “The very pairing of the terms obstetric and violence is unexpected, jarring, and provocative”. It is the disruptive and unsettling force of the concept that is central to its critical impact as a feminist and activist resistance concept.

The concept of obstetric violence is thus more than a descriptive or legal term; it is an epistemic intervention that demands the recognition of unjust and violent practices in reproductive healthcare contexts, and privileges an alternative perspective of reproductive events rooted in experiences of violation, oppression, and distress. As a result, commonsense assumptions are thrown into question; the conceptual language of obstetric violence unsettles, disturbs, and disrupts what we thought we knew about the world. As such, it offers an alternative epistemic framework that challenges normative systems of power. The epistemic challenge of obstetric violence is grounded in the activist and feminist roots of the term and entangled with its status as a ‘struggle concept’, that is, a concept grounded in embodied struggles, activist resistance, and concrete experiences of oppression (Mies 2014). Other feminist ‘struggle concepts’ include ‘patriarchy’ and ‘gender’. These terms are not without limitations or conceptual problems but are nonetheless key to the feminist project of naming and refusing modes of oppression.

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The term ‘obstetric violence’ is directly rooted in efforts by activists, feminists, and practitioners to ‘humanise’ birthing care in Brazil in the 1990s. At first, there was no reference to ‘violence’ in the broader rhetoric of ‘humanisation’ and ‘evidence-based practice’, and deliberate care was taken to adopt a terminology that would not antagonise medical practitioners and obstetricians. However, by the 2000s references to ‘*violencia obstétrica*’ became louder and more insistent, as feminists and activists began to demand change/redress and actively sought to disrupt and unsettle by claiming the language of violence to talk about reproductive and birthing injustices. There was thus nascent recognition that addressing reproductive and obstetric violations begins with the work of naming and claiming a vocabulary of violence, and in so doing refusing the normalisation and minimisation of acts of violence and reproductive oppression.

Obstetric violence is thus a term that emerged in/through activist struggle. Struggle concepts are not abstract terms or ideas removed from everyday acts of resistance, but are the product of ‘oppositional consciousness’ and engaged collective reflections on experiences of oppression. It is important that feminist theorists, scholars, researchers, and activists recognise the forceful potential of obstetric violence as a struggle concept and work to maximise the rupturing and radical potential of this terminology. As such, part of our project is to insist on the work of disruption and thus to constantly critically interrogate current and emerging definitions and frameworks with this in mind. To this end, further conceptual work is needed to build on the potential of the terminology to function as *an epistemic intervention*, and to build on its rupturing effects. It is by focusing on rupturing and refusing the normalisation of violence against gestating subjects (as a complex and heterogeneous collective), advancing alternative frames and imaginings, and insisting on claiming full reproductive subjectivity, that we contribute to the work of breaking frames and disrupting normative chains of power.

‘Obstetric violence’ is thus not just a legal or descriptive term but a potentially productive *epistemic concept* (see Sesia 2020) that potentially challenges medicalised, racist-colonial, and phallogocentric epistemologies of pregnancy and birthing. It also provides the ground to elaborate and imagine an alternative epistemology of birthing that is rooted in the embodied perspective(s) of gestating subjects. Claiming and insisting on the vocabulary of obstetric violence to name and refuse reproductive oppression disrupts the normalising edifices of medical, obstetric, legal, institutional, and commonsense knowledge systems in which gestating persons are routinely and unthinkingly stripped of rights, embodied integrity, and epistemic agency because of their procreative status. In these everyday and institutional social frameworks, what Lorraine Code (2009, p. 330) calls the “instituted social imaginary”, pregnant and gestating persons are assumed to be unknowing body-objects that require medical instructions and expertise. They lose any right to refuse (or demand) interventions or procedures; instead, they are required to willingly cooperate with all and any medical decisions or orders in the interests of safety and the life of the unborn child.

