

## FORMS AND PREVALENCE OF OBSTETRIC VIOLENCE DURING LABOR AND DELIVERY: INTEGRATIVE REVIEW

### FORMAS E PREVALÊNCIA DA VIOLÊNCIA OBSTÉTRICA DURANTE O TRABALHO DE PARTO E PARTO: REVISÃO INTEGRATIVA

### FORMAS Y PREVALENCIA DE LA VIOLENCIA OBSTÉTRICA DURANTE EL TRABAJO DE PARTO Y PARTO: REVISIÓN INTEGRATIVA

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#### ABSTRACT

**Objective:** to analyze the scientific production on the prevalent forms and characteristics of obstetric violence in the daily care of labor and delivery. **Method:** this is an integrative literature review conducted in the MEDLINE, SCOPUS, Web of Science, LILACS, and BDENF databases. The initial search identified 1,032 publications, of which 23 were analyzed and were part of the study. The selected studies were conducted with women or professionals who addressed the theme, with quantitative and qualitative design, without date or language restrictions and produced in Portuguese-speaking countries. **Results:** the selected studies gave rise to seven categories that considered the discourses of women and health professionals on childbirth care: verbal, psychological, physical, sexual, discriminatory, institutional and financial violence. **Conclusion:** the review allowed us to know the different ways in which violence is experienced, being present at different moments and in different contexts of childbirth care, showing that effective actions are necessary for its eradication.

**Descriptors:** Violence; Violence Against Women; Pregnancy; Pregnant Women; Parturition; Labor, Obstetric.

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#### RESUMO

**Objetivo:** analisar a produção científica sobre as formas prevalentes e as características da violência obstétrica no cotidiano da assistência ao trabalho de parto e parto. **Método:** trata-se de uma revisão integrativa da literatura realizada nas bases de dados MEDLINE, SCOPUS, Web of Science, LILACS e BDENF. A busca inicial identificou 1.032 publicações das quais 23 foram analisadas e fizeram parte do estudo. Os estudos selecionados foram realizados com mulheres ou profissionais que abordavam a temática, com delineamento quantitativo e qualitativo, sem restrição de data ou idioma e produzidos em países lusófonos. **Resultados:** os estudos selecionados deram origem a sete categorias que consideraram os discursos das mulheres e dos profissionais de saúde sobre a assistência ao parto: violência verbal, psicológica, física, sexual, discriminatória, institucional e financeira. **Conclusão:** a revisão permitiu conhecer as diferentes formas como a violência é vivenciada, estando presentes em diversos momentos e contextos da assistência ao parto, demonstrando que ações efetivas são necessárias para a sua erradicação.

**Descritores:** Violência; Violência contra a mulher; Gravidez; Gestantes; Parto; Trabalho de parto.

**RESUMEN**

**Objetivo:** analizar la producción científica sobre las formas y características prevalentes de la violencia obstétrica en el cotidiano del cuidado del trabajo de parto y parto. **Método:** se trata de una revisión integradora de la literatura realizada en las bases de datos MEDLINE, SCOPUS, *Web of Science*, LILACS y BDNF. La búsqueda inicial identificó 1.032 publicaciones de las cuales 23 fueron analizadas y formaron parte del estudio. Los estudios seleccionados fueron realizados con mujeres o profesionales que abordaron el tema, con diseño cuantitativo y cualitativo, sin restricción de fecha o idioma y producidos en países de lengua portuguesa. **Resultados:** los estudios seleccionados dieron lugar a siete categorías que consideraron los discursos de las mujeres y de los profesionales de la salud sobre la atención del parto: violencia verbal, psicológica, física, sexual, discriminatoria, institucional y económica. **Conclusión:** la revisión permitió conocer las diferentes formas en que se vive la violencia, estando presente en diferentes momentos y contextos de la atención al parto, demostrando que son necesarias acciones efectivas para su erradicación.

**Descriptor:** Violencia; La violencia contra las mujeres; El embarazo; Mujeres embarazadas; Parto; Trabajo de parto.

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## INTRODUCTION

Obstetric violence has different forms, which are portrayed as abuse, disrespect, and mistreatment during labor and delivery in health care institutions. Such treatment of women not only violates the rights to respectful care, but also threatens the right to life, health, physical integrity, and non-discrimination.<sup>1</sup> The reports on the inadequacies surrounding the birthing process in health institutions are not recent and have led to claims by social movements for human rights in recent years and gaining visibility given the scientific evidence on the impact of poor quality care in the gravidic-puerperal period for women and children.<sup>2</sup>

Obstetric violence is characterized as any specific form of gender violence, since there is the arbitrary use of knowledge by health professionals to control the bodies and sexuality of women in labor, characterized by a dehumanized care, abuse of interventionist actions, medicalization and reversal of the birth process from natural to pathological.<sup>3</sup>

What can be observed is that, despite efforts to humanize women's care in health institutions, the power and domination of professionals over women in labor still persists, which ends up extrapolating and falling into dehumanization.<sup>4</sup> The childbirth process ceases to be a phenomenon of individual and physiological essence and becomes a moment of experiences, often negative, thus losing the characteristics of female individuality and naturalness, and health workers see childbirth as a pathological event and conducive to interventions, making this moment a suffering and cold experience in which the woman is considered as an object.<sup>5</sup>

Thus, in view of the undeniable risks to obstetric care caused by violence and the need to increase actions that enable a more qualified and safe care, it is essential to analyze the literature on the different forms and prevalence of obstetric violence, as this can broaden the discussion, including different views, to unveil the aspects surrounding violence.

## OBJECTIVE

Analyze the scientific production on the prevalent forms and characteristics of obstetric violence in the daily care of labor and delivery.

