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INSTITUTIONAL OBSTETRIC VIOLENCE IN THE BIRTH PROCESS IN BRAZIL: INTEGRATIVE LITERATURE REVIEW

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ABSTRACT

Objective: To analyze the scientific production available in the literature on obstetric violence in Brazil, identifying and discussing its main characteristics in the daily care of the pregnant and puerperal cycle. **Method:** Integrative literature review, carried out in the databases: SciELO, LILACS and BDENF. Six full articles published between 2015 and 2019 were selected. To systematize the articles selected in the search, an instrument validated by Ursi was defined. **Results:** Eight studies that met the previously defined inclusion and exclusion criteria were analyzed. In view of the analysis of these texts, it was found that the professionals described as promoters of obstetric violence were doctors, nurses, nursing technicians and medical students. From this, factors related to the occurrence of obstetric violence were identified, among them, the predominant factor was the deficiency in the training of doctors and other health professionals. **Conclusion:** Despite efforts to combat it, this review shows that obstetric violence is present in different areas of attention, confirming that actions are still insufficient for its eradication.

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INTRODUCTION

Obstetric violence occurs from the invasion of the body and the appropriation of women's reproductive processes by health professionals, expressed through abusive and inhuman relationships, pharmacological abuse and pathological conversion of natural birth processes. This results in a loss of autonomy and the ability to freely decide about your body and your sexuality, significantly and negatively impacting the quality of life of women (Souza *et al.,* 2016). Reports of mistreatment and disrespect for women during the childbirth process in health services are not recent, however, the elimination of these practices is a claim of social movements for human rights that, lately, have gained visibility, as a result of scientific evidence on the impact of the low quality of care in pregnancy and in the puerperal period. These events stimulated conceptual advances on violence in institutionalized childbirth in the legal, political and assistance areas, moving different segments of society (Marrero and Brüggemann, 2018). During the Childbirth process, a significant number of women are victims of abuse and disrespectful treatment in the context of health services. This reality, which affects several countries in the world, violates women's rights, neglects quality care and endangers the physical and mental integrity of these parturient at a time of extreme singularity (Carvalho and Brito, 2017).

The concept of disrespect and abuse during childbirth is used internationally to designate what in Brazil is called obstetric violence, violence in childbirth, institutional or structural violence in childbirth care (Lansky *et al.,* 2019). Assistance to pregnancy, childbirth, abortion and the puerperium, in Brazil and in the world, represents a topic of great relevance with regard to women's health. While in developing countries the challenges related to access to services are persistent, in middle-income countries with universal assistance, such as Brazil, the quality of assistance becomes the focus of discussions in order to outline strategies to improve obstetric health, since maternal mortality in Brazil since the last century is high (Niy*et al.,* 2019). In addition, the indicators show excessive use of medications, with high rates of interventions, such as cesarean section and amniotomy, and low adherence to good practices, such as feeding during labor and non-pharmacological measures for pain relief. In an extraordinary way, only 5.6% of women who have children in the hospital environment do not suffer any type of intervention from the health team. (Niy*et al.* 2019). According to data from the World Health Organization (WHO), in all parts of the world, women are violently assisted, facing situations of mistreatment, disrespect, abuse, neglect, violation of human rights by health professionals. These attitudes are more frequent during labor and birth.

Regularly, in obstetric rooms, women are found in inhumane conditions, half naked in the presence of strangers, alone in an unfamiliar environment, in a position of submission, legs spread and raised in strange positions, exposed genitals, routinely separated from their companions and your children right after birth (Jardim and Modena, 2018). In the last two decades, several initiatives have been proposed to improve the quality of care, from the development and dissemination of guidelines for obstetric practices to more universal policies and programs aimed at women's health. There is a recognition, not recent, that care must be improved so that women can guarantee their rights, as established in the Constitution and in international documents signed by Brazil (Niy*et al.* 2019). Despite the advances, there is still no clear and comprehensive definition of institutional violence in childbirth in national and international literature, currently described and recognized as mistreatment and disrespect, characterized by the use of harmful procedures and conducts or maneuvers without scientific evidence, frequent in many parts of the world. In Brazil, it is estimated that approximately 25% of women who gave birth in maternity hospitals suffered some form of violence (Marrero andBrüggemann, 2018). In this care context, women become a secondary element, subject to a controlled environment, surrounded by institutional orders and protocols that contribute to submission and segregate them from their social and cultural context (Jardim and Modena, 2018).

