revista de pesquisa ISSN 2175-5361

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH DOI: 10.9789/2175-5361.rpcfo.v14.11680

PERCEPTION OF PUERPERAL WOMEN IN A MATERNAL AND CHILDREN'S HOSPITAL ABOUT OBSTETRIC VIOLENCE IN THE STATE OF RORAIMA

Percepção das puérperas de um hospital materno infantil sobre a violência obstétrica no Estado de Roraima

Percepción de mujeres puerperales en hospital materno e infantil sobre la violencia obstétrica en el Estado de Roraima

Joseneide Viana de Almeida[1]
Eliene Mendes de Oliveira[2]
Andréa da Silva Medeiros[3]
Marúzia Savanna Machado Lima Carvalho[4]

ABSTRACT

Objective: to analyze the perception of postpartum women about behaviors that sound like aggression during labor, from the point of view of postpartum women, in State of Roraima. **Methods:** action research with a qualitative and exploratory approach. The research was carried out at the Hospital Nossa Senhora de Nazareth. The sample consisted of 50 postpartum participants hospitalized during the data collection period. **Results:** the results showed that 72% of women are not aware of what obstetric violence is, 90% reported that during prenatal care they were not informed about obstetric violence. 38% of women responded that they had already suffered obstetric violence. 34% were not entitled to a companion during their labor and 20% responded that during their labor, someone pressed/climbed their belly to help the baby come out. **Conclusion:** many of these actions are not understood by these women as obstetric violence, helping to maintain these types of postures.

DESCRIPTORS: Pregnant women; Humanizing delivery; Obstetric violence.

[1] Universidade Estadual de Roraima, Boa Vista, Roraima, Brazil.
[2] Secretaria Municipal de Saúde – SMSA, Boa Vista, Roraima, Brazil.
[3] Clínica Proftalmo, Boa Vista, Roraima, Brasil.
[4] Faculdade de Ensino Superior de Roraima, Boa Vista, Roraima, Brazil.

Received: 01/29/2022; Accepted: 05/25/2022; Published online: 11/10/2022

Corresponding Author: Joseneide Viana de Almeida, E-mail: jvaenf@yahoo.com.br

How cited: Almeida JV, Oliveira EM, Medeiros AS, Carvalho MSML. Perception of puerperal women in a maternal and children's hospital about obstetric violence in the State of Roraima. *R Pesq Cuid Fundam* [Internet]. 2022 [cited year mouth day];14:e11680. Available from: https://doi.org/10.9789/2175-5361.rpcfo.v14.11680

RESUMO

Objetivo: analisar a percepção das puérperas sobre condutas que soam como agressão durante o trabalho de parto, na visão das puérperas, em Boa Vista, Estado de Roraima. **Métodos:** pesquisa-ação com abordagem qualitativa e exploratória. A pesquisa foi realizada no Hospital Materno Infantil Nossa Senhora de Nazareth. A amostra foi de 50 participantes puérperas internadas no período da coleta de dados. **Resultados:** os resultados apontaram que 72% das mulheres não possuem conhecimento do que é violência obstétrica, 90% relataram que durante o pré-natal não foram informadas sobre violência obstétrica. 38% das mulheres responderam já ter sofrido violência obstétrica. 34% não tiveram direito ao acompanhante durante seu trabalho de parto e 20% responderam que durante seu trabalho de parto, alguém apertou/subiu na sua barriga para ajudar a saída do bebê. **Conclusão:** muitas dessas ações não são compreendidas por essas mulheres como violência obstétrica, ajudando a manter esses tipos posturas.

DESCRITORES: Gestantes; Parto humanizado; Violência obstétrica.

