OBSTETRIC VIOLENCE: NECESSARY DIALOGUES

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Abstract: Obstetric violence is an important issue that has gained prominence today, with the institutionalization of childbirth, changing into a pathological event. This theme is a form of gender violence, understood as actions performed by health professionals, whether physical or verbal, which annul the autonomy of women in decisions about their bodies and their reproductive process, through a dehumanizing assistance, the abuse of medicalization and pathologization of natural processes. Nurses have gained space in women's health care because they are the professionals who are closest to the parturient woman. The present article has as its object the bibliographic research that is considered the foundation of any research, in addition, it aims at a familiarity with the theme and the improvement of ideas in the search for the identification of factors, levels, and facts that contribute to the phenomenon of obstetric violence. Thus, this theme does not end with this work, since there are multiple aspects to be evaluated and investigated today.

Keywords: Obstetric Violence. Health Professional. Health. Obstetric nursing.

INTRODUCTION

Obstetric violence is a relatively new topic, given that women have been disrespected when seeking care for their sexual and reproductive health for a long time. This is because there is a tendency to treat any type of violence against women as something natural, as if it's just how it is. If a woman complains about rude treatment or lack of respect from a health professional, they say that she deserved it or that she provoked the situation. Or, even, that the professional was stressed or tired and that the woman should overlook the violence suffered (Bitencourt; Oliveira; Renno, 2022).

Obstetric violence is a term applied to encompass all types of violence endured by women during pregnancy, childbirth, postpartum, and even in the event of an abortion. The aggressions occur verbally, institutionally, morally, physically, and psychologically. The lack of access to health services, with women wandering between maternity wards and hospitals in search of care, added to negligence in assistance, also distinguishes obstetric violence. Unnecessary interventions, as well as cesarean sections without real recommendation, are disguised as appropriate practices and are considered harmful to the parturient (Tornquist, 2022; Bitencourt; Oliveira; Renno, 2022). In this sense, the present study sought to describe the perspectives of obstetric violence in the Brazilian context.

METHODS

An integrative literature review was conducted. This method, in addition to reviewing academic production, allows for the synthesis of knowledge and organizes the productions on the selected theme within a scientific context, thus ensuring methodological rigor and a critical presentation of the analysis of the evaluated studies (Souza; Silva; Carvalho, 2010).

In this sense, six interdependent and interrelated phases were considered: elaboration of the guiding question, literature search or sampling, data collection, critical analysis of the included

studies, discussion of the results, and presentation of the integrative review. The guiding question was defined as: What are the perspectives on obstetric violence in the Brazilian scenario? (Souza; Silva; Carvalho, 2010).

The collection of studies was carried out through electronic searches in the following databases available in the Virtual Health Library (BVS), Latin American and Caribbean Literature in Health Sciences (LILACS), the Scientific Electronic Library Online (SciELO) and Medical Literature Analysis (MEDLINE).

Inclusion criteria included full articles available electronically, in Portuguese, English, or Spanish, that addressed the proposed theme in the title, abstract, or descriptors. Regarding ineligibility criteria, letters to the editor, editorials, duplicate articles, and those that did not unequivocally address the subject matter of the study were considered.

The survey of studies was conducted during the months of January to March 2025. As research strategies, the Health Sciences Descriptors (DeCS) were used, retrieved through the website: https://decs.bvsalud.org/, which were obstetric violence, health professional, and obstetric nursing. To refine the search and better select the data for analysis, the Boolean operators AND and OR were used to combine the selected descriptors.

For data collection, an instrument validated by Ursi (2005) for integrative reviews was developed, encompassing the following categories of analysis: identification code, publication title, author and author's background, source, year of publication, type of study, region where the research was conducted, and the database in which the article was published. After selecting the articles, the information to be extracted from the studies was defined. To facilitate the collection of information, a database created in Microsoft Office Excel 2010 was used, composed of the following variables: article title, year of publication, study design, and main outcomes. The data obtained were grouped into a table and thematic approaches and interpreted according to specific literature.

RESULTS AND DISCUSSION

Before contextualizing the topic in question, it is necessary to better understand the context of obstetric violence. This requires discussing theoretical and conceptual aspects in order to consider fundamental aspects for a broader understanding of this study. Given this totality, violence encompasses various sectors of society, making it a complicated and complex phenomenon to define.

Of a polysemous nature in the social context, violence is characterized by practices ranging from homicide to mistreatment, including physical, verbal, psychological, and sexual abuse, as well as the neglect of health care policies. Therefore, the term *violentia*, from Latin, expresses the act of violating another or oneself (Sacramento; Rezende, 2006).

It is important to remember that this exacerbated practice is natural to human beings, understanding that only humans can be violent. That is, any act committed by an animal can be aggressive, but not violent, since animals do not intensify their physical vigor through instruments as humans do, who sometimes use weapons or other means to commit violence (Moderna, 2016).

