

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

DOI: 10.9789/2175-5361.rpcfo.v15.12924

OBSTETRIC VIOLENCE IN BRAZIL: APPROPRIATION OF THE FEMALE BODY AND RIGHTS VIOLATION – INTEGRATIVE LITERATURE REVIEW

Violência obstétrica no Brasil: apropriação do corpo feminino e violação de direitos – revisão integrativa de literatura

La violencia obstétrica en Brasil: apropiación del cuerpo de la mujer y violación del derechos – revisión integrativa de la literatura

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ABSTRACT

Objective: to analyze the scientific literature about obstetric violence in the period 2017-2022. **Method:** basic and exploratory study with a qualitative approach, characterized as an integrative literature review. Data were collected from scientific database, using the descriptors “violence” and “obstetrics”, and respecting the time frame of 2017-2022. **Results:** a total of 136 articles were obtained. 26 studies composed the sample. The collected data were grouped into three thematic categories, structured from three nominal cores: women experience, experiences of professionals and violation of the black body. **Conclusion:** nurses are the professionals who speak most openly about the subject, in general they work in the prevention of violence. It is noted that many women do not know the real meaning of the term, and that black women are the ones who suffer the most violations of rights, because they are marked by historical stereotypes.

DESCRIPTORS: Obstetric violence; Pregnancy; Pregnant women.

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Received: 16/08/2023; Accepted: 01/09/2023; Published online: 30/11/2023

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How cited: Santos JE, Silva TJS, Paranhos JB, Silva PHS, Almeida AIS. Obstetric violence in Brazil: appropriation of the female body and rights violation – integrative literature review. *R Pesq Cuid Fundam* [Internet]. 2023 [cited year month day];15:e12924. Available from:

<https://doi.org/10.9789/2175-5361.rpcfo.v15.12924>



RESUMO

Objetivo: analisar os dados contidos na literatura científica acerca da violência obstétrica no Brasil entre 2017 e 2022. **Método:** estudo de natureza básica, objetivamente exploratória com abordagem qualitativa, do tipo revisão integrativa de literatura. Os dados foram coletados nas bases de dados científicas, utilizando os descritores “violência” e “obstetrícia”, respeitando o recorte temporal de 2017-2022. **Resultados:** obteve-se um total de 136 artigos. Desses, 26 estudos compuseram a amostra. Os dados coletados foram agrupados em três categorias temáticas, estruturadas a partir de três núcleos nominais: experiência de mulheres, vivências de profissionais e violações do corpo negro. **Conclusão:** enfermeiras (os) são as profissionais que mais falam abertamente sobre a temática, em geral atuam na prevenção de violências. Nota-se que muitas mulheres não conhecem o real significado do termo, e que mulheres negras são as que mais sofrem violações de direitos, pois são marcadas por estereótipos históricos.

DESCRITORES: Violência obstétrica; Gravidez; Parturiente.

RESUMEN

Objetivos: analizar los datos contenidos en la literatura científica sobre la violencia obstétrica en Brasil entre 2017 y 2022. **Método:** estudio de carácter básico, objetivamente exploratorio con un enfoque cualitativo, del tipo revisión integrativa de la literatura. Los datos fueron recolectados de bases de datos científicas, utilizando los descriptores “violencia” y “obstetricia”, respetando el marco temporal 2017-2022. Se obtuvieron un total de 136 artículos. De estos, 26 estudios conformaron la muestra. **Resultados:** Se obtuvieron un total de 136 artículos. De estos, 26 estudios conformaron la muestra. Los datos recopilados se agruparon en tres categorías temáticas. a partir de tres núcleos nominales: experiencia de mujeres, experiencias de profesionales y violaciones del cuerpo negro. **Conclusión:** Las enfermeras son las profesionales que hablan más abiertamente sobre el tema actúan en la prevención de la violencia. Se nota que muchas mujeres desconocen el verdadero significado de la terminología, y que las mujeres negras son las que más ven vulnerados sus derechos, por que están marcadas por estereotipos históricos.