Objective

To analyze the scientific production available in the literature on obstetric violence in Brazil, identifying and discussing its main characteristics in the daily care of the pregnant and puerperal cycle.

MATERIALS AND METHODS

Type of study: Integrative literature review, a study that offers quick access to relevant research results and evidence underlying conduct or decision making, providing critical knowledge.

The elaboration of this research followed the following steps:
i) formulation of the research question and definition of a problem for the elaboration of the review; ii) selection of inclusion and exclusion criteria for studies; iii) definition of the information to be extracted from the selected studies during the information collection; iv) critical analysis of the studies resulting from the research; v) compare and interpret the studies to discuss the results; vi) elaborating and presenting the review in a detailed and easy to understand manner (Nogueira*et al.,*2017).

Methodological procedures

Data source: Bibliographic searches were carried out during the month of October 2019, in the following databases*:* *Scientific Electronic Library Online* (SciELO), Latin American Literature in Health Sciences (LILACS) andNursing Database (BDENF). The articles were selected through research with the following health descriptors (DECS) in portuguese and english: Natural Childbirth; Maternal Health Servicesand Violence Against Women, boolean operators (AND, NOTand OR) were used to ensure better results. 137 articles were found, of which eight were included in the research. Of this total, two were from the SciELO database, four from the LILACS database and two from the BDENF database, according to the flowchart of Figure 01.

Inclusion and exclusion criteria: The inclusion criteria were: articles in Portuguese, published between 2015 and 2019, that addressed the topic of obstetric violence in health services in Brazil, and full articles in the free online version. The exclusion criteria were: handouts, letters, editorials, reviews, case studies / reports, theses, dissertations, monographs, documents and articles in other languages.

Collection and organization of data

Analysis of data: To systematize the articles selected in the search, an instrument validated by Ursi was defined (Souza, Silva and Carvalho, 2010). The analysis of the selected studies was carried out in a descriptive manner, making it possible to observe, count, describe and classify the data, in order to gather the knowledge produced on the topic.

RESULTS

Eight studies that met the previously defined inclusion and exclusion criteria were analyzed. In view of the analysis of these texts, it was found that the professionals described as promoters of obstetric violence were doctors, nurses, nursing technicians and medical students.

From this, factors related to the occurrence of obstetric violence were identified, among them, the predominant factor was the deficiency in the training of doctors and other health professionals. In addition, other factors were observed, such as the performance, without medical recommendation, of episiotomy, excessive administration of medications, violation of the right to a companion, therapeutic neglect, deprivation of adequate therapeutic assistance, physical and psychological abuse, institutional unpreparedness to receive pregnant women, because the work environments were uncomfortable and unstructured, and a work rhythm considered alienating associated with the precariousness of resources and infrastructure. To guarantee the success of this research, we chose to describe and distribute the results in tables, highlighting its objectives and main conclusions. The discussion was elucidated in a descriptive manner, in order to achieve the objectives of an integrative review.

