

# Experiences in obstetric violence: Good nursing practices in birth assistance

**RESUMO** | Objetivo: O presente estudo objetivou compreender o papel dos enfermeiros na prevenção da violência obstétrica no parto. Método: Pesquisa exploratória e descritiva, com abordagem qualitativa, utilizando-se do método estudo de campo, realizada em um hospital público do Brasil, contando com a participação de 10 enfermeiros. Foi realizada uma entrevista estruturada, onde os dados obtidos foram investigados por meio da análise de conteúdo de Minayo. A pesquisa obedeceu às normas da Resolução 466/12, que trata das pesquisas com seres humanos. Resultados: A análise dos dados resultou em categorias que possibilitaram discutir o enfrentamento da violência, os papéis profissionais e as ferramentas que possibilitam a execução de boas práticas no parto. Conclusão: O estudo reforça a necessidade de se criar um elo sólido entre os profissionais de saúde e as parturientes, bem como, levanta a importância da educação em saúde e educação permanente para as boas práticas assistenciais.

**Descritores:** Cuidados de Enfermagem; Parto Humanizado; Saúde da Mulher; Violência Obstétrica.

**ABSTRACT** | Objective: The present study aimed to understand the role of nurses in preventing obstetric violence during childbirth. Method: Exploratory and descriptive research, with a qualitative approach, using the field study method, carried out in a public hospital in Brazil, with the participation of 10 nurses. A structured interview was carried out, where the data obtained were investigated through Minayo's content analysis. The research followed the rules of Resolution 466/12, which deals with research involving human beings. Results: Data analysis resulted in categories that made it possible to discuss coping with violence, professional roles and tools that enable the implementation of good practices in labor and birth. Conclusion: The study reinforces the need to create a solid link between health professionals and parturients, as well as raises the importance of health education and continuing education for good care practices.

**Keywords:** Nursing Care; Humanized Birth; Women's Health; Obstetric Violence.

**RESUMEN** | Objetivo: Este estudio tuvo como objetivo comprender el papel de los enfermeros en la prevención de la violencia obstétrica durante el parto. Método: Investigación exploratoria y descriptiva, con abordaje cualitativo, utilizando el método de estudio de campo, realizada en un hospital público de Brasil, con la participación de 10 enfermeros. Se realizó una entrevista estructurada, donde los datos obtenidos fueron investigados a través del análisis de contenido de Minayo. La investigación siguió las reglas de la Resolución 466/12, que trata de investigaciones envolvendo seres humanos. Resultados: El análisis de los datos resultó en categorías que permitieron discutir el enfrentamiento a la violencia, roles profesionales y herramientas que posibilitan la implementación de buenas prácticas en el parto. Conclusión: El estudio refuerza la necesidad de crear un vínculo sólido entre los profesionales de la salud y las parturientas, así como también plantea la importancia de la educación en salud y la educación continua para las buenas prácticas de cuidado.

**Palabras claves:** Atención de Enfermería; Nacimiento Humanizado; La salud de la Mujer; Violencia Obstétrica.

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#### INTRODUCTION

Violence against women has been a relevant issue in several spaces, and has been rooted in our daily lives since the first societies, thus constituting a profound social damage.<sup>1</sup>

According to the World Health Organization (WHO), violence is responsible for 1.4 million deaths worldwide each year. In addition to fatal violence, it is estimated that 35% of women worldwide are victims of physical and/or sexual violence during their lifetime, most of which is perpetrated by their intimate partners.<sup>1</sup>

Obstetric violence, on the other hand, is a public health problem, since many women report being afraid of being assisted in the Unified Health System (SUS), especially when it comes to vaginal delivery, for fear of being assaulted, disrespected, or even violated to the point of maternal and/or fetal death.<sup>2</sup>

In the obstetric field, violations can take many forms, among them, gender violence that is based on a patriarchal society in which women cannot freely express their desires and preferences; and institutional, which can be seen through negligence or failures in institutions.<sup>3</sup>

A significant part of women has no idea that they are experiencing obstetric violence, so this lack of knowledge has led women to irreversible trauma, when it does not cause the death of them, or their fetuses, and given this scenario, an adequate health follow-up makes a difference in the care field.<sup>4</sup>

Many of the women, for example, re-

port not receiving necessary information about possible complications during prenatal care, as well as that they were not instructed on the physiology of childbirth or the individual obstetric care to be performed, often leading the woman to the unknown and enabling blind violence.<sup>5</sup>



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In this context, the role of nursing in obstetrics has been reducing the incidence of unnecessary procedures during labor, and consequently the cases of violence, because in addition to reassuring the parturients – bringing safety to them – the nurse also acts at all times of childbirth, seeking,

above all, to protect the health of the mother-child binomial and their well-being, either by performing safe techniques and/or by providing effective guidelines.<sup>6</sup>