DESCRIPTORES: Salud mental; Enfermería psiquiátrica; Enfermería; Estigma social; Accesibilidad a los servicios de salud.

INTRODUCTION

Historically, the concept of obstetric violence (OV) cuts across issues related to violence in its general context, more specifically violence against women in the sphere of social and historical phenomena, characterized by a set of violent actions such as abuse, disrespect, mistreatment and discrimination throughout the pregnancy-puerperium cycle.^{1,2}

The term "obstetric violence" has been debated at numerous health events, driven by the growth of the movement called evidence-based medicine, which aims to make clinical decisions based on current scientific evidence about individual care. However, there is no consensus in the literature regarding the definition of these inhumane acts suffered by women during the pregnancy and puerperal cycle.^{2,3}

The conceptual debate reignited in 2019, as the terminology became the subject of political and ideological dispute, when the Ministry of Health (MoH) itself demonstrated its opposition to the use of the term, claiming that the lack of consensus could harm obstetric care, while the Federal Council of Medicine (CFM), in agreement with the MoH, argued that the term attacks the medical community, more specifically gynecologists and obstetricians.³

The problem stems from the institutionalization of childbirth, especially the change from a physiological view of pregnancy and childbirth to a pathological and medicalized view. The institutionalization of childbirth has materialized a model that considers pregnancy, childbirth and birth as a disease, and has contributed to an increase in unnecessary interventions with a loss of rights,

autonomy and female protagonism. The movement for the Humanization of Childbirth opposes the current Brazilian obstetric model, criticizing the excess of unnecessary interventions.

The high prevalence of obstetric violence in Brazil, with variations between 18.3% and 44%, and the intensification of complaints to the Center for Assistance to Women in Situations of Violence (180) led to the establishment of a special commission to analyze the reasons for the increase in complaints and to study maternal death statistics.⁵ Even so, national epidemiological data is insufficient.⁴

In view of the above, the interest in this review is justified, since the results bring visibility to the issue, reinforce evidence-based practices, and add to the movement in search of the humanization of childbirth. Therefore, the aim of this study is to analyze the data contained in the scientific literature on obstetric violence in Brazil between 2017 and 2022, in order to synthesize available research on the subject.

METHOD

This study presents the results of a study carried out through the Institutional Scientific Initiation Scholarship Program (PIBIC), in the area of nursing, which analyzed the journalistic content available on digital platforms and in the scientific literature about obstetric violence in Brazil over the last five years. This section is a basic, objectively exploratory study with a qualitative approach, of the integrative literatu-

re review (ILR) type, which identifies, synthesizes, groups and analyzes the main results obtained by previous studies, combining information and providing current knowledge on the subject, following the six stages described by Ganong⁶: elaboration of a broad guiding question; search or approach in the Literature; data collection; critical analysis; discussion of results, and presentation of the ILR. Therefore, for the design of this research, the following research question was drawn up based on the PICO strategy⁷: What are the findings of the scientific literature on obstetric violence from 2017 to 2022?

Data collection was based on the Preferred Reporting Items for Systematic Reviews and meta-analyses (PRISMA)⁸ and adapted for RIL by the authors. The research was carried out at two different times: August 2022 and December 2022. The databases consulted were: LILACS, PUBMED, BDEF and SCIELO, and the descriptors applied were "violence" and "obstetrics", and using the Boolean operator "AND", and the time frame 2017 - 2022, 136 articles were obtained. After identifying the studies and storing them in the cloud, duplicate studies were removed. To begin the screening, the articles were first evaluated by title and abstract, then by full text, and then articles that were not in Portuguese and/or dealt superficially with the topic or were not appropriate to the theme studied were excluded. At the end of this process, 26 articles were included in the study. Figure 1 shows an adaptation of the PRISMA Flowchart, presenting and describing the entire process of selecting studies on obstetric violence in Brazil between 2017-2022.

After the final selection of articles, the data was analyzed based on Bardin's content analysis, in order to obtain meanings and thematic categories.⁹ This study did not involve the individual directly or indirectly, and did not require an opinion issued by the Research Ethics Committee (CEP).

