

The nursing consultation as an indicator of the evolution of obstetric violence*La consulta de enfermería como indicador de la evolución de la violencia obstétrica**A consulta de enfermagem como indicador do desfecho de violência obstétrica***Karoline Mira Stocchi¹**

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The aim was to list the main changes in nursing care to reduce obstetric violence during prenatal consultations. This is an integrative review of the literature, using as an inclusion method: Timeframe from 2018 to 2023, with full text and in Portuguese, available in full. And for exclusion, articles published outside the established period, duplicate materials and articles unrelated to the topic we determined. After defining the descriptors, 109 results were collected, using the filters, 59 relevant articles were selected, the abstracts were read and analyzed, of which we included 21 articles in our analyzes to be read in full. In the end, we had 16 articles selected to be included in the results/discussion of our study. The final sample of this review consisted of 16 works. In this context, we chose to define five thematic axes, which are described below: Knowledge and training of nurses in situations of obstetric violence; Lack of instructions on obstetric violence in prenatal care; Obstetric Violence: Verbal and physical; Consequences of obstetric violence on the mother's life and interventions regarding possible obstetric violence. The woman must be the protagonist of her birth, for this, there needs to be a change in assistance, especially on the part of the nurse, who must welcome, develop active listening, and establish a bond with the pregnant woman and family members, making the pregnancy process more humanized.

Descriptors: Primary Health Care; Management; Leadership; Nursing Management; Nursing.**How to cite this article:**

Stocchi KM, Cavalcante KVC, Dias YF, Almeida TV, Ciota S, Almeida GNFS, Duarte CCA, Fernandes ITGP. The nursing consultation as an indicator of the evolution of obstetric violence. Glob Clin Res. 2023;3(2):e47. <https://doi.org/10.5935/2763-8847.20210047>

Submission: 06-22-2023

Approval: 08-10-2023



Resumén

El objetivo fue enumerar los principales cambios en la atención de enfermería para reducir la violencia obstétrica durante las consultas prenatales. Se trata de una revisión integradora de la literatura, utilizando como método de inclusión: Cronograma de 2018 a 2023, con texto completo y en portugués, disponible íntegramente. Y por exclusión, artículos publicados fuera del plazo establecido, materiales duplicados y artículos ajenos al tema que determinamos. Después de definir los descriptores, se recogieron 109 resultados, utilizando los filtros, se seleccionaron 59 artículos relevantes, se leyeron y analizaron los resúmenes, de los cuales incluimos 21 artículos en nuestros análisis para ser leídos en su totalidad. Al final, seleccionamos 16 artículos para ser incluidos en los resultados/discusión de nuestro estudio. La muestra final de esta revisión estuvo compuesta por 16 trabajos. En este contexto, optamos por definir cinco ejes temáticos, que se describen a continuación: Conocimiento y formación de enfermeros en situaciones de violencia obstétrica; Falta de instrucciones sobre violencia obstétrica en la atención prenatal; Violencia Obstétrica: Verbal y física; Consecuencias de la violencia obstétrica en la vida de la madre e intervenciones ante posible violencia obstétrica. La mujer debe ser la protagonista de su parto, para ello es necesario un cambio en la asistencia, especialmente por parte de la enfermera, quien debe acoger, desarrollar la escucha activa y establecer un vínculo con la gestante y sus familiares, haciendo el proceso de embarazo más humanizado.

Descriptor: Primeros Auxilios; Gestión; Liderazgo; Gestión de Enfermería; Enfermería.

