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Obstetric violence in the perception of puerperal women

ABSTRACT | This article aims to analyze the perception of puerperal women regarding obstetric violence in a maternity hospital in a municipality in Paraíba. It is a descriptive field study with a quantitative approach. The study sample consisted of 132 women. Data collection was carried out in February 2019. The data were analyzed and presented in tables, tabulated, and analyzed in the statistical package Statistical Package for the Social Sciences, version 21, all of which were discussed in the light of the relevant literature. and other works published in the area. Amid questions about obstetric violence, 79 (59.8%) reported not knowing the term "obstetric violence"; 126 (95.5%) mothers stated that they did not receive information about obstetric violence during prenatal care, when questioned, 121 (91.7%) of these did not report any episode. Among the participants, 97 (73.5%) said that they think the use of oxytocin is a type of violence; episiotomy was considered by 48 (36.4%) of women as a type of obstetric violence. The data warns that the lack of information in prenatal care by the nursing staff can lead to greater consequences such as obstetric violence.

Keywords: Obstetric Nursing; Puerperium; Violence Against Women; Women's Health.

RESUMEN | Este artículo tiene como objetivo analizar la percepción de las mujeres puerperales con respecto a la violencia obstétrica en un hospital de maternidad en un municipio de Paraíba. Es un estudio de campo descriptivo con un enfoque cuantitativo. La muestra del estudio consistió en 132 mujeres. La recolección de datos se realizó en febrero de 2019. Los datos se analizaron y presentaron en tablas, tabuladas y analizadas en el paquete estadístico Paquete estadístico para las ciencias sociales, versión 21, todo lo cual se discutió a la luz de la literatura relevante. y otros trabajos publicados en el área. En medio de preguntas sobre violencia obstétrica, 79 (59.8%) informaron no conocer el término "violencia obstétrica"; 126 (95.5%) madres declararon que no recibieron información sobre violencia obstétrica durante la atención prenatal, cuando se les preguntó, 121 (91.7%) de estas no informaron ningún episodio. Entre los participantes, 97 (73.5%) dijeron que piensan que el uso de oxitocina es un tipo de violencia; La episiotomía fue considerada por 48 (36,4%) de las mujeres como un tipo de violencia obstétrica. Los datos advierten que la falta de información en la atención prenatal por parte del personal de enfermería puede tener mayores consecuencias, como la violencia obstétrica.

Palavras claves: Enfermería Obstétrica; Puerperio; Violencia contra las Mujeres; Salud de la Mujer.

RESUMO | Este artigo objetiva analisar a percepção de puérperas a respeito da violência obstétrica em uma maternidade de um município paraibano. Trata-se de um estudo de campo, descritivo, com abordagem quantitativa. A amostra do estudo foi composta por 132 mulheres. A coleta de dados foi realizada no mês de fevereiro de 2019. Os dados foram analisados e apresentados em forma de tabelas, tabulados e analisados no pacote estatístico Statistical Package for the Social Sciences, versão 21, sendo todos discutidos à luz da literatura pertinente ao tema e outros trabalhos publicados na área. Em meio aos questionamentos quanto à violência obstétrica, 79 (59,8%) relataram não conhecer o termo "violência obstétrica"; 126 (95,5%) puérperas expuseram que não receberam informações sobre violência obstétrica no acompanhamento do pré-natal, quando questionadas, 121 (91,7%) dessas não narraram nenhum episódio. Dentre as participantes 97 (73,5%) pronunciaram que acham que o uso de ocitocina é um tipo de violência; a episiotomia foi considerada por 48 (36,4%) das mulheres como um tipo de violência obstétrica. Os dados alertam que a falta de informações no pré-natal pela equipe de enfermagem pode levar a consequências maiores como a violência obstétrica.

Palavras-chaves: Enfermagem Obstétrica; Puerpério; Violência Contra a Mulher; Saúde da Mulher.

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INTRODUCTION

The World Health Organization (WHO) defines as violence the purposeful use of physical force or possession, legitimate or in intimidation, against oneself, against another individual, or against a population or a group of people, which derives or has high probability of proceeding in damage, death, psychological damage or inability to develop. Thus, the definition used by the WHO on the concept of violence is linked to the conscience of intentionally committing a violent act, causing physical and psychological damage to others^(1,2).

Nesse contexto, a Violência Obstétrica (VO) é compreendida como atos

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realizados por profissionais da saúde em relação ao corpo e aos processos reprodutivos, podendo ocorrer também ao longo do processo de trabalho de parto, parto e puerpério. Esse tipo de violência ocorre através do excesso de intervenções e medicalizações excessivas e patologizando um processo natural⁽³⁾.