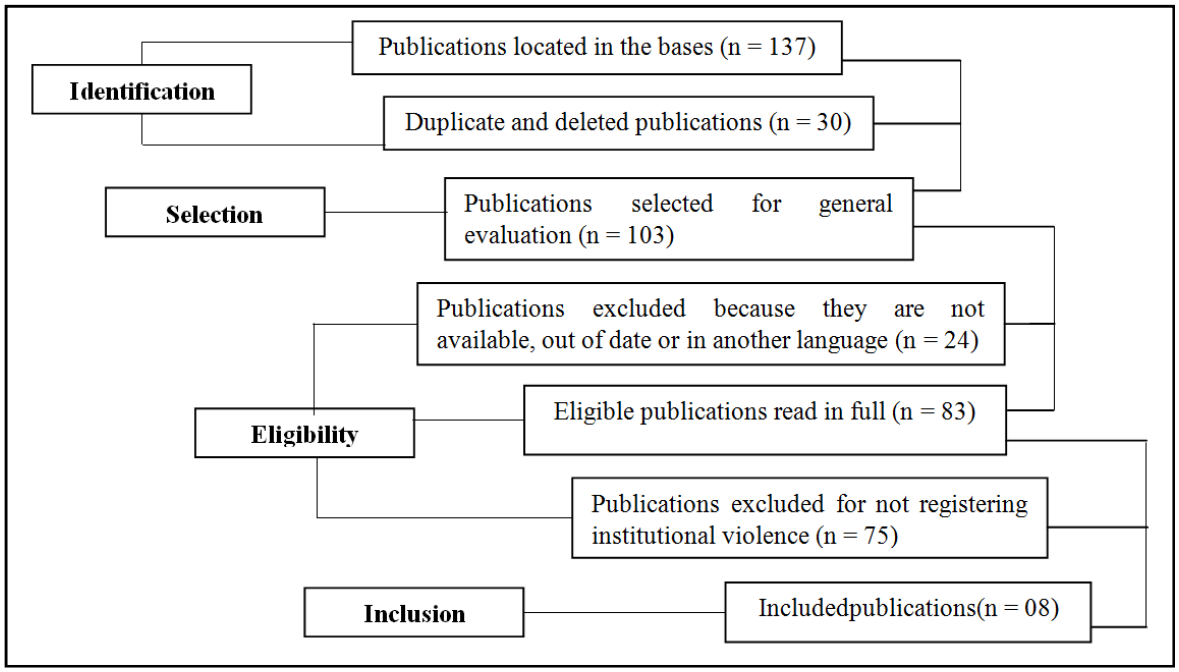

Figure 1. Flowchart of identification and selection of publications according to the PRISMA Statement – Adapted (Marrero and Brüggemann, 2018)

Table 1. Distribution of studies according to number, author, year, title, research design, journal and database. Belem/PA, 2019

Nº	Author and Year of publication	Research title and design	Periodical and database
A1	Luz,AssisandRezende,2015	Adolescent mothers: perceptions related to prenatal care and childbirth. Qualitative research, carried out with 11 women.	ABCS Health Sci. / LILACS
A2	Biscegliet al., 2015	Obstetric violence: care profile of a maternity hospital in the interior of São Paulo. Cross-sectional, descriptive, quantitative approach, carried out with 172 women.	Cuidart / BDENF
A3	Rodrigues et al., 2015	Pilgrimage in the reproductive period: violence in the obstetric field. Descriptive, exploratory, qualitative study conducted with 56 women.	Esc Anna Nery / LILACS
A4	Lanskyet al., 2019	Obstetric violence: influence of the *Sentidos do Nascer* exhibition on the experience of pregnant women. Multicentre and multi-method cross-sectional study with a quantitative and qualitative component, carried out with 555 women.	Ciência&SaúdeColetiva/ SciELO
A5	Inagaki et al., 2018	Factors associated with the humanization of care in a public maternity hospital. Quanti-qualitative, cross-sectional and descriptive study, conducted with 373 women.	Rev enferm UFPE on line. / BDENF
A6	CarvalhoandBrito,2017	Forms of obstetric violence experienced by mothers who had normalbirth. Descriptive study with a qualitative approach. Data were collected from 35 women.	Enfermería Global / SciELO
A7	Batista et al., 2017	Factors associated with the companion's satisfaction with the care provided to the parturient. Cross-sectional survey conducted with 64 women and 305 men.	CogitareEnferm. / LILACS
A8	Andradeet al., 2016	Factors associated with obstetric abuse in vaginal birth care at a high-complexity maternity unit in Recife, Pernambuco. Cross-sectional, prospective study conducted with 603 women.	Rev. Bras. SaúdeMatern. Infant. / LILACS

Source: LILACS, BDENF e SciELO. Belem/PA, 2019.