Resumo

Objetivou-se elencar as principais mudanças na assistência do enfermeiro para reduzir a violência obstétrica durante as consultas de pré-natal. Trata-se de uma revisão integrativa da literatura, sendo usado como método de inclusão: Espaço temporal de 2018 a 2023, com texto completo e em português, disponíveis na íntegra. E para exclusão, artigos publicados fora do período estabelecido, materiais duplicados e artigos não relacionados ao tema determinamos. Após a definição dos descritores foram coletados 109 resultados, com a utilização dos filtros foram selecionados 59 artigos relevantes, foram lidos os resumos e analisados, desses incluímos 21 artigos em nossas análises para serem lidos na íntegra. Ao final, tivemos 16 artigos selecionados para entrar nos resultados/discussão do nosso estudo. A amostra final desta revisão foi composta por 16 trabalhos. Nesse contexto, optou-se pela definição de cinco eixos temáticos que são descritos a seguir: Conhecimento e capacitação do enfermeiro diante de situações de violências obstétrica; Carência de instruções sobre violências obstétricas no pré-natal; Violência Obstétrica: Verbal e física; Consequências da violência obstétrica na vida da mãe e intervenções a respeito das possíveis violências obstétricas. A mulher deve ser a protagonista de seu parto, para isso, é preciso que haja uma mudança na assistência, principalmente por parte do enfermeiro, que deve acolher, desenvolver uma escuta ativa e estabelecer um vínculo com a gestante e familiares tornando o processo de gestação mais humanizado.

Descritores: Atenção Primária à Saúde; Gerência; Liderança; Gestão em Enfermagem; Enfermagem.

Introduction

According to study¹, obstetric violence is a feminist issue, the result of patriarchal oppression leading to the reduction, suppression and objectification of the female body. Men think they are fragile, but a woman's body is strong, active and creative, being able to withstand a scenario like labor and childbirth. Therefore, it needs to be tamed and controlled to reduce it to the state of a deficient, alienated, silent object and, susceptible to being violated. Health professionals perpetrate violence, the majority of whom are doctors, guided by their technical and scientific knowledge, through hierarchical and unequal relationships of power and authority².

Analyzing that the greatest difficulty related to the issue of obstetric violence is the process of naturalizing the problem. Violence is repeated year after year and takes root in society's collective unconscious. Hospitals, instead of being welcoming, have become spaces where women have no control over their bodies, being treated in a dehumanized way³.

Care for the baby begins once the pregnancy is confirmed, and the study emphasizes that at least six prenatal consultations are recommended throughout the pregnancy, ideally starting in the first three months of pregnancy. The nurse in carrying out prenatal consultations is essential, this topic, despite being evident in long-standing literature, has gained colossal space in the current context, and together with the dissemination of facts, the repercussion of this topic has driven important changes in routines of assistance, therefore it is of great importance to understand the care that involves the prenatal process⁴.

According to the Pre-Natal and Birth Humanization Program, humanization of care is an essential condition in monitoring during pregnancy, childbirth and the postpartum period. This requires attitudes from health professionals based on solidarity and ethics to provide a welcoming environment for the family. The nurse must contribute to ensuring that every pregnant woman has the right to dignified and quality care throughout pregnancy, childbirth and the postpartum period, having the right to know and



have access to maternity wards, and even every newborn to safe and humanized help⁵.

Based on the Pregnant Woman's Handbook⁶, we can say that they have access to information about situations of obstetric violence, however, this is addressed briefly with the subtopic of "situations of obstetric violence during pregnancy" which instructs them just to call 180 or dial health 136 and help them to look for a health professional within the health services available. From this, the key point of our study is to address how nurses should equip and prepare them to identify obstetric violence, with a focus on these guidelines being addressed during prenatal consultations.

In view of this, it can be said that it is essential that the primary care nurse has technical knowledge, is committed and receives the pregnant woman so that she feels comfortable returning to the next appointments⁷.

Based on what was analyzed above, Law No. 6,144⁸ is cited, of June 7, 2018, which talks about "[...] the implementation of information measures for pregnant and giving birth women about the national obstetric and neonatal care policy, mainly aiming to protect them in the care of obstetric care in the Federal District".

Bill No. 7,867/2017⁹ is also mentioned, which provides for protection measures against obstetric violence and the dissemination of good practices for care during pregnancy, childbirth, birth, abortion, and the postpartum period" as a means of providing information on the rights of pregnant women.

This study's main purpose is to present the importance of nurses in guiding pregnant women during prenatal consultations in the face of possible obstetric violence, focusing on verbal violence such as denying the expression of pain, and physical violence such as episiotomy, Kristeller maneuver, and unnecessary use of oxytocin.

