Obstetric Violence in the Context of Labor and Birth

RESUMO

Objetivo: Descrever a produção cientifica sobre o papel doe enfermeiro na prevenção da violência obstétrica no contexto parto e nascimento. Método: Trata-se de uma Revisão Integrativa, norteada pela pergunta: "Qual o papel do enfermeiro diante a Violência Obstétrica no contexto parto e nascimento?" Os dados foram coletados em abril de 2023, na Biblioteca Virtual de Saúde (BVS) nas bases de dados eletrônico BDENF, LILACS E MEDLINE utilizando os descritores Violência Obstétrica, Cuidados de Enfermagem e Parto Humanizado. Resultados: A violência obstétrica é definida como qualquer tipo de agressão ou abuso a uma mulher durante a gestação, o parto e no puerpério, muitas vezes não é apenas físico, ela também pode ser verbal ou psicológica. Conclusão: Destaca-se o papel fundamental do enfermeiro neste momento delicado e importante da vida das gestantes e puérperas, uma vez que explicita tanto o conhecimento quanto o trabalho para prevenção da violência obstétrica é de suma importância para um atendimento de excelência. Descritores: "Violência Obstétrica" AND "Cuidados de Enfermagem"; "Violência Obstétrica" AND "Parto Humanizado".

PALAVRA-CHAVE: Violência Obstétrica, Cuidados de Enfermagem, Parto Humanizado .

ABSTRACT

Objective: To analyze the scientific production on the role of the nurse in the prevention of obstetric violence in the context of childbirth and childbirth. Method: This is an Integrative Review, guided by the question: "What is the role of nurses in the face of Obstetric Violence in the context of labor and birth?" Data were collected in April 2023, in the Virtual Health Library (VHL) in the electronic databases BDENF, LILACS and MEDLINE using the descriptors Obstetric Violence, Nursing Care and Humanized Childbirth. Results: Obstetric violence is defined as any type of aggression or abuse towards a woman during pregnancy, childbirth and the puerperium, often not just physical, it can also be verbal or psychological. Conclusion: The fundamental role of the nurse in this delicate and important moment in the lives of pregnant and puerperal women is highlighted, since it explains both the knowledge and the work for the prevention of obstetric violence, which is of paramount importance for an excellent service. Descriptors: "Obstetric Violence" AND "Nursing Care"; "Obstetric Violence" AND "Humanized Childbirth".

KEYWORDS: Obstetric Violence, Nursing Care, Humanized Childbirth.

RESUMEN

Objetivo: Describir la producción científica sobre el papel del enfermero en la prevención de la violencia obstétrica en el contexto del parto y nacimiento. Método: Se trata de una Revisión Integrativa, guiada por la pregunta: "¿Cuál es el papel del enfermero frente a la violencia obstétrica en el contexto del parto y nacimiento?" Los datos fueron recolectados en abril de 2023 en la Biblioteca Virtual en Salud (BVS), en las bases de datos electrónicas BDENF, LILACS y MEDLINE, utilizando los descriptores Violencia Obstétrica, Cuidados de Enfermería y Parto Humanizado. Resultados: La violencia obstétrica se define como cualquier tipo de agresión o abuso hacia una mujer durante el embarazo, el parto o el posparto; muchas veces no es solo física, sino que también puede ser verbal o psicológica. Conclusión: Se destaca el papel fundamental del enfermero en este momento delicado e importante en la vida de las gestantes y puérperas, ya que su conocimiento y actuación para la prevención de la violencia obstétrica son de suma importancia para una atención de excelencia. Descriptores: "Violencia Obstétrica" AND "Cuidados de Enfermería"; "Violencia Obstétrica" AND "Parto Humanizado"

PALABRAS CLAVE: Violencia Obstétrica, Cuidados de Enfermería, Parto Humanizado.

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INTRODUCTION

This paper analyzes the issue of obstetric violence, pointing out the types of violence that are generally committed against pregnant and postpartum women. But first we need to understand what obstetric violence is.

The concept of obstetric violence is associated with any type of aggression or abuse of a woman during pregnancy, childbirth and the puerperium, often not only physical, but also verbal or psychological[1]. Recently, the World Health Organization (WHO) characterized obstetric violence in seven categories: physical abuse; non-consensual care; verbal abuse; discrimination, abandonment, neglect or refusal of care and imposition of non-consensual obstetric interventions without scientific basis[2].

Obstetric violence has been the subject of several studies depicting the suffering of women in labor and birth care. This topic has been addressed since the 1980s, but has become more relevant in the last 10 years, not only in Brazil, but especially in Venezuela, the country that pioneered specific legislation to tackle the issue[3].

