



## OBSTETRIC VIOLENCE IN THE CONTEXT OF LABOR AND CHILDBIRTH

### A VIOLÊNCIA OBSTÉTRICA NO CONTEXTO DO PARTO E NASCIMENTO

### LA VIOLENCIA OBSTÉTRICA EN EL CONTEXTO DEL PARTO Y NACIMIENTO

Diego Pereira Rodrigues<sup>1</sup>, Valdecyr Herdy Alves<sup>2</sup>, Raquel Santana Vieira<sup>3</sup>, Diva Cristina Morett Romano Leão<sup>4</sup>, Enimar de Paula<sup>5</sup>, Mariana Machado Pimentel<sup>6</sup>

#### ABSTRACT

**Objective:** to analyze practices considered violent in obstetric care. **Method:** integrative review, with data collection in the Web of Science, CINAHL, Scopus, MEDLINE, LILACS databases and the SciELO virtual library with articles of the last five years in English, Spanish and Portuguese, obtaining 13 selected articles that were submitted to the Content Analysis technique, in the Thematic Analysis modality. **Results:** the following categories have been identified: 'Obstetric violence: typology, definitions, legislation'; '<< Obstetric violence in the perception of the obstetric team >>'; '<< Obstetric violence in the perception of users >>'. **Conclusion:** obstetric violence is inserted with the practices of health professionals, such as episiotomy, kristeller maneuver, medicalization of childbirth, and care in the context of the birth process should occur in a respectful way and, thus, face acts of violence. Thus, the study contributes to the knowledge about disrespectful practices with women in the context of parturition. **Descritores:** Obstetrics; Labor, Obstetric; Natural Childbirth; Violence Against Women; Humanizing Delivery; Reproductive Rights.

#### RESUMO

**Objetivo:** analisar as práticas consideradas violentas na atenção obstétrica. **Método:** revisão integrativa, com coleta de dados nas bases de dados Web of Science, CINAHL, Scopus, MEDLINE, LILACS e a biblioteca virtual SciELO, com artigos dos últimos cinco anos, em idioma inglês, espanhol e português, obtendo 13 artigos selecionados que foram submetidos à técnica de Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** foram identificadas as seguintes categorias '<<Violência obstétrica: tipologia, definições, legislação>>'; '<<A violência obstétrica na percepção da equipe obstétrica>>'; '<<A violência obstétrica na percepção das usuárias>>'. **Conclusão:** a violência obstétrica está inserida com as práticas dos profissionais de saúde, como a episiotomia, a manobra de kristeller, a medicalização do parto, e o cuidado no contexto do processo de nascimento deve ocorrer de forma respeitosa e, assim, enfrentar atos de violência. Desse modo, o estudo contribui para o conhecimento acerca das práticas desrespeitosas com a mulher no contexto da parturição. **Descritores:** Obstetrícia; Trabalho de Parto; Parto Normal; Violência contra a Mulher; Parto Humanizado; Direitos Sexuais e Reprodutivos.

#### RESUMEN

**Objetivo:** analizar las prácticas consideradas violentas en la atención obstétrica. **Método:** revisión integrativa, con recolección de datos en las bases de datos Web of Science, CINAHL, Scopus, MEDLINE, LILACS y la biblioteca virtual SciELO, con artículos de los últimos cinco años, en Inglés, español y portugués lenguaje, obteniendo 13 artículos seleccionados, que fueron sometidos a la técnica de Análisis de Contenido, en el modo de análisis temático. **Resultados:** se identificaron las siguientes categorías '<< Violencia obstétrica: tipología, definiciones, legislación >>'; '<< La violencia obstétrica en la percepción del equipo obstétrico >>'; '<< La violencia obstétrica en la percepción de las usuarias >>'. **Conclusión:** la violencia obstétrica está inserida con las prácticas de los profesionales de salud, como la episiotomía, la maniobra de kristeller, la medicalización del parto, y el cuidado en el contexto del proceso de nacimiento debe ocurrir de forma respetuosa y, así, enfrentar actos de violencia. De ese modo, el estudio contribuye al conocimiento acerca de las prácticas irrespetuosas con la mujer en el contexto de la parturición. **Descritores:** Obstétrica; Trabajo de Parto; Parto Normal; Parto Humanizado; Violencia contra la Mujer; Parto Humanizado; Derechos Sexuales y Reproductivos.

<sup>1</sup>Master, Aurora de Afonso Costa School of Nursing, Fluminense Federal University, Niterói (RJ), Brazil. E-mail: [diego.pereira.rodrigues@gmail.com](mailto:diego.pereira.rodrigues@gmail.com) ORCID iD: <http://orcid.org/0000-0001-8383-7663>; <sup>2</sup>PhD, Aurora de Afonso Costa School of Nursing / Fluminense Federal University, Niterói (RJ), Brazil. E-mail: [herdyalves@yahoo.com.br](mailto:herdyalves@yahoo.com.br) ORCID iD: <http://orcid.org/0000-0001-8671-5063>; <sup>3</sup>Graduated in Nursing, Aurora de Afonso Costa School of Nursing / Fluminense Federal University, Niterói (RJ), Brazil. E-mail: [raquel1712@oi.com.br](mailto:raquel1712@oi.com.br) ORCID iD: <http://orcid.org/0000-0003-2798-3345>; <sup>4</sup>Master, Aurora de Afonso Costa School of Nursing / Fluminense Federal University, Niterói (RJ), Brazil. [divaleao@yahoo.com.br](mailto:divaleao@yahoo.com.br); ORCID iD: <http://orcid.org/0000-0001-6711-0755>; <sup>5</sup>Specialist in Obstetric Nursing, City Hall of Rio de Janeiro, Rio de Janeiro (RJ), Brazil. E-mail: [enimar.enfermagem@msn.com](mailto:enimar.enfermagem@msn.com); ORCID iD: <http://orcid.org/0000-0002-8811-5640>; <sup>6</sup>Graduated in Nursing, Aurora de Afonso Costa School of Nursing / Fluminense Federal University, Niterói (RJ), Brazil. E-mail: [anairamdoce@gmail.com](mailto:anairamdoce@gmail.com) ORCID iD: <http://orcid.org/0000-0001-5022-7260>