In such normative imaginaries, the gestating person and baby/child are set in oppositional positions and seen as separate entities with competing interests. Furthermore, the complex embodied feelings, challenges, needs, and emotional complexities of reproductive subjectivity are denied, diminished, and unrecognised. Reproduction, pregnancy, and birthing

are framed as biological events requiring medical intervention; the living, enfolded, tactile, intermeshed, and sensory experiences and perspectives of reproductive subjects are ignored, denied, and/or devalued. As an oppositional vocabulary, the language of ‘obstetric violence’ declares that rights to autonomy, privacy, and bodily integrity are not reserved for those that are non-gestating (i.e. autonomous masculinist) subjects. As such, it recognises reproductive and procreative activities as distinctive sites of violence and violation, in which gestating subjects are subject to specific modes of corporeal, epistemic, and emotional violence. These modes of violence are not just gender-specific, but are racialised as well. As a result, contrary to much current thinking and efforts to define its contours, obstetric violence is not just a mode of violence against women. As some scholars have pointed out, it is deeply intersectional and involves the complex entanglements of racist histories and legacies, forms of medical misogyny, and multi-stranded stratified inequalities. Vocabularies of obstetric violence recognise the specific (gendered) harms rendered by acts of medical appropriation, coercion, bullying, disrespect, neglect, and non-consensual care, as well as acts of physical, emotional, and verbal abuse during pregnancy, birth, and postpartum care.

The lexicon of ‘obstetric violence’ therefore challenges the normalisation of human rights violations, violence against embodied and personal integrity, and the toxic racist and misogynist disrespect for procreative life-making that is embedded in obstetric systems, patriarchal state formations, and capitalist relations, and functions as a mode of epistemic rupturing. It is a ‘struggle concept’ rooted in the concrete, embodied, and fleshy materialities of gestating and birthing subjects, and articulated with the broader aim of challenging toxic systems and naming injustices. As an alternative conceptual and epistemic lexicon that is grounded in an oppositional consciousness, the goal is thus not simply to repair or improve the current system, or to punish individual perpetrators. Instead, as part of the feminist politics of disruption, the aim is to expose and rupture broken and unjust systems, and to do the work of refusing their terms, boundaries, hierarchies, norms, and perspectives.

While the concept of ‘obstetric violence’ is not without limitations and problems, its disruptive force is potentially highly productive, and must be embraced, even as we rework and reinvigorate its critical edges. This lexicon also potentially serves as productive epistemic ground for our efforts to conceptualise and elaborate the specificity of reproductive modes of violence and violation. As a means of building on the epistemic rupturing potential of this language, we must not be content to categorise different forms of violation; instead, we must also ask critical questions about the ‘whatness’ or ontological contours of obstetric violence; for example: What makes this violence distinctive? What are its aims and objectives? And what are its specific harms?

### **Violence against reproductive subjects**

Within current typologies of obstetric violence, there is an emphasis on listing or cataloguing the different types of abuses that can occur (i.e. physical violence, verbal abuse, sexual violence, neglect, the unnecessary use of medical technologies, structural violence) during pregnancy and birthing healthcare, without an adequate exploration of the ontological contours of this mode of violence. By this I mean that we need more concrete engagements with the ‘whatness’ of obstetric violence and considerations of its particular logics and harms. In an effort to begin to contribute towards such a project, I theorise obstetric violence as a *specific form of violation against reproductive subjects*. While it has been important to gain recognition of obstetric violence as a form of VAW or gender violence, this cannot be the whole story or endpoint of our theorising. While deeply gendered, reproductive violence is

not only a form of gender violence, it is dynamically intersectional and its aims go beyond the policing and regulation of ‘women’. Instead, it needs to be recognised and theorised as a form of violence directed at reproductive subjects more broadly (i.e. including trans men, non-binary persons, and those who do not identify as ‘mothers’ or ‘women’). Naming these forms of violence is critical to the broader feminist project of reproductive justice (see Ross 2017) and is an important means of disrupting normative epistemic frames or the “instituted social imaginary” (Code 2009, p. 330) that make reproductive violations/violence (similarly to sexual violence) difficult or even ‘impossible’ (see Du Toit 2009) to recognise, comprehend, or imagine. This is because there is little room in such frameworks for the recognition of pregnant and birthing persons as full reproductive subjects in general, and even less space to recognise the reproductive subjectivity of non-binary, queer, trans, or gender non-conforming persons.

It is thus not enough for us to categorise obstetric violence as another form of gender violence and leave it at that. We need to expand our thinking and ask broader theoretical and conceptual questions about the ontological nature of obstetric violence. In this section, I argue that obstetric violence can be usefully defined as the violation (rupturing, destruction) of *reproductive subjectivity*. This is not equivalent simply to the violation of individual rights or autonomy (although it might include these), but refers to a broader sense of being diminished, appropriated, reduced, unseen, unheard, and incapacitated, as an embodied, relational, and epistemic subject during reproductive life events. Unlike normative biomedicine and everyday patriarchal social scripts, the language of obstetric violence recognises birthers, pregnant and gestating persons as subjects with agency, voices, desires, intentions, embodied capacities, epistemic agency, and rights. As a result, it lays the foundation to develop a more complex theorisation of obstetric violence as, at its core, a mode of violence directed at destroying and violating reproductive subjectivity.