Table 2. Distribution of studies according to numbering, research objective and research results. Belem/PA, 2019

Nº	Research objective	Search results
A1	To verify the perception of adolescent mothers about the assistance received by the health team during prenatal care and birth.	Eleven mothers with an average age of 16.5 years were interviewed. The participants considered the care and assistance received during prenatal care and labor to be satisfactory, due to the guidance and attention provided by the health team. On the other hand, some cases of obstetric violence were characterized, characterized by dehumanized care and episodes of humiliation.
A2	To verify the prevalence of obstetric violence at the maternity of a school hospital and describe it as characteristics of care.	Research carried out with 172 postpartum women. Obstetric violence was reported by 27.9% of participants. The most common forms were: ban on a companion (9.3%), lack of clarification of doubts (16.3%) and obstetric procedures without authorization / clarification (27.3%), episiotomy (25.5%), amniotomy artificial and enema (17% each) were the most cited.
A3	To analyze the perception of women about obstetric care in terms of fulfilling their rights to access health services during the birth process.	Research carried out with 56 women in the joint housing of four public maternity hospitals. The results showed a recurring problem for women, the pilgrimage, which has three connotations about what is right, the lack of care and the feelings experienced when seeking care. These points are interconnected by the logic of non-compliance with actions that guarantee sexual, reproductive and human rights, in addition to the institutions' unpreparedness in offering quality care.The pilgrimage of women in search of childbirth assistance is confirmed as a real public health problem due to the lack of spaces and obstetric beds, impeding factors for qualified and resolutive assistance.
A4	To analyze the profile of pregnant women who visited *Sentidos do Nascer*, the perception of violence in childbirth and the socioeconomic, demographic and assistance factors associated with the report of obstetric violence.	Research conducted with 555 women, in order to obtain the perception of these participants about episodes of obstetric violence suffered during the birth process. Violence was reported by 12.6% of respondents. Among the episodes of obstetric violence, there was a predominance of non-consented / accepted intervention with partial information, unworthy care / verbal abuse; physical abuse; non-confidential / private care and discrimination.
A5	Identify factors associated with the humanization of care during childbirth and birth.	A survey carried out with 373 puerperal women identified that non-white women, without companions, with low education and submitted to vaginal childbirth had their rights less assured, thus demonstrating unequal care, which reduced satisfaction with the care received. In addition, the environment was decisive for the lack of privacy and the absence of the companion.
A6	Identify forms of obstetric violence experienced by mothers who had normal birth.	Research developed with 35 puerperal women, in two public maternity hospitals in Brazil. The reports of the puerperal women portray the forms of obstetric violence of which they were victims, characterized by disrespectful words and inadequate attitudes of the health professionals who assisted them. It is not just empty and unpretentious words or attitudes, but marks that can be imprinted in the memories of these women for life.
A7	The aim was to assess the birth companion's satisfaction with the care provided to the woman during labor and birth, and to calculate the associated factors.	Research carried out with 369 companions of women who witnessed childbirth and birth.Satisfaction rates were higher in companions who did not experience violence during childbirth and birth, especially among those who accompanied the birth that culminated in vaginal birth, who considered how the woman's wishes were affected and had complaints.With this study, it is possible to infer that the relationship, such as attitudes and practices of health professionals, is able to influence the satisfaction of the companions about the way it is administered by the woman, since they experience the entire birth process with her.
A8	To examine factors associated with obstetric abuse according to practices not recommended for vaginal birth care at a maternity teaching and referral hospital in the city of Recife, Brazil.	Research carried out with 603 puerperal women.The prevalence of obstetric violence was used in the recommendations of the World Health Organization on best practices for assistance in vaginal birth.The prevalence of obstetric violence was 86.57%.The most frequent harmful practices were traction movements (65%), administration of oxytocin (41%) and the rotary use of the supine / lithotomy position (39%).The large number of obstetric obstacles used is an act of obstetric violence and demonstrates that, despite the Ministry of Health's incentive to humanized assistance, the results are still far from being recommended.

Source: LILACS, BDENF e SciELO. Belem/PA, 2019.