The separate definition of the word violence is thus explained by the World Health Organization (2002), that is, "the intentional use of force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in suffering, death, harm, psychological or developmental impairment, or deprivation." In the meantime, the official position of the Ministry of Health is that the term "obstetric violence" has an inappropriate connotation, does not add value, and hinders the pursuit of humanized care in the pregnancy-childbirth-postpartum continuum.

This argument is complemented by Andrade's (2016) caveat, since obstetric violence is appropriate to actions carried out in health services, given that women in the pregnancy-postpartum cycle go through various levels and complexities, therefore predisposed to violent acts.

It is understood that in this configuration, the inappropriateness of the expression "obstetric violence" in the care of women, since it is believed that neither the health professional nor those

from other areas have the intention of harming or causing damage. Paraphrasing Tesser et al. (2015) and Leal et al. (2018) when defining obstetric violence, they believe that it addresses any culpable or harmful act or omission exercised in different configurations, namely, physical in the performance of harmful procedures without suggestion, psychological, verbal or by neglecting women's health care.

In view of this, it is important to clarify that obstetric violence is considered a public health issue. In 1985, the World Health Organization (WHO) disseminated suggestions encouraging vaginal delivery, skin-to-skin contact immediately after delivery, encouraging breastfeeding and the presence of a companion throughout the entire period of labor and postpartum.

These suggestions also highlighted the seriousness of obstetric nurses in conducting low-risk vaginal deliveries and the inclusion of midwives in regions lacking hospital care. It is noteworthy to mention that there has been a shift in the habits of care for pregnant women, as well as a decrease in the excessive number of procedures performed routinely, without real benefit for the patient and her baby.

It should be noted that childbirth itself, in addition to being a biological event that occurs in the female body, is also one of the most anticipated moments for a woman and her family, because the wait for the arrival of a baby is a unique moment, already arousing curiosity, thoughts and planning since pregnancy, as well as being explained as a period of great longing for the family of the child to be born.

From Tornquinst's (2022) perspective, childbirth is a rite of passage experienced by two subjects: the pregnant woman and the child to be born. It constitutes a rite that begins in the external world. Andrade and Lima7 state that childbirth is also a biopsychosocial event, laden with cultural, social, and affective values, possessing a high potential for significance in the life of the woman and her family.

It is important to clarify that obstetric violence is an expression used for all forms of opprobrium and harm that occur during women's health care, especially during pregnancy, childbirth, and the postpartum period, and is distinguished by disrespect for their human rights. This phenomenon

has been recognized in the scientific community with various nomenclatures, among the main ones being obstetric violence and institutional violence; however, there has been a significant approach to the aforementioned concepts, pointing to an understanding of the theme in its entirety.

Given the context described above, it is pertinent to highlight the role of nursing professionals, which has been fundamental in this situation. The current state of obstetric care in the country is complex, presenting an epidemiological panorama with high mortality rates, indiscriminate use of interventions, and high rates of cesarean sections.

It has been shown that the performance of the obstetric nurse is fundamental and strategic, because she acts in a qualified manner, contributing and collaborating to the improvement of maternal health and to the achievement of the fifth Millennium Development Goal (Vieira et al., 2015), by acting free from obstetric interventions and with appropriate technological actions, respecting childbirth centered on physiology and the obligations and choices of women, paraphrasing Reis (Reis; Pepe; Caetano, 2011).

It should be noted that the potential of obstetric nurses to improve the quality of care has been widely demonstrated in several studies and is recognized by the World Health Organization (WHO) and the Ministry of Health. However, there are still barriers that must be overcome so that these professionals can practice their full potential and provide excellent quality of care, attention and prudence focused on women. Currently, the services that integrate these professionals in childbirth and birth assistance are recognized for their appropriate results.

In accordance with this context, the nurse's role in obstetric care is regulated by the Professional Practice Law No. 7,498/1986, which certifies them as an integral part of the health team, in addition to providing nursing care to pregnant women, women in labor, monitoring the progress of labor, postpartum women, and newborns (BRAZIL, 1986).

Thus, the nurse is a competent and qualified professional, supported by the Law that governs the profession, to provide care to women in the pregnancy-puerperium cycle of habitual risk, in addition to providing qualities to promote humanized care free from interventions.

In this context, Malheiros (2012) mentions that the nurse is the professional who remains with the woman in labor at all times, playing a prominent role in the parturition process. It should be clarified that their presence enables changes in the care of women, and their practice is not limited to performing methods for pain relief; that is, it goes beyond that. However, the nurse's empathy strengthens the bond with the woman in labor, provides security, and fosters the woman's active participation in the birthing process. Therefore, the professional applies appropriate care and precautionary practices during childbirth, providing psychological support to the woman in labor and, especially, to her family, and humanizes the care as a whole.

In this context, it is worth highlighting the importance of the techniques performed by nurses in a maternity ward. Professionals encourage and guide women in labor regarding the use of immersion baths, squatting exercises, free ambulation, and provide comfort massages between contractions, as observed by Nascimento et al. (2010). Based on this significant statement by the author above, the approach is respectful, welcoming, and free of invasive expressions. It was found that these aforementioned professional actions are effective in the progression of labor.

