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Reflection on obstetric violence in public health in Brazil

Reflexión sobre la violencia obstétrica en salud pública en Brasil

Reflexão da violência obstétrica na saúde pública no Brasil

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Abstract

The study's general objective was to reflect on the multidisciplinary team's response to obstetric violence, identifying practices, challenges, and intervention strategies related to obstetric violence in Brazil within the context of public health, which requires a reflective and critical approach from the academic community and health teams. The research work has a descriptive and critical-reflective character through an integrative review in the LILACS, Google Scholar, SciELO, and MedLine databases. Of the 131 studies found, 100 were pre-selected and the title and abstract were read, then 42 were selected, totaling 23 studies selected to compose this review. It demonstrated that to address obstetric violence effectively, a coordinated effort is necessary that involves cultural changes, institutional reforms, and rigorous application of public policies with integration of the perspectives of the various studies analyzed. It is observed that obstetric violence is not an isolated problem, but rather a reflection of broader issues related to gender, culture, and institutional practices. The eradication of obstetric violence depends on the combination of preventive measures, ongoing education, support for victims, and comprehensive structural reforms.

Descriptors: Obstetric Violence; Biolaw; Multidisciplinary Team; Public Health; Women's Health.

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Resumén

El objetivo general del estudio fue reflexionar sobre la respuesta del equipo multidisciplinario a la violencia obstétrica, identificando prácticas, desafíos y estrategias de intervención en este ámbito en Brasil, en el contexto de la salud pública, lo que requiere un enfoque reflexivo y crítico por parte de la comunidad académica y los equipos de salud. La investigación tiene un carácter descriptivo y crítico-reflexivo mediante una revisión integradora en las bases de datos LILACS, Google Scholar, SciELO y MedLine. De los 131 estudios encontrados, se preseleccionaron 100, tras la lectura del título y el resumen, y se seleccionaron 42, totalizando 23 estudios seleccionados para componer esta revisión. Se demostró que, para abordar eficazmente la violencia obstétrica, es necesario un esfuerzo coordinado que involucre cambios culturales, reformas institucionales y la aplicación rigurosa de políticas públicas, integrando las perspectivas de los diversos estudios analizados. Se observa que la violencia obstétrica no es un problema aislado, sino un reflejo de cuestiones más amplias relacionadas con el género, la cultura y las prácticas institucionales. La erradicación de la violencia obstétrica depende de la combinación de medidas preventivas, educación permanente, apoyo a las víctimas y reformas estructurales integrales.

Descriptores: Violencia Obstétrica; Bioderecho; Equipo Multidisciplinario; Salud Pública; Salud de la Mujer.

Resumo

O estudo teve como objetivo geral refletir sobre a da equie multiprofissional frente a violência obstétrica, identificando práticas, desafios e estratégias de intervenção sobre a violência obstétrica no Brasil no contexto da saúde pública e exige uma abordagem reflexiva e crítica por parte da comunidade acadêmica e equipes de saúde, a pesquisa do trabalho tem um caráter descritivo e crítico-reflexivo por meio de uma revisão integrativa nas bases de dados LILACS, Google Scholar, SciELO e MedLine. Dos 131 estudos encontrados, 100 foram pré-selecionados e realizada a leitura do título e resumo, em seguida foram selecionados 42, totalizando 23 estudos selecionados para compor esta revisão. Demonstrou que para o enfrentamento efetivo da violência obstétrica, é necessário um esforço coordenado que envolva mudanças culturais, reformas institucionais e uma aplicação rigorosa de políticas públicas com integração das perspectivas dos diversos estudos analisados é observado que a violência obstétrica não é um problema isolado, mas sim um reflexo de questões mais amplas relacionadas a gênero, cultura e práticas institucionais, para erradicação da violência obstétrica depende da combinação de medidas preventivas, educação contínuada, suporte às vítimas e reformas estruturais abrangentes.

Descritores: Violência Obstétrica; Biodireito; Equipe Multiprofissional; Saúde Pública; Saúde da Mulher.