It is also believed that one of the ways to avoid such violations would be to improve the humanization of childbirth, since it is part of this process to respect the body, desire and ideas of each woman, providing that the experience of childbirth is lived in fullness.<sup>6</sup>

It is still relevant to point out that health technologies and good practices in obstetrics come with the fundamental role of alerting, teaching, preventing and qualifying care, being able to reach more women in their entirety, increasing and facilitating qualified assistance.<sup>7</sup>

The need to discuss obstetric violence in childbirth is notorious, as well as the importance of analyzing means that allow preventing and/or minimizing this type of injury, based on the principle of keeping the flame of the SUS principles and guidelines alive, and also, to be sisterly with the women victims of such violations.

The present study enables reflections for the benefit of women's health, given that its results allowed nursing professionals to reflect on violence and good practices in obstetrics - based on personal experiences - and, thus, producing valid discussions in the field of prevention and promotion of maternal and child health. Therefore, the objective of this study was to understand the role of nurses in the prevention of obstetric violence during childbirth.

Considering nursing care and good practices in obstetrics, the following guiding question emerged for research: what care role do nurses play in preventing obstetric violence during childbirth?

#### METHOD

The study was conducted through an exploratory and descriptive methodology, with a qualitative approach, using the method in field study, in an attempt to achieve the proposed objective.

The research was developed between

August 2021 and May 2022 in a public hospital, maintained by SUS, in the south-central region of Ceará (Brazil). With regard to obstetric care, the unit in question has 15 beds for the Obstetric Clinic, providing assistance both for vaginal deliveries and for surgical intervention.<sup>8</sup>

Ten nurses who work at the hospital indicated in the research field participated in the study, the choice being mediated by the snowball technique and theoretical saturation criterion.<sup>9-10</sup>

The inclusion criteria were: being a nurse; have an employment relationship with the research field; have at least one year of experience in the position; have attended at least one birth in the last six months.

As exclusion criteria, the following were adopted: being on leave for any reason that (a) exempts him from working in the field of research during the course of the research; being away (a) from work duties due to the maintenance of personal health; not be in agreement with the methodology and approaches proposed for the development of the research.

For data collection, a structured interview was carried out 11 among with the nurses selected for the research, where the initial contact took place upon acceptance of the Letter of Consent from the Co-Participating Institution, where, after its formalization, telephone and email contact were made with the nursing coordination of the research field, in order to facilitate dialogue with possible participants in the study sample.

The collection took place through the WhatsApp smartphone application, considering the importance of social distancing in the pandemic period and the prevention of contagion by droplets, by aerosols in aerosol-generating procedures, and by contact. In this sense, a structured script was adopted with 5 discursive questions, which were verbalized by the researcher through the application's audio tool, and the participant was instructed to also respond in the form of audio, so that the interviews took place individually, at an appropriate time and day, respecting the availability of

the participants and complying with the ethical and legal precepts of research involving human beings. In order to preserve the identity of the subjects, a codename was assigned to each interviewee, the prefix being the term "ENF", and the suffix an Arabic numeral increasing from 1, following the order of the interviews. (eg., NUR-1).

The data obtained were approached through Content Analysis 12, performed through the qualitative investigation of the content of the answers given by the research participants, in order to understand the theoretical and practical links added to the theme. The organization of the data was given through the Thematic Categorization, which is linked to an alignment that classifies the analyzed content in summaries, phrases and/or words.

The research complied with the norms of Resolution 466/12, of December 12, 2012, according to the National Health Council, adopting bio-ethical attitudes towards studies with human beings. These norms involve the concepts of ethics related to autonomy, beneficence, non-maleficence and legality, thus guaranteeing respect and any rights that involve the studied participant. It is also noteworthy that the guidelines present in Circular Letter No. 2/2021, which deals with care in the face of research with human beings in the pandemic period, were followed.<sup>13-14</sup>

All data obtained through text, image and/or audio were protected by the researcher and stored respecting the anonymity of the subjects involved in the research, being destroyed after a period of 5 years, provided that the material is no longer needed by the researchers and/or the parties involved.

The research was submitted to Plataforma Brasil and received the substantiated opinion of approval from the Research Ethics Committee of the Centro Universitário Doutor Leão Sampaio (UNILEÃO), under CAEE No. 55578022.7.0000.5048.

## RESULTS

The research was carried out with 10 nurses, and at first there was a certain re-

sistance from professionals when talking about the topic, even with the answers being protected in anonymity.