Given what has already been presented, a clear and open dialogue on this topic is necessary, as it is plausible for the development of increasingly better mechanisms for prevention. Although obstetric violence continues to be an aggravating phenomenon for many families, it is necessary to understand this situation through discussions about this subject. It is even more fundamental to understand how to identify, prevent, or, if necessary, report cases of obstetric violence.

As explained above regarding the concepts, it is worth mentioning that in Brazil there is currently no exclusive federal legislation against obstetric violence, however there have been some initial state and municipal actions, for example, in the states of Alagoas, Rio Branco and Curitiba in 2019.

In January 2017, a new law was enacted in the state of Santa Catarina. Law No. 17,097 (BRAZIL, 2017) provides for the publication of a booklet containing information on the rights of pregnant women and women in labor. In addition, the contours of obstetric violence were defined:

verbal or physical offenses and aggressions, intimidation, forced procedures and unnecessary cesarean sections. All these acts, coming from family members or the medical team, will now be considered obstetric violence.

It is important to highlight that experiencing some type of obstetric violence is a reality for one in four women in Brazil, according to the study "Brazilian Women and Gender in Public and Private Spaces," conducted by the Perseu Abramo Foundation in partnership with SESC in 2010. Therefore, the term obstetric violence refers to the multiple types of aggression against pregnant women, that is, during prenatal care, childbirth, or postpartum, and in the care of abortion cases (BRAZIL, 2017).

However, while obstetric violence may suggest that only obstetricians adopt practices that harm and demean expectant mothers, a range of professionals can also commit violence against pregnant women, for example, nurses, anesthesiologists, nursing technicians, receptionists, porters, and even hospital administration.

Given this context, it is noteworthy that conformity with the neglect of care and even silence in the face of disrespectful situations can be understood as symbolic violence: an abuse of power, based on consent that is established and imposed through the use of symbols of verbal authority, discrimination, and practices of subjugation, used by institutions and professionals as power strategies, as highlighted by Bourdieu (2003).

It is noteworthy that the phenomenon of obstetric violence is the product of a complex situation and environments that foster and instigate aggressive and hostile discourse, placing women and healthcare professionals on opposing sides. Furthermore, this phenomenon emerged more emphatically with the humanization of childbirth and birth programs, whose tactics used at the time already represented a subtle way of addressing this type of violence.

In contemporary times, the term obstetric violence is considered strong and has caused indignation in the obstetric class, due to the belief that the term directs a certain hostility against this professional category, and that it may contribute to undoing all the achievements and technical

advances incorporated into medical care, by virtue of a hypothetical autonomy of women in childbirth, paraphrasing Melo (2017).

From this perspective, these conversations around obstetric violence are essential because they are better structures for prevention. By remaining silent in the face of the violence witnessed during childbirth, the healthcare professional demonstrates a fear of upholding a discourse in which they believe.

FINAL CONSIDERATIONS

In drawing some conclusions about this topic found in this study, it can be said that violence is present in the daily routine of the delivery room. Nevertheless, during this important gestational cycle for many women, unfortunately, they suffer physical and verbal abuse and disrespect from healthcare professionals in public and private institutions. Furthermore, it poses threats to life and health, and can sometimes cause irreversible damage to the health of the individuals involved.

Because nurses spend the most time with the parturient and their family, they can be a determining factor in the degree of potential to welcome and provide humanized care during the labor and delivery process, enabling significant changes in obstetric care.

However, there is silence among healthcare professionals, especially nurses, when witnessing hostile and unpleasant treatment. They seek to justify the aggression and difficulties experienced as an intrinsic part of the labor and delivery process, and in the invisibility of these cases in the eyes of these professionals, who believe that the violence is just an isolated incident and does not have large proportions.

Based on the aforementioned concepts, characteristics of the types of obstetric violence identified verbal violence, marked by insults, mistreatment, disrespect for the woman's choices, and threats. Physical violence, on the other hand, includes the routine performance of episiotomies, vaginal examinations, mainly for didactic purposes, and the routine use of oxytocin. Furthermore, obstetric

negligence continues to be present in this context.

It is believed that this article will contribute to giving visibility to the problem of obstetric violence present in childbirth care, enabling necessary dialogues within institutions, especially in public policy on women's health care, and prompting reflection among health professionals involved in childbirth care and in advancing the quality of maternal and infant care.

It is understood that these changes will be able to modify the logic of understanding childbirth, when it ceases to be seen only as a medical and hospital event. When it can be understood as a human event, because only from this importance will it be possible to make women's voices heard, exercising autonomy, respect, and the ability to decide on issues related to their gestational process.

In this way, obstetric violence needs to be denaturalized from society, and health services are the great reference point for a paradigm shift, including on such a relevant issue for the Brazilian population.

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