Obstetric violence is also a challenge for public health in Brazil. The number of cases of obstetric violence in Brazil is high, but there are few national epidemiological studies on the subject[4]. In the last decade there has been a growing interest in this form of violence, and according to the author, there are many difficulties in relation to the subject, such as the "lack of definition of the acts" of obstetric violence, lack of consensus on the term used, difficulty in measuring, little evidence on the consequences of obstetric violence on maternal and child health and, finally, the absence of public policies to repress these acts[3-5].

In Brazil, there are some policies and programs that contribute to the prevention of obstetric violence, such as the National Program for the Humanization of Childbirth and Birth (2000); the Accompanying Person Law (2005), the Stork Network - Maternal and Child Care Network (2011), now called the Alyne Network (2024) and the National Guidelines for Pregnant Women's Care (2015/2016). However, this is not enough to curb these acts, there is still a lot to be done in this regard.

Venezuela was the first country to guarantee, through specific legislation, women's rights to a life without violence. This legislation was passed on November 25, 2006, and is seen as an important mechanism for guaranteeing violence-free obstetric care and the possibility of developing tactics for dealing with obstetric violence on the part of obstetric professionals and health services[3].

In May 2019, the Ministry of Health published an official letter (Official Letter No. 017/19 - JUR/SEC), deeming the terminology obstetric violence to be inappropriate, banning its use in legal and official documents and public policies[4,5].

In Brazil, childbirth care is characterized by an interventionist approach, which tends to medicalize the natural processes of labour and birth. According to a national survey carried out in 2011/12, 56.6% of births took place by caesarean section, a percentage that was even higher in the private network, reaching 90%. Among women who went into labor, 36.4% received oxytocin for induction or acceleration, and 39.1% underwent amniotomy. In the group of women who gave birth vaginally, 36.1% reported having undergone the Kristeller maneuver and 53.5% were subjected to episiotomy. In total, 45.5% of the women had a cesarean delivery, while 54.5% had a vaginal delivery, but only 5.6% of these deliveries took place without any intervention[5].

According to 2015 data from the Department of Informatics of the Unified Health System (DATASUS), 98.08% of births in Brazil take place in a hospital environment. Between 2007 and 2011, the rate of caesarean sections increased from 46.56% to 53.88%. Information released by the Ministry of Health in the same year indicates that the overall rate of caesarean sections in the country is 56%, with significant differences between the public and private sectors, where the rates are approximately 40% and 85%, respectively[6].

In view of the above, the relevance of this study is clear, given the incidence and damage caused to pregnant women and, consequently, to children. The right to life is a fundamental right and is protected by the Federal Constitution in Article 5, and the unborn child already has rights from the womb and it is also essential to point out the Dignity of the Human Person of the pregnant woman, is what points out[7].

Thus, this study aimed to clarify what has been done to prevent obstetric violence and what measures have been taken to minimize the damage suffered by victims. In addition to clearly answering the question that guides this work "What is the role of nurses in the face of obstetric violence in the context of labor and birth?"

METHODS

It refers to a search in the literature, applying the methodological strategy of Integrative Review, which synthesizes results on a subject[8].

The question that led to the study was "What is the role of nurses in the face of obstetric violence in the context of labor and birth?". The data was searched via the Virtual Health Library (VHL), in the electronic databases Medical Literature