Therefore, the study becomes relevant for both social and academic circles, since the best way to eradicate obstetric violence is by informing the population, providing guidance so that they know how to identify the various types of violence. The nurse needs to raise awareness and rescue the essence of care and provide human assistance to the parturient woman.

The aim was to list the main changes in nursing care to reduce obstetric violence during prenatal consultations.

Methodology

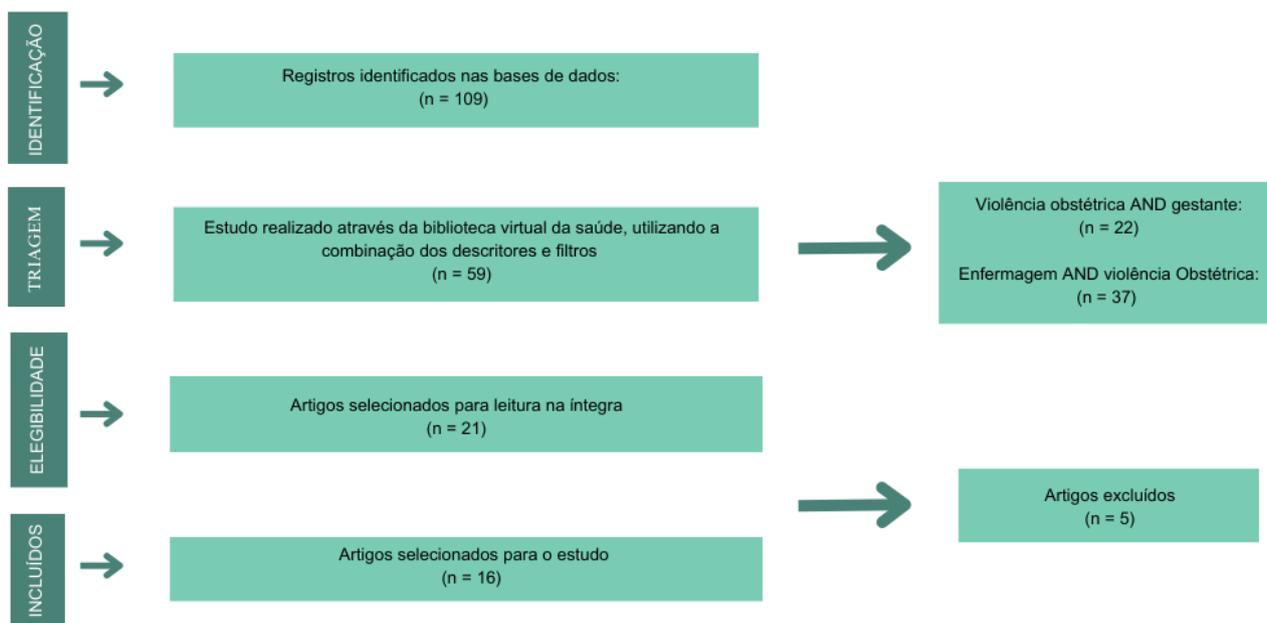
This study was based on an integrative review of the literature with the objective of listing the main changes in nursing care to reduce obstetric violence during prenatal consultations.

The research was carried out in the Virtual Health Library (VHL) databases, including SciELO, LILACS, MEDLINE and BDEF. The Health Sciences Descriptors (DeCS) were combined: "obstetric violence", nursing and pregnant women - combined with each other -, using the Boolean operator "AND" to develop search strategies.

Afterward, the following guiding question was created: "What are the main changes that must occur so that pregnant women are educated about situations of obstetric violence during prenatal consultations?".

The search for articles was carried out from March 6, 2023, to April 3, 2023, data collection was carried out jointly by the six researchers, to organize and score the necessary ideas. The criteria used for the inclusion of scientific articles were a time frame from 2018 to 2023, with full text and in Portuguese, available in full and which allowed the identification of themes related to the objective of the work. For exclusion, the criteria used were articles published outside the established period, duplicate materials, and articles unrelated to the topic.