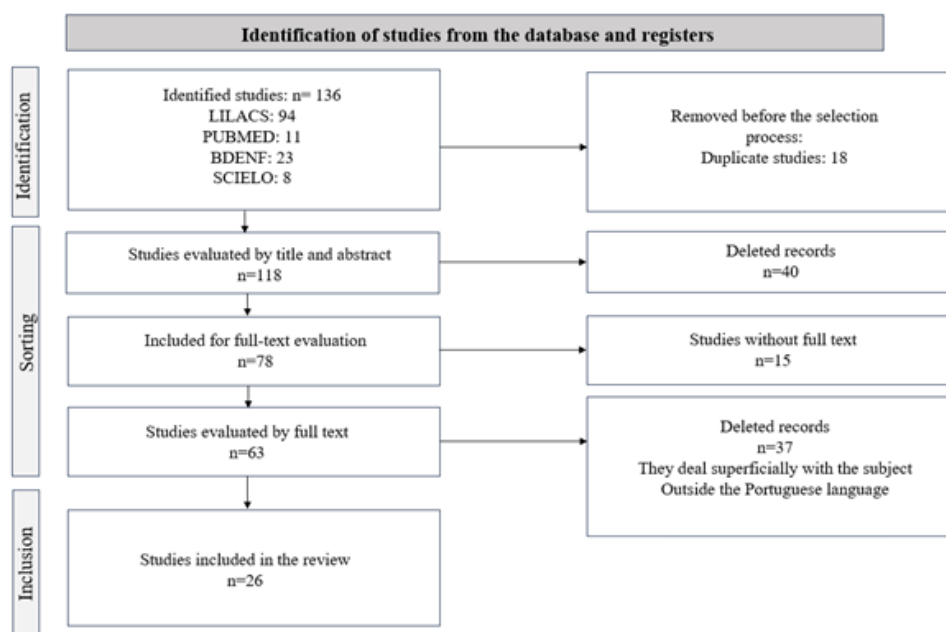
RESULTS

In the literature surveyed, some nominal nuclei were noticeable: women's experiences, professionals' experiences and violations of the black body. These axes allowed us to build three thematic categories: 1) Voices that echo: women's experiences during childbirth; 2) Obstetric violence and race/color: violations of the black body; and 3) Obstetric violence from the perspective of health professionals. It should be noted that in the first category, the studies specifically cover obstetric violence practiced during childbirth, and no studies were found that dealt with violence suffered during prenatal care and/or after the abortion and puerperium processes (Chart 1).

The second theme "Obstetric violence and race/color: violations of the black body" consists of articles that represent the inequalities and racial discrimination present in obstetric care (Chart 2).

The majority of studies aimed at health professionals present the experiences of obstetric nurses on the subject, but it is difficult to understand obstetric violence. In relation to the medical category, it is difficult to accept the term, claiming that some interventions may be necessary. In both categories it is possible to see that professional authority is contained in their words and attitudes, and the power relationship is based on their position (Chart 3).

Figure 1 - Presentation of the selection process for studies on obstetric violence in Brazil. Rio de Janeiro, RJ, Brazil, 2023



Source: Author

Chart 1 - Publications organized around the theme "Voices that echo: women's experiences during childbirth". Rio de Janeiro, RJ, Brazil, 2023