## METHOD

This is a bibliographic, descriptive, Integrative Literature Review (IR) study, developed from the following steps: identification of the hypothesis or guiding question; sample selection; study categorization; study assessment; discussion and interpretation of results and presentation of the review and synthesis of knowledge.<sup>6</sup> IR is grounded in Evidence-Based Practice (EBP), which combines multiple studies, providing a synthesis of knowledge on a particular topic or issue.<sup>7</sup>

EBP proposes that clinical problems arising in care, teaching or research practice be broken down and organized using the PICO strategy (acronym for P: population/patients; I: intervention; C:

comparison/control; O: outcome/outcome). For EBP, these four components are fundamental to the research question.<sup>8</sup> Thus, this IR was based on the following guiding question, "According to the scientific literature, what are the prevalent forms and characteristics of obstetric violence?".

The searches were conducted in June and July 2020 in the databases Medical Literature Analysis and Retrieval System Online (MEDLINE), SCOPUS, Web of Science (WOS), Latin American and Caribbean Literature on Health Sciences (LILACS), and the Database on Nursing (BDENF), accessed through the Portal of Periodicals of the Coordination for the Improvement of Higher Level (CAPES). An initial search was made by Medical Subject Headings (MeSH) and by the terms of the Health Sciences Descriptors (DeCS) of the Virtual Health Library (VHL), searching for the terms corresponding to the concepts involved in the research using the acronym PICO.

Thus, the following controlled descriptors were selected: pregnant women; pregnancy; women; health personnel; parturition; natural childbirth; humanizing delivery; pregnancy; labor, obstetric; violence; and violence against women. As a research strategy, the MeSh and DeCS were initially intercrossed with the Boolean operator "OR" and later with the operator "AND", as described in Chart1.

Chart 1 - Terms used to equate the search strategy in MeSh and DeCS. Brazil, 2020.

| Group                       |    | MeSh and DeCS                                                                   |
|-----------------------------|----|---------------------------------------------------------------------------------|
| Patient                     | #1 | ("Pregnant women" OR "Pregnancy" OR "Women" OR "Health personnel")              |
| Intervention and Comparison | #2 | ("Violence against women" OR "Parturition" OR "Labor, obstetric" OR "violence") |
| Outcomes                    | #3 | ("Natural childbirth" OR "Humanizing delivery")                                 |
| SEARCH STRATEGY             |    | #1 AND #2 AND #3                                                                |

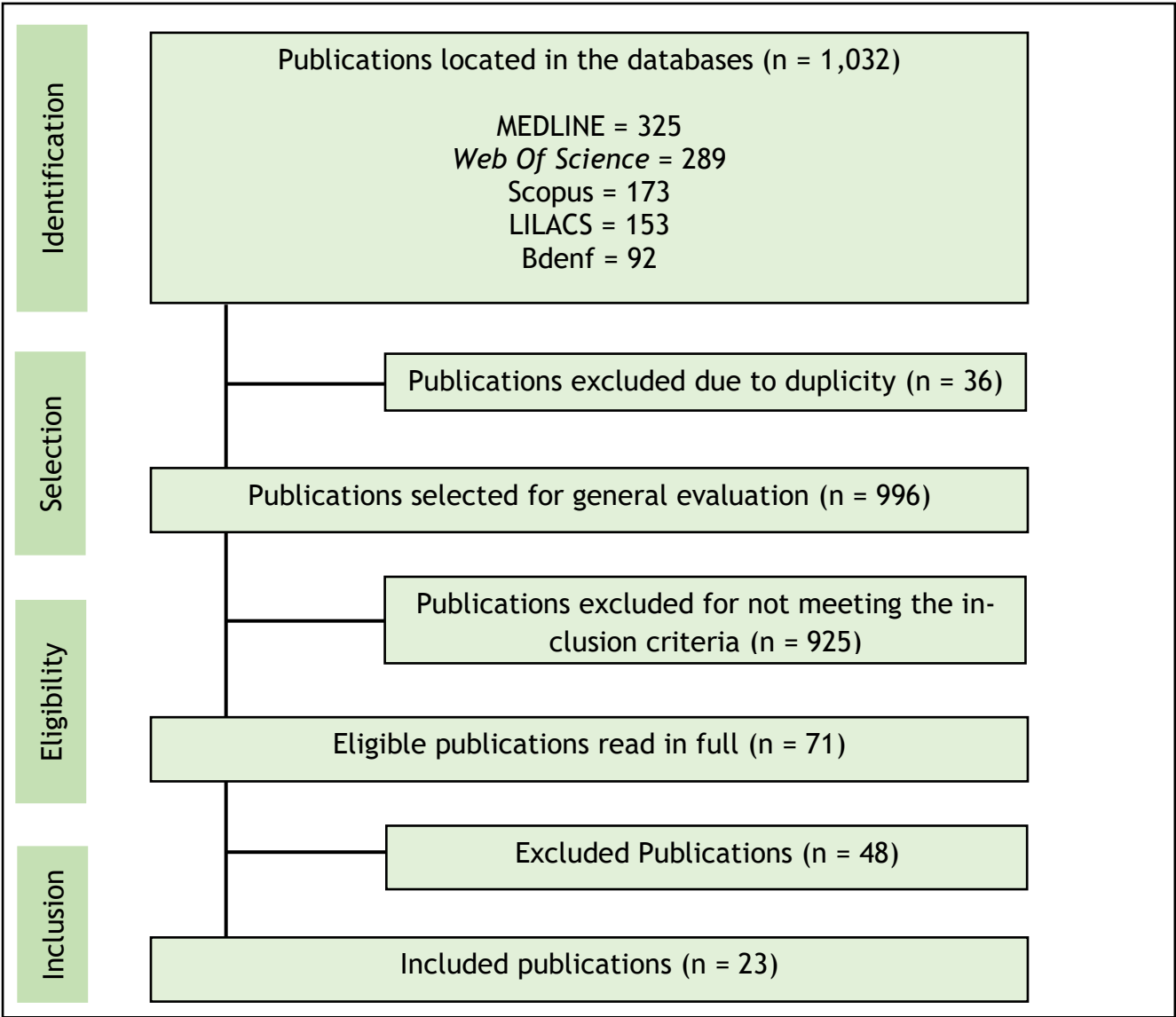
Inclusion criteria were defined as: studies conducted with women or professionals that addressed the topic, with quantitative and qualitative design, without date or language restriction and produced in Portuguese-speaking countries. The decision was made to select only studies conducted in this region, since there is a cultural particularity that can influence the occurrence of obstetric violence. In addition, this study will provide support for the development of an educational material about obstetric violence for women. Excluded were letters, reviews, editorials, theoretical reflections, dissertations, theses, monographs, and abstracts in conference proceedings, expanded abstracts, duplicate publications or those that did not answer the guiding question of the study.