Figure 1. Summary of the search and selection process for articles for literature review. São Paulo, SP, Brazil, 2023



After defining the descriptors, 109 results were collected, and using filters, 59 relevant articles were selected, where the summaries were read and analyzed. Of these, we included 21 articles in our analyzes to be read in full.

The final sample of this review was composed of 16 works that met the pre-established criteria. The selection of studies followed the Main Items for Reporting Systematic Reviews and Meta-Analyses (PRISMA) checklist, which was designed mainly “for systematic reviews of studies that

evaluate the effects of health interventions, regardless of the design of the included studies”, as per presented in Figure 1¹⁰.

Results and Discussion

The 16 articles were published between 2019 and 2022, with three articles from 2019, five articles from 2020, three articles from 2021 and five articles from 2022. The synoptic table below was prepared with the variables: title, year, objective, methods, results, and conclusion.

Chart 1. Synoptic table of selected studies. São Paulo, SP, Brazil, 2023

Title	Year	Authors	Objective	Method	Results	Conclusion
Violência obstétrica: uma prática vivenciada por mulheres no processo parturitivo	2022	Costa, et al.	Identify the practice of obstetric violence experienced during the parturition process.	Field research, exploratory-descriptive with a quantitative approach and carried out in Primary Care Units.	It was observed that 52.9% had a cesarean section and 5.1% reported that shouting and criticism from health professionals occurred intensely.	There are violent acts in the care provided to women in labor. It is important to highlight the importance of female empowerment.
Formas e prevalência da violência obstétrica durante o trabalho de parto e parto: revisão integrativa	2022	Souto, et al.	Analyze scientific production on the prevalent forms and characteristics of obstetric violence in daily labor and delivery care.	Integrative literature review carried out in the MEDLINE, SCOPUS, Web of Science, LILACS and BDNF databases.	The selected studies gave rise to seven categories that considered the speeches of women and health professionals about childbirth care: verbal, psychological, physical, sexual, discriminatory, institutional and financial violence.	The review allowed us to understand the different ways in which violence is experienced, demonstrating that effective actions are necessary to eradicate it.
Violência obstétrica: experiência da equipe multidisciplinar em saúde	2021	Orso, et al.	Describe the understanding, experience and propositions of the multidisciplinary health team in relation to obstetric violence.	Qualitative, descriptive study, developed in a public maternity hospital in the interior of São Paulo. 43 professional participants from different categories were interviewed.	They emerged from the transcribed speeches in 6 categories.	The importance of the health team's knowledge about obstetric violence is highlighted, so that they can identify, intervene and provide humanized assistance.
Elaboração e validação de panfleto educativo sobre violência obstétrica para gestantes e puérperas	2021	Lopes, et al.	Describe the process of developing and validating an educational pamphlet on obstetric violence for pregnant and postpartum women.	Descriptive methodological study, developed in two stages, preparation of material and content validation.	The booklet was validated in the first round of evaluation by expert judges and women in the pregnancy and puerperal cycle, with a global S-CVI of, respectively, 0.97 and 1.00.	The creation of an educational pamphlet on obstetric violence was considered valid by judges and women, so that this resource could help prevent disrespectful attitudes.
Repercussões emocionais em mulheres que sofreram violência obstétrica	2021	Assis, et al.	Analyze the repercussions of OV on women, understand the emotional repercussions of women who suffered OV, identify changes in their sexual life and impacts on the exercise of motherhood in these women.	Qualitative descriptive and exploratory research.	The collected data were analyzed using the content analysis proposed by Bardin and organized into categories.	Through this research, it was possible to ascertain that seeking to humanize childbirth, informing women about their rights and including the fight against OV in the training of health professionals is the most efficient way of coping.