## INTRODUCTION

In Brazil, the implementation of the Prenatal and Birth Humanization Program (PHPN) in 2000 was aimed at meeting social demands for the best quality of delivery and birth care, a subject that has been the object of attention in several regions from the country. The intention was to promote a broad discussion about it.<sup>1</sup> In this sense, the program is the result of an international movement begun about 30 years ago against the use of invasive technologies during childbirth, considered irrational and harmful, in order to prioritize quality of the woman / user interaction of the service and health professional.<sup>2-3</sup>

Even in the face of this elucidation, it is still possible to observe that women undergo numerous disrespectful practices in the delivery and birth care, namely: disrespectful manipulation of their body with medicalization, early amniorrhexis, trichotomy, episiotomy, obstetric forceps, cesarean section and maneuver of Kristeller, practices considered harmful to maternal health and the concept. These practices are performed without prior knowledge and consent of the woman, thus annulling, with this, her decision-making power, with the aggravation of non-compliance with the good practices of normal birth, recommended by the World Health Organization (WHO).<sup>1-6</sup>

These practices are at odds with the Movement for the Humanization of Care, and the Scientific Evidence in the obstetric field. Thus, although the concept of humanization of birth and birth is recognized and advocated by entities such as the WHO, the Pan American Health Organization (PAHO), the Ministry of Health (MS), the Unified Health System (SUS), and the medical and Nursing councils and associations, the parturitive process is liable to be constituted by violent and inhumane initiatives that disrespect the human and reproductive rights of women at childbirth, characterizing obstetric violence, an expression used by the humanization movement to designate any act and / or violent conduct against women from a reproductive perspective.<sup>1-7</sup>

This type of violence results from the precariousness of the health system<sup>2-3</sup> which considerably restricts access to services offered, as well as promoting disrespectful and inhumane practices in the care of women during the process of childbirth and birth.<sup>1</sup> This violence has been configured in the assistance to women, where, every four

Brazilian women, one suffers inhuman and discriminatory treatment.<sup>8</sup>

## OBJECTIVE

- To analyze practices considered violent in obstetric care.

## METHOD

Integrative review, 9 based on the guiding question: << In the process of childbirth and birth, which care practices are experienced as obstetric violence? >>. The productions were located in June of 2016, in the databases of Web of Science, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), SciVerse Scopus TopCited (SCOPUS), and the Scientific Electronic Library Online (SciELO), using indexed descriptors (DeSC-BIREME) Violence Against Women, Humanizing Delivery and Sexual and Reproductive Rights. In the sequence, the semantic expansion was done for the keywords Delivery, Obstetric, Obstetric violence, all with English correspondent, associated with the Boolean operators AND and OR. During the search, the following expressions were used: Violence Against Women OR Obstetric violence AND Delivery OR Obstetric OR Humanizing Delivery OR Sexual and Reproductive Rights. It is important to highlight the delimitation of the last five years as a temporal cut, as of 2011, for the search strategy.

The selection of the productions was developed independently, with a view to possible biases in this stage. The inclusion criteria were: articles in English, Portuguese or Spanish. Productions related to: theses, dissertations, editorials, abstracts and opinion letters were excluded. A total of 381 productions were found, of which 13 were the corpus of this study (Figure 1).

It should be noted that repeated productions were considered only once. For the extraction of the data from the selected studies, according to the flowchart of figure 1, a data collection form, prepared for this purpose, was used, containing information about the study identification and content. The final synthesis was developed in a descriptive way, regarding the results and conclusions obtained from each of the studies.