RESUMEN

Objetivo: analizar la percepción de puérperas sobre durante el trabajo de parto, en el Estado de Roraima. **Métodos:** investigación acción con enfoque cualitativo y exploratorio. La investigación se llevó a cabo en el Hospital Nossa Senhora de Nazareth. La muestra estuvo compuesta por 50 participantes posparto hospitalizadas. **Resultados:** el 72% de las mujeres no tienen conocimiento de lo que es la violencia obstétrica, el 90% refirió que durante el control prenatal no fueron informadas sobre la violencia obstétrica. El 38% de las mujeres respondieron que ya habían sufrido violencia obstétrica. El 34% no tenía derecho a un acompañante durante el trabajo de parto y el 20% respondió que durante el trabajo de parto alguien le apretó/subió el vientre para ayudar a que el bebé saliera. **Conclusión:** muchas de estas acciones no son entendidas por estas mujeres como violencia obstétrica, ayudando a mantener este tipo de posturas.

DESCRIPTORES: Mujeres embarazadas; Parto humanizado; Violencia obstétrica.

INTRODUCTION

In Brazil, the theme is considered emerging and has lately gained prominence, by the vision of changing the word Obstetric Violence to a milder term. The National Health Council (CNS) issued an opinion favorable to the maintenance of the theme and stimulates the combat of practices considered violent in a humanized way in the units of the Unified Health System (SUS).

The research started with the increase in obstetric violence in children's hospitals. The rate of obstetric violence in pregnancy, delivery, postpartum, and even in the care of abortion complications has been increasing significantly over the years, being a public health problem and widely discussed through scientific papers. Obstetric violence is a violation of women's rights, practiced by health workers, in public and private entities.[1]

The definition of this practice is expressed mainly by negligence in assistance, social discrimination, verbal, physical, and psychological violence. The inappropriate use of technologies and the adoption of procedures during the pregnancy-puerperal cycle without the explicit and informed consent of the pregnant/parturient woman, violating the principles of women's individual rights.[2]

The conception of life is an important event for women, but in many cases they are remembered as traumatic situations, receiving inhumane treatment in which they feel attacked and disrespected. Being victim of rude expressions, such as: swearing, threats, racial, socioeconomic discrimination, physical aggression, and restricted decision making about their labor.

The lowest prevalence of good practices[3] was found in the North and Northeast regions, less developed areas of Brazil. It is likely that these data reflect a practice of abandoning women to their fate rather than a humanized model of care, since the actions considered humanized were less frequent in these regions and the obstetric and perinatal indicators are the worst in the country.

Research shows that one in every four Brazilian women who gave birth were victims of obstetric violence, according to the survey "Born in Brazil, coordinated by Fiocruz. The facts involve acts of disrespect, moral and physical harassment, abuse, and negligence, ranging from prenatal to labor.[4]

There are many women who suffer abuse during pregnancy, prenatal, labor, and postpartum because they do not understand what obstetric aggression really is. Pregnant and postpartum women are restricted from orientation and submitted to verbal, physical, emotional, and moral aggressions during their pregnancy and childbirth process, this fact is linked to several factors such as: the women not knowing the physiological processes, the actions of the professionals involved in the care provided in this period, thus having their rights neglected.

The objective of the research conducted at the hospital materno infantil Nossa Senhora de Nazareth is to analyze the perception of puerperae about behaviors that sound like aggression during labor, in the view of puerperae in Boa Vista, State of Roraima.

METHOD

The research was qualitative in approach, since it involves the discovery and understanding of important characteristics, as well as the ways in which they may be related.[5] As for the research objectives, it is an exploratory approach, since exploratory research aims to provide greater familiarity with the pro-

blem in order to make it more explicit or to build hypotheses.6 Therefore, the choice of the research topic drew our attention in relation to this emerging theme, the curiosity to identify the perception of postpartum women about obstetric violence in a public maternity hospital in the state of Roraima. As for the technical procedures, an action research, considering that this type of research has situational characteristics, since it seeks to diagnose a specific problem in a specific situation, with a view to achieving some practical result.[6] To identify what the perception that puerperae have about obstetric violence and identify the types of violence suffered.

