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# View on obstetric violence in the Unified Health System (SUS)

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**Abstract**: It can be affirmed that due to what was observed, Obstetric violence is seen with any disrespectful, inhuman, negligent or abusive act towards the mother and the newborn who consequently may suffer from causes and damages and/or physical and physical treatment. This is a comprehensive review of the literature using the Nursing Database (BDENF) and the Science Electronic Library Online (SciELO) and the Virtual Health Library (VHL/LILACS).

**Keywords:** Postpartum period; public health; SUS; Obstetric violence

# 1. Introduction

According to the Department of Informatics of the Unified Health System (DATASUS), hospital deliveries represent 98.08% of deliveries performed in the health network, with prevalence of cesarean deliveries, reaching 56% in the general population, given this number, this scenario is considered alarming, considering that the recommendation of the World Health Organization (WHO, 1996a) is a cesarean rate that varies between 10 and 15% (ZANARDO *et al.,* 2017).

However, over the years obstetric care has undergone changes due to technological advances. In this sense, it was possible that the mother and child binomial could have an assistance of offers and a greater number of interventionist practices (OLIVEIRA *et al*., 2019).

In 1983, the Program for Integral Assistance to Women's Health (PAISM) was created, presenting itself as a new and differentiated approach to women's health, based on the concept of "integral care for women's health" (AISM). However, the Ministry of Health officially released PAISM, only in 1984 through the document prepared by the committee: "Integral Assistance to Women's Health: bases of programmatic action" (BRASIL, 2005).

Thus, the World Health Organization (WHO) defines obstetric violence as any disrespectful, dehumanized, negligent or mistreatment attitude against the parturient and the newborn that may cause harm and/or psychological and physical suffering. This type of violence can occur in the care of women who are in prepartum, childbirth and postpartum, by any health professional (MOURA *et al*., 2018).

The Ministry of Health implemented in Brazil the Stork Network program in 2011, as a strategy of humanized care for pregnant women, parturient and puerperal women, and consequently decrease in maternal and neonatal mortality. (BRAZIL,2011).

The government also created the National Humanization Policy (NHP), which is a public policy in the SUS aimed at activating devices that favor humanization actions in the field of health care and management in Brazil, aims to expand the offers of the National Humanization Policy to managers and health councils, prioritizing primary/fundamental and hospital care, encouraging the insertion of the valorization of SUS workers in the agenda of managers, health councils and civil society organizations, disseminate the National Humanization Policy to expand the processes of training and production of knowledge in conjunction with social movements and institutions (BRASIL, 2013; Pasche; STEPS; HENNINGTON*,* 2011).

With regard to the importance of this study, it will serve as a source of information for professionals as well as for pregnant women, considering that obstetric violence is a fact that occurs constantly, and even so it is not always noticeable by those who suffer it, thus showing the need to expand knowledge about the care provided to women in labor, it is worth mentioning that women have the right to you.

Thus, the aim of this study was to describe the Views on obstetric violence in the single health system, in addition to defining obstetric violence, identifying practices that configure obstetric violence and citing preventive measures against obstetric violence.

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# 2. Methodology

This is an integrative review of the literature conducted in six stages: 1st: identification of the theme and selection of the research question; 2nd: establishment of inclusion and exclusion criteria; 3rd: search of studies and extraction of results; 4th: evaluation of studies; 5th: interpretation of the results; 6th: synthesis of knowledge (MENDES, SILVEIRA, GALVÃO, 2008).

Having as a guide question "How is obstetric violence seen in the single health system? The research was carried out using the Nursing Database (BDENF) databases and the virtual libraries Scientific Electronic Library Online (SciELO) and Virtual Health Library (VHL/LILACS).

The inclusion criteria were: articles whose objectives discussed obstetric violence in the single health system, clinical, observational studies or systematic reviews and published between 2010 and 2021. Incomplete papers, books and editorials and with double indexing were excluded.

The survey and analysis of publications through the descriptors selected in the Descriptors in Health Sciences (DeCS / http://desc.bvs.br): Postpartum period; Public Health; SUS; Obstetric violence and its respective translations into the Portuguese, with crossover performed through the Boolean operator "and".

For data collection instrument, articles were selected, which were initially read the titles and abstracts of the studies and recorded the agreement or not to include the evaluated study. A Database was built in the Microsoft Excel Program 2016 with the results obtained in the study. Tables were used to analyze these data to observe the dispersion between the collected data. The information was analyzed through the Microsoft Excel 2016 program for data formatting, which was evaluated according to the eligibility criteria.