Despite the challenges, the results presented – respectively – two thematic categories, namely: Experiences of obstetric violence; and good birth care practices. These will bring important reflections and contributions to the field of women's health care, with a focus on obstetrics and maternal health.

The first category will seek to present the experiences of professional nurses in the face of obstetric violence, bringing opinions and professional perspectives of the situations experienced, motivated by the following questions: During your practices in the work environment, have you ever witnessed any obstetric violence during childbirth? If so, what type and what was your reaction? If not, what do you consider as a determining factor for not having witnessed it?

NUR-1 "I've already witnessed several episodes of episiotomy without indication, Kristeller maneuver, jokes and disrespect for the woman's anatomy, this is still very common".

NUR-2 "Yes, physical and verbal. My reaction was one of shock in the face of physics because I had never seen that behavior, and embarrassment in both situations, as a woman I put myself in the patient's place".

NUR-3 "Yes, but at the moment I was unable to express myself due to institutional reasons, and unfortunately the patient did not even know that she was suffering a type of violence, it is much more common than one imagines (...)".

NUR-4 "(...) the patient not being welcomed, not having her rights preserved, suffering psychological abuse, this is a violation".

In this context, based on the responses obtained, the category allowed us to reflect

on behaviors adopted in hospital environments that go against and/or against the effective care provided to women in labor.

In the second category, we sought to formulate ideas - given the opinions given by the professionals interviewed - about what constitutes good practices for adequate childbirth care, motivated by the following questions:

As a nurse, what do you consider as "Good Practices of Assistance in Childbirth and Birth"? Justify your answer. Do you believe that these practices can benefit obstetric nursing care? How and why?

NUR-1 "(...) they start from prenatal care, guaranteeing the quality of care from conception to delivery".

NUR-3 "(...) they start right away in prenatal care with the guidance of knowledge that the pregnant/puerperal woman will need".

NUR-4 "These are behaviors performed with the parturient and her NB, in a positive way and always based on scientific evidence".

NUR-5 "(...) a humanized, care delivery, which has a good reception, making the mother comfortable, encouraging the family to always participate and be frequently informed of the woman's situation, so that the moment is calm and safe".

In this context, based on the responses obtained, the importance and breadth of effective care throughout the birth process was identified, which must include technical and scientific assistance, following the principles of SUS and the humanization of care, supporting women's needs and ensuring their basic constitutional rights.

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ted to the physical aspect, but also involves the way in which the parturient is treated in a general context, in how she is received in the service, perceived and heard.

## DISCUSSION

Thus, we bring to the discussion the categories found to be treated according to their relevance.

## EXPERIENCES ABOUT OBSTETRIC VIOLENCE

According to Silva et al., the moment of childbirth is often distressing for the woman, from the moment of hospitalization - when she no longer has control over the situation - generating unpredictability of the facts, which intensify in the face of confrontation without monitoring and physical support of the family, a right that is often institutionally denied. And in this context, the parturient needs the understanding of health professionals, that most of the time part of the nurses, who are always present providing humanized support, qualifying care, and bringing a better outcome with regard to the experience of childbirth experienced by these women.<sup>15</sup>

It is important to highlight the need for psychological support, which must exist at all times of childbirth, and this goes beyond being empathic, as care must follow the principles and guidelines of the SUS, and the institutional legality of the system, starting,

also, the ethical principles of beneficence and non-maleficence, obeying the rhythm and specific needs of each woman's body and psyche.

As Silva et al. reinforces, each birth brings with it a unique experience, which must be respected and treated in the best possible way. The impacts of childbirth events will be perpetuated in the memory of each woman, and health professionals can and should make this moment a healthy, not traumatic, memory.<sup>16</sup>

It is known that childbirth is a physiological process, with a natural beginning and evolution; therefore, this process must ha-

ppen spontaneously, without unnecessary and/or contraindicated interventions during the period.<sup>15</sup>

From this perspective, it is observed - from the answers given by the interviewees - that in most events unnecessary measures are adopted that trigger violence, such as episiotomy, one of the most common obstetric violence observed in the daily lives of some professionals, who take advantage of the fragility and lack of knowledge of parturients, often in an attempt to just accelerate the birth process. It should be considered that such a measure should only be performed with absolute indication and scientific reason.

In these scenarios, nursing has gradually acted in discussions about women's health, together with feminist social movements, defending, for example, the Humanization Program in Prenatal and Birth. With this, the Ministry of Health has created ordinances, mechanisms and tools that favor the performance of nurses in comprehensive care for women's health, recognizing and prioritizing the pregnancy-puerperal period as a natural event, understanding that the humanization of care, both in maternity hospitals and in birthing centers, it is an indispensable measure to mitigate significant interventions and risks, being well performed - mainly - by professional nurses.