As for the research design, it was done according to the following steps:

- Exploratory phase: The choice of theme for the development of this research originated in the discipline women's health and after a documentary watched that pointed in the high rate of obstetric violence and how much this subject is still unknown to many women, pregnant and postpartum women.
- Formulation of the problem: The problem aimed to show the perception of postpartum women about obstetric violence.
- Sample selection: Puerperae from a public maternity hospital in the state of Roraima. A total of 50 participants were selected (50 puerperae) who were hospitalized during the period of data collection, in the Rose ALA.
- Data collection: data collection will be done through participatory observation of the researcher in the day to day in the institution through interviews with visits in the maternity wards.
- Analysis and interpretation of the data: The focus on the importance of performing a humanized and safe delivery, without the presence of obstetric violence, will begin with the referential.
- Elaboration of the action plan: The objective of this research was to analyze the perception of puerperae about obstetric violence, acting through health education so that they have access to information, empowering them about their rights during labor, making them protagonists of their deliveries, reducing or even eliminating any form of obstetric violence. The population benefited was postpartum women between 18-59 years old, assisted in a public maternity hospital in the state of Roraima. The means by which they participated in the research was through questionnaires that aimed to identify whether the postpartum women know what obstetric violence is, if they have suffered obstetric violence and, if so, what this violence might have been. Since if the woman has the right to information, she will not accept going through obstetric violence, thus minimizing its rate.
- Dissemination of results: Course Conclusion Paper - TCC November 2019
- Ethical Aspects: The work was submitted to the Ethics and Research Committee of the Faculdade Roraimense de Ensino Superior- FARES. And approved, on July 11, 2019, under opinion number 3.451.410 and CAAE: 14855419.2.0000.5705. Immediately after the authorization, the day for the interviews was set and made official by signing the free and informed consent form.

RESULT AND DISCUSSION

The research was conducted at the Hospital Materno Infantil Nossa Senhora de Nazaré in Boa Vista - Roraima. It was approved by the Ethics and Research Committee in agreement with the Research and Teaching Sector of the institution where the research was conducted.

The results were organized by means of the answers obtained through the interview that addressed data regarding the participants respecting the ethical principles, preserving and ensuring their anonymity. Thus, each parturient woman was identified by the initials of her name. Example: A.S.M.

The interviews were conducted with 50 puerperae, between the ages of (14 to 41 years). Regarding nationality, 41 Brazilian and nine foreigners were identified. As for the types of deliveries, 28 women experienced vaginal delivery and nine reported cesarean delivery.

Perception of postpartum mothers about obstetric violence in a maternity hospital in roraima state

About the perception of puerperae about obstetric violence, more than half of the participants started the interview reporting that they did not know what obstetric violence was, but as they answered the questionnaire they mentioned having suffered mistreatment, so they did not understand it as obstetric violence (Table 1).

In this study the rate of women who reported not knowing the term obstetric violence was 72%, and when asked if they had ever suffered obstetric violence 38% said they had been mistreated during labor. 62% started the interview denying having suffered aggressions during labor, however, as they answered the questionnaire they realized that they had been mistreated by the team during the whole process. However, they did not relate these attitudes to the term obstetric violence.

Thus, it is noted that most women have vague knowledge about the subject. It is noteworthy that some attitudes such as verbal, physical, psychological aggression and the performance of procedures dated as unnecessary and no longer used, according to laws, guidelines and manuals of good obstetric practices are considered obstetric violence.

In another research that occurred in a Pará Teaching Hospital the Maternal and Child Care in Recife, Pernambuco, which attends pregnant women of low, medium and high risk. It was found that approximately 87% of patients suffered some type of violence during labor and delivery.[2]

According to another study conducted in the municipality of Cabedelo in Paraíba, with 41 postpartum women, where 34

Table 1 – Puerperae's perception of obstetric violence

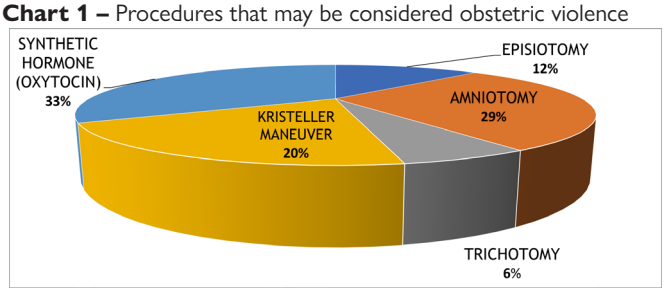
About the topic	Yes	%	No	%
Do you know what obstetric violence is?	14	28	36	72
During your prenatal care, were you informed about obstetric violence? And how to avoid this type of violence?	05	10	45	90
Have you ever suffered any obstetric violence?	19	38	31	62