# 3. Results and Discussion

Twenty-five articles were selected from the BV health databases, of which ten were excluded because they did not correspond to the objectives of this study, 02 because they were not complete and 05 because they were not in the Portuguese language and only eight were considered eligible for this study.

**Table 1**. Synthesis of studies according to identification of the article, author, year, number of participants main results and title.

| Author/year | Goal | Main results | Title |
|---|---|---|---|
| Brandt *et al* (2018). | Investigate the current scientific production on the topic of obstetric violence. | Most professionals do not see certain actions as a form of violence and are routine, stating that some attitudes are "necessary to maintain the Order. | Obstetric violence: the true pain of childbirth |
| Niy, (2019) | Identify facilitators and obstacles to the implementation of greater freedom of position, in a pilot project of the Women's and Children's Friendly Hospital Initiative | In the view of managers and health professionals, all women assisted were free to move. | How to overcome the culture of physical immobilization of partu rient? Partial results of the study of inter vention in São Paulo, SP, Brazil. |
| Curi; Ribeiro; Marra (2020) | Examine obstetric violence against black women in the Unified Health System (SUS), | VO occurs in one of the moments in women's lives in which they are most vulnerable and is realized as neglect, verbal violence, physical violence – unnecessary, unwanted or even denied procedures – and even sexual. | Obstetric violence against black women in the SUS |
| MARQUES, (2020).) | Seek to approximate the health right of issues related to the guarantee of women's sexual and reproductive rights, as an inseparable part of the right to health, addressing the concept of obstetric violence. | The racial issue is very important to be considered when talking about obstetric violence, because its incidence is even higher in relation to black women. Unassisted delivery, problems with HIV diagnosis, negative companion and pilgrimage. | Obstetric violence in Brazil: a concept under construction to guarantee the integral right to women's health |
| Trajan; Barreto, (2021). | Analyze the obstetric violence described by the interviewees through a gender perspective. | The interviewees' statements allow us to characterize physical abuse practices such as unnecessary interventions performed according to the routine of each professional and made if they had the consent of women, use of episiotomy, kristeller maneuver and invasive evaluation (vaginal touch) without due consent of the patient. | Obstetric violence in the vision of health professionals: the gender issue defining childbirth care. |
| Bitencourt; Oliveira; Rennó, (2021) . | Know the meaning obstetric violence for professionals working in the labor and delivery care. | The conflicting professional and parturient relationship" is characterized by as a factor for the existence of obstetric violence. | Meaning of obstetric violence for professionals who work delivery care. |

**Source:** the author, 2022.

Obstetric Violence (VO) is defined as any act or intervention directed at pregnant, parturient or postpartum women (who recently gave birth), or to their baby, practiced without the explicit and informed consent of the woman and/or in disrespect for her autonomy, physical and mental integrity, feelings, options and preferences (PAES, 2018).

The World Health Organization (WHO) since 2014 **has** recognized VO as a public health issue, due to evidence of disrespect and ill-treatment of women during childbirth care, given that it happens at a stage in women's lives in which they are most vulnerable (PALHARINI, 2017).

VO, is subdivided into 5 main types of aggression: physical violence, institutional violence, moral violence, sexual violence, psychological and verbal violence. Thus, violating the right to freedom of harm and ill-treatment,

information and autonomy, confidentiality and privacy, dignity and respect, equality and non-discrimination (BRANDT., *et al*, 2018).

Most women do not have knowledge about obstetric violence, this lack of knowledge on the part of women at the time of labor, favors them to experience remarkable emotions, considering that they are experiencing a very delicate moment, and at the same time are exposed to a violent and abusive act, which make them shut up in the face of the situation (ANDRADE; AGGIO 2014; PESSOA *et al*;2016).).

We understand that obstetric violence is the appropriation of women's bodies and reproductive processes by health professionals during pregnancy, childbirth and the puerperium, including abortion care. Expressing itself through dehumanizing relationships, abuse of medicalization and pathologizing of natural processes, causing the loss of women's autonomy and violations of human, sexual and reproductive rights (CURI; RIBEIRO; MARRA, 2020).

In view of this scenario, it is possible to affirm that health professionals have a fundamental role in ensuring these rights and that the estate must unequivocally outline policies that cover the full exercise of sexual and reproductive rights, with primary health care (PHC) one of the major areas of action in this sense (CURI; RIBEIRO; MARRA, 2020).

However, as described in the table above, the study by Brandt *et al* (2018) describes that health professionals do not understand how VO some actions practiced, and still claim to be something routine, stating that some attitudes are necessary to maintain the Order. They also declare that "poly complaining" patients, who commit scandals, agitated, ignorant and uncollaborative patients need more authority.