DISCUSSION

The characterization of the selected studies allows those interested in the subject to address the reality of childbirth care in Brazilian institutions. The methodological restriction and the limited number of reports in the studies suggest the need to expand the discussion on obstetric violence, revealing its forms, types of aggressions suffered and the perception of victims and witnesses about such occurrences. Cross-sectional and descriptive research, carried out with 172 mothers who answered questions related to obstetric violence during the delivery phases and identified that 27.9% of the participants reported having suffered some type of violence.Among the types of obstetric violence reported, the prohibition of companions in the birth room (9.3%), neglect to answer questions from mothers and family members, 16.3% and obstetric procedures without authorization or clarification (27.3%). Among these procedures performed without authorization or prior clarification, the most cited include artificial amniotomy and enema, which represent 25.5% and 17%, respectively (Biscegli*et al.* 2015). Neglect during therapeutic assistance was a form of obstetric violence mentioned in other studies analyzed, mainly in the absence of guidance, in the demands of nursing professionals and in the deprivation of assistance practiced by doctors and nursing professionals. The acts of: humiliating, cursing, coercing, offending a woman and her family, making comments about her body, ethnicity or socioeconomic situation were cited as the most common, converging this data with the results of other studies that analyzed the same phenomenon (Luz; Assis and Rezende, 2015; Carvalho and Brito, 2017; Inagaki*et al.,* 2018). It is described that the screams and groans bother the professionals, because most of the time it reveals the need for attention aimed at reassuring a woman or even clarifying her doubts about the process of childbirth and birth. When this is not possible, silencing seems to have been the fastest and most efficient option to solve problems, as described in the studies analyzed (Carvalho and Brito, 2017). Another cross-sectional, multicenter and multi-method study, with a quantitative and qualitative approach, analyzed the profile and experience of childbirth of 555 women and found that 12.6% of respondents reported having suffered some type of obstetric violence. In view of the responses obtained, it was found that this type of violence was associated with marital status, low income,

absence of a companion during the childbirth stages, childbirth by lithotomy, early separation between the newborn and the mother and carrying out maneuvers like Kristeller. In addition, it was also observed, from the interviewees' statements, that non-consented or unexplained interventions, physical and verbal abuse, discrimination and provision of assistance without privacy were the main complications of obstetric violence among the participants (Lansky *et al.,* 2019). In most publications, simultaneous occurrences of more than one type of violence were recorded. Sexual violence was not recorded in any of the studies. In addition, the construction of data from the results of the selected studies has shown that obstetric violence tends to begin before the woman's hospitalization, extending to childbirth and the puerperium. The type of institutional violence that occurs before the woman's hospitalization for childbirth is commonly structural, reported as a pilgrimage in the search for assistance due to the lack of obstetric beds in the institutions. Discriminatory violence motivated by women's social class has also been described, albeit to a lesser extent (Inagaki *et al.,* 2018).

The structural violence referred to in the studies analyzed was described as inadequacy of the institutions' physical infrastructure for obstetric care, imposition of institutional routines that disregard the needs and rights of parturient and companions and the scarcity of staff to provide decent care and quality during childbirth.In addition, the low qualification of the assistance team, the conflict between professional classes and the insufficient material resources for childbirth were also identified, also identified as institutional violence, although in a smaller number of studies (Rodrigues *et al.,* 2015). The construction of the data allowed us to understand that institutional routines and professional-centered care practices, employed in assisting women who seek health services for childbirth, are understood by them as psychological, physical andverbal aggressions. However, professionals and managers understand these actions / attitudes as a guarantee of safety and quality of care for parturient and newborns, although the need to improve care is not denied. In a study carried out at the Professor FenandoFigueira Institute of Integral Medicine, a highly complex reference hospital for maternal and child care in Recife, Pernambuco, which serves low, medium and high-risk pregnant women, showed that approximately 87% of patients suffer from some violence during childbirth, considering the use of unnecessary interventions. The incidence of child-birth in the supine and lithotomy positions was 27% and 12%, respectively, while the use of oxytocin and amniotomy was 41% and 31%, respectively. Early clamping of the umbilical cord was still performed in 30% of patients (Andrade *et al.,* 2016).

