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INTEGRATIVE REVIEW ARTICLE

PREGNANT WOMEN IN VIOLENCE SITUATION ON HEALTH LOOK: INTEGRATIVE REVIEW

GESTANTES EM SITUAÇÃO DE VIOLÊNCIA SOBRE O OLHAR DA SAÚDE: REVISÃO INTEGRATIVA

EMBARAZADAS EN SITUACIÓN DE VIOLÊNCIA SOBRE LA MIRADA DE LA SALUD: REVISIÓN INTEGRADORA

Marta Cocco da Costa¹, Ethel Bastos da Silva², Elisa Torentino Siqueira³

ABSTRACT

Objective: to analyze the scientific production, in the area of health, directed to the attention of services and health professionals to pregnant women in situations of violence. **Method:** an integrative review in order to answer the question << What is the scientific production in the area of health, directed to the attention of services and health professionals to pregnant women in situations of violence? >> Eleven articles were analyzed, published between 2001 and 2011, in the database Latin American and Caribbean Health Sciences (LILACS) and in the electronic library Scientific Electronic Library Online (SCIELO). **Results:** it was observed that even during pregnancy the woman is not immune to violence, which is usually perpetrated by their partner. It was found that both the pregnant woman has difficulty in exposing the situation experienced, as the health professional has difficulty to identify this type of violence. **Conclusion:** this study contributed to know the publications on the subject and give visibility to this issue in the health sector. **Descriptors:** Violence; Pregnant Women; Health Services; Prenatal Care.

RESUMO

Objetivo: analisar a produção científica, no campo da saúde, direcionada à atenção dos serviços e dos profissionais de saúde às gestantes em situação de violência. **Método:** revisão integrativa com vistas a responder a questão << Qual a produção científica no campo da saúde, direcionada à atenção dos serviços e dos profissionais de saúde às gestantes em situação de violência? >> Foram analisados onze artigos, publicados entre 2001 e 2011, na base de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e na biblioteca eletrônica Scientific Eletronic Library Online (SCIELO). **Resultados:** evidenciou-se que nem mesmo no período gestacional a mulher fica imune à violência, a qual é praticada geralmente pelo seu companheiro. Identificou-se que tanto a gestante tem dificuldade em expor a situação vivida, como o profissional de saúde tem em identificar esse tipo de violência. **Conclusão:** este estudo contribuiu para conhecer as publicações sobre a temática e dar visibilidade dessa problemática no setor saúde. **Descritores:** Violência; Gestante; Serviços De Saúde; Cuidado Pré-Natal.

RESUMEN

Objetivo: analizar la producción científica, en el campo de la salud, direccionada a la atención de los servicios y de los profesionales de salud a las embarazadas en situación de violencia. **Método:** revisión integradora con el objetivo de responder la pregunta << ¿Cuál la producción científica en el campo de la salud, direccionada a la atención de los servicios y de los profesionales de salud a las embarazadas en situación de violencia? >> Fueron analizados once artículos, publicados entre 2001 y 2011, en la base de datos Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS) y en la biblioteca electrónica Scientific Eletronic Library On line (SCIELO). **Resultados:** se evidenció que ni mismo en el período de embarazo la mujer se queda inmune a la violencia, la cual es practicada generalmente por su compañero. Se identificó que tanto la embarazadas tiene dificultad en exponer la situación vivida, como el profesional de salud tiene en identificar este tipo de violencia. **Conclusión:** este estudio contribuyó para conocer las publicaciones sobre la temática y dar visibilidad de esta problemática en el sector salud. **Descriptor:** Violencia; Embarazadas; Servicios De Salud; Cuidado Prenatal.