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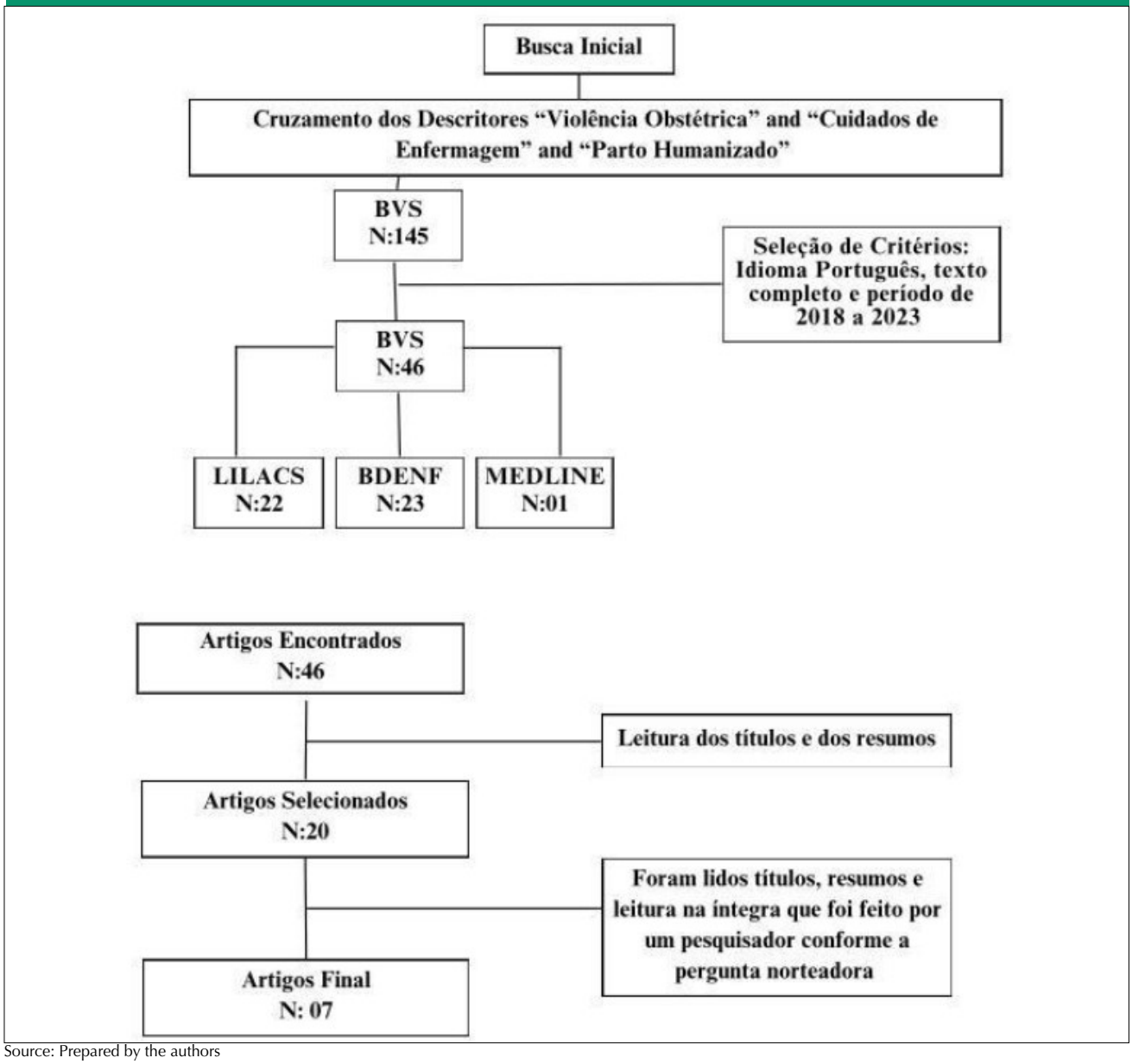
Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Health Sciences Literature (LILACS) and Nursing Database (BDENF).

The following terms were used to collect the data, according to the Descriptors in Science and Health (DECS), associating the Boolean AND: "Obstetric Violence" AND "Humanized Childbirth"; "Obstetric Violence" AND "Nursing Care".

The inclusion criteria used were: scientific articles with access to the full text, articles published in Portuguese due to the interest in studying only articles that addressed the theme of Brazil, in the period from 2018 to 2023. The exclusion criteria were: articles in other languages and articles whose titles and abstracts did not match the guiding question.

The initial search identified 144 articles, distributed between the databases and the sum of the returns for the two descriptors, in which titles and abstracts were read by a researcher to identify those that met the inclusion criteria. Seven publications were selected and the others excluded because they did not meet the criteria.

Figure 1 - Flowchart for identifying, selecting and retrieving articles, Belo Horizonte, Minas Gerais, 2023



Source: Prepared by the authors

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RESULTADOS

Chart 1: Synopsis of the articles included in the literature review. Belo Horizonte, Minas Gerais, 2023.