Authors/Year	Periodical/site	Title	Main findings
Rodrigues et al ¹⁰ 2017	Texto & contexto Enferm. Rio de Janeiro	Non-compliance with the escort law as an obstetric health problem	Lack of knowledge and Non-compliance with the escort law; Culture of power relations: professional-patient
Palma, Donelli ¹¹ 2017	Psico Rio de Janeiro	Obstetric violence among Brazilian women	Women with lower education and income tend to suffer more OV.
Sá et al ¹² 2017	Rev.Enferm. UFPE Pernambuco	The right to access and accompaniment to labor and birth: Women's perspective	The main types of violence cited: lack of reception, absence of a companion, pilgrimage and difficulty of access.
Oliveira, Mercedes ¹³ 2017	Rev. Enferm. UFPE Pernambuco	Perceptions of obstetric violence from the perspective of puerperal women	Ignorance and naturalization of acts considered OV.
Lansky et al ¹⁴ 2019	Ciência & saúde coletiva Rio de Janeiro	Obstetric violence: the influence of the exhibition Senses of Birth on the experience of pregnant women	Main violence cited: verbal abuse, obsolete procedures, non-consented interventions, imposed or accepted as a result of incipient, and/or mistaken information.
Oliveira et al ¹⁵ 2019	ABCS health sci Juazeiro do Norte	Obstetric violence experienced by parturient women	Feelings of fear and insecurity in the institution; Unfamiliarity with acts considered OV.
Silva et al ¹⁶ 2019	Rev. Enferm. UFPE Pernambuco	Puerperal women's knowledge of obstetric violence	Incipient knowledge. However, the participants associate OV with acts such as "pushing the belly" and "impossibility of choice".
Nascimento et al ¹⁷ 2019	Enfermería Actual de Costa Rica	Knowledge and experiences of obstetric violence in women who have experienced childbirth	Unawareness of the term. Perceived OV: Routine vaginal touching, verbal abuse, non-consensual procedure, including routine episiotomy.
Sampaio, Tavares e Herculano ¹⁸ 2019	Rev. Estud. Fem Paraíba	A cut to the soul: how parturients and doulas mean the obstetric violence they experience	Depersonification and objectification of women, curtailing their autonomy and rights.
Teixeira et al ¹⁹ 2020	Nursing Rio de Janeiro	Parturients' perceptions of obstetric violence	Limited knowledge associated with poor prenatal care.
Campos et al ²⁰ 2020	Rev. baiana enferm. Bahia	Conventional childbirth practices and obstetric violence from the perspective of puerperal women	Conventional OV practices: indiscriminate use of oxytocin, routine practice of episiotomy, amniotomy, directed pulls
Pascoal et al ²¹ 2020	Nursing Rio de Janeiro	Obstetric Violence as perceived by puerperal women	Unfamiliarity with acts considered as OV, associated with incipient information during prenatal care.
Matos, Magalhães e Carneiro ²² 2021	Psicol. cienc. Prof Brasília	Obstetric Violence and Childbirth Trauma: Mothers' Reports	Childbirth as a traumatic, disrespectful event, full of conventional OV practices
Almeida et al ²³ 2022	Revista de Pesquisa O cuidado é Fundamental	Perception of puerperal women at a maternal and child hospital about obstetric violence in the state of Roraima	Unfamiliarity with the term Obstetric Violence. Some acts are associated with mistreatment.
Oliveira et al ²⁴ 2022	REBEN Rio de Janeiro	Characterization of obstetric care in teaching hospitals in a capital city in northeastern Brazil	Perceived OV: prohibition of feeding, Kristeller maneuver, oxytocin and routine vaginal touch, trichotomy, gastric lavage, separation of mother and child.

Source: Author

Chart 2 - Publications organized around the theme “Obstetric violence and race/color: violations of the black body”. Rio de Janeiro, RJ, Brazil, 2023

Autores/Ano	Periódico/local	Título	Principais achados
Inagaki et al ²⁵ 2018	Rev.Enferm. UFPE Pernambuco	Fatores associados à humanização da assistência em uma maternidade pública	Satisfação das mulheres em relação ao parto esteve associada com a cor da pele autodeclarada branca.
Curi, Ribeiro, Marra ²⁶ 2020	Arq. bras. Psicol. Rio de Janeiro	A violência obstétrica praticada contra mulheres negras no SUS	Estereótipos, negligências e exclusão de mulheres negras.
Lima, Pimentel, Lyra ²⁷ 2021	Ciência & saúde coletiva Rio de Janeiro	Disparidades raciais: uma análise da violência obstétrica em mulheres negras	O racismo estrutural limita o acesso as mulheres negras aos seus direitos reprodutivos.
Mittelbach, Albuquerque ²⁸ 2022	Trabalho, Educação e Saúde Rio de Janeiro	A pandemia de Covid-19 como justificativa para ações discriminatórias: viés racial na seletividade do direito a acompanhante ao parto	Racismo obstétrico intensificou as violações dos direitos das parturientes, em tempos de covid-19.

