

# Conception of puerperal women about obstetric violence: Integrative review

**RESUMO** | Objetivo: Descrever a concepção de puérperas sobre violência obstétrica. Método: Trata-se de revisão integrativa da literatura que utilizou a estratégia PICo. A busca ocorreu entre novembro e dezembro de 2020 na Biblioteca Virtual da Saúde, Medline e SciELO com recorte temporal de artigos publicados de 2010 a 2020. Resultado: Foram analisados 12 artigos que se adequaram aos critérios de inclusão e responderam à questão norteadora da pesquisa. A análise do corpus proporcionou identificar que a maioria das puérperas desconhecem o termo violência obstétrica fato que obscurece a identificação que determinadas práticas realizadas em unidades hospitalares não condizem com as evidências científicas podendo ser consideradas como maus-tratos. Conclusão: Dentre os fatores que aumentam a vulnerabilidade para a ocorrência da violência obstétrica pode-se considerar a escassez de ações de educação em saúde durante o período pré-natal que viabilizem o reconhecimento dos direitos sexuais e reprodutivos das mulheres.

**Descritores:** Violência contra a mulher; Violência Obstétrica; Conhecimento; Parto obstétrico; Maternidades.

**ABSTRACT** | Objective: To describe the conception of puerperal women about obstetric violence. Method: This is an integrative literature review that used the PICo strategy. The search took place between November and December 2020 in the Virtual Health Library, Medline and SciELO, with a temporal cut of articles published from 2010 to 2020. Result: 12 articles were analyzed that met the inclusion criteria and answered the guiding question of the research. The analysis of the corpus made it possible to identify that most of the puerperal women are unaware of the term obstetric violence, a fact that obscures the identification that certain practices carried out in hospital units do not match the scientific evidence and can be considered as maltreatment. Conclusion: Among the factors that increase vulnerability to the occurrence of obstetric violence, one can consider the scarcity of health education actions during the prenatal period that enable the recognition of women's sexual and reproductive rights.

**Keywords:** Violence; Obstetric Violence; Knowledge; Delivery, Obstetric; Hospitals, Maternity.

**RESUMEN** | Objetivo: Describir la concepción de las puérperas sobre la violencia obstétrica. Método: Se trata de una revisión integrativa de la literatura que utilizó la estrategia PICo. La búsqueda se realizó entre noviembre y diciembre de 2020 en la Biblioteca Virtual en Salud, Medline y SciELO, con corte temporal de artículos publicados de 2010 a 2020. Resultado: se analizaron 12 artículos que cumplieron con los criterios de inclusión y respondieron a la pregunta orientadora de la investigación. El análisis del corpus permitió identificar que la mayoría de las puérperas desconocen el término violencia obstétrica, hecho que oscurece la identificación de que ciertas prácticas realizadas en las unidades hospitalarias no concuerdan con la evidencia científica y pueden ser consideradas como maltrato. Conclusión: Entre los factores que aumentan la vulnerabilidad a la ocurrencia de violencia obstétrica, se puede considerar la escasez de acciones de educación en salud durante el prenatal que posibiliten el reconocimiento de los derechos sexuales y reproductivos de las mujeres.

**Palabras claves:** Violência contra a mulher; Violência obstétrica; Conocimiento; Parto obstétrico; Maternidades.

## Amanda de Alencar Pereira Gomes

Nurse. Master's student at the Graduate Program in Nursing and Health (PPGES) at the State University of Southwest Bahia (UESB). Jequié, Bahia, Brazil.  
ORCID: 0000-0003-1356-3710

## Renara Meira Gomes

Nurse. Master's student at PPGES at UESB. Jequié, Bahia, Brazil.  
ORCID: 0000-0002-3366-6787

## Jéssica dos Santos Simões

Nurse. Master's student at PPGES at UESB. Jequié, Bahia, Brazil.  
ORCID: 0000-0003-2489-6836

## Aline Vieira Simões

- Nurse. PhD in Nursing. Professor of the

Nursing course and PPGES at UESB, Jequié, Bahia, Brazil.  
ORCID: 0000-0001-5465-4980