(83%) revealed that they have suffered obstetric violence, however, of these, 16 (39%) began the interview denying and as they answered the questions they were revealing and/or discovering that they had already suffered some kind of mistreatment, in this case they also did not understand this behavior of professionals.[7]

Forms of obstetric violence experienced by postpartum women in a public maternity hospital in the State of Roraima

In relation to the answers made concerning the forms of violence experienced by women at the Mother and Child Hospital of Roraima, the various versions were obtained, as can be seen in Graph 1.

Chart 1 – Procedures that may be considered obstetric violence



Childbirth has become a mechanized moment by health professionals, turning their gaze only to the uterus, causing the mother to lose her autonomy and protagonism during labor. This leads to unnecessary interventions. Thus it was verified in this research that the most cited types of violence were: first the administration of the synthetic hormone, oxytocin (33%), followed by amniotomy (29%), then the Kristeller Maneuver (20%), followed by episiotomy (12%), and lastly the trichotomy (6%).

It is noteworthy that the performance of the Kristeller maneuver is forbidden, and may bring harm and consequences to the mother and NB, but it is experienced by a good portion of the women surveyed, as observed in the results of this study

J.R.S. expresses his indignation through his account:

> *"The doctor said that if I didn't push I would go to a c--section, I wanted to have my baby sitting up but they told me to lie down, so the baby went up again and I couldn't push anymore, that's when I fainted and when I woke up they made the cut and pushed my belly"* (J.R.S)

According to the National Survey on Birth and Labor conducted in 2014, it was found that 53.4% of women who have children vaginally undergo the procedure "pique" is a surgical procedure routinely performed by health professionals, bringing numerous health problems to women, among them infectious complications, increased pain in the postpartum period, increased risk of incontinence, difficulty in healing, bruising, discomfort during intercourse, embarrassment to his sexual partner. The liberal or routine use of episiotomy is clearly harmful and ineffective and should be eliminated.8

In the present study approximately 33% of women used synthetic oxytocin to speed up labor. Oxytocin is a hormone naturally produced by women, and it is known that this hormone is normally used to increase uterine contractions. Oxytocin can be both natural and synthetic. Synthetic oxytocin ends up causing bed rest and pain is more intense, increasing the risk of fetal distress and cesarean sections as a result of this conduct adopted by many professionals.[9]

For another author, the use of oxytocin during labor reinforces the practice of painful childbirth, which can lead to fear of vaginal delivery and increase the prestige of cesarean sections among Brazilian women.[3]

In line with the results of this research a study conducted with parturients found that the most mentioned types of violence were: The use of oxytocin and aminiotomy were 41% and 31%, respectively, 12 (29%) absence of pain relief techniques, nine (22%) neglect; eight (20%) invasive, constant or aggressive touch exams, five (12%) the use of episiotomy without informed consent, four (10%) Kristeller maneuvers; and three (7%) deprivation of freedom to the companion.[2]

Another study with similar results carried out with 25 puerperal women users of Unidades Básicas de Saúde (Basic Health Units) of Lins, SP, on obstetric violence, showed that the most common procedures performed during normal childbirth were excessive touching (36%), Episiotomy (32%), and Amniotomy (28%). Six women (24%), answered that they were submitted to Kristeller Maneuver, as well as, to Trichotomy and Manual Massage / Placenta Extraction (24%).[11]

These behaviors and conducts that cause negative and traumatic feelings to the parturients violate recommendations and go against the manuals of good obstetric practices determined by the competent bodies. Thus, the attention should take into account the emotional and psychological state that is as important as the physical care.

Conducts that hurt the humanization policies

about the behaviors that hurt the humanization policy, it was verified that some behaviors that sound like aggression against women still persist (Table 2).