Authors	Title	Year of publication	Objectives	Type of study	Name of the magazine	Journal Qualis	Main authors' findings	Level of evidence
Moreira do Nascimento, D. E., Caetano Barbosa, J., Barreto Isaías, B., Holanda Nascimento, R. B., Martins Fernandes, E., Tavares de Luna Neto, R., & de Farias Rodrigues, M. P.	Experiences of obstetric violence: Good practices in nursing in childbirth care	2022	It aimed to understand the role of nurses in preventing obstetric violence in childbirth.	Qualitative research	Nursing	B2	Data analysis resulted in categories that made it possible to discuss the confronting violence, the roles professionals and the tools that enable implementation of good practices in childbirth.	IV
Antônia Tainá Bezerra Castro, Sibele Pontes Rocha	Obstetric violence and nursing care: reflections from the literature	2020	Identify in the scientific literature what points to the obstetric violence and nursing care for prevention of this occurrence.	Integrative review	Enferm. foco	B1	The occurrence of humiliation at the time of childbirth and unnecessary procedures. Nursing care stands out in reducing these procedures invasive methods, through non pharmacological treatment, a dignified welcome, active listening and support physical and emotional.	I
Angélica de Cássia Bitencourt, Samanta Luzia de Oliveira, Giseli Mendes Rennó.	Meaning of violence obstetrics for professionals working in the childbirth assistance	2021	To understand the meaning of obstetric violence for professionals working in obstetric care. assistance in labor and delivery.	Qualitative research	Enferm. foco	B1	They were found the categories "Not respecting women's protagonism", "Unnecessary interventions", "Deny service", "Relationship professional and parturient conflict", "Aggression verbal", and "Lack of knowledge of professionals and parturients".	IV
Nascimentto RC, Souza ACF.	The nurse's assistance to parturient in the context hospital: a look at obstetric violence	2022	Analyze the recurrence of obstetric violence, elucidate the heterogeneity of this issue, understand the treatment received by the patients, and discuss the vision of the nursing in the face of obstetric violence.	Clinical practice guide / Qualitative research	REVISA (Online)	B4	This is any act carried out by health professionals with regard to the body, the processes women's reproductive and psychological health, expressed through a attention dehumanized, abuse of interventionist actions, medicalization and the pathological transformation of parturition processes physiological.	IV

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Diego Pereira Rodrigues , Valdecyr Herdy Alves, Raquel Santana Vieira , Diva Cristina Morett Romano Leão, Enimar de Paula , Mariana Machado Pimentel.	Obstetric violence in context of childbirth and birth	2018	To analyze the practices considered violent in obstetric care.	Meta-analysis of multiple controlled studies	Rev. enferm. UFPE on line	B2	They were the following were identified categories	I
Santos, et al., (2018)[16]	Nursing care in the prevention of obstetric violence	2018	To identify, in the national scientific literature, nursing care in the prevention of obstetric violence.	Prognostic study / Risk factors	Enferm. foco	B1	After reading and analyzing the articles, the following thematic categories emerged Measures of preventing obstetric violence; Experiences with prevention obstetric violence and Knowing the risk factors for obstetric violence. O nurses seek in their care a bond with the patient. parturient woman to provide a healthy birth, thus avoiding violence obstetrics.	IV
Mariano et al., (2014)[4]	Obstetric violence: A review Integrative	2019	Review Brazilian research, identifying the types of obstetric violence, possible causes and the role of nurses in this scenario.	Systematic review	Rev. enferm. UERJ	A1	16 articles reviewed published between 2004 and 2018. A obstetric violence can be associated with verbal and psychological abuse, expropriation of the female body, deprivation of escort, lack of information, deprivation of movement, trivialization of pain and lack of privacy. Possible causes institutional unpreparedness and professional, authoritarianism/hie professionalization, medicalization of care, socioeconomic status and schooling of women, and denial or non-recognition of violence obstetrics.	I

Source: Prepared by the authors

Most of the articles were published in nursing journals (N= 6) and only one in a health journal. The qualis of the journals ranged from B1 (n= 3), B2 (n= 2), (covering journals of national excellence), B4 (n= 1), (considering journals of medium excellence) and A1 (n= 1), (covering journals of international excellence). As for the levels of evidence, there was a predominance of level IV (n= 4) and level I articles (n= 3).

The seven articles were published between 2018 and 2023, 41.8% in 2018 and 2019 (n= 3) and 58.2% in 2020 and 2022 (n= 4).

As far as methodologies are concerned, 33.3% of the articles are qualitative research, followed by integrative review (22.23%), meta-analysis study (22.23%), and prognostic study (22.23%).

With all the studies included in this literature review, the findings were analyzed according to the objectives of this study. Therefore, the analytical categories of the study are presented below:

Obstetric violence

Obstetric violence is understood to be any action practiced by health pro-

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fessionals that affects women's bodies, reproductive processes and psychology, manifested through inhumane care and abuse of interventions[11].

The evaluation of women during the parturition process has revealed the presence of violence in health care by medical power and authority as a vulnerable person in need of care, incapable of making decisions and recognizing their needs. One of the factors contributing to obstetric violence is the abuse of power by health professionals, who use inhumane and discriminatory practices in the context of labor and birth[3].