## Vilara Maria Mesquita Mendes Pires

Nurse. PhD in Family in Contemporary Society. Professor of the Nursing course and of the Urgency and Emergency Residency Program at UESB. Jequié, Bahia, Brazil.  
ORCID: 0000-0003-4964-3050

## Ninalva de Andrade Santos

Nurse. Doctor in Nursing. Professor of the Nursing course at UESB. Jequié, Bahia, Brazil.  
ORCID: 0000-0001-7051-7230

## Juliana Costa Machado

Nurse. PhD in Health Sciences. Professor of

the Nursing course and PPGES at UESB. Jequié, Bahia, Brazil  
ORCID: 0000-0002-5689-5910

## Vanda Palmarella Rodrigues

Nurse. PhD in Nursing. Professor of the Nursing course and PPGES at UESB. Jequié, Bahia, Brazil.  
ORCID: 0000-0002-5689-5910

**Recebido em:** 10/06/2022  
**Aprovado em:** 02/08/2022

## INTRODUCTION

In Brazil, a survey carried out by the Perseu Abramo Foundation in 2010 identified that 25% of

women who had normal or cesarean delivery, in the private or public network, experienced some type of obstetric violence during care in maternity hospitals, fact that underpinned the importance of producing more studies on these occurrences in health institutions. <sup>(1,2)</sup>

The engagement of women in social movements in search of humanized care during the pregnancy-puerperal cycle, especially during labor, gave greater visibility to institutional violence that is often present in obstetric care, which is considered an important public health problem, violation of women's sexual and reproductive rights. <sup>(3,4)</sup>

The invisibility of obstetric violence has as one of the vulnerability factors the fact that the woman is not seen as a protagonist during labor, reinforcing the hierarchical level of power between health professionals and parturients, issues that have a strong predictor factor in gender relations. Women report experiencing situations involving feelings of sadness and fear of possible damage to the mother-child binomial as a result of improper care in maternity hospitals, a fact that demonstrates the weaknesses of the units in terms of the quality of the services available. <sup>(3)</sup>

Obstetric violence can be classified according to how it occurs. Thus, cases of negligence, poor quality of care and lack of humanization in labor and birth involving physical and psychological violence should be considered. <sup>(5,6,7,8)</sup> Non-humanized care is a complex phenomenon because it causes unfavorable outcomes, making childbirth a negative experience for women. <sup>(9)</sup>

Factors such as inadequate academic training, propagation of practices not based on scientific evidence, lack of permanent health education actions for professionals in the field of obstetrics, structural



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and/or organizational problems in the workplace have contributed to the occurrence of this form of violence. <sup>(3)</sup> In this way, while professional practices continue to be, for the most part, interventionist and technocratic, it will be a challenge for the much-desired changes in the obstetric sector to occur. <sup>(10)</sup>

For some authors, one of the strategies for achieving changes in childbirth care would be to invest in actions that contribute to the perception of obstetric violence, especially to the people involved in the process. That is, women and professionals who often do not admit that their behavior is inappropriate. <sup>(6,9)</sup>

In view of the above, the article had as a guiding question: What is the conception of puerperal women about obstetric violence? The objective was to describe the conception of puerperal women about obstetric violence.

#### METHODS

This is an integrative literature review study that is characterized as a way of synthesizing primary studies on a given topic already discussed, in order to favor that the practice is based on scientific evidence according to significant findings. <sup>(11)</sup> The study had as a guiding question: What is the conception of puerperal women about obstetric violence?

