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INTEGRATIVE REVIEW ARTICLE

THE INSTITUTIONALIZATION OF VIOLENCE AGAINST WOMEN IN THE BIRTH PROCESS: INTEGRATIVE REVIEW

A INSTITUCIONALIZAÇÃO DA VIOLÊNCIA CONTRA A MULHER NO PROCESSO DE NASCIMENTO: REVISÃO INTEGRATIVA

LA INSTITUCIONALIZACIÓN DE LA VIOLENCIA CONTRA LA MUJER EM EL PROCESO DE NACIMIENTO: REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: to analyze the scientific productions to the violence related to the parturient in the delivery room. **Method:** integrative review, with the purpose of answering the question << *How is the institutionalization of violence to the parturient in practice assistance?* >> in database LILACS and SciELO virtual library in the period 2000/2011, considering only the national scientific production. It was used a summary table as a tool for data collection and subsequent analysis, which included the following aspects: title; name and occupation of the authors; place of origin of productions; results and final considerations/conclusions. **Results:** five articles were included, which discussed the various types of violence expressed by negligence on assistance, social discrimination, verbal and physical violence. **Conclusion:** this study shows the need for greater focus of the theme in the area of women's health in the graduate programs aiming at greater confrontation of this problem. **Descriptors:** Violence; Childbirth; Women; Obstetric Nursing.

RESUMO

Objetivo: analisar as produções científicas relacionadas à violência à parturiente na sala de parto. **Método:** revisão integrativa, com o propósito de responder a questão << *Como se constitui a institucionalização da violência à parturiente na prática assistencial?* >> na base de dados LILACS e biblioteca virtual SciELO no período de 2000/2011, considerando-se apenas a produção científica nacional. Utilizou-se um quadro sinóptico como instrumento para coleta de dados e posterior análise, que contemplou os seguintes aspectos: título; nome e profissão dos autores; local de origem das produções; resultados e considerações finais/conclusões. **Resultados:** foram incluídos cinco artigos, que abordaram os diversos tipos de violência expressos pela negligência na assistência, discriminação social, violência verbal e física. **Conclusão:** esse estudo mostra a necessidade de maior enfoque do tema na área da saúde da mulher nos programas de pós-graduação visando maior enfrentamento deste problema. **Descritores:** Violência; Parto; Mulheres; Enfermagem Obstétrica.

RESUMEN

Objetivo: analizar las producciones científicas relacionadas a la violencia a la parturiente en la sala de parto. **Método:** revisión integrativa, con el propósito de responder a la pregunta << *¿Cómo se constituye la institucionalización de la violencia a la parturiente en la práctica asistencial?* >> en la base de datos LILACS y biblioteca virtual SciELO en el período de 2000/2011, considerándose apenas la producción científica nacional. Se utilizó un cuadro sinóptico como instrumento para colecta de datos y posterior análisis, que contempló los siguientes aspectos: título; nombre y profesión de los autores; local de origen de las producciones; resultados y consideraciones finales/conclusiones. **Resultados:** fueron incluidos cinco artículos, que abordaron los diversos tipos de violencia expresos por la negligencia en la asistencia, discriminación social, violencia verbal y física. **Conclusión:** ese estudio muestra la necesidad de mayor enfoque del tema en el área de la salud de la mujer en los programas de pos-graduación visando mayor enfrentamiento de este problema. **Descriptor:** Violencia; Parto; Mujeres; Enfermería Obstétrica.