Experts are unaware of obstetric violence and believe that it is limited only to physical damage caused during childbirth, such as lacerations to a woman's tissues. However, this aspect includes several branches beyond the physical, as well as the psychological[11].

Obstetric violence can occur in a variety of ways and is organized into types: one of them, physical abuse, includes all the sudden, unnecessary acts carried out on the woman's body, such as assaults, pinching, administration of medication that is not justified by the patient's condition, disrespect for the time of natural childbirth without interference, iatrogenic procedures that are not essential for the health of the parturient and fetus[1].

Among these procedures are routine episiotomies, due to the team's haste in not waiting for the physiological delivery time. Another procedure is the Kristeller Maneuver, whereby pressure is exerted on the upper portion of the uterus in order to make the baby come out faster, which can cause damage to the mother's ribs and brain trauma to the baby1. Obstetric violence can also be verbal, psychological or physical. Verbal violence against women during labor or childbirth is common. They are often disrespected when expressing pain, emotion, joy or anxiety, and are threatened, shouted at and humiliated, such as: "There's no point in crying because next year you'll be here again"; "Why are you crying now? when it was time to do it, you didn't cry/didn't call mommy" and "I'll stop what I'm doing if you keep shouting."[1]

Among the types of obstetric violence, it is guaranteed that the companion of the woman's free choice will not be impeded during labor and postpartum according to Law 11.108, of April 7, 2005, whether in the SUS or in the private network. Therefore, they state that it is important for the professional to adopt the practice of a dignified and respectful welcome, such as introducing the professional, explaining the nurse's role in care, physical and emotional support, providing a suitable environment so that the woman feels comfortable and offering active listening to clarify doubts and concerns about labor and thus to promote the control of anxiety, since it is common for women to feel these emotions.[1,3]

Risk factors for Obstetric Violence

Professional and institutional unpreparedness are determining factors in the practice of obstetric violence. Professionals must master their work, but they also have to have a good structure to put it into practice, but unfortunately when the professional lacks the structure, or vice versa, it becomes impossible to provide an excellent service13. In terms of knowledge, obstetric violence is often ignored by many professionals, who justify practices that are considered necessary, even though they may harm the patient.[13]

With regard to the structural aspect, the hospital's lack of institutional preparation, in several variants (physical structure, structure with trained personnel and structure of care guidelines), can influence the risk factors for obstetric violence, since the lack of structure also causes unnecessary stress on professionals who try to work, and don't always succeed due to the lack of structural conditions. It is understood that intense working hours and a lack of human and material resources are considered possible risk factors for obstetric violence.[8, 13]

The lack or weakness of prenatal care systematically contributes to insufficient information about labor and consequently about possible situations of obstetric violence. Prenatal care is extremely important, not only for systematic and continuous monitoring of the baby's development and the pregnant woman's health, but also because it is during these consultations that the nurse has the opportunity to advise the pregnant woman on her rights and on obstetric violence, which can then be prevented.[1, 13]

Due to the multiple scenarios of the Unified Health System (SUS), it is necessary to train the professional team in order to provide qualified and humanized care during childbirth, pregnancy and the puerperium. These are not just skills acquired during graduation and/or internships. There must be ongoing training and a constant search that goes beyond the knowledge and experience acquired during training. It is also important to take part in congresses, refresher courses and workshops to keep up to date. In this way, it is possible to increasingly humanize care, with a view to avoiding and minimizing the physical and moral violence that women suffer on a daily basis in this health context.[9, 11-12]

The role of nurses in preventing obstetric violence

As a result of this review, the role of nurses in preventing obstetric violence was identified, as summarized in figure 1.

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Figure - 1 Nurses' role in preventing obstetric violence

Source: Prepared by the authors

The nurse's role in preventing obstetric violence is related to ensuring a reduction in invasive procedures, supporting the parturient woman during childbirth and the postpartum period, among other things that we'll talk about throughout this category.[1]

The conduct of nurses in the face of obstetric violence in the context of labor and birth in order to carry out good practices to prevent obstetric violence are these[12]:

- Explain to the patient so that she understands what she has and what can be done for her and how she can help;
- Avoid invasive, pain-causing and risky procedures, except in strictly indicated situations;
- Try to listen to the patient and work in partnership with colleagues to ensure that the patient is treated in a way that is far from humiliating;
- Promoting the patient's right to a companion of their choice during prenatal care and childbirth;
- Seeking fulfillment at work and keeping up to date are ways of valuing yourself.