The search took place in stages in which, initially, a search equation was built by combining the MeSh, DeCS and Boolean operators already mentioned in all the databases. The search strategy identified a total of 1,032 publications, as shown in Figure 1. Due to the specific characteristics of each database, as well as its access, the strategies used to locate the articles were adapted for

each one of them, having, as a guiding axis, the question and the inclusion criteria in order to maintain consistency in the search for articles and to avoid possible biases.

After the identification of the articles, the studies were submitted to a screening process, which included reading the titles and abstracts and analysis, according to the inclusion and exclusion criteria, by two independent reviewers. In this phase, 961 publications were excluded. Subsequently, we refined the texts that really answered the question of interest, that had methodological adequacy, with consistent discussion of the proposed theme, and that were produced in any Portuguese-speaking countries. In the end, 71 publications were selected to be read in their entirety and, after reading, the publications that presented some disagreement about their acceptance to compose the final sample were analyzed again, being excluded or not. Thus, 48 publications were excluded at this stage, and 23 were included in the review.

Figure 1 - PRISMA flowchart of the literature search process. Brazil, 2020.



The article selection process was illustrated (Figure 1) according to the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA)<sup>9</sup> to report on the identification, selection, eligibility and inclusion process. The full text of the selected studies was retrieved and evaluated. Data from the selected manuscripts were extracted using the data collection instrument adapted from Ursi<sup>10</sup>, and the information was organized according to: number, title, author, year of publica-

tion, journal, objective, method, results, and conclusion. After data extraction, quality assessment of the manuscripts was performed by applying the Joanna Briggs Institute critical appraisal checklists.<sup>11</sup>

RESULTS

After the article selection stage, the information was grouped in a chart (Chart 2) in ascending order of publication year.

Chart 2 - Characterization of the publications as to author, journal, country, language, participants, type of approach, and objective. Brazil, 2020.

| N | Authors/<br>Year                                            | Journal                                      | Country/<br>Language | Participants                          | Approach     | Objective                                                                                                                                                                                                                                                                           |
|---|-------------------------------------------------------------|----------------------------------------------|----------------------|---------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Teixeira;<br>Pereira,<br>2006. <sup>12</sup>                | Brasilia<br>Journal of<br>Nursing            | Brazil<br>Portuguese | Puerperae<br>(n=10)                   | Qualitative  | To analyze, based on the speeches of women living in the outskirts of Cuiabá (MT), several of the subjective and objective cultural aspects that crossed their lives when they went through the experience of normal birth in public hospitals or institutions associated with UHS. |
| 2 | Wolff;<br>Waldow,<br>2008. <sup>13</sup>                    | Health and<br>Society<br>Journ.              | Brazil<br>Portuguese | Puerperae<br>(n=33)                   | Qualitative  | To describe, analyze and discuss women's representations of the assistance provided in labor and delivery with humanization perspectives.                                                                                                                                           |
| 3 | Aguiar;<br>d'Oliveira;<br>Schraiber,<br>2013. <sup>14</sup> | Public<br>Health<br>Journal                  | Brazil<br>Portuguese | Healthcare<br>Professionals<br>(n=18) | Qualitative  | To discuss institutional violence in public maternity hospitals, analyzed in light of the relations between power and medical authority, and gender relations.                                                                                                                      |
| 4 | Biscegli <i>et al.</i> , 2015. <sup>15</sup>                | Cuidarte<br>Nursing                          | Brazil<br>Portuguese | Puerperae<br>(n=172)                  | Quantitative | To verify the prevalence of obstetric violence in the maternity ward of a teaching hospital and describe the characteristics of care.                                                                                                                                               |
| 5 | Rodrigues<br><i>et al.</i> ,<br>2015. <sup>16</sup>         | Anna Nery<br>School<br>Journal of<br>Nursing | Brazil<br>Portuguese | Puerperae<br>(n=56)                   | Qualitative  | To analyze women's perceptions of obstetric care with regard to the fulfillment of their rights of access to health services during labor and birth.                                                                                                                                |
| 6 | Andrade <i>et al.</i> , 2016. <sup>17</sup>                 | Brazilian<br>Journal of                      | Brazil               | Puerperae<br>(n=603)                  | Quantitative | To analyze the factors associated with obstetric vio-                                                                                                                                                                                                                               |