Within the normative epistemic frames of patriarchal, biomedical, and racist western knowledges, there is little scope for recognising violence against reproductive subjects. Within the bounds of these epistemologies, gestating and birthing persons are not fully recognised as embodied subjects, that is, as complex actors with mind-body integrity, embodied capacities, epistemic agency, intentionalities, and the right to situated modes of freedom (i.e. freedom always in relation to others, bodily, and material forces). Instead, they are all too often reduced to being ‘bodies’ (in the medical sense), namely depersonalised objects to be assessed, treated, and practised upon (see Chadwick 2018). At the same time, birth and other reproductive events are typically seen as primarily biological processes (with their emotional, subjective, relational, collective, and cultural significance devalued and/or erased). As a result, physiological management takes precedence and obstetric experts are constructed as the epistemic agents in relation to birth and gestating. With pregnant women, pregnant persons, and birthers seen as passive and unknowing ‘bodies’ that should submit quietly to the ‘authoritative knowledge’ (Jordan 1992) of biomedical practitioners, there is little scope to imagine reproductive violence as violation against reproductive subjectivity; that is, violations against the capacity to be the subject of your own birth, reproductive event, or gestational labour, to act and refuse freely in accordance with your values, priorities, and needs, with the right to embodied and collective care that respects your bodily integrity and vulnerability, and freedom from coercion, manipulation, and the appropriation of your body, labours, and capacities.

As an epistemic intervention that underlines and privileges the perspectives of reproductive subjects, the language of obstetric violence enables us to theorise the specific and ontological

contours of this violence as *violations against reproductive subjectivity*, that is, violations, either by ‘acts or omissions’ that deny, impede, constrain, incapacitate, appropriate, diminish, disrespect, or disallow the lived expression of full embodied subjectivity during reproductive events, including (but not limited to) pregnancy, gestating, birthing, or lactating. As reproductive subjects of their own pregnancies, births, or gestational labours, gestating subjects have the right to (situated) modes of reproductive freedom, that is, the right to act, refrain from acting, or refuse, in line with their own values, beliefs, and intentions, and the right to respectful and affirming collaborative dialogue with others. Reproductive freedom is, however, always ‘situated’ at best and never simply autonomous (see also Shabot 2020), because gestational and birthing labour are not acts of the individual self but unfold as a set of relational negotiations with others and bodily/material forces.

### **Obstetric violence: Afro-feminist and decolonial challenges**

In efforts to advance our thinking in relation to obstetric violence, it is important that we do not lose sight of the strong intersectional focus that accompanied initial work on this issue. Originating in contexts of the Global South, in particular Latin and Central America, the language of ‘obstetric violence’ has from its inception carried a deep recognition of the racialised and socioeconomic contours of reproductive violations (i.e. see Diniz and Chacham 2004; Dixon 2015; Smith-Oka 2015). In these contexts, it is not possible to conceptualise obstetric violence as only about ‘gender’. Instead, materialisations of obstetric violence in the Global South show the complexity of this mode of violation, and its entanglement with not only racist and socioeconomic forms of inequality and oppression, but also historical residues and the ‘afterlives’ (Hartman 2006) of coloniality and slavery (see Bridges 2011; Oparah & Bonaparte 2016; Davis 2019). As such, in efforts to retain and reiterate the maximum rupturing potential of the epistemic lexicon of obstetric violence, we must look to the groundbreaking work of Afro-feminist and decolonial feminist scholars. As African feminist Sylvia Tamale (2020, p. 2) teaches us, efforts to practice decolonisation in writing and research means grappling with the colonial and power-laden histories of concepts, discourses, practices and norms, cultivating “critical consciousness” and working to reclaim dignity for oppressed persons in the midst of global systems of power which continue to devalue Black lives and systematically dismiss African contributions to world-making and knowledge production.