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INTRODUCTION

Violence against women constitutes one of the main forms of violation of human rights, reaching them on their rights to life, to health and physical integrity.¹ According to existing literature, one in four women reported maltreatment during childbirth.² This fact can be expressed by neglect, discrimination, physical and verbal violence, misuse of technology, unnecessary interventions, which represent risks to the woman and to the neonate.²

Institutional violence in childbirth, in Brazilian maternities, has been the subject of complaint since 1980. From the Decade of 90, entered in academic studies and became public health discussion.³ Responding to appeals and recommendations of international conferences and conventions aimed at guaranteeing the human rights of women, the Brazilian State has elaborated, in 2004, the "National Policy of Integral Care to Women's Health". This initiative seeks to incorporate the integrality, promoting health and combating violence against women.⁴ In 2006, the Brazilian women had already available the law nº 11,340, named Maria da Penha Law. This device creates mechanisms to curb Domestic and Family Violence against women and provides measures of prevention, assistance and protection, and the punishment of the aggressor through the complaint in police specialized organs.⁵ In 2007, these policies were consolidated through the National Pact by the Confrontation to Violence Against Women aimed at integrated public policies nationwide.¹ With the institutionalization of childbirth and the conception of the hospital is the only place suitable for give birth, emerges the idea that the more technology is, the safer childbirth.⁶ From this new model of institutionalized environment, women were away from his family, becoming passive and unable to receive emotional support.⁷

The parturient needs to receive a humanized care and secure, ensuring to get the benefits of scientific advances, but, mainly, allowing and arousing the parturient to the exercise of citizenship, rescuing their freedom of choice in the labor and delivery.⁸ In this scenario, health professionals can build spaces of social transformation, developing protection and combat actions of the situations of vulnerability among women who experience this type of violence.⁹

With the policy of humanization of childbirth and birth instituted by the Ministry of Health, it began to think of actions geared

toward the promotion of childbirth and healthy birth for preventing maternal mortality and perinatal.⁶ With this, there are new studies that address issues relevant to women's health as violence in the childbirth process, but still quite scarce and sparse.⁹

The interest in conducting research on the national scientific production on the institutionalization of violence against the parturient emerged from the experience as a nurse in a Obstetric Center and the realization that even today violence permeates the parturition subtly environments and consented.

On these aspects, this study aims to analyze the scientific productions related to violence against the parturient in the delivery room.

METHOD

Integrative review that as research method allows the incorporation of evidence in clinical practice with the purpose to gather and synthesize research findings about a particular theme or issue, systematically and orderly, as it contributes to the deepening of the knowledge of the topic investigated.¹⁰⁻¹¹

For the preparation of the study, the following steps were attended: establishment of the hypothesis and objective of integrative review; establishment of criteria for inclusion and exclusion of articles and search in the literature; definition of the information to be extracted from selected articles; critical assessment of studies included in the integrative review; interpretation of results; presentation of the review/knowledge synthesis.¹² To guide this research, it was formulated the question << How is constituted the institutionalization of violence to parturient in practice assistance? >>

It was defined, as a source of data base search Latin American literature in Health Sciences (LILACS) and virtual library Scientific Electronic Library Online (SciELO), that are references in the production in the area of health and it was used the following key words: violence AND childbirth AND woman in the SciELO database, violence AND childbirth OR obstetric nursing and violence AND childbirth AND woman in LILACS database. Initially, for the selection of this integrative review studies were included only original and complete articles from studies in Brazil, with year of publication between 2000 and 2011 in Portuguese language, which contained information on the violence to the woman in the delivery room. Thus, the international studies, articles with year of publication prior to 2000, incomplete articles, theses,

dissertations, monographs, literature reviews and duplicates were excluded. The productions search was conducted in the period between June and July 2011.

With the key words violence AND childbirth AND woman, were identified 11 studies in SciELO database, after a thorough analysis, three suited to inclusion criteria, eight were excluded because they were not related to the topic. In LILACS data base, with the key words violence AND childbirth AND woman, were located 31 studies, five articles conformed to selection criteria, but three were in SciELO, concomitantly, and a

repeated themselves in the search. Thus, a study was included in integrative review, 13 were not related to the thematic and two did not possess the full text available. Still in the LILACS database, with key words violence AND childbirth OR obstetric nursing, the search resulted in 12 studies, three suited to inclusion criteria, but an article was indexed in SciELO and one was characterized as international study, resulting in the inclusion of one article. In this search, 9 studies did not link the theme of violence to the parturient. In this way the sample consisted in five studies in this integrative review (Figure 1).

