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## Respect for women's reproductive rights

ometimes it's hard to be a woman,' Tammy Wynette once sang, before going on to advise that one should forgive one's husband for being unfaithful because 'he's just a man' and thus, she seems to suggest, simply cannot help himself. Almost half a century after Ms Wynette lamented the tribulations of womanhood in 'Stand By Your Man', a new generation of American women have their own hardships to worry about. The country's President-elect has pledged to repeal the Affordable Care Act, which includes the provision of contraception free of charge, and to defund Planned Parenthood, an organisation that provides contraception, abortion and sex education—and is already tightly restricted in some US states.

Threats to women's reproductive rights are not limited to the USA, of course. Here in the UK, numerous instances have been reported in which women's choices and dignity have been disregarded during their pregnancy and birth experience. Rebecca Schiller, director of human rights in childbirth charity Birthrights, says that when she was a doula she witnessed 'maternity care that was treating women as less than human: things being done to them without consent; women being shouted at in birth, their needs ignored' (Heawood, 2016).

In November, *The Guardian* (2016) reported on a case in which a judge has ruled that a woman with a learning disability must have a caesarean section. Without reading the full ruling, which has yet to be published, it is difficult to comment on what is undoubtedly a complex situation; but there are certainly elements that are troubling. The judge stated that a caesarean would be in the woman's best interests. But can we really say that it is in someone's best interests to ignore their choices and force them to have a medical procedure they do not want? The crucial variable is, of course, the severity of the woman's learning disability; lawyers for the hospital Trust in the case said she lacked the mental capacity to make decisions about her care. But the woman reportedly has a 'phobia of all medical and health professionals', which calls into question the claim that 'stress and trauma could be reduced' with a caesarean birth (*The Guardian*, 2016).

The circumstances of the case make it a grey area in terms of what one might consider morally or ethically right. Safety is paramount in birth, and there may be times when the safest option is at odds with the choices a woman makes about her care. This is why informed choice is essential: giving the woman all the information about potential risks and benefits, and supporting her decisions. The issue becomes murky when the woman's capacity to understand the options is in doubt, but it is hard to claim her human rights are being respected if she is forced to endure an operation she doesn't want, and medics are told they can 'use any reasonable and proportionate restraint' during the procedure (*The Guardian*, 2016).

While this case is an extreme example, it reflects a cultural perception that once a woman is pregnant, her own rights are subjugated in favour of the rights of her unborn child. But women are not just vessels for creating and sustaining new life, and their autonomy should be respected. We must not lose sight of the fact that women are entitled to make their own choices; health professionals must respect this, and work with women to achieve the best possible outcomes. Part of the midwife's role is to advocate for women—and this is especially important for vulnerable women, whose voices otherwise may not be heard.

The Guardian (2016) Woman with learning disability should have caesarean, judge rules. http://tinyurl.com/jlwucav (accessed 23 November 2016)

Heawood S (2016) Home birth or C-section, pregnant women's rights should be paramount. http://tinyurl.com/z40g8t4 (accessed 23 November 2016)