Professional support in childbirth with a focus on care and well-being is performed, especially, by the nursing team, which is essential for the contentment of parturients, corroborating the guarantee of care humanization and safe delivery. It is known, however, that such processes are not yet a full reality, and thus, changes and adaptations are sometimes slow and gradual, however, they are indispensable, because they make the care to be expanded and allow the promotion of effective, welcoming, safe and respectful health actions, prioritizing, above all, the woman's autonomy over her body.

In this way, despite the challenges faced, the process of changing the way of assisting women in childbirth is fundamental, as it involves the guarantee of rights

and priority respect for health, seeking to make the moment of childbirth a unique experience full of pleasures for the woman, family and fetus.

**GOOD BIRTH ASSISTANCE PRACTICES**

It is evident that for the parturient to have qualified assistance in childbirth, it is up to health professionals to use systematized scientific knowledge and directed to the individual needs of each woman, focusing on the execution of a holistic and respectful care, making assistance to the pregnancy-puerperal cycle less mechanical and more effective.<sup>17</sup>

Considering the multiple scenarios of the SUS, it is necessary to train the professional health team for qualified assistance during childbirth, puerperium and pregnancy, in order to contemplate support that involves not only the technical skills already guaranteed at graduation, but also seeking, also, to expand knowledge and experiences so that care can be increasingly humanized, with a view to avoiding and minimizing the physical and moral violence that women suffer daily in this health context.

Education has always been an indispensable tool for solving problems, and, in the context of health, it becomes essential for the application of systematized knowledge, horizontal and holistic, where nurses have the potential to be protagonists, where they must keep up to date on how to manage their care and provide safe and effective assistance to women in childbirth.

In the context of education and evolution of light technologies for care, one can cite some examples of good practices to be exercised, namely: detailed explanation of the adopted procedures; woman's attentive listening; extinction of invasive procedures, which are contraindicated and that cause pain and/or physical and moral discomfort; guarantee of the legal right to the participation of the family and companion; non-pharmacological measures for pain relief in childbirth; first skin-to-skin contact; late cutting of the umbilical cord; guarantee of the woman's choice regarding the way and form of delivery, among others.

However, one should also talk about breastfeeding and its importance, always providing guidance on the correct ways to breastfeed the newborn, ensuring all the benefits of breastfeeding for the mother-child binomial.

These good practices must be imple-



The idea of humanization guarantees an improvement in care, which seeks to counter violent practices, thus replacing mechanical and hostile techniques with a model that is more centered on women as an individual being, through a healthy dialogue between users and health professionals.



mented in order to promote health and reduce the risk of violence, and the professional who has such knowledge about the care offered will provide better assistance to women, resulting in a unique change of scenery, where what was previously seen as a moment of distress, becomes a welco-

ming space, without trauma and/or damage in the short and long term.

In addition, the health team must offer accessible conditions to the parturient, where she must feel comfortable, in addition to encouraging her during moments of pain, encouraging walking (when possible), and ensuring maximum autonomy and privacy for women. In addition, it is essential that the environment is comfortable, clean, and bright, considering that the environment is a determining factor for good practices to exist, and, in addition, the continuous provision of information must be ensured to the woman for understanding about each stage of childbirth. 16

Finally, the resilience of health professionals, especially nurses, is important in the continuous search to adapt institutional realities to the needs of women in childbirth, ensuring safe care and guaranteeing their rights within the scope of the SUS.

**CONCLUSION**

It was possible, through the interviews, to observe that cases of obstetric violence still exist, as well as that the medicalized delivery model still persists in the SUS, often providing a bad experience for parturients.

It is evident that the lack of knowledge of the parturients, and the little domain of the professionals, can favor the cases of obstetric violence, and in this sense, the need for professional training and constant communication about care in a humanized, ethical and legal manner should be reinforced.

The idea of humanization guarantees an improvement in care, which seeks to counter violent practices, thus replacing mechanical and hostile techniques with a model that is more centered on women as an individual being, through a healthy dialogue between users and health professionals.

For this process of change to occur – effectively – it is necessary that hospitals and maternity hospitals become de facto welcoming places, where women can be infor-

med about their rights and have the power of choice, in order to minimize the hierarchical bias of the care and gender model historically rooted in the care provided to women in the parturition process.

The research results reinforce the need

to create a solid link between health professionals and parturients, as well as raise the importance of health education and continuing education for good care practices.

It is also expected that discussions on the subject will not cease to be in vogue,

after all, it is essential that care evolves with contemporaneity, where we always seek to understand the work processes in order to formalize the edge of our health services as a guarantee of effective care for each and every person assisted in the SUS. 🌱

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