As the table above shows that 44% almost half of the interviewees did not receive support during labor, so there was no health professional to assist them, they gave birth without

support, thus violating the humanization policies that the SUS advocates. Among them, 48% could not choose the position they would like to give birth, 72% could not feed themselves during labor, and 34% could not choose that their companion participate in the entire labor process in order for them to feel more comfortable and safe.

T.H.L expresses his indignation through speech:

> *"I felt afraid, because at the last minute they don't let the escort in."* (T.H.L)

According to Federal Law No. 11.108, of April 7, 2005, better known as the Escort Law, it determines that:

> *"The health services of SUS, of its own or contracted network, are obliged to allow the pregnant woman the right to a companion during the entire period of labor, delivery, and postpartum. The law determines that this companion will be indicated by the pregnant woman, and can be the baby's father, her current partner, the mother, a friend, or another person of her choice.*[11]

In a qualitative descriptive-exploratory research conducted from February to July 2010, in the Maternity Hospital of Hospital Universitário Antônio Pedro Hospital Escola da Universidade Federal Fluminense, located in the city of Niterói-RJ. Professionals who restrict feeding during labor even knowing that the process of parturition requires energy expenditure justify such action by the risk of aspiration of gastric contents in cases of anesthetic procedures. However, evidence indicates that the highest rates of bronchoaspiration are associated with the use of general anesthesia in childbirth, which nowadays occurs infrequently.[12]

In a study on the question "could not choose the position to give birth", 20% of the women stated that the position used to give birth was horizontal (lithotomy). Likewise, 12% of the interviewees reported that they were not free to walk during labor, despite the woman's autonomy in choosing the position and movement during labor.[10]

Regarding the presence of a companion, 28% of the women interviewed said they were not allowed to have someone to accompany them during labor, although this right is provided by law. And 64% of the women interviewed said they had no support during labor from masseurs, doulas, physical therapists, etc.

Through the answers obtained by the survey, it is notable that all rights and guidelines were neglected and violated

When asked about what they would change during their labor, the participants suggested the adoption of conducts that could make them feel welcome, safe and informed so that labor could be faced in the most humanized way possible (Table 3).

As observed in Table 3, the vast majority 48% of interviewees reported the need for improvement in care according to what is ensured by the Unified Health System.

Of these, 12% of the women informed that they would have liked to have had a companion during their delivery process and that they were forbidden to have such a right, which violates the law of the companion 11.108/05, one of the interviewees expressed her dissatisfaction with the following sentence:

> *"I felt abandoned, I was alone at the time of delivery. If someone had come in with me I would have felt more confident and less nervous."* (A.V.G)

A quantity of 18% reported that some information was inefficient, and that it would be of utmost importance that correct and precise orientations were passed on by health professionals to the parturient women and their companions.

Another suggestion that 8% of the women made was the improvement of care by the multiprofessional team, because they reported that they felt alone, without support, helpless.

Table 2 – Conducts that hurt the humanization policies

Shares		%
No support during labor (TP)	22	44%
Did not have freedom in choosing the delivery position	24	48%
Cannot eat or drink during PT	36	72%
The companion was not allowed to enter	17	34%

Table 3 – Opinion about improvements during the PT

If you could change something, what would it be?		%
Humanized service	24	48
Correct information from the professionals	09	18
Better care by the staff	04	8
The right to be accompanied during childbirth	04	8
Professional accompaniment at the time of delivery	06	12
I wanted a normal birth	04	8
I wouldn't change a thing	12	24

CONCLUDING REMARKS

This study concludes that women with low-risk deliveries regardless of socioeconomic conditions are prone to unnecessary, painful and traumatic interventions. Although there are manuals of good practice, guidelines and laws that abhor obstetric mistreatment, it still prevails in the hospital environment.

It was evident that many of these attitudes are not understood by these women as obstetric violence, because they are used to relating the time of childbirth to a painful moment, losing their protagonism and autonomy, thus obstetric violence is narrated as inconvenient and traumatic.

Given this, the nurse has a crucial role in reducing the rate of mistreatment, being one of the main involved during the whole gravidic-puerperal process in Basic Health Units and birth centers. It is important to improve this information so that the parturient woman has and covers a quality birth, empowering women and promoting the use of evidence-based actions are measures that cultivate humanized childbirth.