The practice of welcoming women with dignity and respect plays a role in preventing obstetric violence. It refers to introducing the professional, explaining the nurse's role in care, providing physical and emotional support, providing adequate environmental conditions so that the woman feels at ease, as well as providing active listening to questions or concerns about labor and so to promote the control of anxiety, since at this time it is common for women to experience these feelings.[1]

The reduction of invasive procedures as a necessary measure, such as rupture of membranes, episiotomies, acceleration or induction of labor, instrumental deliveries or caesarean sections, unless they are necessary due to complications, and this fact is duly explained to the woman.[1,13] In addition, in this context it is important to encourage women to use non-pharmacological methods, such as sprinkling baths, lumbar massages, breathing exercises and aromatherapy and music therapy techniques, which not only contribute to pain relief, but also provide humanized care free from unnecessary interventions.[13]

The nurse's role is to provide guidance and information on the signs and symptoms of the stages of labor and how to alleviate them. It is necessary to check whether she has any doubts or concerns about the information she has received.[12]

Therefore, nurses must honor their oath, which is to care for the whole human being. It is not only the nurse's duty, but that of all health promoters to obey the recommendations and contraindications of the health authorities. In addition, nurses must respect the emotions of the parturient woman, they must ensure dignified care, they must respect the pregnant woman's right to know in advance the health unit she has chosen to have her baby, and they must guarantee humanized care at all stages of pregnancy.[11,12]

DISCUSSION

The findings of this review show relevant points regarding the role of nursing in dealing with obstetric violence, namely: the knowledge of health professionals and pregnant women, the structure of the service and the adoption of measures and/or factors that contribute to the prevention of obstetric violence.

In relation to knowledge, other studies corroborate this by stating that lack of information and fear of asking about the processes that will be carried out during labor are common among pregnant women. This can lead to acceptance of the exploitation of their bodies by different people, accepting unpleasant situations without complaining[6]. According to the World Health Organization (WHO), pregnant women all over the world are victims of abuse, lack of respect, neglect and mistreatment. These practices can have serious consequences for both mother and baby, especially as this is a vulnerable time[2].

In relation to the institutional and structural aspect of health services, the

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institutional character of obstetric violence is understood as actions or forms of organization that hinder, delay or prevent women's access to their rights, whether through constitutions, actions or services of a public or private nature. These include limiting access to health care services, obstructing breastfeeding, omitting or violating women's rights during pregnancy, childbirth and\or the puerperium, and institutional protocols that prohibit or go against the rules.[14]

When it comes to institutional violence, we have school hospitals as a classic example. In this environment, it is routine for students to perform procedures together or in sequence, and as if the exposure and natural discomfort of performing the procedures were not enough, the parturient woman is not even informed about the names, qualifications, need and risks of the procedures, or even given information about the progression of her own labor. What's more, at no point is the pregnant patient asked for her consent to allow or not allow the procedures to be carried out in her presence or by the students.[11,14]

One of the forms of obstetric violence is psychological violence, which is understood as any verbal or behavioral action that causes a woman to feel inferior, vulnerable, abandoned, emotionally unstable, afraid, uncomfortable, deviant, insecure, inhibited, disappointed, isolated, loss of integrity, loss of dignity and reputation[11,14].

Another form of obstetric violence, which is very common in this type of environment, is the lack of information or information provided in language that is not very accessible, disrespect or disregard for their cultural standards, threats, humiliation, rudeness, blackmail, offenses, omission, not to mention the lies, jokes and taunts they are forced to listen to. In addition to the aforementioned forms of obstetric violence, violence can also be physical, i.e. actions that affect a woman's body and cause her pain or physical harm. Examples include deprivation of food, prohibition of women's movement, trichotomy (hair shaving), use of oxytocin, non-use of analgesia when technically indicated and requested by the parturient woman, and elective caesarean section without clinical indication.[8-10,14]

In this list of violence, the lack of communication between peers stands out. The absence of constant dialogue sometimes leaves the pregnant woman/puerperal woman without information about the act of giving birth and her clinical condition, thus generating an idea of abandonment during hospitalization. The ideal and necessary thing is to inform the woman of the procedures to be adopted beforehand, using language based on respect, so as not to verbally hurt her.[11,14]

Obstetric violence is part of the list of violations of women's human rights and they emphasize that this violence is generally underreported, or worse, not reported at all due to embarrassment, humiliation or fear of revenge on the part of the aggressors.[15]

The most specific of many definitions, obstetric violence is the physical, mental and sexual violence and neglect committed by medical teams against women and newborns as a result of pregnancy, labor and delivery, including puerperium and abortion situations. However, other aspects also include discrimination against women and the use of procedures that are not based on scientific evidence, such as routine episiotomy, elective caesarean section, early amniocentesis, the Kristeller maneuver (force on the upper part of the uterus in order to facilitate the baby's exit). [1]

There are also broader definitions that include ineffective communication between healthcare staff and patients, loss of autonomy and inadequate hospital structures. There is a lack of consensus and many terms are used such as "disrespect and abuse at birth", "abuse at birth", "institutional violence at birth".