Código	Authors	Database	Periodic	Year of Publication
S01	Wolff LR, Waldow VR.	SciELO	Health Society	2008
S02	Figueirêdo NMA, Tyrrell MAR, Carvalho V, Leite JL.	SciELO	Latin-American Nursing Magazine	2004
S03	Pereira WR.	SciELO	Text & Context	2004
L01	Aguiar JM, d'Oliveira AFPL.	LILACS	Interface-Health Communication	2011
L02	Teixeira NZF, Pereira WR.	LILACS	Brazilian Nursing Magazine	2006

Figure 1. Description of the studies included in the integrative review, according to author(s), data base, peridics and year of publication. Source: Data collected by searchers. Porto Alegre, R S, 2011.

The selection of articles was from the reading of titles and abstracts, seeking to identify the relation with the theme of the study. Later, it was checked the year, the language and the availability of the full text.¹²

The data of the selected articles were collected through a model framework, with the objective of ensuring that all relevant information be extracted, minimizing the risk of errors in transcription and ensuring accuracy in data checking.

For analysis and subsequent synthesis of selected articles, it was built a summary table, which contemplated aspects considered relevant: article name; authors and profession; place of origin of scientific productions, the study objectives, results

(assistance practices characterized violence to parturient) and considerations/conclusions

The data used in this study were properly referenced, respecting and identifying their authors and sources of research, observing ethical rigor regarding intellectual property of scientific texts that were searched.¹³

RESULTS AND DISCUSSION

The synthesis of the publications included in this integrative review is described in the summary table, where the studies were identified by the authors' name, in descending order of year of publication and with information relevant to the review (Figure 2).

Authors/ Year	Title	Objectives	Results	Conclusions
Figueirêdo NMA, Tyrrell MAR, Carvalho V, Leite JL.2004	Body care indicators that procreates: nursing actions in pre-trans and postpartum-a contribution to the practice of Obstetric Nursing.	Identify and discuss the nursing actions when caring for women during the pre-trans and postpartum.	Gender violence, physical, psychological and institutional. Assistance practices that characterize the violence: deny the use of non-pharmacological methods of pain relief, unnecessary procedures and without informing, yell or humiliate, acting with indifference, frequent and painful touch, enteroclysis, Thrichotomy and use of oxytocin.	The obstetric practice considers the body procreates when arrives to maternity being reassured and supported during labor, but that mess and distress in the delivery room for the hurry of professionals.
Pereira WR.2004	Power, violence and symbolic domination in public health services.	Present the subtle facets of violence, power and symbolic domination present in the actions and practices of various health professionals in the area, addressed to women in situation of pregnancy, childbirth and the puerperium.	Physical violence, gender, institutional and psychological. Assistance practices that characterize the violence: unnecessary procedures and without informing, humiliate, acting with indifference, frequent pain touch and use of oxytocin, verbal violence and the constant pain.	In relations that are established between User and medical staff, are present symbolic elements that contribute to the invisibility of violence.
Teixeira NZF, Pereira WR.2006	Hospital-childbirth experiences of women from the periphery of Cuiabá-MT.	Study some aspects of the experiences of women who give birth to their children in the hospitals of Cuiabá/MT.	Gender violence, physical, psychological and institutional. Assistance practices that characterize the violence: the lithotomy position, Kristeller maneuver, unnecessary practices as tie during childbirth and indifference.	The ways in which those practices are conducted within the health services, reveal professionals who develop their activities in technical, increasing maternal morbidity and mortality and endangering the lives of parturient women and their children who will give birth, even though those believe having a "safer" service inside the hospital.
Wolff LR, Waldow VR.2008	Consensual violence: women in labor and delivery.	Report how is the assistance to women in many health institutions, during the process of parturition.	It was noted that the women suffered from gender violence, physical violence, psychological and institutional. Assistance practices that characterize the violence: deny the use of non-pharmacological methods of pain relief, unnecessary procedures and without informing, yell or humiliate, acting with indifference and inequality.	It was noted a special kind of gender violence in the area of health, a consensual violence, which occurs with the parturient.
Aguiar JM, d'Oliveira AFPL. 2011	Institutional violence in public maternity under the eyes of the users.	Identify, in the interviewed, the complex interaction between power and violence, and how this interaction shapes in the background of institutional violence committed in public maternity.	Physical and institutional violence. Assistance practices that characterize the violence: use of oxytotic, pain vaginal touch, realization of episiotomy, verbal violence expressed through jargon and expressions like: " at the time to do she didn't cry...", "scandalous and fiopping".	The study pointed to a trivializing the suffering of parturient, through the ideology of naturalization of the pain of childbirth as a price for sexual pleasure.