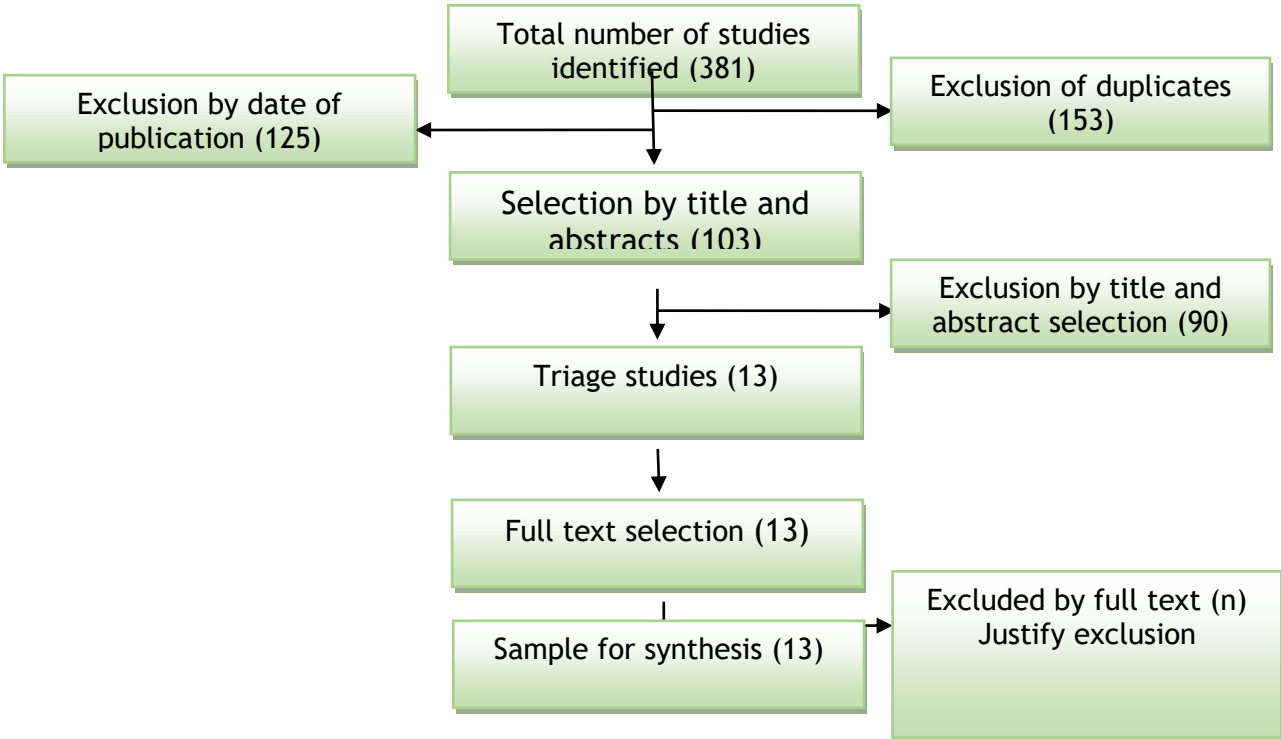


Figure 1: Search strategy for the selection of the articles included in the integrative review. Niterói (RJ), Brazil, 2016.

After successive readings of the articles, carried out by two evaluators, the data were grouped using the Content Analysis technique, in the Thematic modality,<sup>10</sup> to understand the thematic nuclei mobilized in the construction of the study problems. After this procedure, the studies were categorized into four thematic nuclei that supported the interpretation and presentation of the results of the review, namely: 1) Obstetric violence: typology, definitions and legislation; 2) Obstetric violence in the perception of the obstetric team; 3) Obstetric violence in the perception of users.

Selected studies were classified into levels of evidence (LE): Level I - the evidence comes from a systematic review or meta-analysis of all relevant randomized controlled trials or from clinical guidelines based on systematic reviews of randomized controlled trials; Level II - Evidence derived from at least one well-delineated randomized controlled trial; Level III - evidence obtained from well-delineated clinical trials without randomization; Level IV - evidence from well-delineated cohort and case-control studies; Level V - evidences originating from a systematic review of descriptive and qualitative studies; Level VI - evidence derived from a single descriptive or qualitative study and Level VII - evidence from the opinion of authorities and / or expert committee reports.<sup>11</sup>

It should be emphasized that the ethical aspects were respected by means of reliable citation of the ideas, concepts and definitions used by the authors of the productions used as results in this study.

## RESULTS

Figure 2 presents the synthesis of the studies included in the integrative literature review. To facilitate identification throughout the discussion, they were identified with the following points: study title; authors; journal database; scientific magazine; year of publication. Thus, a critical analysis of the selected studies was performed, presenting their results in a synthesis of the knowledge of the subject, with the knowledge gaps.

It was verified that the authors were affiliated to distinct fields of knowledge like Medicine, Psychology, Anthropology, Nutrition and Nursing. Most publications (53.8%) were found in international journals, compared to publications in Brazilian journals (46.2%). Regarding the methodology, among the thirteen productions, 46.2% were based on the qualitative approach; 30.7% in the quantitative method; 15.4%, in a systematic review of the literature and 7.7% of the studies were publications about experience reports.

It was observed that most of the studies were in the Scopus database, with five articles, varying between 2011 and 2016, with a predominance of two (15.4%) articles in each year for 2012, 2013 and 2014. In the year of (46.1%) publications, with the highest quantitative, while 2016 had only one (7.7%) publication.