|    |                                               |                                     |                   |                                                                       |              |                                                                                                                                                                                                                                                |
|----|-----------------------------------------------|-------------------------------------|-------------------|-----------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                               | Maternal and Child Health           | Portuguese        |                                                                       |              | lence according to the practices not recommended in the assistance to vaginal delivery in a school and reference maternity hospital in the city of Recife.                                                                                     |
| 7  | Cardoso <i>et al.</i> , 2017. <sup>18</sup>   | UFPE Nursing Journal online         | Brazil Portuguese | Health professionals (n=20)                                           | Qualitative  | To evaluate the knowledge and practices on obstetric violence in the perception of health professionals.                                                                                                                                       |
| 8  | Oliveira; Mercês, 2017. <sup>19</sup>         | UFPE Nursing Journal online         | Brazil Portuguese | Puerperae (n=10)                                                      | Qualitative  | To know the perception of puerperae regarding obstetric violence.                                                                                                                                                                              |
| 9  | Oliveira; Penna, 2017. <sup>20</sup>          | Text and Context Nursing            | Brazil Portuguese | Parturients (n=36)<br>Obstetric nurses (n=10)<br>Obstetricians (n=14) | Qualitative  | To analyze the discourses of women and health professionals on childbirth care, considering the situations experienced and the interactions built between them during labor and birth.                                                         |
| 10 | Palma; Donelli, 2017. <sup>21</sup>           | Psico                               | Brazil Portuguese | Puerperae (n=1626)                                                    | Quantitative | To verify the occurrence of obstetric violence among Brazilian women.                                                                                                                                                                          |
| 11 | Pedroso; López, 2017. <sup>22</sup>           | Physis Journal of Collective Health | Brazil Portuguese | Puerperae (n=25)                                                      | Qualitative  | Reflecting on women's experiences with childbirth care in a public maternity hospital in Porto Alegre (RS).                                                                                                                                    |
| 12 | Rodrigues <i>et al.</i> , 2017. <sup>23</sup> | Text and Context Nursing            | Brazil Portuguese | Puerperae (n=56)                                                      | Qualitative  | To analyze women's perception of non-compliance with the Escort Law, focusing on their legally constituted right and the feelings they experience during labor and birth.                                                                      |
| 13 | Sá <i>et al.</i> , 2017. <sup>24</sup>        | UFPE Nursing Journal online         | Brazil Portuguese | Puerperae (n=28)                                                      | Qualitative  | To analyze the situations of obstetric violence perpetrated by health professionals during the labor/birth process under the puerperae's perception about the right to access the maternity ward and to have a companion of their free choice. |
| 14 | Souza; Rattner; Gubert, 2017. <sup>25</sup>   | Public Health Journal               | Brazil Portuguese | Puerperae (n=432)                                                     | Quantitative | To investigate the association between institutional violence in obstetrics and postpartum depression (PP depression) and the poten-                                                                                                           |

|    |                                              |                                       |                    |                                    |                              |                                                                                                                                                                                                                   |
|----|----------------------------------------------|---------------------------------------|--------------------|------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                              |                                       |                    |                                    |                              | tial effect of race, age, and educational level on this outcome.                                                                                                                                                  |
| 15 | Costa, 2018. <sup>26</sup>                   | Baiana Journal of Nursing             | Brazil Portuguese  | Puerperae (n=37)                   | Qualitative                  | To analyze the perceptions of women who have experienced the antepartum pilgrimage in the public hospital network.                                                                                                |
| 16 | Leal <i>et al.</i> , 2018. <sup>27</sup>     | Cogitare Nursing                      | Brazil English     | Obstetric nurses (n=19)            | Qualitative                  | To know the perception of obstetric nurses about obstetric violence.                                                                                                                                              |
| 17 | Silva <i>et al.</i> , 2018. <sup>28</sup>    | UFPE Nursing Journal online           | Brazil Portuguese  | Puerperae (169)                    | Quantitative                 | Investigate the forms of obstetric violence in labor and birth care.                                                                                                                                              |
| 18 | Bohren <i>et al.</i> , 2019. <sup>29</sup>   | <i>Lancet</i>                         | Guinea English     | Puerperae (n=682)                  | Quantitative                 | Develop and implement validated and evidence-based tools to measure maltreatment during childbirth.                                                                                                               |
| 19 | Lansky <i>et al.</i> , 2019. <sup>2</sup>    | Science & Collective Health           | Brazil Portuguese  | Pregnant women (n=555)             | Quantitative and Qualitative | To analyze the profile of pregnant women who visited Sentidos do Nasccer, their perception of violence in labor and birth, and the socioeconomic, demographic, and care factors associated with the report of OV. |
| 20 | Mocumbi <i>et al.</i> , 2019. <sup>30</sup>  | BMC Pregnancy and Childbirth          | Mozambique English | Puerperae (n=4358)                 | Quantitative                 | To evaluate mothers' experiences and satisfaction with care during childbirth.                                                                                                                                    |
| 21 | Oliveira <i>et al.</i> , 2019. <sup>31</sup> | Brazilian Archives of Health Sciences | Brazil Portuguese  | Puerperae (n=15)                   | Qualitative                  | To analyze the labor and delivery experiences of women who have experienced obstetric violence.                                                                                                                   |
| 22 | Sens; Stamm; 2019. <sup>32</sup>             | Interface (Botucatu)                  | Brazil Portuguese  | Obstetrics Physicians (n=23)       | Qualitative                  | To identify the perception of obstetricians who provide childbirth care in a humanized maternity hospital in Southern Brazil.                                                                                     |
| 23 | Menezes <i>et al.</i> , 2020. <sup>33</sup>  | Interface (Botucatu)                  | Brazil Portuguese  | Obstetric Nursing Residents (n=15) | Qualitative                  | Understanding the perception of residents in Obstetric Nursing about obstetric violence in a reference maternity hospital in the municipality of Belo Horizonte, State of Minas Gerais, Brazil.                   |

Foram analisadas as 23 publicações incluídas na RI. Entre os estudos incluídos, a maioria (n = 17) foi publicada nos últimos cinco anos, demonstrando um interesse relativamente recente sobre o tema e a contemporaneidade das discussões sobre a violência obstétrica. Houve a predominância de estudos realizados no Brasil (n = 21). Em relação ao idioma de publicação, a maioria (n = 19) foi publicada em português, enquanto o restante estava disponível em inglês.