Figure 2. Description of studies, according to the authors' names, in descending order of year of publication and other information relevant to the integrative review. Source: Data collected by the researchers. Porto Alegre, RS, 2011.

In terms of temporal evolution, the studies were carried out in the years 2004, 2006, 2008 and 2011.

Such findings are justified by the expansion and articulation of public policies related to women's health in this early period of studies. The implementing “Humaniza SUS”, in 2003, which came to effect the principles of the Unified Health System (SUS), strengthening the humanized initiatives already existing. The institution of the National Plan of policies

for women (NPPW) which aims to confront social, racial and gender inequalities with regard to women. The Maria da Penha Law in 2006, seeks to curb and prevent domestic and familiar violence against woman.⁵ That same year, it was launched the Technical Manual of prenatal and postnatal care, which provides reference to the care organization, job training and to standardization of health practices; actions that create opportunities to women to prevention and health promotion

through a more humanized and less interventionist assistance. Finally, in 2007, the federal government creates the National Pact by the Confrontation to Violence against Women; in order to prevent and fight all kinds of violence related against this population.¹ It is believed that one of the ways of protection of women in the prevention of some maltreatment is the presence of a partner during the process of parturition. However, it can be inferred that there is fragility with regard to public policies related to the attention of the woman/parturient and shortage of scientific production in this area.

As for the place of origin of scientific productions, the Southeast has participated in 2 studies (40%) held in Rio de Janeiro and São Paulo. It should be noted that, in one study (20%), was not informed of the place of origin of the research, only it was reported that this was held in a city in the South of the country. Finally, it appears the Midwest region with 2 studies (40%), one held in Cuiaba-MT, and the other that does not inform the city. The North and Northeast regions did not present any study.

It is noted that the articles analyzed have as main author two doctors and nine nurses. This shows that nursing is attentive and appreciative with the assistance the woman facing the theme of violence in the delivery room. It is seeking to make a cutout of the assistance practice with this population by a strengthening scientific.

In the analysis of studies, it was identified various types of violence: gender (S01, S02, S03, L01, L02), physics (L01, L02, S01, S02, S03), psychological (S01, S02, S03, L02) and institutional (L01, L02, S01, S02, S03).

For some authors, the violence to the parturient is expressed from the negligence on assistance, social discrimination, verbal violence (rough treatment, threats, reprimands, shouting, intentional humiliation) and physical violence (including non-use of analgesics when technically nominated), and also sexual abuse.¹⁴ For others, violence to parturient also expresses through the misuse of inadequate technology, with interventions and procedures often unnecessary in the scientific evidence of the moment, resulting in a cascade of interventions with potential risks and sequels.¹⁵

As the perception of the parturient, childbirth violence translates to deny the use of pain relief methods, perform unnecessary procedures and without informing, yelling or humiliate the parturient, acting with indifference and inequality.¹⁶⁻¹⁸⁻¹⁹⁻²⁰ It is evident that these women/parturient suffered

physical and psychological violence, once during the process of parturition were subjected to constraints and unnecessary interventions. All practices of violence against the parturient, as the perception of these, are referenced by all articles showing the magnitude of the problem. With the technological and scientific advancement, the female body and childbirth has become field of obstetrics, strengthened by the stereotypical vision that the woman was devoid of knowledge. Thus, assistance to the woman in the gravid-puerperal cycle became interventionist, impersonal and technical, reflecting on the current model of obstetrics, characterized by high degree of medicalization and by abuse of invasive techniques.²¹