Aspectos da Violência Obstétrica Institucionalizada	2020	Bezerra, et al.	Describe aspects of obstetric violence experienced during labor and delivery.	Descriptive research, with a qualitative approach, carried out between May and August 2016 in a basic health unit in a municipality in the northern region of Ceará.	From the transcription of the interviews, with subsequent Content Analysis of the participants' speech, different forms of obstetric violence were listed.	The need for health professionals to raise awareness of changes in routines and guarantee carefree from situations considered to be obstetric violence is evident.
Conhecimento de enfermeiros da atenção primária acerca da violência obstétrica	2020	Silva, et al.	Investigate the knowledge of primary health care nurses about obstetric violence.	Descriptive-exploratory study with a qualitative approach, developed with seven nurses.	It was also identified that there is a lack of preparation among professionals on the subject so that there is a good source of information for pregnant women during prenatal care.	Better training of professionals for a satisfactory approach to the topic in the context of primary health care.
Mulher e parto: significados da violência obstétrica e a abordagem de enfermagem	2020	Oliveira, et al.	Understanding the meaning of obstetric violence for women.	Qualitative study, with a Heideggerian phenomenological approach, with women in the reproductive phase.	Units of Meaning were constructed based on the statements of the deponents.	The need to strengthen the prenatal consultation provided by nurses was evident, addressing diverse and reflective themes, and offering quality comprehensive health, both curative and preventive.
Vivências sobre violência obstétrica: Boas práticas de enfermagem na assistência ao parto	2022	Nascimen to, et al.	Understand the role of nurses in preventing obstetric violence during childbirth.	Exploratory and descriptive research, with a qualitative approach, using the field study method, carried out in a public hospital in Brazil, with the participation of 10 nurses.	Data analysis resulted in categories that made it possible to discuss coping with violence, professional roles and tools that enable the implementation of good practices in childbirth.	The study reinforces the need to create a solid link between health professionals and women in labor, as well as raising the importance of health education and continuing education for good care practices.
Violência obstétrica: relatos de experiência vivenciada	2022	Lima, et al.	The topic addressed in this study is obstetric violence, a term used to describe the different types of aggression.	Study with a qualitative approach and descriptive method.	Three categories were found for the discussion entitled: knowledge about obstetric violence, forms of obstetric violence and feelings after suffering obstetric violence.	Obstetric violence continues to be experienced, perceived at different times during pregnancy, from labor to the postpartum period.
A assistência do enfermeiro à parturiente no contexto hospitalar: um olhar sobre a violência obstétrica	2022	Nascimen to, et al.	Analyze the recurrence of obstetric violence, elucidate the heterogeneity of this topic, understand the treatment received by patients, and discuss the nursing perspective regarding obstetric violence.	Bibliographic review from the Google Scholar platform.	This is any act carried out by health professionals regarding the body, reproductive processes, and psychological aspects of women, expressed through dehumanized attention.	It was possible to understand that there is a need to create strict laws that implement the concept of obstetric violence and punish those responsible for practicing it.
Violência obstétrica e os cuidados de enfermagem: reflexões a partir da literatura	2020	Castro, et al.	Identify in the scientific literature what points about obstetric violence and nursing care to prevent this occurrence.	Integrative literature review.	Humiliation was found to occur at the time of birth and unnecessary procedures were carried out.	Effective public policies and the provision of training for nursing professionals are necessary, to humanized care.