¹Nurse, PhD Professor in Nursing, Department of Health Sciences, Federal University of Santa Maria - Palmeira das Missões Campus. Palmeira das Missões (RS), Brazil. E-mail: marta.c.c@ufsm.br; ²Nurse, Professor, PhD Student in Nursing, Department of Health Sciences, Federal University of Santa Maria - Palmeira das Missões Campus. Palmeira das Missões (RS), Brazil. E-mail: ethelbastos@hotmail.com;

³Nurse at Caridade de Condor Hospital. Condor (RS), Brazil. E-mail: elisa.siqueira@hotmail.com

INTRODUCTION

Violence has been a large problem of health and public health and deserves prominence among the everyday concerns, as well as in government policies of all countries trying to eradicate this problem. In this sense, violence is a society problem and has been treated within the areas of public safety and justice, as well as object of social movements. In the health area, it has become concerning, because everything that is considered harm and threat to life, working conditions, interpersonal relationships and quality of life are part of the health and public health universe.¹

Among the issues of particular relevance to the World Health Organization (WHO), is violence against women, since estimates show that at least one-fifth of women worldwide have suffered physical or sexual violence at some point in their life.²

It is known that, regardless of age, educational level, color or economic class, violence against women is present and causes impact on their health^{3:78} - and being at a delicate phase, as in the case of pregnancy, violence can also reflect on the newborn health.

Specifically in relation to violence during pregnancy, a study conducted in the city of São Paulo/SP, in a primary health care service, showed that of all medical assistance to women, 34.1% were records of injuries and complaints of physical violence; 36.6% when added to sexual violence within the family, and 21.3% of women were pregnant.⁴

Violence, whether physical, sexual, psychological or emotional, becomes even more serious when the woman is pregnant, since it brings significant consequences for mother and son's health^{5:1}, such as miscarriage, low birth weight, premature birth and even fetal and maternal deaths. Women who experience these situations of violence "feel inhibited in declaring the attacks of partners and family members and also some acts of violence are not recognized by these women, nor by their attackers, nor even by health professionals".^{6:795}

In many cases, it appears that inadequate or delayed access of women to prenatal care can originate from the prohibition by the partner to this demand or from the intense psychological stress experienced by them during pregnancy, often as a result of violent events. So she goes away from the assistance, becoming more exposed to violence by the perpetrator.⁵

Health professionals believe that serving pregnant women in situations of violence is not part of their responsibilities, for fear of getting involved in conflicts or even because they are not prepared to develop a comprehensive care, proposing more effective solutions to women.⁷

There are care protocols to women in situations of violence, in which it is included the report of cases due to Federal Law of 2003 10.778, which establishes the obligation of records across the country, however, there are several factors that hinder the production of records on violence and pregnancy, including the difficulty of health professionals in dealing with the situation, especially due to lack of a common language on this topic and lack of concepts that meet the health knowledge to other areas.^{6:794}

It is seen the attention and the care provided to pregnant women in situations of violence as a great challenge imposed on reality, requiring joint efforts of all sectors of society. Women seeking help need to have their needs recognized to be properly assisted.⁸ This involves translating and answering, as best as possible, the needs, always complex, that should mainly be captured in their individual expression.

From this understanding, we see that, nowadays, the health sector plays an important role in the detection, disclosure and combat this type of violence, or even in the reduction of reproductive health problems related to violence. That is where pregnant women head for in search of assistance, at that time the professional must be aware of the signals present or suggestive of violence, with special attention to listening and being knowledgeable of the care network to coping violence in order to be able to guide and make necessary referrals.⁵

Since violence against pregnant women is an issue of great importance for the health sector and society, this study aimed to analyze the scientific production in the area of health, directed to the attention of services and health professionals to pregnant women in situations of violence.

METHOD

The review method selected to meet the research proposal was the integrative review, which involves the construction of a wide literature analysis, contributing to discussions on methods and results of research, as well as reflections on the performances of future studies.⁹ For their preparation, the following steps were observed: theme identification and

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preparation of the study question; establishment of inclusion and exclusion criteria of the studies; categorization of studies; assessment of studies included in the integrative review; interpretation of results; and synthesis of knowledge.⁹

We sought to include in the research themes that addressed and answered the following question: what is the scientific production, in the area of health, directed to the attention of services and health professionals to pregnant women in situations of violence?