The 23 publications included in the IR were analyzed. Among the studies included, most (n = 17) were published in the last five years, which demonstrates a relatively recent interest in the topic and the contemporaneity of the discussions on obstetric violence. There was a predominance of studies conducted in Brazil (n = 21). Regarding the language of publication, most (n = 19) were published in Portuguese, while the rest were available in English.

The publications were mostly published in Nursing journals (n=11), while the other publications were divided into interdisciplinary journals (n=6), Public Health (n=5) and Psychology (n=1), which shows that this is a theme of widespread interest. It is noteworthy that, in the article selection stages, publications from other areas such as Law and Journalism were found, but they did not fit the inclusion criteria. As for the target audience or participants of the studies, most of the studies were carried out only with puerperal women (n=16). Regarding the distribution of study designs, we found qualitative research (n=15), quantitative (n=7) and one adopted the mixed design.

After successive readings of the selected studies and facing the synthesis proposed by the review objective, the material was grouped, which allowed the construction of categories, considering the speeches of women and health professionals, as well as the definitions of different authors on mistreatment, abuse and violated rights of women in health institutions during childbirth care, thus being divided into: verbal, psychological, physical, sexual, discriminatory, institutional and financial. This summary follows grouped together in the discussion (Chart 3).

Chart 3 - Categorization and exemplification of obstetric violence according to included studies.  
Brazil, 2020.

| Category               | Examples                                                                                                                                                                                                                                                                                                                                                                             | N                                                                 |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Verbal Violence        | Disrespectful treatment, with mistreatment and value judgments, as well as coarse, coercive speech, reprimands, yelling, cursing, ironic and negative comments, which expose women to embarrassment, inferiority, humiliation.                                                                                                                                                       | 1, 2, 4, 6, 7, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 21, 22, 23. |
| Psychological Violence | Threats, authoritarian and hostile treatment, intimidation towards patients' behavior, blackmailing, blaming the woman, especially in situations of fetal distress and difficulty in pulling during the expulsion period, attributing the inability to give birth to the patient, disqualifying the woman's opinion, imposing decisions, providing doubtful information or no infor- | 1, 2, 4, 6, 7, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 21, 22, 23. |

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                     |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|                         | mation.                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                     |
| Physical Violence       | Pushing, repetitive vaginal touching, especially for teaching purposes, or aggressive, pain-inducing pushing, unnecessary cesarean surgery, Kristeller maneuver, restricting movement and forcing the parturient to maintain unwanted positions, procedures without adequate analgesia (manual removal of the placenta, suturing, episiotomy, episiorraphy), slapping and pinching, physical restraint of legs and arms. | 1, 2, 4, 6, 10, 11, 12, 14, 15, 18, 19, 21, 22, 23. |
| Sexual Violence         | Performing ungloved vaginal touching, unnecessary manipulation, exposure or viewing of the genitalia, touching the breasts or performing rectal touch on a woman without her consent.                                                                                                                                                                                                                                    | 4, 5, 7, 9, 15, 17, 20, 21.                         |
| Discriminatory Violence | Depreciation or denial of care based on racial and social attributes, prejudice or differential treatment of women due to their economic status, marital status, sexual orientation, religion, education.                                                                                                                                                                                                                | 1, 4, 5, 6, 7, 10, 13, 16, 20, 22, 23.              |
| Institutional Violence  | Pilgrimage, non attendance and/or precarious attendance due to inadequate infrastructure, lack of human and material resources, lack of beds, imposition of institutional routines that violate the rights or cause harm to the parturient (such as the prohibition of the companion or prolonged fasting during labor).                                                                                                 | 3, 4, 5, 7, 8, 9, 11, 13, 14, 19, 21, 23.           |
| Financial Violence      | Charging fees for assisting normal childbirth or providing differentiated treatment for those with better financial conditions, charging for procedures performed in public institutions.                                                                                                                                                                                                                                | 3, 4, 15, 19.                                       |

## DISCUSSION

The description of the selected studies brings the reader closer to the reality of childbirth care. The characterization data of the articles included in this review corroborate the findings of another IR conducted in Brazil, which found a predominance of studies published from 2015, in Portuguese, and a higher percentage of publications in Collective Health and Nursing journals. Also in this review, the qualitative approach was the most frequent, and the publications with a quantitative approach were descriptive studies. In most publications, the woman was the subject of research, victim and reporter of institutional violence in childbirth.<sup>34</sup>

Thus, it was possible to build the categories, considering the speeches of women and health professionals, as well as the definitions of different authors on mistreatment, abuse and violated rights of women in health institutions during labor and childbirth care, being, therefore, divided into: verbal, psychological, physical, sexual, discriminatory, institutional, financial, negligence and inappropriate use of procedures and technologies, as presented in Chart 3.

The studies showed that obstetric violence is a phenomenon that is established through different forms and occurs at various times during pregnancy, childbirth, the puerperium and even in situations of abortion and post-abortion.<sup>35</sup> The term 'obstetric violence' is used to describe and include various forms of abuse during professional practice in the field of Obstetrics. It includes physical, psychological and verbal mistreatment, as well as dispensable and harmful conduct such as unrestricted episiotomies, bed rest in labor, enemas, trichotomies, routine oxytocin, and prohibition of the presence of a companion.<sup>36</sup>

In most of the publications, more than one type of violence was recorded concomitantly. Verbal and psychological violence were the most recurrent forms, appearing in 78.2% of publications. The various categories and forms of violence and the various moments of occurrence demonstrate the multifactorial and multidimensional character of the phenomenon of obstetric violence.