Percepção das parturientes sobre violência obstétrica: a dor que querem calar	2020	Teixeira, et al.	Identify the knowledge of pregnant women about obstetric violence, determine whether they can identify the main actions present, and detect the physical and psychological impacts.	A descriptive, exploratory study was carried out with a qualitative and quantitative approach.	Data collection was carried out using an online electronic form composed of questions related to the objective of the research, providing easy and quick access to the participating subject.	It was concluded through the results of this research that women have limited knowledge about obstetric violence, which may be related to the lack of information during prenatal care.
Conhecimentos e experiências de violência obstétrica em mulheres que vivenciaram a experiência do parto	2019	Nascimento, et al.	Investigate women's knowledge about obstetric violence and the forms of obstetric violence experienced during the birth process.	This is descriptive qualitative research, carried out with 20 women in labor in a philanthropic maternity hospital in Bahia.	The results indicate that most interviewees are unaware of the term obstetric violence.	It is concluded that there is an urgent need to implement measures that ensure humanized assistance and empowerment strategies for women so that they become protagonists in the act of parturition.
Violência obstétrica: uma revisão integrativa	2019	Souza, et al.	Review Brazilian research, identifying the types of obstetric violence, possible causes observed and the role of nurses in this scenario.	An integrative review carried out in 2018, with Brazilian articles selected from the Virtual Health Library.	Obstetric violence can be associated with verbal and psychological offense, expropriation of the female body, deprivation of a companion, lack of information, deprivation of movement, trivialization of pain and lack of privacy.	The obstetric nurse can contribute to reducing this violence. More investment is needed in training these professionals and providing quality care in prenatal care and childbirth.
Violência obstétrica na perspectiva dos profissionais de enfermagem envolvidos na assistência ao parto	2019	Alexandria, et al.	Assess the knowledge of nursing professionals involved in childbirth care about obstetric violence.	A qualitative study in which nurses who met the inclusion criteria participated in the research.	The participating nurses pointed out which techniques, practices and maneuvers they consider to be obstetric violence.	This highlights the need for such injuries, their assistance, to be reduced through strategic actions and care protocols.

The studies explored the opinions and experiences of nursing graduates, nurses, doctors, and other health professionals when dealing with situations of obstetric violence. In this context, we chose to define five thematic axes, which are described below: Knowledge and training of nurses in situations of obstetric violence; Lack of instructions on obstetric violence in prenatal care; Obstetric Violence: Verbal and physical; Consequences of obstetric violence on the mother's life and interventions regarding possible obstetric violence.

Knowledge and training of nurses in situations of obstetric violence

The knowledge and understanding of primary care nurses regarding obstetric violence is fragile and requires training. There is a need for investment in professional training to incorporate new health practices based on evidence and the appreciation of each member of the nursing team. It is important that during the pregnancy period, there is a strengthened bond between the nurse and the parturient, it is highlighted the importance of nurses having ongoing health education so that we can improve care practices and reduce such violence¹¹⁻¹³.

Obstetric violence is favored by the lack of restructuring of the environment and materials, lack of quality human resources, and work overload of the professionals involved. irreparable damage. One of the strategies addressed is that the nurse must guarantee carefree from any prejudice and discrimination and provide the pregnant woman with satisfactory guidance during prenatal care regarding the phases of labor, delivery routes, and the importance of the birth plan as a documentary form of safeguarding your choices^{14,15}.

Lack of instructions on obstetric violence in prenatal care

Researchers¹⁶ revealed the lack of instructions for pregnant women received throughout the prenatal period until the postpartum period, from the nursing team, and highlights the lack of information disseminated of a scientific nature in the media.

In this way, emphasis is placed on nurses so that they become more humanized and updated professionals to protect women's dignity. The study also highlights that the Stork network is a source of improvement as it reduces infant morbidity and mortality, allows women to choose the place of birth and how it will be carried out and instructs the use or not of certain procedures¹⁶.



Obstetric violence: verbal and physical

Physical and verbal violence results in psychological violence, which can define the continuity of care for pregnant women and their postpartum period¹⁷.

According to study¹⁸, it is believed that the concept of obstetric violence is mainly known for negligence in care, with possible damage to the beginning of communication with the patient, from the adoption of unpleasant words and ironic mentions not appropriate for the provision of a health service. The nurse, in turn, has prominence in these moments of minimizing acts of obstetric violence, as he is the professional who most commonly maintains greater contact with the postpartum woman.

Dealing with verbal and physical violence, authors¹⁹ mention in their study that in verbal violence, women are mistreated for expressing emotions during labor or birth through threats and humiliation. Regarding physical violence, the study considered as definition "the use of oxytocin, the routine use of episiotomy, which consists of cutting the woman's perineum region, the Kristeller maneuver which involves pressure at the bottom of the uterus". As a result, the pregnant woman loses her right to choose at the time of birth, due to the lack of information in prenatal care.