Source: Author

Chart 2 - Publications organized around the theme “Obstetric violence and race/color: violations of the black body”. Rio de Janeiro, RJ, Brazil, 2023

Authors/Year	Periodical/site	Title	Main findings
Leal et al ²⁹ 2018	Cogitare Enferm. Rio de Janeiro	Obstetric nurses' perceptions of obstetric violence	Some nurses don't recognize routine procedures as violence, claiming that the professional must decide when to intervene.
Sens e Stamm ³⁰ 2019	Interface Botucatu	Doctors' perception of obstetric violence in the subtle dimension of the human and doctor-patient relationship	Doctors judge the media for spreading "fashions" that make women defy their behavior and commit violence against professionals.
Miranda et al ³¹ 2019	HU revista Juiz de fora	Obstetric violence: perceptions of obstetric nurses in a maternity hospital in Minas Gerais	They characterize OV as negligence, and disrespect for women's autonomy and female physiology.
Trajano e Barreto ³² 2021	Interface Botucatu	Obstetric violence in the view of health professionals: gender as a defining factor in childbirth care	It points out that obstetric violence is rooted in gender issues through the control of women's bodies

Bitencourt, Oliveira e Rennó33 2021	Enfermagem em Foco Brasília	The meaning of obstetric violence for childbirth care professionals.	Neglect, disrespect and verbal aggression were pointed out by the professionals
Paiva et al34 2022	Cogitare Enferm Rio de Janeiro	Social representations of obstetric violence for puerperal women and health professionals: correspondence factor analysis	OV is associated with carrying out practices without scientific evidence and involves the loss of rights and autonomy.
Nascimento et al35 2022	Nursing São Paulo	Experiences of obstetric violence: Good nursing practices in childbirth care	Nurses notice obstetric violence and try to prevent it, but run into institutional issues.

Source: Author

DISCUSSION

The changes that have taken place in the childbirth scenario have accentuated the practices of violence, since childbirth has gone from being a peaceful and private moment to a hospital event subject to intervention and instrumentation. The themes that emerged point to the experiences of women and professionals and portray the daily lives of women during the pregnancy-puerperium cycle.

Echoing voices: women's experiences during childbirth

Obstetric violence can happen during pregnancy, childbirth and the postpartum period. However, the literature has only pointed to women's experiences during childbirth. Studies have shown that the majority of women are unaware of obstetric violence and, as a result, are unable to protect themselves or argue their case.^{16,17,19,21,23}

It is possible that due to their lack of knowledge on the subject, women are victims of aggression during obstetric care and don't even realize that they are being violated, treating it as natural. But even with the advance of evidence-based medicine, many procedures considered obsolete are still practiced. Although there is no evidence that the Kristeller maneuver is beneficial, this practice is still carried out by professionals.^{13-15,22}

The indiscriminate use of oxytocin, amniotomy, episiotomy and routine vaginal touch, bed rest, and the requirement for the lithotomy position were also pointed out as frequent interventions during childbirth. A multicenter study carried out between 2015 and 2017 analyzed the profile and childbirth experience of 555 women, and concluded that 46.4% were forced to remain in the lithotomy position, 23.7% suffered from the Kristeller maneuver and 30.4% had their perineum mutilated by episiotomy. And 35.6% of women reported not having been informed about these procedures.¹⁴

Both physical abuse and psychological abuse are common, and the violence starts at the reception with non-compliance with the escort law, which is frequently pointed out in studies.^{10,12} However, even though law 11.108/2005 has been in force for over 15 years, making it compulsory for women to have an escort of their choice, many women are unable to take advantage of this right due to misinformation on the subject.

