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Inequalities in women's empowerment during childbirth in sub-Saharan Africa

The *Lancet* Editorial on childbirth offered an essential critique of the false dichotomy between overmedicalisation and the natural birth ideology, drawing attention to the global disempowerment of women during childbirth.[1] Although evidence-based, women-centred care and the recognition that information is power are universally relevant, these principles expose profound inequalities in sub-Saharan Africa. Choosing between medical and natural birth presumes accessible and functioning health-care infrastructures—a luxury out of reach for millions of women in the region.

Sub-Saharan Africa alone accounted for 70% of global maternal deaths (182 000) in 2023, with a maternal mortality ratio of 545 per 100 000 livebirths—more than 50 times higher than in high-income countries.[2] Most of these deaths are preventable and result from complications exacerbated by delays in accessing emergency obstetric care.[3] Health facilities are often geographically distant, under-resourced, and understaffed, making timely care a challenge.[4]

Beyond access barriers, women face profound constraints on their autonomy to decide where, how, or with whom to give birth. In patriarchal settings, these decisions are often made by husbands, in-laws, and other powerful community members.[4] Birth preparedness also requires attention to cultural practices and spiritual beliefs. In many communities, a childbirth outcome is viewed as God's will and life-saving treatment is seen as a sign of weakness or lack of faith.[5]

Efforts to empower women during childbirth must prioritise access to skilled birth care and environments that respect women's autonomy. Crucially, interventions must engage with cultural and social norms to promote timely acceptance of life-saving care.[6]

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Actually empowering women during childbirth

The *Lancet* Editorial[1] on empowering women during childbirth is intended to reflect a caring approach that proposes avoiding both overmedicalisation and dogmatic natural birth pundits. The Editorial calls for caregivers to listen to mothers, avoid birth trauma, and engage multidisciplinary care teams. The piece contains, however, concerning omissions and ideological assumptions.

Pervading this Editorial is the perspective that women, not caregivers, are responsible for their negative experiences. This view is expressed in phrasings such as "women frequently experiencing suboptimal care [… and] many women enter labour unprepared",[1] rather than stating that caregivers might provide suboptimal care and fail to prepare women for pregnancy, labour, and birth. Advocating for "better mental postnatal care"[1] is admirable, but it is more important to provide care that avoids trauma requiring postpartum therapy. Similarly, the authors discuss the influence of age and obesity on perinatal risks but ignore the documented effect of caregiver bias as a driver of suboptimal outcomes.[2,3]

In their support for multidisciplinary teams including "obstetricians, midwives, and anaesthetists",[1] they omit perinatal psychologists and doulas.[4] They also ignore well endorsed psycho-social interventions, such as encouraging supportive companions at birth, and rooming-in for them after birth.[4]

Likewise, the laudable support for prenatal education is undermined by a paternalistic admonition to avoid "alarming"[1] women. Prenatal preparation should prepare women for both optimal and adverse scenarios. Women need information and realistic expectations about the risks of such outcomes and how to mitigate them. Caregivers should inform women of warning signs and when to seek professional care, and then listen to, and believe, women when they do so.[4]

Advising women to make birth plans is commendable, but only if caregivers abide by them. Being ignored, pandered to, and infantilised by caregivers who pay lip service to birth plans, as well as to emotional, cognitive, or physiological needs is one driver of postpartum emotional turmoil. Postpartum psychological