In the search for articles of interest, the PICo strategy (Problem/Participant, Phenomenon of Interest and Context) was used. Thus, P would be the puerperal women, I the knowledge/conception of the puerperal women about obstetric violence and Co the maternity hospitals or hospitals where the puerperal women received care during their labor. <sup>(12)</sup>

The literature search was carried out in November and December

2020 in the databases of the Virtual Health Library (BVS), on the Portal of the National Center for Biotechnology Information of the National Library of Medicine (PubMed), from the Medical Literature Analysis and Retrieval System Online (Medline) database and the Scientific Electronic Library Online (SciELO) journal portal, using the descriptors and their synonyms in Portuguese belonging to the Descriptors in Health Sciences (DeCS) and in English belonging to the Medical Subject Headings (MeSH): "Violence against women (Violência contra a mulher)", "Obstetric childbirth (Parto obstétrico)", "Maternity (Maternidades), and the free term "Obstetric violence (Violência obstétrica)". Also, the Boolean operators OR and AND were used.

As inclusion criteria, articles published in Portuguese, English and Spanish were selected, available in full, that portrayed the theme related to the guiding question and published and indexed in the aforementioned databases with a time frame from 2010 to 2020. The following exclusion criteria were established: repeated documents, which only contemplated the conception of health professionals or women who were not in the puerperal period, in addition to monographs, dissertations, theses and other types of documents.

Initially, 155 articles were found in the databases used in this study. After using the filters, this number was reduced to 108 articles whose titles were read for selection. Then, the abstracts of the 49 articles that focused on obstetric violence were read. Of these, 29 articles were read in full to ensure reliability of the results, and 17 were later excluded for explaining the conception of women outside the puerperal period or just containing quantitative data without

contemplating a subjective analysis that the issue of interest requires. Furthermore, articles were excluded

from literature reviews that only addressed the forms of obstetric violence suffered by women without

**Table 1. Characterization of articles according to author/year, country, type of study and main findings. Jequié, Bahia, Brazil, 2020.**

Author and year	Country	Type of Study	Main findings
Lasnky S et al, 2019 <sup>(15)</sup>	Brazil	Quantitative and qualitative	Non-consensual/accepted intervention with partial information, unworthy care/verbal abuse, physical abuse, non-confidential/private care and discrimination predominated in the interviewees' reports; Some women were not able to identify whether they had experienced violence.
Sala VV, 2019 <sup>(7)</sup>	Colombia	Qualitative	Interviewees reported situations of symbolic, institutional, physical and psychological violence; The appropriation of the experience of childbirth by professionals was made through interventions and authoritarian impositions.
Silva FC et al 2019 <sup>(13)</sup>	Brazil	Qualitative	Some puerperal women know obstetric violence as old actions used during childbirth ("squeeze the woman's belly, cut, have the baby lying down, apply oxytocin without needing"); Some puerperal women are not aware or do not know, for sure, what can be considered as obstetric violence.
Nascimento SL et al, 2019 <sup>(14)</sup>	Brazil	Qualitative	Most of the interviewees did not know about obstetric violence and had never heard the term before; Several situations of violence were identified in the mothers' discourse, from the screening to the postpartum period by different categories of health professionals;
Guimarães LBE, Jonas E, Amaral LROG, 2018 <sup>(3)</sup>	Brazil	Qualitative	Most of the interviewees experienced obstetric violence and were able to identify it; Women's perception of institutional violence during childbirth is related to the lack of quality in care.
Courtois MLC, Maia NAS, 2018 <sup>(16)</sup>	Mexico	Qualitative	Women are unaware of certain procedures such as gender violence at the time of childbirth; Psychological abuse and carrying out practices without consent were reported by the interviewees.
Santiago RV, Monreal LA, Carmona AR, Domínguez MS, 2018 <sup>(6)</sup>	Mexico	Qualitative	Stigmatization and discrimination by health professionals were perceived by women, mainly associated with their physical appearance and socioeconomic status; Women, when considering themselves poor, did not believe that they could defend themselves from the insults/abuses practiced by professionals.
Oliveira VG, Penna CMM, 2017 <sup>(5)</sup>	Brazil	Qualitative	Interviewees point to consensual and silenced violence by declaring that they have no voice in the health services; Violence is justified by women due to attitudes they have during labor (such as screaming, or "giving work" to the professional).
Carvalho IS, Brito RS, 2017 <sup>(9)</sup>	Brazil	Qualitative	Inadequate comments from some health professionals and criticisms about the act of screaming or moaning during labor were perceived by postpartum women; Power relationship between professionals and parturients, where the woman is at a level of inferiority.

considering their conceptions on the subject. In the end, 12 articles were selected to compose this study.