Among the practices that characterize VO, we can mention: the performance of cesarean section or episiotomy in the patient, without consent; prohibition on being accompanied by a person of your choice; subject it to unnecessary, painful or humiliating procedures, such as intestinal lavage, repetitive touch examination by different professionals, to impose that vaginal delivery be in a gynecological position; administer uterotonics to accelerate the delivery process; to treat the pregnant woman, parturient, puerperal or in a situation of abortion in an aggressive, humiliating, disrespectful, mocking manner, or in a threatening manner, so that she feels embarrassed or inferior, specifies the Ley Orgánica on the Derecho de las Mujeres a una Vida Libre de Violencia, updated in 2014⁽⁴⁾.

The study can offer nurses information that can contribute to raising awareness of the humanization of monitoring labor, delivery, and the puerperium. It is worth mentioning that the data will be used in the production of research and in the transmission of knowledge, which will be available without restrictions on access by researchers, or any other citizen.

Violence in assisting the birth process is a serious problem for women's health. It is evident that 25% of Brazilian women have already suffered some type of violence during their labor, delivery and puerperium⁽⁵⁾. In this sense, as a participant in the extension project "Gerar Vidas", it was possible to hear reports of puerperal women after the experience of childbirth and, from that point on, the interest arose to deepen the knowledge on this topic, as they believe in the extreme importance that has for nursing care, especially for obstetric nursing.



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In view of the above, this study aimed to analyze the perception of puerperal women regarding obstetric violence in a maternity hospital in a municipality in Paraíba.

METHODOLOGY

This research was carried out in the rooming-in sector of a low-risk maternity hospital located in a municipality in Paraíba. This municipality has a public maternity hospital that attends, in addition to its resident population in a pregnant-puerperal state, women from the surrounding cities, in the service are assisted on average of 04 deliveries/day. It is noteworthy that in 2017 the institution assisted 1,567 vaginal deliveries and 1,241 surgical deliveries.

The study population was composed of all the puerperal women who were hospitalized in the referred maternity room. For the selection of the sample, the following inclusion criteria were considered: being a puerperal woman, who was hospitalized in the maternity ward and aged over 18 years.

Postpartum women who did not meet one or more of the inclusion criteria or who refused to participate in the research were excluded from the sample.

The sample consisted of an average of at least 25% of the population that met the inclusion criteria, totaling 132 women.

The collection instrument consisted of a semi-structured questionnaire script, prepared by the researcher, composed of two parts: the first deals with the sociodemographic profile of the mothers; the second consists of an analysis of the gynecological-obstetric profile with questions around the objectives of the study.

The project was registered at Plataforma Brasil and data collection was carried out soon after the consent of the service that was the field of this study and the project's approval by the Research Ethics Committee of Centro Universitário de João Pessoa, CAAE: 04401018.5.0000.5176, for data collection from hospitalized mo-

Table 1. Characterization of study participants. João Pessoa, PB, Brazil, 2019.

Variáveis	n	%
Idade		
18 a 29 anos	85	64,6
30 anos ou mais	47	35,6
Estado Conjugal		
Solteiro	27	20,5
Casado	37	28,0
União estável	66	50,0
Divorciado	1	8,0
Viúvo	1	8,0
Escolaridade		
Até 3 anos	5	3,8
4 a 7 anos	37	28,0
Acima de 7 anos	89	67,4
Nível superior	1	8,0
Ocupação		
Doméstica	79	59,8
Estudante	10	7,6
Agricultora	21	15,9
Outros	22	16,7

Table 2. Obstetric data of the study participants. João Pessoa, PB, Brazil, 2019

Variáveis	n	%
Gestação		
Primigesta	35	26,5
Secundigesta	45	34,1
Multigesta	52	39,4
Partos		
Primipara	41	31,1
Multipara	91	68,9
Vaginal		
Sim	97	73,0
Não	35	26,5
Abdominal		
Sim	32	24,2
Não		
Gravidez desejada		
Sim	100	75,8
Não	81	61,4
Gravidez planejada		
Sim	51	38,6
Sim	58	43,9

thers, which began in February and ended in April 2019.

Initially, a brief explanation of the research objectives was made to the research participants to achieve greater acceptance in the study participation. Once they were willing to contribute to the study, the participant signed the Free and Informed Consent Form and the questionnaires were applied. The data were collected and recorded by the researcher herself, and the questions were recorded on the form itself, allowing greater interaction with the participants.

After the end of the collection, the data were analyzed using simple descriptive statistics (frequency and percentage) and measures of central tendency (average or median according to need). The data were presented in the form of graphs and tables, tabulated and analyzed in the statistical package Statistical Package for the Social Sciences® (SPSS), version 21, all of which are discussed in the light of the relevant literature and other works published in the area.