For implementation of the research, we developed a review of publications in health area available in the database Latin American and Caribbean Health Sciences (LILACS) and in the electronic library Scientific Electronic Library Online (SCIELO). For collection, the descriptors used were violence, pregnant women, health services and prenatal care. Productions were selected by reading the abstracts, those that explicitly describe the relationship between violence and pregnancy and its implications for the care of women, the description of the topic violence and pregnancy.

To select the articles, we considered the following inclusion criteria: exclusively scientific articles of journals of the area of health, in Portuguese, published in full, and available online, from 2001 to 2011, because in the year 2001 the National Policy for Reduction of Morbidity and Mortality by Injuries and Violence was created, which aims to reduce morbidity and mortality through connected and systematic actions in the various spheres of government.

Exclusion criteria focused on studies that do not met the purpose of the research and

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were published in more than one database, thereby counting them only once.

The search resulted in 23 publications, distributed as follows: from the eight found in LILACS, two did not refer to the theme, being selected five articles that suited the inclusion criteria. In VHL, three publications were found, including two that did not corresponded to the theme, then leaving one publication according to the inclusion criteria. In SCIELO, we found 12 publications. Of these, seven did not relate to the theme, so, we selected five articles after refining.

The final sample consisted of 11 scientific articles, selected by the previously established inclusion criteria, and in cases of double articles, it was decided to count them only once. Thus, five articles were found in LILACS database, one in the VHL and five in SCIELO. The articles will cited in the text as A1, A2, A3, A4, A5, A6, A7, A8, A9, A10, A11.

From there, we moved to the stage of organization of the observed themes from their similarities and differences, covering the following steps: pre-analysis, material exploration and data processing.¹⁰ This organization gave rise to two categories: *Types of violence, factors associated with violence during pregnancy and impact on the realization of pre-natal* and *Actions of services and professional practices in health in face of the problem under study.*

RESULTS

In this study, we analyzed 11 articles that met the inclusion criteria previously established and, below, we present an overview of the analyzed articles. Figure 1 shows the specifications of each article included in the study.

Title	Authors	Year	Type of Study	Area
A1- Domestic violence against pregnant women: prevalence of associate factors	Audi Caf; Corrêa Mas; Santiago Sm; Andrade Mgg; Escamilla Rp	2008	Cohort	Social Medicine
A2- Domestic violence and drug abuse during pregnancy	Rodrigues Dt; Nakano Ams.	2007	Systematic and Integrative Review	Nursing
A3- Physical violence between intimate partners during pregnancy as a risk factor for poor quality of prenatal care	MORAES CL; ARANA FDN; REICHENHEIM ME.	2010	Cross-sectional	Epidemiology
A4- The perception of obstetrics nurses concerning domestic violence involving pregnant women	MEDINA ABC; PENNA LHG	2008	Exploratory Descriptive with Qualitative Approach	Nursing
A5- Frequency and pattern of violence by an intimate partner before, during and after pregnancy	Silva Ep; Ludermir Ab; Araújo Tvb; Valongueiro As.	2011	Cohort	Social Medicine
A6- Health services and violence during pregnancy: perspectives and professional practices and health teams in a public hospital in Rio de Janeiro	Berger Smd; Giffin Km.	2011	Qualitative	Social Sciences
A7- Professional records of prenatal care and the (in) visibility of domestic violence against women	Bonfim Eg; Lopes Mjm; Peretto M	2010	Qualitative	Nursing
A8- The association between domestic violence during pregnancy and weight birth or prematurity	Audi Caf; Corrêa Ams; Latorre Mro; Santiago Sm	2008	Cohort	Epidemiology
A9- Violence during pregnancy: a study of the scientific production from 2000 to 2005.	Medina Ab; Penna Lhg	2008	Literature Review	Nursing
A10- Violence during pregnancy among public health service users in São Paulo: prevalence and associated factors	Durand Jg; Schraiber Lb	2007	Cross-sectional Cohort	Preventive Medicine
A11- Domestic violence during pregnancy: a descriptive study in a primary healthcare unit in Rio de Janeiro.	Santos Sa; Lovisi Gm; Valente Ccb; Letícia Legay L; Abelha L	2010	Quantitative	Public Health

Figure 1. Specifications of the articles included in the study, as the title, author, year, type of study and area of knowledge.