Introduction

Obstetric violence is a relevant issue that affects public health. This phenomenon has attracted the attention of health professionals, legislators, and civil society due to the negative impacts it can have on the experience of pregnant women. Therefore, it is essential to carry out an in-depth analysis of obstetric violence in public health, especially in natural childbirth, to understand its dimensions and legal consequences. Obstetric violence is a serious violation of human dignity and the rights to physical, psychological, sexual, and reproductive integrity. Childbirth should be a moment of excitement for women, not of fear. The humanization of childbirth, respecting maternal choice and ensuring the safety of mother and child, is a right that must be recognized from prenatal to postpartum[1].

Given the growing concern about obstetric violence, it is important to contextualize this issue. The lack of knowledge about obstetric violence and the occurrence of abusive practices, for example, during childbirth, demands a reflection on the legal and clinical responsibilities involved, to support discussions and proposals for addressing this problem in the context of public health. Life is the source of human development and the continuity of civilization, with birth being a physiological event that transforms a woman's life, bringing new experiences and discoveries about the power to generate life and transmit her genes to the new life, and being that it will be graced at the end of the pregnancy. Historically, the issue of hospitalization has evolved considerably, since in the past, births were performed at home by midwives[2,3].

At the end of the 18th century, childbirth was a practice exclusive to women; however, at the end of the 19th century, a process of transformation began for birth control, causing childbirth to cease to be a female event and become a medical event. Today, with the advancement of technologies, women are no longer the protagonists, and doctors begin to conduct the process. Childbirth has become a pathological event, requiring hospitalization and numerous medical interventions, no longer being seen as a natural, existential, and social event[4].

Childbirth is characterized by care with numerous interventions and humiliating situations, in which women often do not receive information, which is considered a disrespect for women's reproductive and sexual rights, in addition to a violation of human rights. Obstetric violence can be physical, emotional or symbolic, generating great suffering and often being difficult to see due to its subtlety, becoming increasingly common. This violence is any action

that can produce negative physical and psychological effects during natural labor, generally resulting from inhumane treatment by health professionals[5].

This reality goes against the recommendations of the World Health Organization (WHO), which advocates a spontaneous natural birth, without inductions, guaranteeing the woman in labor the right to privacy, respect regarding the choice of place of birth, empathy from service professionals, presence of a companion, encouragement of non-supine positions, walking and absence of water restrictions[6].

Common forms of obstetric violence include the Kristeller maneuver, lack of consent to perform procedures, episiotomy, refusal to administer analgesia, lack of privacy during labor, use of synthetic oxytocin to speed up labor, restriction on the choice and presence of a companion, restriction on the position of the pregnant woman, prevention of walking, restriction of water and food intake, excessive physical examinations, unnecessary and non-consensual cesarean sections, use of forceps, artificial rupture of the amniotic sac, prevention of immediate contact between mother and child, early clamping of the umbilical cord, and prevention of breastfeeding[7].

Often, the attitudes of health professionals are not perceived as obstetric violence when they occur, making the practice naturalized by women in labor. In 1996, the WHO developed a classification of good practices for labor and birth care, which includes respect for women, provision of information and explanations to women in labor, and non-invasive and non-pharmacological methods[8].

Brazil has public policies to improve the quality of care for women during prenatal care and childbirth, such as the National Program for the Humanization of Childbirth and Birth (2000), the Companion Law (2005), the Stork Network (2011) and the National Guideline for Care for Pregnant Women (2015/2016). Social movements, such as the Network for the Humanization of Childbirth and Birth (Rehuna), have made the term "humanized childbirth" accessible to the public, contributing to the dissemination of information[9].

Ordinance No. 1820 of the Ministry of Health of 2009 states that "it is the right of the person to have adequate care, with quality, at the right time and with guaranteed continuity of treatment". Health institutions are responsible for ensuring adequate and humanized care, as recommended by the ordinance[10].