Research shows that nurses need to provide good nursing care, starting with reception, psychological, physical, and emotional support, so that the parturient has a great experience during the pregnancy period. This may include the limitation of invasive procedures considered unnecessary, unless necessary so that complications do not develop. In this way, the nurse has the responsibility of providing the parturient with guidance from prenatal care on all procedures so that she can work independently during labor and delivery¹⁹.

Obstetric violence in the mother's life

Some of the damage caused by obstetric violence was that the mother-child bond was affected, one of the most striking aspects was the difficulty in breastfeeding due to the lack of encouragement, instruction and the introduction of artificial milk without parental consent²⁰.

To reinforce the idea, a study²¹ says that women who are victims of obstetric violence carry with them much more than problems in the postpartum period, but also psychological trauma and negative feelings for their lives. For this reason, study¹³ corroborates the idea that it is essential to equip women with safe and natural care practices during the parturition process so that they can recognize violence and combat it, reporting and demanding qualified and humane care.

Interventions regarding possible obstetric violence

Alternative measures in this context are linked to public policies, with emphasis on professional training, especially for obstetric nurses, whose primary role is the consolidation of the humanistic model, seeking respect, the physiology of childbirth and the role of women. The importance of promoting quality prenatal care also stands

out, to instruct and prepare women physically and psychologically for labor and birth²².

The nurse can help precisely to improve the quality of maternal and child health. As a member of a multidisciplinary team and their most common assistance during the parturition process, the nurse, as the main caregiver, has the role of managing the doctrine of violence-free care in his team. Therefore, the nurse's control over obstetric violence, as he maintains a greater bond with the patient, can establish harm-free actions by health professionals¹⁸. Study²³ displays the construction of the educational pamphlet based on scientific literature to serve the target audience in primary care, assisting in the continuous learning process through material that is easily accessed. The pamphlet was validated by a specialist in the field using the Delphi technique. The focus is for this intervention to be used in prenatal consultations to gain a greater understanding of possible obstetric violence.

Another intervention to prevent obstetric violence was discussed in research²⁴, in which he mentioned as an alternative the creation of strict laws so that those found guilty are punished for practicing it, the construction of debates and research involving the topic, in addition to routine inspection and the search for continued education. Basic care is the mechanism that allows health promotion and prevention actions, as it is primary care, and can be carried out in lectures, engagements (meetings), or in the nursing consultation itself, adding an indispensable difference, such as reflective subjects, critics, giving women a voice, from the discovery of pregnancy to the postpartum period¹⁶.

There are violent acts in the care provided to women in labor, hence the importance of female empowerment and adherence to satisfactory obstetric practices²⁴.

Women's lack of knowledge about their rights and the lack of training of the nursing team, with a focus on nurses, to implement these rights and about situations of violence, it is noted that it is essential that nurses adhere to refresher courses for a piece of better scientific knowledge about care, a lot of investment is needed to improve the obstetric scenario we are experiencing, such as updating professionals to enable women to have a more humanized, qualitative and dignified birth^{7,14,23}.

Given this, we can say that our work is of great relevance for improvements in health care and for nurses' knowledge regarding obstetric violence, reinforcing humanization in the pregnancy cycle.

Final Considerations

The synthesis of findings through the selected studies allowed answering the guiding question and achieving the proposed objective. The research made it possible to highlight the characteristics of obstetric violence and showed the limitations of postpartum women regarding the subject addressed.

Therefore, the research highlighted the main changes to equip pregnant women during prenatal consultations, namely: The construction of educational



material based on scientific literature to serve the target audience in primary care; The creation of rigorous laws, debates and research involving the topic, in addition to routine inspection. Development of lectures, engagements (meetings), and in the nursing consultation itself, each of the violences are reinforced through the nurse so that the pregnant woman knows how to recognize them, giving the woman a voice, from the discovery of the pregnancy to the postpartum period.

The woman must be the protagonist of her birth, for this, there needs to be a change in assistance, especially on the part of the nurse, who must welcome, develop active listening, and establish a bond with the pregnant woman and family members, making the pregnancy process more humanized. Women will only be able to understand obstetric violence through prenatal health education, and in this way, they will enter maternity wards with knowledge, safety and ready for their births.

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