Study title	Authors	Method	S N	Databases	Year
La gineco-obstetricia en México: entre el “parto humanizado” y la violencia obstétrica	Maria Pozzio Raquel	Anthropological and gender analysis	VI	Web of Science	2016
Microaggressions and the reproduction of social inequalities in medical encounters in Mexico	Vania Smith-Oka	Ethnographic study	V	Scielo	2015
Obstetric violence as a public health issue in Brazil: origins, definitions, typology, impacts on maternal health, and proposals for its prevention	Simone Grilo Diniz, Heloisa de Oliveira Salgado, Halana Fariade Aguiar Andrezzo, Paula Galdino Cardin de Carvalho, Priscila Cavalcanti Albuquerque Carvalho, Cláudia de Azevedo Aguiar, Denise Yoshie Niy	Reflex study	VII	Scopus	2015
Violencia obstétrica desde la perspectiva de la paciente	Carlota J Pereira, Alexa L Domínguez, Judith Toro Merlo	Prospective and descriptive study	IV	Scopus	2015
Mistreatment of Women in Childbirth: Time for Action on This Important Dimension of Violence against Women	Raquel Jewkes, Loveday Penn-Kekana	Systematic review	V	Web of Science	2015
Prevalence of experienced abuse in healthcare and associated obstetric characteristics in six European countries	Mirjam Lukasse, Anne-Mette Schroll, Helle Karro, Berit Schei, Thora Steingrimsdottir, An-Sofie Van Parys, Elsa Lena Ryding & Ann Tabor On Behalf Of The Bidens Study group	Crossectional study	IV	Scopus	2015
“Hence you were born my daughter ”: critical discursive analysis of a letter to the obstetrician	Jaqueline Fiuza da Silva regis, Viviane de Melo Resende	Reflective study	VII	Scielo	2015
Obstetric violence in obstetrical nurses' point of view	Michelle Gonçalves da Silva, Michelle Carreira Marcelino, Livia Shélida Pinheiro Rodrigues, Rosário Carcaman Toro, Antonieta Keiko Kakuda Shimo	Experience report	VII	LILACS	2014
Facilitators and barriers to facility-based delivery in low- and middle-	Meghan A. Bohren; Erin C. Hunter; Heather M. Munthe-Kaas;	Systematic review	V	Web Of Science	2014



income countries: a qualitative evidence synthesis	João Paulo Souza; Joshua P. Vogel; Metin Gülmezoglu.				
Violencia obstétrica: percepción de las usuárias	Pablo Terán, Carlos Castellanos, Mireya González Blanco, Damarys Ramos	A prospective, descriptive, cross-sectional exploratory study	IV	Scielo	2013
Institutional violence, medical authority and power in maternity hospitals from the point of view of health professionals	Janaina Marques de Aguiar; Ana Flávia Pires Lucas d'Oliveira; Lilia Blima Schraiber	Qualitative approach	VI	Scopus	2013
Grado de conocimiento de violencia obstétrica por el personal de salud	Josmery Faneite, Alejandra Feo, Judith Toro Merlo	Descriptive cross-sectional study	IV	Scopus	2012
Postnatal postpartum adaptation disorders: an exploratory descriptive study	Glauce Cristine Ferreira Soares, Daniela de Almeida Andretto, Carmem Simone Grilo Diniz, Nádia Zanon Narchi	Exploratory descriptive study.	VI	LILACS	2012

Figure 2. Synthesis of studies on practices in obstetric care from the perspective of obstetric violence. Niterói (RJ), Brazil, 2016.

DISCUSSION

◆ **Obstetric violence: typology, definitions and legislation**

Obstetric violence has been the subject of study in several studies<sup>3,5,12-16</sup> that portray the sufferings of women in childbirth care. This issue has been addressed since the end of the 1980s, due to discriminatory and inhumane attitudes towards childbirth care. The term obstetric violence is then used to describe the various forms of violence that have occurred in the care of pregnancy, childbirth, postpartum, and abortion.<sup>5</sup>

The typology of obstetric violence, in the last decade, has been addressed in several countries, mainly in Venezuela, a precursor country of specific legislation to address the issue. More recently, the World Health Organization (WHO) has characterized this type of violence as the appropriation of the woman's body considering it pathological with the abuse of medicalization, loss of autonomy and decision-making power. It also characterized obstetric violence in seven categories related to physical abuse; non-consensual care; verbal abuse; discrimination; abandonment, neglect or refusal of assistance; detention in services (annulment of freedom and autonomy); and the imposition of non-consensual obstetric interventions without scientific basis.<sup>3,5,15</sup>

As mentioned, Venezuela was the first country to guarantee, through specific legislation, the rights of women to a life without violence. This legislation was approved on November 25, 2006, in commemoration of the International Day of Non-Violence Against Women, of the Organic Law on the Right of Women to a Life Free of Violence, and published in Official Gazette Num. 38.647 of Venezuela, of March 19, 2007. The document stipulates nineteen types of violence against women, among them, obstetric violence, which is why this legal term constitutes a new nomenclature of violence and is seen as an important mechanism to guarantee a violence-free obstetric care and promoting a strategy to address obstetric violence by midwifery and health services.<sup>5,13-4</sup>

In a survey carried out in 2010, regarding the knowledge of this legislation to protect women, 87% of health professionals stated that they had knowledge about it, but of these, only 45.7% were aware of the existence of the Organic Law on the Right of Women to a Life Free of Violence and 13% were not aware of said law,<sup>13</sup> showing that a large part of the health professionals of Venezuela are not aware of the typology as the definition and the measures to face the issue through of legislative resources.

In a study carried out in 2011, in the same country, it was observed that the main

transgressions of the Organic Law on Women's Right to a Life Free from Violence occurred in 66.8% of the cases (21.6% of the cases). 19.5% for the prohibition of asking something and / or expressing their fears and concerns, 15.3% for the jokes about their condition, with ironic and disqualifying comments); and medical procedures without prior consent in 49.4% of cases (of which 37.2% were performed by repetitive vaginal touches and by multiple examiners).<sup>14</sup> These facts represent a legal violation of women's rights in obstetric care, specifically for Venezuelans.