However, in Brazil, there is no legal norm that directly punishes crimes of obstetric violence. Despite this, it is possible to use existing legislation to hold professionals who commit obstetric violence civilly and criminally liable. Law No. 18,322 of January 5, 2022, in Santa Catarina, is an example of state legislation that explicitly deals with obstetric violence and other crimes committed against women. Although the legal system provides for several rights for women in labor, the vulnerability of pregnant women means that many of these rights are disrespected. The vulnerable position of women and the naturalization of obstetric violence make it difficult to recognize and refuse abusive procedures. The biggest challenge to preventing obstetric violence is the training of qualified health professionals and the supervision of public and private hospitals. In order for existing laws to be applied appropriately, common sense, manuals of good practices, and professional ethics, in addition to compliance with current regulations, are necessary[11,12]. Humanizing means aligning technical competence and human tenderness, so that the heart manifests itself in daily work relationships, communication must be used to understand the user's life story, their way of being and acting and perceive them as a human being in all their dimensions and manifestations[5,14,15].

Convictions for obstetric violence have established important legal precedents, reinforcing the importance of complying with the law and promoting safe and respectful childbirth for the elderly, providing humanized, ethical and individualized care. Furthermore, health professionals, especially nurses, should seek to promote humanized care for the elderly from a holistic perspective in their professional practice[15,19].

Methodology

This study is based on a reflection and seeks support through publications and official institutional documents, the critical-reflexive approach to obstetric violence in Brazil. To prepare the work, indexed articles from scientific journals, books, conference proceedings, technical reports, and other types of materials were used using the LILACS, MEDLINE, SciELO, and Google Scholar databases. Thus, the keywords used were: “Obstetric Violence”; “Biolaw”; “Multidisciplinary Team”; “Public Health”; “Women's Health”.

The inclusion criteria were studies in article format or documents from competent bodies, such as the Ministry of Health, that answered the guiding question, published in journals indexed in the selected databases, and published in the time frame from 2019 to 2024. The inclusion criteria were duplicate studies in the databases and those that were not available in full-text format. A total of 20 articles were found on the study topic; the articles were identified and catalogued, as they all met the proposed objectives.

Results and Discussion

Obstetric violence is a significant problem that affects women’s health and well-being during childbirth and the postpartum period. It can be defined as the appropriation of women’s bodies and reproductive processes through dehumanizing treatment, medicalization, and pathologization of natural processes. This form of violence is widely recognized for its violation of women’s human rights, including the right to dignity, privacy, and informed consent[15,16].

They provide a solid basis for understanding what constitutes obstetric violence and its different types, detailing the specific types of violence and the profile of victims, while Muller et al. offer a general review, identifying trends and gaps in the existing literature, the health team plays a crucial role in preventing obstetric violence. This includes promoting humane practices in childbirth, ensuring informed consent and respecting women's autonomy.

Recent studies highlight the importance of continuing education of nursing professionals on human rights and evidence-based practices to reduce the occurrence of obstetric violence.

Physical, psychological, and verbal violence is identified, manifested through invasive procedures without consent, verbal disrespect, and other abusive practices, exploring the impacts of obstetric violence on women's mental health and the subjective experience of childbirth, highlighting the importance of an empathetic and effective approach. The challenges in implementing humanized care and humanized childbirth practices are addressed. Authors identify barriers and facilitators in practice while exploring specific challenges in hospital settings. These studies offer a comprehensive overview of the institutional and cultural obstacles to the adoption of practices that can reduce obstetric violence[17].

The importance of continuing education for health professionals and the promotion of humanized childbirth is discussed, highlighting that adequate training of professionals is crucial to improve the quality of care and prevent obstetric violence, the identification of obstetric violence by nurses is essential for its eradication, studies indicate that the implementation of protocols and the creation of safe channels for reporting are fundamental to protect women, legal responsibility and protocols for identifying and reporting obstetric violence, highlighting the need for improvements in legislation and practice[18].