Structural violence was identified from the inadequate infrastructure for the care of childbirth and for the reception of the companion, as well as institutional routines that violate the law of the puerperal rights (Rodrigues *et al.* 2015). In studies that had the partner as a rapporteur for institutional violence, there was reference to psychological and structural violence. For the interviewed companions, the imposition of professional decisions during childbirth is seen as opportunistic, given the woman's emotional fragility and the use of the fetus' well-being as a negotiation method during this process (Batista *et al.,* 2017). The precarious infrastructure of institutions that do not guarantee privacy for women imposes limits on the continuous presence of the companion and the insufficiency of obstetric beds, a situation that was perceived as institutional violence, as it compromises dignified and safe care for women and newborns (Rodrigues *et al.,* 2015; Batista *et al.,*2017). The model of childbirth assistance in Brazil is known as intervention, and the results of these studies corroborate this practice. However, as good practices have been applied among parturient women, this reveals that there are some considerable advances in the humanization of childbirth. On the other hand, some types of practices considered harmful or unnecessary are still used in patients, with administration of oxytocin, insults, mistreatment, supine position, dietary restrictions and denial of the right to the companion. As different interpretations about institutional violence in the service, returning to the emerging discussion and about the inequality of power among health professionals. It became evident that the interactions between Brazilian health service providers and patients, mainly in public management institutions, are marked by professional authoritarianism that can be attributed, in part, to the maintenance of social and ethnic hierarchies, reflected in the training process current professionals (Rodrigues *et al.,* 2015). This fact suggests that, even after two decades of WHO recommendations for vaginal birth assistance, the professionals' adherence was insufficient to reverse the interventionist model of obstetric care, which may be associated with the fact that, for long years, health is based on professional experiences, representing behaviors conditioned by beliefs, cultures, policies and economics, resisting evidence-based practices (Andrade *et al.,* 2016).

Studies show that the presence of a companion of your choice during childbirth, childbirth and the immediate postpartum period brings security and comfort to the woman, leaving her more empowered, calm and strengthened to give birth, which helps to reduce the time of birth, feelings of pain, facts that positively reflect the Apgar of the fifth minute of life of the newborn and increases satisfaction with the experience (Batista *et al.,* 2017). It should be noted that, since 1996, the WHO recommends, among the beneficial practices, the presence of a companion of the woman's choice during the childbirth process. Adherence to good practices is a determining factor in the humanization of care during childbirth and birth, as it improves maternal and neonatal outcomes. It is also known that the presence of a companion contributes to the reduction of obstetric violence rates. In 2005, based on WHO recommendations, public policies were published, such as the Humanization Program for Prenatal Care and Birth, and supported by the Humanization of Birth Network, Law No. 11.108, which establishes the right of women to have a companion during childbirth, birth and immediate postpartum in public and private institutions and that health services are obliged to cover the expenses of the companion throughout the hospitalization period (Batista *et al.,*2017), however, even the one guaranteed by law, this right is often violated.

CONCLUSION

Despite efforts to combat it, this review shows that obstetric violence is present in different areas of attention, confirming that actions are still insufficient for its eradication. However, it is believed that it is possible to change this scenario, it is necessary to rethink the teaching of doctors and nurses, who frequently teach and practice in outdated ways and out of context, which are reproduced by students and new professionals, contributing to a setback in the obstetric

treatment process. In addition, it is necessary to reinforce in teaching and in practice that the humanization of care must allow the horizontal path in the curricula of the faculties of courses in the health area. In this process, in addition to reflections on professional training, it is understood that it is essential to work on the empowerment of women in relation to safe and natural practices in the birth process, so that violence is recognized and reported and requires qualified attention, according to current legislation. Given this research, the objective is to provoke reflections, deepen and generate new knowledge about obstetric violence, its advances and setbacks around the world.Based on these findings, further studies are needed to analyze the perspectives of recognition and awareness of women and health professionals in relation to the topic. Therefore, studies are needed to highlight this topic, involving health professionals, with an emphasis on good practices, observation and compliance with legislation, punishing and denouncing, in order to promote reflection in the academic and professional environment. Therefore, it is necessary to establish professional authority, creating a bond based on mutual respect and security in the face of the techniques used in this phase, whether at birth, childbirth or the puerperium.

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