While in the Mexican Republic, in 2012, data from the Human Rights Commission indicated that 45% of births were by cesarean section, corroborating the imaginary of childbirth as a surgical act in a dimension of the biomedical model, culture perpetuated by health professionals and propagated with the society, which allows to consider the body of the woman as a machine that needs to be manipulated, as well as the use of violent and institutionalized practices, such as the use of forceps abusively, body medication in the natural process of delivery, episiotomy, among other procedures perceived as frames the asymmetry of power, culminating in inhuman acts that constitute obstetric violence.<sup>5,13-16</sup>

In Mexico, the Vera Cruz Law and the 007-SSA standard of the Mexican Ministry of Health promoted important issues for reproductive health, proposing that they be discussed. However, complaints related to medical conduct among women were evidence of inhumane and discriminatory practices, as evidenced by the Commission on Human Rights, which began to consider such conduct inappropriate for this type of violence, since such legislation did not address the issue under study. From this scenario, it was considered necessary to define and specify obstetric violence for the creation of strategies and programs to reduce or eliminate it.<sup>16</sup> It should be emphasized that Mexico has discussed a great deal about obstetric violence, there is a lack of both definition, and specific legislation in the country.

In Brazil, several terms are also used to describe the phenomenon: gender violence at birth and abortion; violence in childbirth; obstetric abuse; institutional gender violence in childbirth and abortion; cruelty in childbirth; inhumane / dehumanized assistance; violations of the human rights of women at childbirth; disrespect and ill-treatment during childbirth.<sup>5</sup> These definitions allow the search for studies that address the

issue and contribute to the formulation of strategies for coping with obstetric violence, such as the promotion of legislation guaranteeing the rights of women in the labor market. parturition.

Violence in health care has been evidenced in the power and medical authority with the woman in the process of parturition, evaluating her as a subject in fragility, needing care, unable to make decisions and recognition of her needs.<sup>3</sup> Thus, one of the crucial points for the promotion of obstetric violence is the exercise of the authority and the power of health professionals, who employ inhumane and discriminatory practices in the context of childbirth and birth.<sup>3,5</sup> There is a restriction on the presence of the free choice companion during labor, childbirth and postpartum, guaranteed by Law 11,108, of April 7, 2005, whether in the UHS or in the private network.

In this regard, the World Health Organization (WHO) has recommended, since 1985, that women have an accompanying person in view of the benefits this practice offers women and the baby. In this context, a survey conducted in 2010 found that 24.5% of women interviewed were not able to enjoy this right. This percentage meant that 55.6% of the women who had evidence of postpartum adjustment disorders, due to delivery and showed the importance of the companion in the labor and birth event, guaranteeing continuous emotional support to the parturient, a sense of security and providing a more satisfactory delivery experience.<sup>12</sup> Thus, studies have shown the need for a conceptualization of the issue, which should focus on women's rights, with legal mechanisms to contribute to the confrontation of obstetric violence. Therefore, it is necessary to broaden the discussions on the subject, as well as a rationale for the problem, since the studies evaluated still lack these approaches.

#### ♦ Obstetric violence in the perception of the obstetric team

In a study about anthropological analysis, the significant and apparent paradox between the feminization of obstetrics / gynecology and the problem of obstetric violence was perceived, in which it was possible to classify the positions of gynecologists by questioning their own knowledge and practices; those who sought a negotiated solution between power, authority and knowledge and the rights of women; and those who relied on resisting a change in their professional practice when questioned regarding a humanized delivery. Younger professionals demonstrated greater

flexibility and interest in good practices for humanized childbirth, unlike those with an older obstetric culture, demonstrating greater resistance to paradigm shifts in women's health care and respect for their autonomy, since when to these practices and from this point of view, the fluency of the discourse and the perception of normality served as a sign of naturalization of obstetric violence, supporting the idea that it is intimately rooted in the specialty. The study showed that, even with the increase in the number of women in the area, the field did not become more feminine, but, rather that they were the ones that had the most abusive practices, becoming authors of a violent process, with its form to negotiate, understand, react and promote their misguided practices as the use of the Kristeller maneuver, as a way of helping the patient and speeding the process, but rather the institutionalization of obstetric violence.<sup>16</sup>

A study carried out at a maternity hospital in Mexico examined the "microaggressions" and the frustrations of doctors, including anger toward women, impatient treatment, angry comments, contempt for them, demonstrating verbal violence. Negative comments suggesting that women should change or adjust to be mothers, depreciating their motherhood, "microaggressions" against mothers, or their social or economic condition in which they are often criticized as embarrassing and moralizing about birth practices.<sup>3,16</sup>

Another assumption that prevailed in relation to women was that their sexuality was unbridled and there was hyperfertility considering their patients very promiscuous, class-based assumptions and general impressions of the patients as multiparous, characterizing perfect stereotypes. The lack of cooperation, or rather, to follow the orders, because cooperating would imply some equality or common purpose, but, in reality, was to follow and respect the medical orders, making the process easier (for doctors). It was observed that this perception seemed to justify not only verbal reprimands, but physical treatment and interventions that may have some medical justification, but which, for the woman, translated very well as punitive aspects. The hierarchy and the medical authority to repetitive vaginal examinations by the doctors and also the residents against their will,<sup>17</sup> because the hierarchy and the medical authority allow the use of institutional routines, in agreement with the health service, that establishes as law all the acts lived.<sup>3,16</sup>