Subsequently, a more detailed analysis of the selected publications was carried out in order to obtain more consistent information for the study. Methodologically, we chose to present a scheme (Chart I) with emphasis on authors, year of publication, country, type of study and summary of the main findings. In the discussion phase, the results presented were compared with other findings in the literature, making it possible to present the implications of obstetric violence against women after receiving care in the health services, with emphasis on the conception of obstetric violence and the forms of obstetric violence experienced.

## RESULTS

Of the 12 articles that composed the corpus of analysis (Table I), most 9 (75.0%) of the publications were carried out in studies developed in Brazil, mainly in the years 2017 (33.3%), 2019 (33.3%) and 2018 (25.0%), a fact that denotes a recent growth in discussions that bring greater visibility to the theme. Regarding the type of study, the majority of 11 (96.7%) were of the qualitative type.

Overall, the studies showed that women's knowledge about the occurrence of obstetric violence in health care services is still superficial, and the term is unknown to most participants in the studies.<sup>(13,14)</sup> Some behaviors on the part of health professionals, wrongly interpreted as intrinsic to labor, can be considered actions that reduce the role of women, turning the moment that should be natural, into something with unnecessary medical-technological interventions.<sup>(15,16)</sup>

Pedroso CNLS, López LC, 2017 <sup>(8)</sup>	Brazil	Qualitative	Women who arrived at the hospital before active labor received unnecessary interventions; Professionals did not provide sufficient guidance to women during labor; Hierarchical relationships within the hospital between professionals and parturients;
Barbosa LC, Fabbro MRC, Machado GPR, 2017 <sup>(17)</sup>	Brazil	Integrative review	It was evidenced that childbirth was represented by the absence of pain relief, suffering and dissatisfaction due to the lack of quality care; Imposition on parturients of hospital routines that impede comfort and remove the woman's autonomy.
Aguiar JM, d'Oliveira AFPL, 2011 <sup>(18)</sup>	Brazil	Qualitative	The poor care according to the interviewees' conception was due to lack of pain management, occurrence of complications due to medical negligence, unnecessary exposure of their intimacy, difficulty in communication, performing procedures without consent and rude and impatient treatment of professionals.

Source: Survey data, 2020.

Some women reported feelings of inferiority during care when being assisted by authoritarian professionals, especially when they experienced verbal or physical violence. Faced with these occurrences, the informants emphasized that assistance in maternity hospitals or public hospitals contributed to generating the feeling that they were receiving a favor rather than the perception that they were enjoying reproductive rights. This view, which makes the professionals' actions something that should not be questioned, works as a strategic silencing mechanism for fear of not receiving adequate care.<sup>(7,16)</sup>

## DISCUSSION

Obstetric violence is a multifaceted global phenomenon that brings with it numerous implications. A study carried out in Mexico also identified acts of obstetric violence committed in health institutions, and the lack of adequate information for women is related to the lack of perception of this scenario. There is contradiction when excessive medicalization and/or without tech-

nical indication are used as a useful resource to accelerate the labor process without being recognized as a form of violence in the field of obstetrics.<sup>(19)</sup>

In addition, there is an important gap between the real and the prescribed at a time when women, even recognizing that their rights have not been fulfilled, are still faced with services where they do not have the right to voice, a fact that corroborates the perpetuation of the medicalization of the female body, a common phenomenon at the time of vulnerability such as labor. Rigid norms in the practices of professionals and/or the institution contribute to cutting off women's speech, as well as issues related to the so important active listening on the part of professionals.<sup>(3,5,14)</sup>

Women who are victims of obstetric violence, when being assisted by institutions of the public health network, may mistakenly understand that assistance is something charitable. This understanding can make it difficult for women, even recognizing inadequate situations, to have the courage to denounce or impose their reproductive rights.<sup>(3)</sup>