The articles included in the research are from different areas of knowledge and were authored by post-graduates (doctors and professors) and academics. Regarding the year of publication of the articles analyzed, two were in 2007, four in 2008, three in 2010 and only two scientific publications in 2011.

Regarding the type of journal in which the articles included in this study were published, most of them was published in nursing journals, such as: *Revista Brasileira de Enfermagem*, *Texto e Contexto Enfermagem* and *Revista de Enfermagem - Escola de Enfermagem Anna Nery*. However, the *Revista de Saúde Pública* has more publications about

violence during pregnancy compared with the other journals: *Caderno da Saúde Coletiva*; *Interface - Comunicação, Saúde e Educação*; *Revista Brasileira de Epidemiologia* and *Jornal de Pediatria*.

With regard to issues related to violence during pregnancy, four of 11 articles deal about the conduct of professionals faced with this theme, three of them deal about violence among intimate partners faced by pregnant women and four articles deal about care to these pregnant women in prenatal care. Thus, the exploration of the data showed two categories, presented below.

DISCUSSION

♦ Types of violence, factors associated with violence during pregnancy and impact on the realization of pre-natal

Violence against women, at any time of their life, is a serious social and public health problem to be faced. For reaching the woman in a time of great physical and emotional fragility, violence during pregnancy requires special attention of health services.¹¹

The phenomenon of violence against women occurs mainly at home, it is usually committed by husbands or partners, or others with whom the victims maintain emotional or intimate relationships, including ex-husbands, ex-partners, children and other relatives.^{12:113}

Domestic violence is characterized by aggression and coercion, which correspond to physical, psychological, economic and moral attacks that men use against their partners.¹³ This violence becomes even more serious when the woman is during pregnancy, as it has negative consequences for maternal and fetal health.¹²

Study (A5)^{14:1051} notes that "pregnancy does not maintain the woman protected of violent situations, but the type of violence suffered has changed" - considering that physical violence has decreased and psychological violence has increased.

Psychological violence is the most prevalent form of family violence, followed by physical violence (A10).¹⁵ Research (A5)¹⁴ points out that although the psychological violence does not leave visible signs, unlike physical violence, one cannot fail to consider its severity and its consequences for women, both in pregnancy and in the postpartum period. In this sense, it is understood that aggression can trigger psychological diseases, often irreparable, to those women who have a troubled relationship, without support from partner with regard to pregnancy and their own lives.

Research (A9)⁶ emphasizes that, violence, whether physical, sexual, psychological or emotional, becomes even more serious when the woman is pregnant, since it brings significant consequences for the health of the mother-child dyad. These consequences are identified as low birth weight, miscarriages, birth and premature birth and even fetal and maternal deaths.

This finding is consistent with study (A1)¹¹ that, in relation to children's health, found increased risk of perinatal death and low birth weight and prematurity. Meeting these reflections, study (A8)¹⁶ confirms that there is

a relationship between violence against women and the effects on the newborn's health.

In relation to what has been discussed above, there are factors associated with these situations that predispose to violence during pregnancy. Research (A1)^{11:880} lists as factors associated with violence during pregnancy: having had their first sexual intercourse and the first pregnancy before 16 years old, the difficulty to attend prenatal consultations, being primiparous and presenting common mental disorder. In this same perspective, another study (A10)¹⁵ affirms that having had sexual intercourse between 15 and 19 years old is also associated with violence during pregnancy, and it is possible that these data indicate that the first sexual intercourse, was itself, also, an act of violence.