According to previous studies conducted one in four women suffers violence at the time of delivery. These violence's not only refer to the practice of unnecessary cesarean sections and without adequate information to pregnant women, but also to various types of practices, omissions and verbal aggressions directed at women. We see the need to clarify this variety of practices and violence, so that women know how to identify them as such and denounce their occurrences within health services (MARQUES, 2020).

Another study conducted in a public maternity hospital described the point of view of professionals and patients, showing that the view of one differs from that of the other, because, from the point of view of managers and health professionals, all women attended were free to move, claiming to have as facilitators the existence of physical space, the encouragement of the care team, the orientation to the companion and the permission for the presence of the doula, in addition to equipment that assists in the non-pharmacological relief of pain, such as the ball, and in the adoption of vertical positions for birth, such as the stool (NIY,2019).

On the other hand, from the point of view of pregnant women, their freedom was conditioned to some kind of prescription so that it would not leave the bed, that is, it could be ambular if it had a recommendation. Thus, they claimed that they did not understand that there was freedom for them to adopt the position in which they felt most comfortable, besides feeling insecure about what they could or could not do, as well as the lack of information (NIY, 2019).

Similarly, the study by Trajan and Barreto (2021) showed that health professionals have knowledge about the practice of obstetric violence, reporting diverse abuses both psychological, verbal, movement restriction. The health team instead of welcoming the parturient during the moment of pain and anguish, which is the moment of delivery, ends up committing acts of verbal disrespect.

Although the changes recommended by the policy occur in the health system, the training apparatus continues to prepare professionals within the interventionist model considered inadequate (TRAJANO AND BARRETO, 2021).

The professionals also justified institutional violence as a result of the precariousness of public health services and the high demand, stating that VO occurs more frequently in public institutions, harming the poorest population (BRANDT *et al*.,2018).

In this context, the role of obstetric nurses has great relevance for obstetric care, considering that it has the differentiated view of other professionals (OLIVEIRA, 2016).

The obstetrician nurse is legally assisted by the Ministry of Health Ordinance No. 2815/98, of May 29, 1998 to work in the care of normal delivery of low risk or habitual risk. They also argue that each woman should be treated in a unique way at the time of giving birth, prioritizing an individualized and integralized care. (OLIVEIRA, 2016).

Moreover, it was possible to perceive in this study that the role of women is neglected before the health team that places itself as the holder of knowledge and decisions, thus constituting obstetric violence (BITENCOURT; OLIVEIRA; RENNÓ, 2021).

# 4. Conclusions

The pain of childbirth is something natural of physiology and is intertwined with the fact that the human being gives rise to life. In addition to physiological pain, the pain of an aggression at the time of delivery will cause unpleasant recall in the woman. The moment of childbirth should be remembered and had with a moment of joy. Thus, it needs to be conducted with respect and in a humanized way by health professionals.

The present study allowed the understanding of obstetric violence broadly seen as a public health problem violating rights of large indexes.

We see then the need for more and more dissemination of information on the subject, so that women can have access to them and their rights, thus enabling more preparation for the moment of delivery. It is noteworthy that the prevention of obstetric violence should start from college and health education institutions, thus generating new professionals able to provide care to pregnant women in an adequate way, free of harm.

The study showed that professionals know the meaning of obstetric violence, however the rates of this practice are still

high, and may attribute this to lack of knowledge on the part of pregnant women or even misconduct by professionals.

## References


[1] ANDRADE, B.P.; AGGIO, C.M. Violência obstétrica: a dor que cala. Anais do III Simpósio Gênero e Políticas Públicas, Universidade Estadual de Londrina, Londrina/Paraná. Maio/2014. Disponível em: http://www.uel.br/eventos/gpp/pages/arquivos/GT3_Briena%20padilha%20andrade.Pdf. Acesso em: 05/04/2022.

[2] BITENCOURT AC, OLIVEIRA SL, RENNÓ GM. Significado de violência obstétrica para os profissionais que atuam na assistência ao parto. Enferm Foco. 2021;12(4):787-93.DOI: https://doi.org/10.21675/2357-707X.2021.v12.n4.4614

[3] BRASIL, Ministério da saúde. Secretaria de assistência à saúde- SAS. Programa de assistência integral à saúde da mulher (PAISM). Brasília-DF, fevereiro 2005.

[4] BRASIL, Ministério as saúdes. Política Nacional de Humanização PNH. 1ª edição. Brasília – DF 2013.