It was found that, in all the analyzed studies, methods of pain relief were not offered, nor another method of analgesia in childbirth. The Ministry of health (MH) strengthens the importance of attention during labor that offers the possibility of pain control. The pain is considered a subjective and sensory experience, according to previous experiences learning, constitutes emotional experience, in addition to representing important sign of beginning of labor.⁸ In this condition, it should be considered adaptations and methods of relief, in an attempt to support and encourage parturient, partners and family members, not associating the pain of childbirth to fear and suffering.²² Once the pain of childbirth, irrespective of socio-cultural influences, can be considered unacceptable to a large number of women, making painful experience of their life.⁸

For this it is important to orient and offer no pharmacological methods of pain relief during labor and delivery, since it seeks the reframing of the pain becoming more pleasurable birth experience.²³

Unnecessary procedures perceived and expressed by women were: frequent and painful touch,¹⁶⁻¹⁷⁻¹⁹⁻²⁰ enteroclasia,¹⁹ Trichotomy,¹⁹ use of oxytocic¹⁷⁻¹⁹⁻²⁰ and episiotomy.¹⁷ In this particular health case, the violence is veiled in the name of a technique and a treatment, as if the woman was sick.¹⁹

The Ministry of health (MH) recommends to parturient be evaluated constantly, in relation to risks and evolution of labor, thus avoiding the excessive use of techniques which can be unnecessary and often harmful to the woman and the baby.²³ Nevertheless, some practices are being carried out routinely in normal childbirth assistance, despite the scientific evidence prove their harm.²⁴⁻²⁵

The Trichotomy in addition to offering disadvantages for the parturient, as the risk of infection, discomfort when the hairs start to grow and the possibility of trauma to the skin, its implementation raises the cost of the process.²³

As regards the use of routine enteroclysis in childbirth, it should be noted that this practice is considered uncomfortable and embarrassing for the woman,⁸ as well as offering risks such as rectal irritation, colitis, gangrene and the anaphylactic shock.²³ However, MH guides to be considered the parturient opinion, since it can promote further comfort to women and the health team.⁸

The use of oxytocin after spontaneous rupture or artificial membranes as a way to accelerate labor, is extremely common. Its administration before childbirth, i.e. before the second period of birth, is considered a harmful practice and may bring disadvantages and risks, such as uterine rupture and the acute fetal distress.⁸ Unnecessary infusion of oxytocin often determines most painful perception, stress and fear in parturient and may lead to unnecessary caesarean.²⁶

Also, the routine practice of episiotomy may cause damage to the parturient and her baby.²³ There is a lower risk of posterior perineal trauma, suture and healing complications when is not used the episiotomy.⁸ The study analysis (L01), through the account "and my vagina is still wide open [...]"¹⁷ let highlighting the bad attendance and violence within the health services. The woman, rather than feel cared for, she felt literally 'hurt'. Therefore, the use of this practice requires the assessment of the situation of perineal of every parturient.⁸

The position of lithotomy was approached by interviewed in three studies (S01, S03, L02) as an unnecessary practice, grueling and humiliating. Stroll, sit and lie down are conditions that pregnant women can adopt in labor, according to her preference. The vertical position favors labor. The woman feels less discomfort, difficulties of pain in childbirth.⁸ The position decreases the trauma and infections of the vaginal and perineal incision.²³ A study developed in maternity hospitals of Rio de Janeiro proved that the gynecological position is used routinely, and other positions, such as squatting or sitting, is used in less than 1% of the births.²⁶ The health professional should encourage the woman/parturient to experience other positions and the more comfortable should be maintained.⁸