Linked to violence, there is substance abuse, study (A2)³ shows that women who are drugs and alcohol users are more likely to suffer violence from a partner. In many cases, the misuse of drugs not only constitutes a triggering factor, when it favors the violence in the family, but also ends up becoming a form of refuge to support the situation of family violence.³

According to additional research, the factors that remain strongly associated with physical violence as a partner characteristics are alcohol consumption, poor education and lack of paid work.¹² In this sense, another study (A11)¹⁷ also lists that factors associated with situations of violence during pregnancy are low education, teenage pregnancy, child sexual abuse, alcohol consumption by the partner and unemployment of the pregnant women and partner.

Research (A1)¹¹ points unemployment of the intimate partner as a risk factor for violence, and there are reports that it is greater when women begin to assume non-traditional roles or start working. Observing a greater chance of violence when the pregnant woman is the family reference person may be related to unemployment of their partner.¹¹ For these partners perpetrators of aggression, a pregnancy that increases the family, rather than asserting their manhood, can represent a threat, confirming their failure or weakness in face of what is expected of a father-partner-provider in the ideal molds.¹⁸ Violence present in the family context favors its perpetuation from generation to generation. During pregnancy, violence can present significant impact on the mother-infant dyad, causing damages to their health, as referred to in the study (A4).¹⁹ As previously mentioned, neonatal mortality and low birth weight,

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among others, are serious consequences, but the triggering factor for these situations is the late onset of prenatal care.

During prenatal care, it is possible to perform actions of health promotion and prevention, in addition to monitoring and treating conditions that can lead to adverse outcomes for the mother and fetus (A3).^{20:668} Monitoring the quality of prenatal care is critical, because the maternal and child care should be a priority for health services, particularly, care throughout pregnancy.

In a research (A7)²¹, authors indicated that during pregnancy women use basic health services more often, whether for prenatal consultations, sample collection, to rescue results of examinations, vaccinations or even in emergency consultations. Also, in this sense, study (A5)¹⁴ stresses that the period in which women attend prenatal care and the first year after delivery, when they take their child to the child care visits, they enable a more prolonged contact with the health professional, which can be considered an increase in the chance to identify the situations of violence.

Regarding monitoring of prenatal care, studies (A3)²⁰ and (A10)¹⁵ assert that women in situation of violence use less health services and seek prenatal care untimely.

Prenatal services are the best suited to identify victims of domestic violence during pregnancy, but, according to the study (A11)¹⁷, violence not always has clear physical marks, which requires greater attention from teams in the identification and proper monitoring of cases.

Research (A7)²¹ emphasizes that many situations of violence fail to be identified and prenatal space is not used as a time when the bond to identify or investigate situations could be strengthen and thus develop coping strategies combined with the network of health services. In this perspective, it is understood that attention needs to encompass mother's health in full, including the psychosocial aspects. Research (A3)²⁰ points out that health professionals must be able to handle the occurrence of domestic violence and intervene appropriately. And the best way to approach, identified in the studies, is the frequent and continuous contact during the prenatal, which favors the establishment of a relationship of trust and provides discussing matters considered embarrassing, such as violence, more easily.

♦ Actions of services and professional practices in health in face of the problem under study

Family violence is currently considered one of the most serious public health problems and needs behavior change in thinking and conducting relations between people.¹⁵

Women who experience these situations of violence, according to study (A9)^{6:795}, "feel inhibited in declaring the attacks of partners and family members and, also, some acts of violence are not recognized by these women, nor by their attackers, and nor even by health professionals". Thus, the approach in personal and professional relationships about the violence experienced by pregnant women becomes even more difficult.

Knowing the characteristics that involve personal relationships within the family and detect forms of violence that may be between the lines of attitudes requires a thorough and careful assessment of verbal and non-verbal of each individual. Thus, it is understood that the service model offered to these women need to be rethought, so that health professionals welcome and feel responsible for them allowing them to express their concerns and anxieties.

