

AVOIDING GYNAECOLOGICAL AND OBSTETRICAL VIOLENCE BY RESPECTING AND LISTENING TO EACH WOMAN

On the occasion of International Women's Rights Day on 8 March, the Brussels University Hospital (H.U.B.) - which brings together the Erasmus Hospital, the Children's Hospital and the Jules Bordet Institute - is highlighting, as a space dedicated to life and care excellence, the gynaecological and obstetrical violence suffered by women. Violence that is a reality. Violence that exists, which happens, whether voluntarily or otherwise. It is time to speak of the damage done and to achieve medical progress thanks to the experience of patients.

Anne Delbaere, Clotilde Lamy, Isaline Gonze, Anne Holoye, Maxime Fastrez & Philippe Simon

The medicalization of childbirth, together with all the advances in terms of medical care and treatment, represents major progress that has made it possible to considerably reduce maternal and infant mortality as well as the various complications associated with childbirth. This is accompanied, however, by new medical procedures, actions and techniques (episiotomy, caesarean section, etc.) that can be violent for the patient and generate a negative perception of childbirth. These practices can be carried out too quickly and in cases that sometimes could have been avoided. The WHO has warned of an excessive use of these practices and advocates a "positive experience of childbirth". Members of the medical profession and medical structures and institutions are an inherent part of this experience.

Gynaecological and obstetrical practices evolve over time. On one hand, among members of the medical profession, the practices of a few decades ago are no longer those of today. With developments in scientific knowledge, gynaecological and obstetrical medicine is becoming increasingly precise and personalised. On the other hand, among patients tongues have loosened and women are daring to say what they feel. Based on the experience of care staff and patients, acts of the past, such as systematic vaginal examinations, are no longer practised today. Nothing is set in stone, medicine will continue to evolve and continued dialogue between women, or between women and care staff, will lead to a better understanding of what each patient feels.

Dialogue, mutual respect and trust between the carer and the woman constitute the foundation for a care that respects the woman's needs. Within our institutions our patients are active partners in their own care, whether in terms of a parental project, childbirth or the choice between the treatment options available for different gynaecological pathologies. This dialogue enables our patients to assume an increasingly important role in choosing the treatment they receive. The different clinics and the functional unity of the service are rooted in an approach that integrates the human aspect and respect for patients. Dialogue is primordial and results from the desire of both parties to progress together in these life projects

True to the humanist values of our institutions, we are committed to training the gynaecologists and obstetricians, midwives, and nurses of the future to pay particular attention to the relationship between care staff and patient, to communication, to the notion of informed consent and to promoting a human approach to medical care. As the training of care staff extends beyond the hospital itself, we also support professional associations that participate in the profession's general development by sharing

CARTE

BLANCHE

H.U.B



their expertise. We encourage patients to give thought to their birth plan. On a day-to-day basis we discuss cases as a team to analyse delicate situations, in particular in the event of emergency interventions, difficult consultations or during technical procedures. For us, patient consent is of the utmost importance. It is important to discuss what the patient has experienced and feels and, as far as possible, to anticipate together any situations that may arise – even the most serious ones – and how to react in such cases. We approach these discussions in a spirit of total transparency and goodwill. We encourage every doctor and every nurse to take the time to listen to each and every patient.

Women are entitled to gynaecological and obstetrical care that respects their wishes and right to be heard. While women themselves have the right to take care of themselves in the best way possible, to monitor their own gynaecological health and to make the choices that they feel are right for them, in terms of motherhood, the refusal of motherhood or contraception, for example. The dialogue must be two-way and it is by bringing together the experiences of the care staff and the patient that in partnership one can arrive at the very best possible care that respects the decision-making autonomy of the patient.

ABOUT THE H.U.B

The Brussels University Hospital (H.U.B) brings together the Jules Bordet Institute, the Erasmus Hospital and the Queen Fabiola University Children's Hospital (HUDERF). Founded in 2021 at the initiative of the City of Brussels and Université Libre de Bruxelles (ULB), this major university hospital hub guarantees high quality healthcare accessible to all as well as excellence in training and research. The H.U.B has 1,420 hospitalisation beds and more than 6,000 staff, including 841 full-time doctors and 3,975 full-time non-medical staff. The H.U.B's ambition is to provide all its teams with an attractive work environment in which they can realise their full potential with opportunities for training and professional development while guaranteeing the sustainability and thus financial viability of the whole.

www.hubruxelles.be