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The debate on medicalisation of pregnancy is necessary, but will only be successful if we start with appropriate language

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While the large majority of pregnancies progress smoothly and result in the birth of a healthy baby, this is not always inevitable. Pregnancy can have severe complications, including stillbirth – 8/1000 in France; maternal hypertension – 74/1000; or neonatal death – 3/1000. Obstetrics and midwifery are the fields of study concentrated on pregnancy, childbirth, and the postpartum period. They aim to identify, by screening or diagnosis, pregnant women at risk of complications and offer ways to prevent or treat complications to improve outcomes.

Recently, Richard Horton commented on the FRENCH-ARRIVE trial (NCT04799912). This large nationwide randomised trial in France aims to replicate or refute the findings of the US ARRIVE trial (1). The US trial showed that induction of labour in nulliparous women with uncomplicated pregnancies between 39^{+0} and 39^{+4} resulted in better outcomes for the newborn than expectant management. Those induced also had lower rates of Caesarean birth and hypertensive disorders of pregnancy.

Horton responds on a book by Schalck and Gagnon (*When Inducing Labor Compromises a Woman's Motherhood*; L'Harmattan, 2022) that posits 'induction of labour without any medically justified reason can be considered nothing less than "obstetric violence"'. Of note, Horton highlights emotive quotes from the French authors 13 times ("control", "abuse" is a "form of domination over women"; The woman "has neither body, nor power, nor place, nor role in childbirth"). In comparison, he quotes the FRENCH-ARRIVE investigators twice. This, we think, reflects his bias in the 'debate' for which he calls.

Horton's comment deserves a rebuttal. The French research network Groupe de Recherche en Obstétrique et Gynécologie (GROG) is an excellent network that has done landmark trials that have improved care for mothers and babies The FRENCH-ARRIVE study adds valuable obstetric knowledge to support decision making by women and their families. The best way to provide high quality information for consumers and clinicians is through RCTs like ARRIVE, FRENCH-ARRIVE, and other studies like SWEPIS and INDEX, both of which assess induction at 41 weeks (2).

We are particularly concerned that Horton implies pregnant women lack capacity to consent. This contention echoes historical, paternalistic, patriarchal and prejudicial attitudes about women and begs the question why he believes their consent capacity is any different than any other individual in the context of a research trial? We contend this attitude additionally promotes the exclusion of pregnant women from research, with the resultant impairment of maternal and child health.

It is disrespectful to imagine that pregnant women should not be presented with information (e.g., about the risks and benefits of an intervention, such as induction) and allowed to make decisions based on their own preferences and values. Instead, it is proposed that a "higher authority" should decide the philosophy to which they should adhere or the information with which they are permitted to engage. We would posit that just as it is problematic when women have interventions that they do not want, it is also problematic to withhold information from women so they cannot make decisions for themselves as to what intervention (or non-intervention) is best for them. In fact, in a recent UK case law the judge upheld the right for women to have information about 'any material risk' in order to make autonomous decisions about how to give birth (3).

The debate about the medicalisation of pregnancy (and medicalisation of life in general) is important, but that debate should never be conflated with good research or used to impugn researchers and clinicians who address important questions in an appropriate and ethical

manner. In fact, GROG and other research networks have identified many interventions that are ineffective; these studies have protected women from the possible harm of such interventions (4 5).
Additionally, the use of terms like ‘obstetric violence’ from Lancet’s Editor-in-Chief is unfortunate. Such inflammatory language shreds the ability for the nuanced, scientific debate that Richard Horton is calling for. Similarly, we are surprised by the title of Horton's editorial, ‘Elles accusent’, making a parallel between the FRENCH-ARRIVE study and the 1890’s Dreyfus affair, a notable example of antisemitism in France (6). All in all, we welcome the debate that Horton wants to initiate, but for reasons mentioned above we feel that this biased, provocative editorial comment is a false start.

References

1. Grobman WA, et al.; Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal–Fetal Medicine Units Network. Labor Induction versus Expectant Management in Low-Risk Nulliparous Women. N Engl J Med. 2018 Aug 9;379(6):513-523. doi: 10.1056/NEJMoa1800566.
2. Alkmark M, et al. Induction of labour at 41 weeks or expectant management until 42 weeks: A systematic review and an individual participant data meta-analysis of randomised trials. PLoS Med. 2020 Dec 8;17(12):e1003436.
3. Chan SW, Tulloch, Cooper ES, Smith A, Wojcik W, Norman JE. Montgomery and informed consent: where are we now? BMJ 2017;12:357
4. Schmitz T, Fuchs F, Closset E, Rozenberg P, Winer N, Perrotin F, Verspyck E, Azria E, Carbonne B, Lepercq J, Maillard F, Goffinet F; Groupe de Recherche en Obstétrique et Gynécologie (GROG). Outpatient cervical ripening by nitric oxide donors for prolonged pregnancy: a randomized controlled trial. Obstet Gynecol. 2014 Dec;124(6):1089-1097.
5. Sénat MV, Affres H, Letourneau A, Coustols-Valat M, Cazaubiel M, Legardeur H, Jacquier JF, Bourcigaux N, Simon E, Rod A, Héron I, Castera V, Sentilhes L, Bretelle F, Rolland C, Morin M, Deruelle P, De Carne C, Maillot F, Beucher G, Verspyck E, Desbriere R, Laboureau S, Mitanchez D, Bouyer J; Groupe de Recherche en Obstétrique et Gynécologie (GROG). Effect of Glyburide vs Subcutaneous Insulin on Perinatal Complications Among Women With Gestational Diabetes: A Randomized Clinical Trial. JAMA. 2018 May 1;319(17):1773-1780.
6. https://en.wikipedia.org/wiki/Dreyfus_affair; https://en.wikipedia.org/wiki/J'Accuse...!;