The World Health Organization (WHO) treats obstetric violence from five main categories that guide legal definitions. These are: 1 - routine and unnecessary interventions and medicalization (on the mother or the baby); 2 - abuse, humiliation, and verbal or physical aggression; 3 - lack of supplies and inadequate facilities; 4 - practices performed by residents and professionals without the mother's permission, after complete, truthful, and sufficient information; and 5 - discrimination for cultural, economic, religious, and ethnic reasons.<sup>1</sup>

It still remains in some institutions, a deep-rooted culture that treats obstetric violence as a banal event, invisible and even natural in the care context. This fact leads to a paradigm marked by opposing discourses between professionals, who do not recognize the practice of human rights violation, and users, who feel violated by the first.<sup>37,38</sup> Women understand the institutional routines and practices centered on professionals in which their rights are not respected, as psychological, physical, and verbal aggressions.<sup>24</sup>

A nationwide survey of 23,894 women, entitled "Birth in Brazil", found that 36.4% received labor-stimulating medication; 53.5% had episiotomies; 36.1% received mechanical maneuvers to speed up the birth; 52% underwent unjustified cesarean sections; 55.7% were bed-ridden; 74.8% fasted; and 39.1% underwent amniotomies.<sup>39</sup>

In view of all the forms of obstetric violence experienced by women when seeking health care, the term institutional obstetric violence arises, defined as the disqualification of practical knowledge, of life experience, in the face of scientific knowledge, going through physical violence; damage to the needs and rights of the clientele; prohibition of companions, or visits with rigid or restricted schedules; criticism or aggression to those who cry out, or express pain and despair.<sup>18,40</sup> It is also considered the performance of unnecessary and harmful procedures among which are ex-

cessive cesarean sections, coercion, violation of privacy, refusal to administer painkillers and non-consented medical procedures.<sup>36</sup>

Regarding the prenatal component, despite its high coverage (98.7%) in Brazil, 40% of women claim to have received guidance on beneficial practices for labor and delivery.<sup>39</sup> The discontinuity between prenatal, childbirth and postpartum care, the difficulty of access to childbirth care services, the lack of structure for companions and the unavailability of supplies are examples of institutional violence.<sup>14,16,18,19</sup>

The aforementioned facts represent only the tip of an iceberg that both society and professionals have been living with in a veiled way. Knowing that quaternary prevention is the attitude and action of identification and avoidance of risk of hypermedicalization, unnecessary interventions, and harm<sup>36</sup>, it becomes important to consider obstetric violence as one of its targets.

In short, one of the strengths presented in the studies was the participation of nursing in various research studies, demonstrating the interest of the category in relation to discussions on the subject. This reinforces the position of nurses as a strategic actor in the planning and management of quality and safety actions and that, in seeking to reverse obstetric violence, should promote actions based on the principles of safety and quality.

Finally, the studies showed that actions persist that are out of line with the national and international proposals for humanized childbirth and according to the quality standards recommended by the WHO, and the various forms of obstetric violence in current practices are also observed. Thus, among the actions in search of obstetric safety, the need to intensify the focus on international health goals and the discrepancies in the health of low-income countries, to move towards safe motherhood stand out. The need for investment in professional training for the incorporation of new evidence-based health practices and the appreciation of each member of the multidisciplinary team are reinforced.<sup>41</sup>

The most obvious limitation of this study was the restriction to studies from Portuguese-speaking countries. However, it is believed that the results may contribute solidly to the enhancement of discussions on the subject in these and other countries, in addition to helping in the search for improved quality and safety in obstetric care. It is noteworthy that there is still ample room for research.

## CONCLUSION

This IR allowed us to know the scientific production on the theme of obstetric violence. It was evidenced that the period between the years 2015 and 2020 concentrated the largest number of publications on the subject, being Brazil the country with the highest number of productions among the Portuguese-speaking countries that were included in the research.

It was observed that violence is no longer a subject permeated by taboos, but is now being discussed, resulting in an increase in publications and discussions involving professionals and parturients/pregnant women.

The study pointed out that obstetric violence is present in various forms and at various times during labor and delivery assistance, and is demonstrated in different ways: verbal, psychological, physical, sexual, discriminatory, institutional, and financial violence. Health professionals are trained in different contexts and acquire different views of childbirth care. Thus, remodeling the way of teaching, highlighting the importance of an ethical, respectful, humanized, and evidence-based work, is an important step towards the qualification of obstetric care.

Besides the aspects that involve the professionals, it is fundamental to guide women regarding safe and natural care practices in the process of parturition, so that they can recognize violence and fight against it, denouncing and demanding a humanized and qualified care.

Due to the magnitude and complexity of this construct in Brazil, two types of quaternary prevention actions are indicated: individual, family and community actions performed in Primary Health Care through prenatal care and larger scale actions (social, political and institutional). It is important to change this view and empower professionals to guide pregnant women and families about the benefits of natural childbirth and the possible complications of questionable interventions in order to empower women and families and enable them to demand a safe and dignified obstetric care.

Therefore, working on this theme requires a continuing education of the community and a responsibility on the part of professionals to update themselves, change practices considered harmful in the obstetric scenario and assume a care beyond routines and procedures.

## CONTRIBUTIONS

All authors contributed equally in the conception of the research project, data collection, analysis and discussion, as well as in the writing and critical review of the content, with intellectual contribution, and approval of the final version of the study.

## CONFLICTS OF INTERESTS

There are no conflicts of interest.

## REFERENCES

1. World Health Organization. The prevention and elimination of disrespect and abuse during facility-based childbirth: WHO statement. Geneva: World Health Organization; 2014. Available from: [http://apps.who.int/iris/bitstream/10665/134588/1/WHO\\_RHR\\_14.23\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf).
2. Lansky S, De Souza KV, De Moraes Peixoto ER, Oliveira BJ, Diniz CSG, Vieira NF, et al. Obstetric violence: influences of the senses of birth exhibition in pregnant women childbirth experience. *Cienc e Saude Coletiva*. 2019 Aug;24(8):2811-24. DOI: [10.1590/1413-81232018248.30102017](https://doi.org/10.1590/1413-81232018248.30102017).