Professionals must be aware of how their practices can affect the patient's experience, as well as the influence of the environment in which they provide care, to ensure a positive end result. A lack of bond between professional and parturient can result in a negative outlook on motherhood.

Furthermore, the Theory of Diversity and Universality of Cultural Care considers that the lived experience is not limited to the known physical dimensions, but also encompasses the social interactions, interpretations and human expressions involved. The perception of the environmental context is made up of various elements, including these points. The environmental context present during childbirth can affect the way women experience it.14

It is common for pregnant women not to be well informed, often because they are afraid to ask about the procedures that will be carried out during labor. This ends up generating conformity and they end up not questioning any procedure, no matter how invasive or uncomfortable it may be.[6]

Childbirth in health institutions can be marked by abuse, disrespect, neglect and mistreatment of pregnant women all over the world, which can harm both the mother and the baby, especially as this is a vulnerable time for women.[2]

It is up to nurses to become up-to-date and humanized professionals, thus reflecting their qualities in their actions and protecting women's dignity from all types and forms of violence. Thus, qualification and efficiency in the profession is not limited to learning in the classroom, in skills acquired only during graduation or internships; there must be a search far beyond that.[13,14,16]

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> "In this way, and with empathy, it is possible to develop skills and abilities capable of humanizing care more and more, with a view to avoiding and minimizing the physical, psychological and moral violence that women suffer on a daily basis in the health context."

The nurse's role clearly. Health professionals must inform women of their rights from the outset of prenatal consultations, including the right to have a companion of their choice throughout the pregnancy and childbirth process, as well as the right to know the maternity hospital chosen for their delivery. During the woman's hospitalization, the maternity hospital's health team must be prepared to welcome, encourage and guide the companion, promoting their participation in all dimensions of support for the parturient, in line with the TDUCC - Theory of Diversity and Universality of Cultural Care, which focuses on the state of well-being that allows individuals or groups to carry out their daily activities in a satisfactory manner, respecting their culture and worldview.[16]

It is the Obstetric Nurse's responsibility to provide a favorable environment for childbirth, with positions of the woman's preference, to avoid the use of drugs without indications, to preserve perineal integrity, to promote skin-to-skin contact between the mother and the newborn, to support breastfeeding immediately after birth and to respect the woman in her ethnic and cultural context.[16]

The nursing consultation is an important practice during prenatal care, as it allows interaction between the nurse and the pregnant woman, providing a suitable environment for guidance on the benefits of normal childbirth for the health of mother and baby. It is therefore necessary, during prenatal care, to develop educational actions and guidance on the advantages of normal childbirth, taking into account the health of the mother and baby, both in the short and long term, should be considered when clarifying pregnant women's doubts about the positive points of natural childbirth. However, what has been observed is the scarcity of instructions and information provided to pregnant women throughout prenatal care and into the puerperium by the nursing team.16,17

CONCLUSION

In our opinion, this work was extremely relevant for us future nurses, as it broadened our range of knowledge and made us realize that there is still a lot of progress to be made in Brazil with regard to policies aimed at preventing obstetric violence.

Obstetric violence is caused by a number of factors: the pregnant patient's lack of knowledge of her rights, lack of training, lack of institutional preparation, each professional's individual perception of obstetric violence, but the vast majority of authors believe that this is necessarily due to a lack of material resources and especially human resources, requiring these professionals to work an intense and exhausting day, combined with the parturient's lack of information, forming a disastrous combination that consequently leads to obstetric violence.

Research at this level is important for new nursing professionals, as it helps them to reflect on their true role as nurses. What we can conclude from this study is that nurses do have a fundamental role to play at this delicate and important time for pregnant and postpartum women, since it shows that knowledge of both their work and what obstetric violence is, is of the utmost importance for excellent care.