In this context, the woman must participate actively in the experience of labor and delivery, on freedom of choice, offering different types of attention to childbirth, both in relation to the location and position, as regards the method for the care and comfort in the moments leading up to the birth. These aspects make them calm down and feel valued, which facilitates the evolution of childbirth.²³

In this same perspective, the interviewed reported performing vaginal touches frequently and by various professionals, in short time interval and no privacy. This conduct can compromise physiological evolution of labor and delivery, causing discomfort and vulvar edema.¹⁶ Subsequent touches to the diagnosis can be delayed until the active phase of labor and should be used with caution in any situation of amniorrhexis. When there is vaginal bleeding, the touch must be conducted under controlled conditions, because this can be the case of placenta praevia, condition in which the touch may cause worsening of hemorrhage, with possible maternal and fetal repercussions.⁸

One study addressed the report of Kristeller Maneuver (L02), which consists of abdominal compression uterine, by the hands of an obstetrician or other health care professional to assist in fetal expulsion.¹⁸ This maneuver is in disuse for some time for being considered harmful and ineffective for both the mother and the baby.⁸

It can be inferred that the hospital birth reported in these studies enabled the mother to exercise autonomy and power over her body and her experiences of childbirth. The interventions made have not been negotiated, nor explained. Either these women questioned professionals about any conduct or procedure performed.

Possibly this conduct is adopted by the fear of reprisal by health professionals and not having the knowledge of ability of their body to deliver physiologically.²⁴

According to the studies L01 and S03, the interviewed report the patient's figure "Scandalous and flopping", defined as one that scream too much and not making the necessary strength for the expulsion of the baby, call the team at all times, beat, be calling for her husband, for her mother, saying that it won't hold more and keep sending out the whey. All point out that, if the woman does not make "scandal", suffer maltreatment within public maternity.¹⁷

Veiled violence caused by health professionals who do not respect the mother in the delivery room, is explicit in article L01

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through the phrase: "[...] at the time to do she didn't cry [...]"^{17:86} It is clear institutional violence naturalized in jargon and conduct based on stereotypes of class and gender, as perpetuating practice in the vast majority of Brazilian maternity.

The Ministry of Health says it is essential for the humanization of childbirth to consider the desires and values of women and adopt a sensible attitude and ethics, respecting her as a citizen and eliminating the verbal and non-verbal aggressions.⁸ In the childbirth and birth the attitudes of professionals who comprise the world of motherhood are fundamental to the humanization of care. Dialogue and co-responsibility are essential in promoting women's autonomy and respect the physiology of pregnancy and childbirth.²⁴ The formation of bond between the parturient and the Professional helps reduce stress, fear and pain.

The presence of the carer can contribute to the humanization of care processes in maternity, making childbirth more natural as possible by decreasing the assistance and violence to the parturient.

CONCLUSION

This integrative review allowed give visibility to Brazilian productions on violence to the parturient. It was evidenced that, at the time period established for the study, only from 2004 this issue began to be investigated, and the Southeast and Midwest regions are the largest producers of these research, with 40% of records each.

The violence to the woman/parturient in Brazilian maternities appears as a public health problem, often veiled, because occurs in a climate of extreme kindness and affection, but expressed by negligence on assistance, social discrimination, verbal violence, physical violence, indiscriminate use of technology and even sexual abuse.

Institutional violence in childbirth shows the need to discuss these issues in training programs and professional training to their confrontation.

The presence of the carer can contribute to the humanization of care processes in maternity, making childbirth more natural as possible by decreasing the assistance and violence to the parturient.

The nurse is in a strategic position in maternity and may participate as agent transformer of this culture of violence. It is suggested to develop systemic monitoring instruments of assistance to users in order to curb such practices.

Exploratory studies on the subject of violence to the woman/parturient may be performed at the graduate programs to raising awareness among government agencies and civil society, with regard to the adoption of public policies, universal character, accessible to all women and covering the various modes in which the violence is expressed.

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