As such, efforts to theorise obstetric violence in ways that are aligned with, and inspired by, Afro-feminist and decolonial feminist perspectives, need to engage not only with present-day dynamics of ‘race’, ‘gender’, ‘medicalisation’ and ‘patriarchy’, but also with transnational histories of colonisation in which indigenous systems of birthing, reproduction, and traditional midwifery were effectively destroyed and decimated through violent appropriation and oppression (e.g. see Thomas 2003; Rucell 2017). Writing from the Mexican context, Espinoza-Reyes and Solís (2020) theorise obstetric violence as the “result of a colonization of the womb” (p. 189) in which understandings of reproduction, mothering, and womb-work have been colonised by both patriarchy and the ‘colonial/modern gender system’ (Lugones 2007). According to Espinoza-Reyes and Solís, it is not only the meanings of ‘gender’ and ‘woman’ that have been remade through colonial impositions and violences; instead, our thinking and framing of reproductive and gestational work have also been thoroughly colonised. As a result, the legacies of destructive and violent colonial practices continue to reverberate in the present day, framing and structuring the ways we think about pregnancy, reproduction, and birthing, the ways health systems are organised across North/South divides, and the manner in which birthing care is administered.

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For example, in the South African context, obstetric care is still sharply divided along colonial, apartheid, and racist lines, with white and Black women typically receiving very different care in healthcare settings that differ vastly in terms of expertise, equipment, institutional resources, and spatial design. As a result, materialisations of obstetric violence are sharply different, with technocratic coercion and over-utilisation of interventions common in highly resourced contexts, while systematic neglect and the absence of pain relief, medical management, and interventions are common in low-resource settings (i.e. maternal obstetric units). Decolonial and Afro-feminist perspectives offer us tools with which to think through the complex strands of (dis)connection between racism, gender, class, colonial inequalities, heterosexism, and cisnormativity (Tamale 2020). In particular, these perspectives allow us to begin to think through the ways in which obstetric violence, as *violence against reproductive subjects*, is never a standalone issue involving discrete dynamics of racism, sexism, or cisnormativity. Instead, violence against reproductive subjects is stratified along intersectional lines, and according to global circuits of transnational power and inequalities. While patriarchal, capitalist, and bio-obstetric epistemic structures work to systematically deny reproductive subjectivity across the board, there are differences across racial and other lines of power. For example, racist and colonial hierarchies of power make it more difficult for Black birthers and pregnant persons to be recognised as reproductive subjects (compared to white persons). Furthermore, cisnormative structures of knowledge continue to assume that all gestating persons are ‘women’ and ‘mothers’, working to invisibilise, deny, and exclude non-binary, trans, queer, and gender non-conforming persons from even the possibility of being reproductive subjects.

In efforts to further the theorisation of obstetric violence as violence against reproductive subjectivity, the work of decolonial, Black feminist, and Afro-feminist scholars is central. It is in this work that we find the most sophisticated weaving together of those aspects of our lives that have been disconnected (i.e. race, gender, sexuality, cisnormativity, class, colonial legacies). In this article I have argued that obstetric violence is not only a descriptive term or legal concept, but an epistemic intervention that challenges patriarchal, biomedical, and colonial framings of reproduction and birthing. Insisting that gestating and birthing persons are reproductive subjects, with epistemic agency, bodily integrity, and rights to (situated forms of) reproductive freedom, counters normative tendencies that frame pregnant individuals and birthers as mindless bodies, passive patients, and docile surfaces, stripped of citizenship, full personhood, and human rights.

In an effort to advance an ontologically specific definition of obstetric violence, I defined it as *violence against reproductive subjectivity*, which seeks to destroy, rupture, dismiss, and devalue reproductive labour and the status of pregnant persons, gestators, and birthers as full embodied persons with epistemic agency, bodily integrity, and the right to (situated) reproductive freedom. Last, I argued that future work on obstetric violence needs to be careful to continue to foreground the theoretical and conceptual work of decolonial, Afro-feminist, and Black feminist scholars, so that attention to intersectional complexities and entanglements is kept in the foreground of our project of epistemic rupturing.

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## Notes

1 See Villarrea, Olza and Recio (2015) for important earlier work exploring the contested conceptual vocabularies of obstetric violence and childbirth.

2 Cisnormativity refers to the pervasive assumption that individuals' gender matches their assigned biological sex and is closely entangled with heteronormative norms and binary conceptualisations of gender.

3 Gynocentrism refers to perspectives that are 'women-centred' in the sense of being grounded in notions of binary and stable gender and biological 'womanhood'. Such perspectives often seek to revalue femininity and essential womanhood. There is also a rich tradition of feminist scholarship with such tendencies. See Young (1985) for a fuller engagement with gynocentric feminism.

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