RESULTS

The tables below present the information obtained by the field research: Table 1 shows the socio-demographic data of the research such as age, marital status, education and occupation; Tables 2, 3 and 4, on the other hand, give us the questionnaire obstetric data that were addressed in the questionnaire..

According to the results obtained, it was found that among the study participants all were puerperal, 85 (64.4%) were aged between 18 and 29 years. Of these women, 66 (50%) are in a stable relationship, 37 (28%) were married, 27 (20.5%) were single and 1 (0.8%) was widowed or divorced. Only one (8%) had a college degree, 89 (67.4%) had an education above the 7th grade, 37 (28%) had a 4th to 7th grade and 5 (3.8%) up to the 3rd grade. Among the puerperal women, 79 (59.8%) were domestic workers, 10 (7.6%) students, 21 (15.9%)

Não	74	56,1
Número de consultas pré-natal		
< 6 consultas	27	20,5
> 6 consultas	95	72,0
Ignorado	10	7,6
Mês que iniciou o pré-natal		
Precoce	88	66,7
Tardio	28	21,1
Ignorado	16	12,1

Table 3. Obstetric data of the study participants. João Pessoa, PB, Brazil, 2019

Variáveis	n	%
Você sofreu algum tipo de violência durante o trabalho de parto/parto e ou puerpério?		
Sim	11	8,3
Não	121	91,7
Você considera o uso de ocitocina um tipo de violência obstétrica?		
Sim	35	26,5
Não	97	73,5
Você considera a Episiotomia um tipo de violência obstétrica?		
Sim	48	36,4
Não	84	63,6
Durante o trabalho de parto foi incentivado a ingestão de líquidos e o consumo de comidas leves?		
Sim	57	43,2
Não	47	35,6
Não se aplica	28	21,2
Foi realizada alguma conduta de alívio de dor durante o acompanhamento do trabalho de parto?		
Sim	58	43,9
Não	74	56,1
Realizaram algum procedimento sem o seu consentimento durante o seu parto?		
Sim	3	2,3
Não	129	97,7
Foi realizado algum tipo de agressão verbal com você durante o parto?		
Sim	6	4,5
Não	126	95,5
Você foi impedida de amamentar seu filho na hora que desejou?		

farmers and 22 (16.7%) corresponded to other occupations.

As for obstetric data, 52 (39.4%) were multigravid, that is, they have already had three or more children, 45 (34.1%) were pregnant and 35 (26.5%) were pregnant. Regarding parity, we observed that 91 (68.9%) were multiparous and 40 (31.1%) were primiparous. Among the interviewees, 97 (73.5%) gave birth by vaginal delivery and 32 (24.2%) corresponded to abdominal deliveries. When asked about pregnancy planning, 81 (61.4%) of women reported that pregnancy was desired and 58 (43.9%) planned. In the variable prenatal consultations, 95 (72%) had more than six consultations in the prenatal period.

Regarding the presence of the companion, 118 (88.4%) women were instructed about the accompaniment during labor, delivery, and the puerperium.

Amid questions about VO, 53 (40.2%) had already heard about it, 79 (59.8%) reported not knowing the term "obstetric violence"; 126 (95.5%) mothers stated that they did not receive information about VO during prenatal care. When asked about episodes of VO, 11 (8.3%) of the mothers mentioned that they had already suffered, 121 (91.7%) of them did not report any episode. Among the participants questioned, 97 (73.5%) said that they think the use of oxytocin is a type of VO and 123 (93.2%) of these women answered that they did not receive information about episiotomy in their prenatal care. Episiotomy was considered by 48 (36.4%) of women as a type of VO and in higher percentages they considered it not, comprising 84 (63.6%).

Among the interviewees, 57 (43.2%) answered that they drank water and ate some kind of light food during their labor, 47 (35.6%) answered that they did not, of the 132 women 58 (43.9%) said who received pain relief measures during labor and the other 74 (56.1%) said they did not. Of the interviewees, 129 (97.7%) reported that no procedure was performed without their permission,

Sim	0	0
Não	132	100
Durante o acompanhamento do pré-natal foi orientada a realização de um parto cirúrgico?		
Sim	42	31,8
Não	90	68,2
Você já vivenciou em partos anteriores algum tipo de violência obstétrica?		
Sim	16	12,1
Não	116	87,9

Table 4. Obstetric data of the study participants. João Pessoa, PB, Brazil, 2019		
Variáveis	n	%
Conhecimento acerca da Lei n.º 11.108 (Lei do acompanhante)?		
Sim	118	89,4
Não	10	10,6
Você já ouviu falar em violência obstétrica?		
Sim	53	40,2
Não	79	59,8
Você recebeu informações sobre os tipos de violência obstétrica durante as consultas de pré-natal?		
Sim	6	4,5
Não	126	95,5
Recebeu informações sobre a episiotomia (caracterizada como violência obstétrica)?		
Sim	9	6,8
Não	123	93,2
Vantagens do parto via vaginal durante o seu pré-natal?		
Sim	73	55,3
Não	59	44,7

while 126 (95.5%) said that they did not suffer any type of verbal aggression during childbirth.