Another no less important point that must be observed is the humanization of the work, understanding the delicate and important moment that the parturient woman is going through, having resilience, listening to the patient, understanding her emotions. This, in addition to calming the pregnant woman, can prevent many problems, both for the professionals and for the patient, after all this moment should be sublime and not traumatic for her.

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References

1. Castro ATB, Rocha SP. Violência obstétrica e os cuidados de enfermagem: reflexões a partir da literatura. Enfermagem em Foco [Internet]. 2020 Jun 26;11(1). Available from: http://revista.cofen.gov.br/index.php/enfermagem/article/view/2798/725

2. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO

3. Rodrigues DP, Alves VH, Vieira RS, Leão DCMR, Paula E de, Pimentel MM. A violência obstétrica no contexto do parto e nascimento. Revista de Enfermagem UFPE on line. 2018 Jan 1;12(1):236.

4. Leite TH, Marques ES, Corrêa RG, Maria, da B, Costa, et al. Epidemiologia da violência obstétrica: uma revisão narrativa do contexto brasileiro. Ciência & Saúde Coletiva [Internet]. 2024 Aug 26;29:e12222023. Available from: https://www.scielo.br/j/csc/a/LbMdhqnGHfRR hNfJWJgpPjd/abstract/?lang=pt

5. Henriques, T. Violência obstétrica: um desafio para saúde pública no Brasil.

6. Zanardo GL de P, Uribe MC, Nadal AHRD, Habigzang LF. VIOLÊNCIA OBSTÉTRICA NO BRASIL: UMA REVISÃO NARRATIVA. Psicologia & Sociedade [Internet]. 2017;29(0). Available from: https://www.scielo.br/pdf/psoc/v29/1807-0310-psoc-29-e155043.pdf

7. Piovesan F. Direitos humanos e o Direito Constitucional Internacional [15.ed.]. 2015 Jan 1

8. Mendes KDS, Silveira RC de CP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto & Contexto - Enfermagem. 2008 Dec;17(4):758–64.

9. Moreira do Nascimento DE, Caetano Barbosa J, Barreto Isaías B, Holanda Nascimento RB, Martins Fernandes E, Tavares de Luna Neto R, et al. Vivências sobre violência obstétrica: Boas práticas de enfermagem na assistência ao parto. Nursing (São Paulo). 2022 Aug 5;25(291):8242–53.

10. Bitencourt ADC, Oliveira SL de, Rennó GM. Significado de violência obstétrica para os profissionais que atuam na assistência ao parto. Enfermagem em Foco. 2021 Dec 31;12(4).

11. Nascimento RC do, Souza ACF de. A assistência do enfermeiro à parturiente no contexto hospitalar: um olhar sobre a violência obstétrica. Revista de Divulgação Científica Sena Aires. 2022 Apr 10;149–62.

12. Moura RC de M, Pereira TF, Rebouças FJ, Costa C de M, Lernades AMG, Silva LKA da, et al. Cuidados de enfermagem na prevenção da violência obstétrica. Enfermagem em Foco [Internet]. 2018 [cited 2021 Nov 10];9(4). Available from: http://revista.cofen.gov.br/index.php/enfermagem/article/view/1333/480

13. Alves Tomé de Souza AC, Campolina Silva Lucas PH, Costa Lana T, Rubia Lindner S, Amorim T, Felisbino-Mendes MS. Violência obstétrica: uma revisão integrativa [Obstetric violence: integrative review] [Violencia obstétrica: una revisión integradora]. Revista Enfermagem UERJ. 2020 Apr 3;27:e45746.

14. Pereira Lima Melo BL, Lira dos Santos Moreira FT, Moreira de Alencar R, de Castro Magalhães B, Gomes Rocha Cavalcante E, Rodrigues Maia E, et al. Violência obstétrica à luz da Teoria da Diversidade e Universalidade do Cuidado Cultural. Revista Cuidarte. 2022

15. Zanchetta MS, Santos WS, Souza KV de, Pina VR, Hwu H, Stahl H, et al. Ampliando vozes sobre violência obstétrica: recomendações de advocacy para enfermeira(o) obstetra. Escola Anna Nery. 2021;25(5).

16. Oliveira MRR de, Elias EA, Oliveira SR de. Mulher e parto: significados da violência obstétrica e a abordagem de enfermagem. Revista de Enfermagem UFPE on line [Internet]. 2020 May 23 [cited 2021 Nov 28];14(0). Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/243996/35217

17. Bitencourt ADC, Oliveira SL de, Rennó GM. Significado de violência obstétrica para os profissionais que atuam na assistência ao parto. Enfermagem em Foco. 2021 Dec 31;12(4).

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