Study (A7)²¹ emphasizes the need for violence to be seen as a serious public health issue that, at the individual level, may be the cause of non-specific symptoms reported by women during prenatal consultations. Research (A4)^{19:470} points out that the "professional must be aware that each woman has her way of acting. It is up to them the ability to understand the weaknesses of the woman attended, providing a warm and peaceful environment that favors the exposure of the situation experienced". In addition, the professional is responsible for receiving and ensuring confidence to women who experience violence, thus allowing their outflow.

With regard to services that should assist these women, they are not prepared to serve them in a comprehensive way, which complicates the identification and reporting of cases - because, in general, victims of violence run multiple paths as a result of a disjointed services process⁸.

With this view, the study (A7)^{21:100} "mentions that health professionals, in general, claim that the health team is not prepared to deal with domestic violence and that there is much to be learned about the subject". There are several factors that hinder the production of records on violence and pregnancy, including the difficulty of health professionals in dealing with the situation.⁶

The health sector has an important role in addressing this kind of violence through the

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development of research, case notification, organization of reference services for victims and other intervention proposals, as set out in the study (A1).^{11:884} However, no strategy for combating violence can fail to address the cultural roots of these abuses, as well as, of course, to meet the immediate needs of victims.

During pregnancy, humanized care to women appears as an important factor in the detection and prevention of diseases generated by situations of violence. Study shows "that this way of caring goes beyond therapeutic actions, the subjectivity and the uniqueness of the self and the other is felt and perceived, and there is a moment of closeness and mutual growth, because the subjects exchange what they have in the innermost".^{22:14}

In this bias, research (A7)²¹ points out to the need of the professionals of Primary Care to be attentive to situations that are beyond the biomedical rationality and technical treatment, as the violence issue is on the edge of social life and relationships. Although the complex causes of violence need to be analyzed in their historical, economic, cultural and subjective components, we must remember that its consequences affect the individual and collective health. Service units, once much more oriented to the diseases of biomedical origin, are now called to respond to the victims of injuries and physical and emotional trauma.²³

While violence is multi-causal and difficult to approach, "the health professional, when seeking dialogue with the pregnant woman about relationships, and the mother's perception itself about her pregnancy, should always be alert to capture responses that indicate situations of violence".^{5:5}

According to the aforementioned considerations, the health sector plays a very important role in combating violence, by detecting, hosting, reporting and disclosing cases. Women during pregnancy search health services more routinely, and it is then that health professionals need to be alert, paying special attention to listening and observing the signals present or suggestive of violence and to present the case solving. Professionals must know about the sectors of care network to be able to make referrals and guidance needed.

CONCLUSION

We reach the end of this study mentioning that recent productions on the subject point to the possibilities of taking care of women

who experience violence, particularly during pregnancy. However, there are still challenges in the comprehensive approach to women and their family about the various situations that may be directly related to the occurrence of domestic violence. Among the factors associated with domestic violence during pregnancy, in the present study, there was predominance of low education, frequent alcohol use, unemployment and low income.

Experiencing situations of violence may lead to delays in seeking care and consequently interventions that could minimize the effects or stop these events. In many cases, the beginning of prenatal care occurs tardy, which hinders the visibility of possible experiences of violent events.

Regarding the health sector and professionals, we note that they play an important role in addressing this type of violence. But, it is necessary to build a relationship of trust with users and a dialogue between subjects so that there is resolution, as well as reporting of cases. Thus, this study shows the need for building more effective care practices to victims of violence, and also to think of strategies including a multidisciplinary care and a care network in order to provide comprehensive and humane care.

Publications that focus on violence during pregnancy are still considered scarce, which is a significant gap because of the problems that often arise during this period, both for the mother and for the newborn. Thus, it is expected that this extremely worrying problem becomes target of reflection by authorities, health professionals and researchers.

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Corresponding Address

Marta Cocco da Costa
Av. Independência, n. 3751
Universidade Federal de Santa Maria Campus -
Palmeira das Missões
Bairro Vista Alegre
CEP 98300-000 – Palmeira das Missões (RS),
Brazil

English/Portuguese

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