The professional trajectory allows us to experience disrespectful and often violent situations and that there is a difference between the two types of childbirth care: evidence-based obstetrics, which offers assistance, support and protection, with the minimum of interventions, and the hospital model which demonstrates the need for changes in the model of obstetric care from the training of professionals in obstetrics to the differentiation of traditional medical education, a fact that happens over the years. Unpreparedness, negligence and malpractice in the practice of health professionals constitute a daily "common" in maternity. The lack of hospital institutional preparation, in several variants (physical structure, structure with trained personnel and structure of care directives), can influence aspects of violence against women, in addition to the use of derogatory terms with the use of violent and disrespectful phrases.<sup>15</sup>

Among the complaints of the professionals, the overload of demands, the structural conditions and the precariousness of material and human resources were identified as difficulties faced daily. And the consequences range from the lack of anesthesiologists on call for labor analgesia, prohibition of male companions, configuration of the image of the woman with someone ignorant, with difficulties of understanding what is explained, with a sexuality difficult to be controlled by the number of child and little age, not counting the aggressiveness of some patients with professionals, who attribute to their economic and social condition, ignorance, violence in the social environment,<sup>3</sup> where their findings corroborate the study<sup>17</sup> in which the image of the women served is permeated by ridicule of the woman, with an ignorant woman, hyperstimulated in its sexuality and aggressiveness due to its socioeconomic condition, perpetuating the prejudice and acts of violence.

This stereotype of women who are difficult patients, those who do not cooperate, do not comply with orders, do not force when ordered, are rude in treatment, refuse or hinder vaginal examination,<sup>3</sup> perpetuate an image of women who allow acts of obstetric violence, because it breaks with the medical protagonism before the disrespect of the authority and medical power exercised in the assistance to the childbirth and to the birth.<sup>3,16-17</sup> In these situations, the professionals use a conduct "more harsh", with threats and "raise the voice" in order to force the patient to "collaborate". These actions of common use are considered necessary to

legitimize the exercise of authority as well as threats of abandonment and trivialization of the suffering of the patient who does not "collaborate",<sup>3</sup> because negligence and malpractice remain practiced for the punishment of women.<sup>15</sup>

The recognition of mistreatment and disrespect is perceived and named as violence. In another situation, these behaviors are necessary as part of the exercise of professional authority: what differs is the moral judgment to which the patient is subjected, the intensity of the act and the context of the situation. These exhibit a difficulty in recognizing violence in health care by the understanding of some health professionals that violence would lead to greater severity of the act, causing bodily or emotional harm purposely, intentional humiliation and prejudice. However, ironic, equally moralistic and prejudiced phrases, often spoken in a "playful" tone, were seen as a form of humor,<sup>17</sup> corroborating a study<sup>16</sup> that states that health professionals do not recognize that such practices are acts of violence. In addition, disrespect, gross treatment, imposition of values or moral judgment, breach of confidentiality, invasion of privacy, social or ethnic discrimination, disrespect for autonomy and neglect of care constitute acts of violence towards the conduct of the health professional.<sup>3</sup>

One study has demonstrated the need for a woman-supported assistance in which, during the care of women, every procedure and plan of care has to be explained and this explanation, offered by the health professional, culminates in a Free and Informed Consent Term, which is a right of the woman and that it is up to her to refuse or agree to the practices that will be employed in her assistance. The characteristic actions of obstetric violence are not well distinguished by the health team. Likewise, complaint mechanisms and assistance agencies for women victims of obstetric violence and violence in general are unknown to members of the health team.<sup>13</sup>

#### ♦ Obstetric violence in the perception of users

In a study with puerperal women, 51% of the women analyzed underwent cesarean section, a proportion almost two and a half times higher than the 15% index established by the World Health Organization; and that, of these, 24.5% were unable to stay with their companions during labor, delivery and immediate postpartum, contrary to Law 11,108 / 2005. This fact breaks with sexual, reproductive and human rights at birth and

birth, and with women's expectations of their right to choose. For the evaluation of Postpartum Adaptive Disorders (AD), it is necessary to remember that a combination of biological, obstetrical, social and psychological factors are indicated in the determination of disorders and postpartum depression. Both the issues of the companion and the type of delivery are especially related to the current model of obstetric care prevalent in most health institutions, breaking with the legal rights and the role of women in the process of childbirth and birth, which has not been a priority.<sup>12,18</sup>

Another study showed that 49.4% of women showed some kind of inhuman treatment by health professionals, with careless practices for women expressing obstetric violence, with 66.8% of women undergoing medical procedures without their consent; 36.7% realized that they were raped; and 20.5% did not report having suffered some kind of violent practice during their care. Regarding inhuman treatment, 23.8% reported that they were prevented from having contact with the newborn, and 21.6% were criticized for crying and screaming during labor; 19.5% felt that it was impossible to express their anxieties and anxieties for fear of reprisals.<sup>14,19</sup>

By relating the type of violence to its causer, it was observed that, for all types, the nurse was seen as the cause of higher frequency and, second, the doctor. Regarding the type of procedure performed without consent, 37.2% reported painful and repetitive vaginal touches; 31.3% described medication administration to accelerate delivery; 24.9% said they were forced to lie down dorsal, with no freedom of movement, and only 12.7% received an explanation about informed consent. Another perceived point was that 27.3% of women recognize the term obstetric violence, but only 19.3% know where to report it, which means a small group compared to the authorities' commitment to disseminate the understanding of punitive measures to health professionals in the face of non-compliance with the Organic Law for the Right of Women to a Life Free of Violence.<sup>14,19</sup> The results show the seriousness of the obstetric violence that annuls women's rights, as well as breaking away from the protagonism of each one in childbirth and birth.