3. Silva, Sauaia S, Serra MCM. Uma Dor Além do Parto: Violência Obstétrica em Foco. Rev Direitos Humanos e Efetividade [Internet]. 2016 Jun 1 [cited 2021 Jun 11];2(1). Available from: <https://indexlaw.org/index.php/revistadhe/article/view/1076>.
4. Santos ALM, de Souza MHT. Elaboração de novas tecnologias em enfermagem: utilização de uma cartilha para prevenção. Rev enferm UFPE line. 2017;11(10):3893-8. DOI: 10.5205/reuol.12834-30982-1-SM.1110201725.
5. Santos LM, Pereira SSC. Vivências de mulheres sobre a assistência recebida no processo parturitivo. Physis. 2012;22(1):77-97. DOI: [10.1590/S0103-73312012000100005](https://doi.org/10.1590/S0103-73312012000100005).
6. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto Context Enferm. 2008 Dec; 17(4):758-64. DOI: [10.1590/S0104-07072008000400018](https://doi.org/10.1590/S0104-07072008000400018).
7. Soares CB, Hoga LAK, Peduzzi M, Sangaleti C, Yonekura T, Silva DRAD. Revisão integrativa: conceitos e métodos utilizados na enfermagem. Rev. Esc. Enferm. USP. 2014; 48(2). DOI: [10.1590/S0080-6234201400002000020](https://doi.org/10.1590/S0080-6234201400002000020).
8. Santos CMD, Pimenta CADM, Nobre MRC. A estratégia PICO para a construção da pergunta de pesquisa e busca de evidências. Rev Lat Am Enfermagem. 2007;15(3):508-11. DOI: [10.1590/S0104-11692007000300023](https://doi.org/10.1590/S0104-11692007000300023).
9. Moher D, Liberati A, Tetzlaff J, Altman DG, The ou visitas com horários rígidos Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med. 2009 July; 6(7): e1000097. DOI: 10.1371/journal.pmed.1000097.
10. Ursi ES, Galvão CM. Perioperative prevention of skin injury: an integrative literature review. Rev Latino-Am Enfermagem. 2006 Jan/Feb; 14(1):124-31. DOI: 10.1590/S0104-11692006000100017.
11. Peters MDJ , Godfrey C, McInerney P , Munn Z, Tricco AC , Khalil H . Chapter 11: Scoping Reviews. In: Aromataris E, Munn Z, Editors. JBI Reviewer's Manual, JBI (2020 version) [Internet]. 2020 [cited 2021 Jul 07]. Available from: <https://dx.doi.org/10.46658/jbirm-20-01>.
12. Teixeira NZF, Pereira WR. Parto hospitalar - experiências de mulheres da periferia de Curitiba-MT. Rev Bras Enferm. 2006 Nov;59(6):740-4. DOI: 10.1590/S0034-71672006000600004
13. Wolff LR, Waldow VR. Violência Consentida: mulheres em trabalho de parto e parto. Saude e Soc. 2008;17(3):138-51. DOI: 10.1590/S0104-12902008000300014.
14. Aguiar JM, d'Oliveira AFPL, Schraiber LB. Violência institucional, autoridade médica e poder nas maternidades sob a ótica dos profissionais de saúde. Cad Saude Publica. 2013; 29(11):2287-86. DOI: 10.1590/0102-311x00074912.
15. Biscegli TS, Grio JM, Melles LC, Ribeiro SRMI, Gonsaga RAT. Violência obstétrica: perfil assistencial de uma maternidade escola do interior do estado de São Paulo. Cuidarte Enferm [Internet]. 2015 [cited 2021 Jun 10];18-25. Available from: <http://fundacaopadrealbino.org.br/facfipa/ner/pdf/Revistacuidartenenfermagem v. 9 n.1 jan. jun 2015.pdf>
16. 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. 2015;19(4):614-20. DOI: 10.5935/1414-8145.20150082.
17. Andrade PON, Silva JQP, Diniz CMM, Caminha MFC. Fatores associados à violência obstétrica na assistência ao parto vaginal em uma maternidade de alta complexidade em Recife, Pernambuco. Rev Bras Saude Matern Infant. 2016; (1):29-37. DOI:10.1590/1806-93042016000100004