Nurses face several challenges when dealing with obstetric violence, including a lack of institutional support, inadequate resources, and cultural barriers. In addition, resistance to changing traditional practices can hinder the implementation of humanized care. To improve nurses' performance, it is necessary to invest in continuous training, health policies that promote humanized practices, and institutional support. Creating work environments that value woman-centered care and interdisciplinary collaboration are effective strategies[19].

Criminal liability for obstetric violence involves the application of laws and punishments for abusive practices during childbirth. Brazilian legislation, such as the Penal Code and the Companion Law, provides for sanctions for abusive behavior and ensures rights for pregnant women. Law No. 18,322/22 of Santa Catarina is an example of legislation that aims to address violence against women, including obstetric violence. In addition to legislation, a coordinated effort is essential for the implementation and effective monitoring of policies, reviewing prevention and control strategies, offering practical suggestions to improve reporting mechanisms, and raising awareness about women's rights during childbirth[19,20].

The challenges and practices associated with the promotion of humanized childbirth identify significant barriers to its implementation, such as cultural resistance and lack of resources. The Guide to Humanized Practices in Childbirth and Birth offers guidelines that, if followed, can contribute to reducing obstetric violence and improving the childbirth experience. It analyzes the challenges in applying these practices in hospital settings, indicating that structural and cultural changes are necessary to overcome existing barriers and ensure that humanized childbirth becomes the norm. The analysis of emblematic cases section will focus on examining specific cases of obstetric violence in public health during normal childbirth, highlighting the different types of abuse and neglect faced by women. The investigation of these cases will allow identifying patterns of inappropriate conduct on the part of health professionals, as well as the physical, emotional, and legal consequences faced by women victims of obstetric violence[20].

Obstetric violence is a complex problem that requires a multifaceted approach to be effectively combated. The continued education of health professionals, the implementation of humanized practices, and the promotion of effective public policies are essential to ensure respectful and safe care during childbirth. Nurses' responsibility is crucial in identifying, preventing, and addressing obstetric violence, and it is essential that they continue to be trained and supported to play this role effectively.

Conclusion

Obstetric violence is a violation of human rights that requires a strong response from nursing professionals. Adequate training, implementation of reporting protocols, and institutional support are essential to combat this problem. The adoption of humane practices and respect for women's autonomy are fundamental to ensuring safe and respectful obstetric care. Given the analysis carried out on obstetric violence in public health during natural childbirth, measures aimed at preventing and addressing this serious problem are urgently needed.

It is recommended that training and awareness-raising programs be implemented for health professionals, aiming to raise awareness about obstetric violence practices and the correct application of current legislation. In addition, it is essential to create reporting and support channels for women who have been victims of obstetric violence, as well as to promote case studies and practical experiences to improve public health policies related to natural childbirth.

This study addressed several aspects related to obstetric violence in public health during normal childbirth. The concepts and types of obstetric violence, the phases of normal childbirth, current legislation and prevention, and coping strategies were discussed, the prevalence and impacts of obstetric violence in the context of public health were analyzed, as well as studies of emblematic cases. The summary of the main points addressed highlights the urgency of measures to raise awareness and train health professionals, as well as the implementation of reporting and support channels for victims, aiming to protect the dignity and rights of women in childbirth.

To effectively address obstetric violence, a coordinated effort is needed that involves cultural changes, institutional reforms, and rigorous application of public policies. The integration of the perspectives of the various studies analyzed reveals that obstetric violence is not an isolated problem, but rather a reflection of broader issues related to gender, culture, and institutional practices.

Success in eradicating obstetric violence depends on the combination of preventive measures, ongoing education, support for victims, and comprehensive structural reforms. It is imperative that all stakeholders, from health professionals to policymakers, work together to promote a safe and respectful childbirth environment for all women.

Knowing the techniques and theories of humanizing care for pregnant women has never been so necessary, due to their increase in number and degree of vulnerability to obstetric violence. It is expected that, in all health care establishments, especially those specific to women's health, biolaw addresses obstetric violence in Brazil as a crucial issue of public health and human rights, emphasizing the need for prevention and awareness policies, training of health professionals for humanized and respectful care, and implementation of clear protocols to avoid abusive practices.

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