In addition, with these experiences, women may have a negative view of normal childbirth and feel discouraged from choosing the same route of delivery in a next pregnancy.<sup>(8)</sup>

On the other hand, it must be considered that many health professionals correlate that obstetric violence results, in most cases, from situations resulting from women's conduct which would go against the rules of health units during the hospitalization period. In this sense, there seems to be obscurity regarding the conception that women have not been properly informed so that they can have greater security during labor and birth. In addition, professionals commonly do not consider their behavior to be violent and discriminatory.<sup>(6)</sup>

What is expected by the professionals is that cooperative and obedient women arrive at the health services, so that the order of the place is maintained.<sup>(20)</sup> Thus, women who "give work" or scream that they can no longer bear to feel the pain of contractions suffer more obstetric violence. The parturient who collaborates and does not make a scandal, would be subject to a more agile assistance, free from verbal repression and abandonment by the health team.<sup>(18)</sup>

In turn, the parturient is not seen as capable of making decisions about her own body and this makes her submissive and devalued, which favors that this violence becomes naturalized in the institutional environment.<sup>(20,21)</sup> These situations allow the assistance provided to reduce the role of protagonist that women should play during the birth of their children.<sup>(22)</sup>

Institutional violence has been observed through poor quality care, where professionals also do not seek to create a bond with the parturient and her companions.<sup>(3)</sup> Women re-

port that a good relationship with the health team supports them to receive individualized and quality care, based on the performance of properly indicated procedures.<sup>(18)</sup>

The analysis of the studies that made up the corpus of this integrative review, as shown in Table I, made it possible to identify different forms of obstetric violence reported by the interviewees during the period in which they remained in the maternity hospitals. Most of these practices considered violent are still seen as normal practices, obscuring their identification as obstetric violence.<sup>(20)</sup>

These occurrences are evidenced by negligence, imprudence, malpractice resulting in omissions, discrimination and disrespect against parturients.<sup>(4)</sup> Similar results were also found in other studies where approximately 81% of women reported having suffered at least one type of unnecessary intervention, such as directed pushing, imposition of lithotomy or use of oxytocin. In addition, 87% were victims of verbal and physical abuse, in addition to performing procedures without consent, these numbers being considerably high.<sup>(23,24)</sup>

There is a need to create strategies such as the implementation of health education actions based on scientific evidence during the prenatal period. Strategically, groups of pregnant women can be considered, which provide women with knowledge about the parturition process, contributing to empowerment on the subject, as well as clarification on their reproductive and sexual rights.<sup>(13,15)</sup> The socialization of this information for women may encourage adequate decision-making at the time of labor, in order to contribute to the re-signification of praxis in obstetric sectors.<sup>(7)</sup>

Added to this is the importance

of new perspectives on the academic training of professionals, which should also be used as a means of reformulating the obstetric scenario, minimizing cases of obstetric violence. Investments in continuing health education must be made to encourage a humanized care practice that respects women's sexual and reproductive rights.<sup>(4,14,27)</sup>

## CONCLUSION

It was identified that there was very superficial knowledge on the subject on the part of women. The performance of inadequate procedures not based on scientific evidence, such as episiotomies and Kristeller maneuvers, are still a reality in the obstetric service. Professional training centered on the dominant paradigm which emphasizes technicism (medical-hegemonic model), a vertical hierarchical relationship between professional and parturient, as well as authoritarianism were presented as factors associated with the phenomenon of obstetric violence.

The lack of information during prenatal care should be considered, because this gap contributes to women looking for maternity hospitals during the labor process without the necessary knowledge to know how to identify cases of abuse, a fact that constitutes a bias to minimize violence in the field of obstetrics. Intensify health education strategies with an emphasis on women's sexual and reproductive rights, provide better academic training for health professionals with an emphasis on the humanization of labor and birth, ensuring the right to a companion during the delivery period, minimizing the differences between gender relations are some strategies for overcoming the problem.

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