In another study, it was observed that women perceive repetitive vaginal exams and episiotomy as unnecessary and find this practice uncomfortable and inhumane. The cesarean section is seen as unnatural by them, who believe that this procedure has been used indiscriminately. Regarding whether or not



they had confidence in the health team, they reported that there is a lack of confidence in the professionals on the grounds that most of them do not have the proper preparation and are considered incompetent regarding the delivery of natural childbirth. The women also reported that they were subjected to physical and verbal abuse, to a rude, disrespectful, insulting and angry treatment by the health team, inferring that maltreatment still occurs according to the socioeconomic condition and level of schooling of the woman,<sup>19-20,21-2</sup> this practice of the daily life of maternity wards whose purpose is to express an institutionalized culture in which professional action happens in a disrespectful and violent way.

A multi-center study conducted in European countries to assess the care received, according to the opinion of women, found that one in five pregnant women who attended the routine of care at birth and birth reported some abuse. The women claimed that the professionals claimed that they knew what was best for the woman, but they eventually adopted positions and attitudes that displeased them, because they were seen as inhuman because of their feminine condition, and made them feel deprived of their autonomy and their rights.<sup>20-1</sup>

## CONCLUSION

Practices in care in obstetric care such as episiotomy; Kristeller's maneuver; Movement Prohibition; imposition of the gynecological or lithotomic position; prohibition of accompanying persons during labor and delivery and postpartum; any action or procedure that is carried out without the consent of the woman and which is not based on current scientific evidence, whether of a physical, psychological, sexual, institutional, mediatic or material nature, is considered as obstetric violence. It is also worth mentioning that both users and professionals pointed to the inefficiency of hospitals, whose physical structure does not provide women with a propitious, welcoming, safe environment for them to have their children in a dignified manner and where good labor and birth. Training of health professionals is necessary to promote a humanized and adequate care for women's health care.

Therefore, there is a need for studies that highlight the issue among health professionals, with emphasis on good practices included in it and compliance with and compliance with laws, punishments and forms of denunciation, in order to promote reflection on them, with a view to a possible transformation in their

practice by presenting non-violent, non-imposed forms of establishing professional authority by creating a bond based on mutual respect and safety regarding the techniques used during the period, be it in labor, in childbirth or in the puerperium.

Similarly, it is necessary to conduct research that empowers women through knowledge about obstetric violence: their definitions, laws, forms of denunciation, and also about good practices for labor and birth, with the purpose of not only offering them the power to choose, but also guaranteeing their legal rights.

## REFERENCES

1. Rodrigues DP, Alves VH, Penna LHG, Pereira AV, Branco MBLR, Silva LA. The pilgrimage in reproductive period: a violence in the field of obstetrics. Esc Anna Nery [Internet]. 2015 [cited 2017 Jan 28]; 19(4): 614-20. Available from: [http://www.scielo.br/pdf/ean/v19n4/en\\_1414-8145-ean-19-04-0614.pdf](http://www.scielo.br/pdf/ean/v19n4/en_1414-8145-ean-19-04-0614.pdf)
2. Aguiar JM, D'oliveira AFL. Violência institucional em maternidades públicas sob a ótica das usuárias. Interface comun saúde educ [Internet]. 2011 [cited 2017 Jan 28];15(36):79-91. Available from: <http://www.scielo.br/pdf/icse/v15n36/aop4010.pdf>
3. Aguiar JM, D'Oliveira AFL, Schraibe LB. Violência institucional, autoridade médica e poder nas maternidades sob a ótica dos profissionais de saúde. Cad saúde pública [Internet]. 2013 [cited 2017 Jan 28];29(11):2287-96. Available from: <http://www.scielo.br/pdf/csp/v29n11/15.pdf>
4. Souza AMM, Souza KV, Rezende EM, Martins EF, Campos D, Lansk S. Practices in childbirth care in maternity with inclusion of obstetric nurses in Belo Horizonte, Minas Gerais. Esc Anna Nery [Internet]. 2016 [cited 2017 Jan 28];20(2):324-31. Available from: [http://www.scielo.br/pdf/ean/v20n2/en\\_1414-8145-ean-20-02-0324.pdf](http://www.scielo.br/pdf/ean/v20n2/en_1414-8145-ean-20-02-0324.pdf)
5. Diniz SG, Salgado HO, Amdrezzo HFA, Carvalho PGC, Carvalho PCA, Aguiar CA, et al. Abuse and disrespect in childbirth care as a public health issue in Brazil: origins, definitions, impacts on maternal health, and proposals for its prevention. Rev bras crescimento desenvolv hum [Internet]. 2015 [cited 2017 Jan 28];25(3):377-84. Available from: <https://www.revistas.usp.br/jhgd/article/view/106080/106629>
6. Rodrigues DP, Alves VH, Branco MBLR, Mattos R, Dulfe PAM, Vieira BDG. Obstetrical violence as practice in health care to woman

during labor: reflective analysis. J nurs UFPE on line [Internet]. 2015 [cited 2017 Jan 28];9(Supl. 5):8461-7. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10613/11595>