[5] BRASIL, Ministério da saúde. PORTARIA Nº 1.4 59, DE 24 DE JUNHO DE 2011. Rede Cegonha.

[6] BRANDT, G.P; SOUZA, S.J.P; MIGOTO, M.T; WEIGERT, S.P. Violência obstétrica: a verdadeira dor do parto. Revista gestão & saúde ;19(1):19-37. 2018. (ISSN 1984 - 8153)

[7] CURI, P.L; RIBEIRO, M.T.A; MARRA, C.B. A violência obstétrica praticada contra mulheres negras no SUS. Arquivos Brasileiros de Psicologia; Rio de Janeiro, 72 (NO.SPE.): 156-169. 2020. DOI: 10.36482/1809-5267.ARBP2020v72s1p.156-169.

[8] MARQUES, S.B. Violência obstétrica no Brasil: um conceito em construção para a garantia do direito integral à saúde das mulheres. Cad. Ibero-amer. Dir. Sanit., Brasília, 9(1): jan./mar., 2020 99 http://dx.doi.org/10.17566/ciads.v9i1.585.

[9] MOURA, R. C.M; PEREIRA, T. F; REBOUÇAS, F. J; MEDEIROS COSTA, C; LERNADES, A. M. G; SILVA, L. K. A; ROCHA, K. D. M. M. Cuidados de enfermagem na prevenção da violência obstétrica. Enfermagem em Foco, v. 9, n. 4, 2018.

[10] MENDES, K.D.S; SILVEIRA, R.C.C.P; GALVAO, C.M. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto contexto - enfermo., Florianópolis, v. 17, n. 4, p. 758-764, Dec. 2008. Available from http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072008000400018&lng=en&nrm=iso. access on 07 abr. 2022. https://doi.org/10.1590/S0104-07072008000400018.

[11] NIY, D.Y; OLIVEIRA,.C; OLIVEIRA, L.R; ALONSO, B.D; DINIZ, C.S.G. Como superar a cultura da imobilização física das parturientes? Resultados parciais de estudo de intervenção em São Paulo, SP, Brasil. Resultados parciais de estudo de intervenção em São Paulo, SP, Brasil. Interface (Botucatu). 2019; 23: e180074 https://doi.org/10.1590/Interface.180074.

[12] OLIVEIRA, M.S.S; ROCHA, V.S.C; ARRAIS, T.M.S.N; ALVES, S.M; MARQUES, A.A; OLIVEIRA, D.R; SANTANA, M.D.R. Vivências de violência obstétrica experimentadas por parturientes. ABCS Health Sci. 2019; 44(2):114-119.Disponível em: DOI: https://dx.doi.org/10.7322/abcshs.v44i2.1188.

[13] OLIVEIRA, V.J. O SENSÍVEL E O INSENSÍVEL NA SALA DE PARTO: interdiscursos de profissionais de saúde e mulheres. Dissertação (Doutorado) Universidade Federal de Minas Gerais. Belo Horizonte, MG; 2016 160p.

[14] PALHARINI, L. A. Autonomia para quem? O discurso médico hegemônico sobre a violência obstétrica no Brasil. Cadernos Pagu, (49), 1-37. (2017). https://doi.org/10.15 90/18094449201700490007.

[15] PASCHE, D.F; PASSOS, E; HENNINGTON, E.A. Cinco anos da Política Nacional de Humanização: trajetória de uma política pública. Ciência e saúde Coletiva, v.16, n11, p. 4541-4548, 2011.

[16] PAES, F. D.R. Violência obstétrica, políticas públicas e a legislação brasileira. Consultor Jurídico, 08 out. 2018. Disponível em: https://bit.ly/2mbrjN9. Acesso em: 06.abr.2022.

[17] PESSOA, L.M; BARBOSA, A.B.A; RODRIGUES, E. S.R.C; LIMA, T.N.F.A. Conhecimento da puérpera acerca da violência obstétrica. Temas em saúde Volume 16, Número 4 ISSN 2447-2131 João Pessoa, 2016.

[18] TRAJANO, A.R, BARRETO, E.A. Violência obstétrica na visão de profissionais de saúde: a questão de gênero como definidora da assistência ao parto. Interface (Botucatu). 2021; 25: e200689 https://doi.org/10.1590/interface.200689

[19] ZANARDO, G. L. D. P; URIBE, M. C., NADAL, A. H. R. D; HABIGZANG, L. F. Violência obstétrica no Brasil: uma revisão narrativa. Psicologia & sociedade, v. 29, 2017.