It is important to emphasize how necessary it is to implement within universities, whether private or public, subjects that address the theme of this study, aiming to minimize mistreatment during labor. Violence is a reality and needs to be addressed clearly in the academic and professional environment in order to minimize these behaviors that hurt women's rights so much.

REFERENCES

1. Silva SAS, Santos MAES, Pereira MFLF, Ferraz RSR. Percepção social de puérperas sobre violência no trabalho de parto e parto: revisão integrativa. [Graduação em Enfermagem]. Pernambuco (Brasil): Faculdade Integrada de Pernambuco; 2016. [acesso em 02 de fevereiro 2019]. Disponível em: http://openrit.grupotiradentes.com:8080/xmlui/handle/set/1801.
2. 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. Saúde Mater. Infant. (Online). [Internet]. 2016 [acesso em 14 dezembro 2018];16(11). Disponível em: https://doi.org/10.1590/1806-93042016000100004 .
3. Leal MC, Pereira APE, Domingues RMSM, Filha MMT, Dias MAB, Pereira MN, et al. Intervenções obstétricas durante o trabalho de parto e parto em mulheres brasileiras de risco habitual. Cad. Saúde Pública (Online). [Internet]. 2014 [acesso em 16 de dezembro 2018];30(Suppl1). Disponível em: https://doi.org/10.1590/0102-311X00151513
4. Fundação Oswaldo Cruz [homepage na internet]. Nascer no Brasil: pesquisa revela número excessivo de cesarianas [acesso em 30 jan 2019]. Disponível em: https://portal.fiocruz.br/noticia/nascer-no-brasil-pesquisa-revela-numero-excessivo-de-cesarianas.
5. Potter, P; Perry, A.G. Fundamentos de enfermagem. 7 ed. Rio de Janeiro: Elsevier; 2009.
6. Gil, Antônio Carlos, 1946- Como elaborar projetas de pesquisa. 4. ed. - São Paulo: Atlas; 2002.
7. Nascimento LC, Santos KF, Andrade CG, Costa ICP, Brito FM. Relato de puérperas acerca da violência obstétrica nos serviços públicos. Rev. enferm. UFPE on line. [Internet]. 2017 [acesso em 10 de janeiro 2019];11(05). Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/23355.
8. Ministério da Saúde (BR). Parto, aborto e puerpério. Assistência humanizada à mulher. Secretaria de Políticas de Saúde. Área Técnica de Saúde da Mulher. [Internet] Brasília: Ministério da Saúde 2001 [acesso em 15 de janeiro 2019]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/cd04_13.pdf.
9. Zorzam, B. Direito das mulheres no parto: conversando com profissionais da saúde e do direito. 1. ed. São Paulo: Coletivo Feminista de Sexualidade e Saúde; 2016.
10. Vieira DR, Apolinário JA. A violência obstétrica na compreensão de mulheres usuárias da rede pública de saúde do município de Lins. [Graduação em Psicologia]. São Paulo (Brasil). Centro Universitário Católico Salesiano Auxilium; [acesso em 12 de janeiro 2019]. Disponível em: https://www.academia.edu/35970682/A_VIOL%C3%8ANCIA_OBST%C3%89TRICA_NA_COMPREENS%C3%83O_DE_MULHERES_USU%C3%81RIAS_DA_REDE_P%C3%9ABLICA_DE_SA%C3%9ADE_DO_MUNIC%C3%8DPIO_DE_LINS.
11. BRASIL. Lei n. 11.108, de 7 de abril de 2005. Altera a lei n. 8.080, de 19 de setembro de 1990. Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde - SUS. Portal Presidência da República Casa Civil Subchefia para Assuntos Jurídicos. D.O.U. de 8.4.2005. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2005/lei/l11108.htm
12. Malheiros PA, Alves VH, Rangel TSA, Vargens OMC. Parto e nascimento: saberes e práticas humanizadas. Texto & contexto enferm. [Internet]. 2012. [acesso em 20 de outubro 2019];21(02). Disponível em: http://www.scielo.br/pdf/tce/v21n2/a10v21n2.pdf.