The puerperal women participating in the study, in their entirety, responded that they were not prevented from breastfeeding their children at any time, including, they reported that they were always encouraged by the service professionals. Among these, 90 (68.2%) said that they had not received any information about the way of delivery, its advantages, and disadvantages in their prenatal care.

DISCUSSION

From the data obtained in the study, it was possible to identify that the majority of women started prenatal care early (up to 13 weeks of gestation), however it was observed throughout the listed issues that this prenatal was characterized as low quality, with little information about pregnancy, childbirth and the puerperium, this can lead the woman to have a delivery with complications and with VO

events due to the lack of information passed on.

In a study carried out in Goiás, Brazil, which showed results that concern the data of this research, all participants reached the minimum number of six prenatal consultations, as recommended by the Ministry of Health, however, despite the increased coverage of prenatal care was observed among the primiparous mothers of this study, the quality of care was not satisfactory among these pregnant women monitored at the service⁽⁶⁾.

Maintaining and improving maternal and child health are some of the objectives defined by the Ministry of Health and, for this, prenatal and puerperal care, whose responsibility is the Unified Health System (SUS), is essential. Within the scope of the Cegonha Network, care for women during pregnancy and postpartum advocates actions for prevention and health promotion, in addition to proper diagnosis and treatment of problems that occur during this period⁽⁷⁾.

The Ministry of Health emphasizes that prenatal care is a time when pregnant women should receive guidance in relation to the types of delivery, from technical aspects such as body work, which includes routines and procedures of reference maternity and aspects emotional and cognitive. For this, professionals involved in prenatal care must adopt educational measures⁽⁸⁾.

Estudo de campo sobre violência obstétrica realizado em uma maternidade de município paraibano mostrou que cerca de 121 mulheres relataram não ter sofrido nenhum tipo de violência durante o trabalho de parto, parto e pós parto, porém quando interrogadas sobre outros assuntos no decorrer da entrevista verbalizaram algumas condutas que são consideradas VO. A maioria das puérperas respondeu não saber o que é VO, as que mencionaram saber sobre a temática afirmam que as informações foram obtidas através da Internet e televisão e que não foram re-

passadas durante o acompanhamento das consultas de pré-natal.

Em relação ao uso de ocitocina, a maioria das puérperas respondeu que o seu uso não é um tipo de VO. De acordo com os estudos e evidências, a ocitocina, entre outras drogas, são consideradas uma associação ruim, e ao surgimento de efeitos indesejados graves, resultando em eventos perinatais adversos, devendo seu uso ser seletivo e restrito a situações que existem indicações⁽⁹⁾. The use of oxytocin to induce and conduct normal labor can bring benefits to the woman, if used judiciously, however, the indiscriminate use of this drug may cause harm to the mother and baby⁽¹⁰⁾.

The results of this research show that the majority of the interviewees did not know what episiotomy was and that it is considered a type of VO. Episiotomy is one of the procedures that women most complain about, because it is performed without having been previously informed or without their consent⁽¹¹⁾. Since the 1980s, this inter-

vention has been discussed by WHO as an evil when used routinely.

It is valid to reiterate that some practices considered bad at the time of delivery, such as episiotomy, were identified by the interviewees as something good, a report by one of the puerperal women was that in her previous delivery she had performed the cut and that it was less painful than in her last delivery.

CONCLUSION

In general, the assistance received by the mothers who participated in this study was marked by practices and manifestations of VO, even though, in most cases, they are not reported and/or identified by them. The ignorance of the theme, the lack of provision of basic information during the entire period of prenatal care, childbirth and postpartum, by health professionals and the consequences of such behaviors were decisive factors to understand that VO has occurred routinely.

The nurse in the care of labor has the role of welcoming and supporting the pregnant woman, monitoring her signs and symptoms, offering non-pharmacological methods of pain relief, providing humanized care to the pregnant woman and her companion.

Some limitations were found during data collection; however, they did not interfere in a satisfactory result. There were difficulties regarding the approach, because in addition to the information being collected from the bed of the joint accommodation among the other puerperal women, there was also resistance on the part of the puerperal women for fear that the information provided might harm them in some way.

Thus, it is believed to have achieved all the objectives of the study, since the data showed that the lack of information in prenatal care by health professionals can lead to greater consequences, such as the occurrence of obstetric violence. 🐦

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