Finally, the hostile nature of the hospital itself already generates anxiety, fear and insecurity in women, but the feelings are accentuated when the parturient feels inferior to the professional. Socially constructed power relations have established a relationship of inequality, setting the professional on a higher level and as an unquestionable subject.

Obstetric violence and race/color: violations of the black body

Even with the advent of the National Policy for the Integral Health of the Black Population in 2009, racial inequalities in health persist in Brazil and point to poor indicators of access to prenatal care and high rates of maternal mortality during pregnancy, childbirth and the puerperium among black women.¹⁴

The Institute for Health Policy Studies pointed out that there were incremental improvements in prenatal care between 2014 and 2019, and a reduction in the differential between black and white pregnant women.³⁶ However, the pandemic has once again intensified inequalities, and increased maternal mortality among black women. Corroborating this, authors point out that the pandemic context has provided justification for non-compliance with Federal Law 11108, which refers to the presence of a companion of free choice. As a form of prevention, institutions limited people's access inside maternity hospitals, idealizing the patient without a companion, and analyzing case by case, but obviously black women were the least allowed to stay with companions, reinforcing structural and institutional racism within health services.²⁸

The marginalization of the black population and the discriminatory practices common in everyday life directly influence the risk of suffering OV. In the Brazilian popular imagination, black women are strong, less sensitive to pain, good "bidders", and don't need local anesthetics when undergoing vaginal cuts. Based on these stereotypes, the main acts of violence are negligence, refusal of care, oppression and denial of pain relief methods.²⁷

It is therefore possible to see that black women feel less satisfied with the care they receive when compared to white women, highlighting the disparities in the care provided by professionals.²⁵

Obstetric violence from the perspective of health professionals.

The obstetric violence perceived by health professionals is related to the prevalence of procedures without scientific evidence. Nurses, especially those specializing in obstetrics, were the main participants in the research. In the 2017-2022 period, only one study reflected the perception of doctors in relation to the subject. Most medical professionals do not agree with the term obstetric violence, and it is believed that they find it more difficult to debate the issue. However, another study carried out in 2016 in Belém, in the state of Pará, points out that some obstetric nurses in the locality also do not recognize interventions as a violent practice, since, for the participants in the study, the decision about the procedures is up to the professional who is providing the care, otherwise the professional's autonomy is at risk.^{29,30}

In addition, the majority of doctors believe that prenatal care should better inform pregnant women about the interventions that may be necessary, because informed and collaborative women are easier to deal with, and many of them become questioners of behavior due to media fads³⁰. In view of this, the power relationship present in obstetric care is explicit, represented by the domination of the female body, in such a way that women become hostages to the dominators.

As reported by the puerperal women, the nurses point out that obstetric violence has been characterized by physical and verbal abuse with the use of intimidating and embarrassing terms, neglect, and the use of invasive techniques justified as hospital routine.^{29,31,32,35} Even so, it is known that obstetric nurses are the main allies in the fight for the resignification of childbirth and the recovery of female autonomy and have fought to combat violence and provide dignified care for women, but they come up against institutional barriers that limit them.³⁵

That said, health professionals have different views on the subject. In general, doctors find it harder to accept the term obstetric violence than nurses, and both believe that prenatal care professionals should be primarily responsible for disseminating information about labor and delivery.

The study's limitations are related to the fact that it is difficult to find articles that point out the perception of other professionals (other than nurses) on the subject, making it impossible to compare the other categories that work in obstetric care.

FINAL CONSIDERATIONS

Obstetric violence has been consolidated as a serious public health problem, since many women are unaware of the violent actions and their bodies are disrespected by the self-appointed holders of knowledge, intensifying power relations, especially when it comes to black women, who are still so neglected by the health system. There is a predominance of studies that point to the perception of nurses on the subject, and their actions in the face of obstetric violence. However, the lack of knowledge about obstetric violence among both professionals and parturients shows that there is a need to intensify the promotion of contributory actions aimed at

humanizing care and giving new meaning to childbirth, associated with health education based on current scientific evidence about obstetric care.

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