18. Cardoso FJC, Costa ACM, Almeida MM, Santos TS, Oliveira FBM. Violência Obstétrica Institucional No Parto: Percepção De Profissionais da Saúde. Rev enferm UFPE on line. 2017 set;11(9):3346-53. DOI: 10.5205/reuol.11088-99027-5-ED.1109201704.
19. Oliveira MC, Mercês MC. Percepções sobre violências obstétricas na ótica de puérperas. Rev enferm UFPE on line. 2017 jun; 11(Supl. 6):2483-9. DOI: 10.5205/reuol.9799-86079-1-RV.1106sup201701.
20. Oliveira VJ, Penna CMM. O discurso da violência obstétrica na voz das mulheres e dos profissionais de saúde. Texto e Context Enferm. 2017;26(2). DOI: [10.1590/0104-07072017006500015](https://doi.org/10.1590/0104-07072017006500015).
21. Palma CC, Donelli TMS. Violência obstétrica em mulheres brasileiras. Psico. 2017;48(3):216-30. DOI: [10.15448/1980-8623.2017.3.25161](https://doi.org/10.15448/1980-8623.2017.3.25161).
22. Pedroso CNLS, López LC. À margem da humanização?: Experiências de parto de usuárias de uma maternidade pública de Porto Alegre-RS. Physis. 2017 oct-dec;27(4):1163-84. DOI: [10.1590/S0103-73312017000400016](https://doi.org/10.1590/S0103-73312017000400016).
23. Rodrigues DP, Alves VH, Penna LHG, Pereira AV, Branco MBLR, Souza RMP. O descumprimento da lei do acompanhante como agravado à saúde obstétrica. Texto Contexto Enferm. 2017;26(3):1-10:e5570015. DOI: [10.1590/0104-07072017005570015](https://doi.org/10.1590/0104-07072017005570015).
24. Sá, AMP, Alves, VH, Rodrigues, DP, Branco, MRBL., Paula, E, Marchiori, GRS. Direito ao acesso e acompanhamento ao parto e nascimento: a ótica das mulheres. Rev enferm UFPE on line. 2017 jul;11(7):2683-90. DOI: 10.5205/reuol.10939-97553-1-RV.1107201705.
25. Souza KJ, Rattner D, Gubert MB. Institutional violence and quality of service in obstetrics are associated with postpartum depression. Rev Saude Publica. 2017Jul;51:59. DOI: 10.1590/S1518-8787.2017051006549
26. Costa RLM. Perceptions of women who experienced the prebirth pilgrimage in the public hospital network. Rev Baiana Enferm. 2018 dec;32:e26103. DOI: [10.18471/rbe.v32.26103](https://doi.org/10.18471/rbe.v32.26103).
27. Leal SYP, Lima VL de A, da Silva AF, Soares PDFL, Santana LR, Pereira A. Perception of nurse midwives on obstetric violence. Cogitare Enferm Rev. 2018 Apr;23(2). DOI: 10.5380/ce.v23i1.52473.
28. Silva MC, Feijó BM, Lopes FANSP, Guerra JF, Santos IS, Rodrigues GO, et al. Parto e nascimento na região rural: a violência obstétrica. Rev Enferm UFPE line. 2018 Sep;12(9):2407-17. DOI: 10.5205/1981-8963-v12i9a234440p2407-2417-2018.
29. Bohren MA, Mehrtash H, Fawole B, Maung TM, Balde MD, Maya E, et al. How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys. The Lancet. 2019 Nov;394(10210):1750-63. DOI: [10.1016/S0140-6736\(19\)31992-0](https://doi.org/10.1016/S0140-6736(19)31992-0).
30. Mocumbi S, Högberg U, Lampa E, Saco C, Valá A, Bergström A, et al. Mothers' satisfaction with care during facility-based childbirth: A cross-sectional survey in southern Mozambique. BMC Pregnancy Childbirth. 2019 Aug;19(1):1-14. DOI: [10.1186/s12884-019-2449-6](https://doi.org/10.1186/s12884-019-2449-6).
31. Oliveira MSS, Rocha VSC, Arrais TMSN, Alves SM, Marques AA, Oliveira DR, et al. Vivências de violência obstétrica experimentadas por parturientes. Ver ABCS Health Sci [Internet]. 2019 Aug[cited 2021 Jul 08];44(2):114-19. Available from: <https://docs.bvsalud.org/biblioref/2019/10/1022349/44abcs114.pdf>.
32. Sens MM, Stamm AMNF. Physicians' perception of obstetric or institutional violence in the subtle dimension of the human and physician-patient relationship. Interface. 2019 Jul;(23):e180487. DOI: 10.1590/Interface.180487

33. Menezes FR, Reis GM, Sales AAS, Jardim DMB, Lopes TC. O olhar de residentes em Enfermagem Obstétrica para o contexto da violência obstétrica nas instituições. *Interface*. 2020;24: e180664. DOI: 10.1590/Interface.180664.
34. Marrero L, Brüggemann OM. Institutional violence during the parturition process in Brazil: integrative review. *Rev. Bras. Enferm.* 2018 May-Jun;71(3):1152-61. DOI: 10.1590/0034-7167-2017-0238.
35. Vacaflor CH. Obstetric violence: a new framework for identifying challenges to maternal healthcare in Argentina. *Reprod Health Matters*. 2016;24:65-73. DOI: [10.1016/j.rhm.2016.05.001](https://doi.org/10.1016/j.rhm.2016.05.001).
36. Tesser CD, Knobel R, Andrezzo HFA, Diniz SG. Violência obstétrica e prevenção quaternária: o que é e o que fazer. *Rev Bras Med Família e Comunidade*. 2015 Abr-Jun 24;10(35):1-12. DOI: [10.5712/rbmfc10\(35\)1013](https://doi.org/10.5712/rbmfc10(35)1013).
37. Castrillo B. Dime quién lo define y te diré si es violento. Reflexiones sobre la violencia obstétrica. *Sex Salud y Soc (Rio J)*. 2016 Dec;(24):43-68. DOI: [10.1590/1984-6487.sess.2016.24.03.a](https://doi.org/10.1590/1984-6487.sess.2016.24.03.a).
38. Perdomo-Rubio A, MartínezSilva PA, Lafaurie-Villamil MM, Cañón-Crespo AF, Rubio-León DC. Discursos sobre la violencia obstétrica en la prensa de países latinoamericanos: cambios y continuidades en el campo de la atención. *Rev Fac Nac Salud Pública*. 2019;37(2). DOI: 10.17533/udea.rfnsp.v37n2a14.
39. Diniz SG, Salgado HO, Andrezzo 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. *J Hum Growth Dev*. 2015;25(3):377-82. DOI: 10.7322/jhgd.106080
40. BRASIL. Ministério da Saúde. Secretaria de Políticas de Saúde. Violência intrafamiliar: orientações para prática em serviço. Brasília, DF, 2001. (Cadernos de Atenção Básica, n. 8).
41. Epiu I, Byamugisha J, Kwikiriza A, Autry MA. Health and sustainable development; Strengthening peri-operative care in low income countries to improve maternal and neonatal outcomes. *Reprod Health*. 2018 Oct;15(1). DOI: [10.1186/s12978-018-0604-6](https://doi.org/10.1186/s12978-018-0604-6).

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