7. Rede Parto do Princípio [Internet]. Violência Obstétrica: parirás com dor. Brasília; 2012 [cited 2017 Jan 28]. Available from: <http://www.senado.gov.br/comissoes/documentos/SSCEPI/DOC%20VCM%20367.pdf>

8. Tesser CD, Knobel R, Andrezzo HFA, Diniz SG. Violência obstétrica e prevenção quaternária: o que é e o que fazer. Rev bras med fam comunidade [Internet]. 2015 [cited 2017 Jan 28]; 10(35):1-12. Available from: <https://www.rbmf.org.br/rbmfc/article/view/1013>

9. Souza MT, Silva MD, Carvalho R. Integrative review: what is it? How to do it? Einstein [Internet]. 2010 [cited 2017 Jan 28];8(1):102-6. Available from: <http://www.scielo.br/pdf/eins/v8n1/1679-4508-eins-8-1-0102.pdf>

10. Bardin L. Análise de conteúdo. Lisboa: Edições 70 LDA; 2011.

11. Benevides JL, Caoutinho JFV, Tomé MABG, Gubert FA, Silva TBC, Oliveira SKP. Characterization of chronic injuries in the elderly assisted in the family health strategy. J nurs UFPE on line [Internet]. 2016 [cited 2017 Ago 30];11(5):1943-52. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/23330/18924>

12. Soares GCF, Andretto DA, Diniz CSG, Narchi NZ. Adjustment disorders in the postpartum resulting from childbirth: a descriptive and exploratory study. Online braz j nurs [Internet]. 2012 [cited 2017 Jan 28];11(3):907-22. Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/3884/pdf>

13. Faneite J, Feo A, Merlo JT. Grado de conocimiento de violencia obstétrica por el personal de salud. Rev obstet ginecol Venezuela [Internet]. 2012 [cited 2017 Jan 28];72(1):4-12. Available from: <http://www.scielo.org.ve/pdf/og/v72n1/art02.pdf>

14. Terán P, Castellanos C, Blanco MG, Ramos D. Violencia obstétrica: percepción de las usuárias. Rev obstet ginecol Venezuela [Internet]. 2013 [cited 2017 Jan 28];73(3):171-180. Available from: <http://www.scielo.org.ve/pdf/og/v73n3/art04.pdf>

15. Silva MG, Marcelino MC, Rodrigues LSP, Toro RC, Shimo AKK. Obstetric violence according to obstetric nurses. Rev RENE [Internet]. 2014 [cited 2017 Jan 28];15(4):720-

8. Available from: [http://www.revistarene.ufc.br/revista/index.php/revista/article/view/1514/pdf\\_1](http://www.revistarene.ufc.br/revista/index.php/revista/article/view/1514/pdf_1)

16. Pozzio MR. La gineco-obstetricia en México: entre el “parto humanizado” y La violencia obstétrica. Rev estud fem [Internet]. 2016 [cited 2017 Jan 28];24(1):101-17. Available from: <http://www.scielo.br/pdf/ref/v24n1/1805-9584-ref-24-01-00101.pdf>

17. Smith-Oka V. Microaggressions and the reproduction of social inequalities in medical encounters in México. Soc sci med [Internet]. 2015 [cited 2017 Jan 28];143:9-16. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26331863>

18. Regis JFS, Resende VM. "Daí você nasceu minha filha": análise discursiva crítica de uma carta ao obstetra. DELTA [Internet]. 2015 [cited 2017 Jan 28];31(2):573-602. Available from: <http://www.scielo.br/pdf/delta/v31n2/1678-460X-delta-31-02-00573.pdf>

19. Pereira CJ, Domínguez AL, Merlo JT. Violencia obstétrica desde la perspectiva de la paciente. Rev obstet ginecol Venezuela [Internet]. 2015 [cited 2017 Jan 28];75(2):81-90. Available from: <http://www.scielo.org.ve/pdf/og/v75n2/art02.pdf>

20. Lukasse M, Schroll A, Karro H, Schei B, Steingrimsdottir T, Parys AV, et al. Prevalence of experienced abuse in healthcare and associated obstetric characteristics in six European countries. Acta Obstet Gynecol Scand [Internet]. 2015 [cited 2017 Jan 28];94(5):508-17. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25627169>

21. Jewkes R, Penn-Kekana L. Mistreatment of women in childbirth: time for action on this important dimension of violence against women. PLoS Med [Internet]. 2015 [cited 2017 Jan 28];12(6):1-4. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4488340/pdf/pmed.1001849.pdf>

22. Bohren MA, Hunter EC, Munthe KHM, Souza JP, Vogel JP, Gulmezoglu AM. Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. Reprod health [Internet]. 2014 [cited 2017 Jan 28];11(1):3-17. Available from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4247708/pdf/12978\\_2014\\_Article\\_330](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4247708/pdf/12978_2014_Article_330)

Rodrigues DP, Alves VH, Vieira RS et al.

Obstetric violence in the context of labor...

Submission: 2017/08/11

Accepted: 2017/11/13

Publishing: 2018/01/01

### **Corresponding Address**

Diego Pereira Rodrigues  
Rua Desembargador Leopoldo Muylart, 307  
Bairro Piratininga  
CEP: 24350-450 – Niterói (RJ), Brazil