

Nursing Care Provided To Women Victims Of Obstetric Violence

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Abstract:

Background: Obstetric violence is a reality in Brazil. Many women suffer from this problem during pregnancy and at the time of childbirth, and it is characterized by abuse, disrespect and mistreatment of women during labor and delivery. There are several forms of obstetric violence that health professionals commit against their patients. However, understanding these violent acts and updating themselves in a theoretical-scientific way will allow nurses to be aware of what can and cannot be done at the time of childbirth..

Materials and Methods: This is an integrative review of the literature on the topic of Obstetric Violence. We chose to search for scientific articles available in full in the databases of the virtual health library, by crossing the descriptors Women's health; Obstetric violence; Nursing care. Articles in Portuguese and English, published between 2014 and 2024, were selected..

Results: The aforementioned methodology and descriptors were applied, and 71 productions were found. After applying the filters and inclusion and exclusion criteria, a total of 37 productions were found. Subsequently, the studies were read and critically analyzed in accordance with the objectives of this research; the sample of this study consisted of 10 articles..

Conclusion: Women who are subjected to obstetric violence suffer traumas that lead them to think of childbirth as a frightening moment, and not as humanized as it should be seen. Nursing care in this area must be carried out with humanization, since the nurse will be dealing directly with patients, who are in an intimate moment of many emotions, dealing with their hormones that are constantly changing, women who are often afraid and insecure about labor and delivery and, above all, dealing with an extremely important moment, which is giving birth to a new being..

Key Word: Women's health; Obstetric violence; Nursing care.

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I. Introduction

It is understood that pregnancy is a time when women are emotionally fragile, both due to the hormonal and physical changes that affect their bodies, as well as the anticipation and anxiety of childbirth. In view of this, health professionals fail to provide care to these women, as many of them treat them harshly or do not answer their questions during care. Obstetric violence is not just a term used, but also a set of actions that directly violate human rights¹ (ALBUQUERQUE et al., 2018).

The World Health Organization (WHO) defines obstetric violence as any direct or indirect conduct or omissions, whether in public or private settings, which compromise women's dignity, integrity, autonomy and freedom. This type of violence encompasses much more than a health issue, but also social issues² (WHO, 2018). The concept of obstetric violence was first established in academia by Dr. Rogerio Perez Gregorio, who is president of the Venezuelan Society of Gynecology and Obstetrics³ (Pulhez, 2013). Violence involves any aggressive act that can manifest itself physically, psychologically, and sexually through neglect or deprivation. In

other words, violence against women is any conduct based on gender, depriving women of their rights as women, causing harm, suffering, and depriving them of their autonomy, both in the public and private spheres. This type of violence is thus revealed in different institutional settings⁴.

It is observed that this topic is extremely important today, since a large part of the Brazilian population is unaware of obstetric violence, as it is a topic that is rarely discussed and without due recognition, since women suffer this type of aggression and often do not recognize it or even accept it, because they believe that nurses and other health professionals have greater knowledge. Furthermore, women are subjected to and led to think of childbirth as a frightening and inhumane moment, as it should be.

Pilgrimages, restriction of companions, abuse of medications, unindicated cesarean sections and failure to clarify doubts of women in labor are the types of obstetric violence most common in health services today. With this in mind, it is necessary to understand these types of violence, so that, through technical and scientific knowledge, nursing and health professionals in general can stop carrying out these acts that bring harm not only to the moment of childbirth, but also cause trauma that can last for a woman's entire life.

In view of the above, it is necessary to discuss obstetric violence, so that not only the health professionals who practice it, but also the population and especially postpartum women, will have greater knowledge and understand the importance of the topic. In this way, this type of violence will be more widely recognized and nurses, through greater knowledge on the subject and greater scientific knowledge, will be able to adapt nursing care without directly violating the rights of women in labor.

In this sense, the objective of this study is to demonstrate, through an integrative review, the nursing care provided to women who are victims of obstetric violence.

II. Material And Methods

This is a bibliographic, descriptive study, of the Integrative Literature Review type, which aims to critically analyze research on subjects of interest; it allows for possible adjustments in health care, and identifies flaws that can be used to improve and apply the results in practice⁵.

This study consisted of six stages: 1st: elaboration of the guiding question; 2nd: search or sampling in the literature; 3rd: data collection; 4th: critical analysis of the included studies; 5th: discussion of the results and 6th: presentation of the integrative review⁶.

The research was conducted through an online search, on the Virtual Health Library Portal (BVS), in the LILACS (Latin American and Caribbean Literature in Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online), and BDENF (Nursing Database) databases. The following descriptors were used: coronavirus; nursing care; hospital infection.

The following inclusion criteria were adopted: articles available in full; complete and open access; in Portuguese, English and Spanish; published between December 2019 and November 2021. The exclusion criteria were articles published in years prior to those delimited; non-free; letters; theses; books; reviews; monographs; and articles that did not meet the guiding question of the research.

In addition to the filters used, such as the databases, which included: BDENF, LILACS, MEDLINE, IBECs; the main subject: Coronavirus infections, COVID-19, nursing care, hospitalization, hospital infection, infection control, intensive care units; and the language: English, Portuguese and Spanish.

A survey of information was conducted for theoretical knowledge, without plagiarism as prescribed in Law No. 9,610, of February 19, 1998 and respecting the authors and their ideas⁷.

The search for articles using controlled descriptors, duly registered in DeCS (Table 1) and their respective correspondents in Portuguese and English, was evidenced.

Table 1: Descriptors and their correspondents in Portuguese and English. Brazil (2025).

Descritores	Português	Inglês
Women's health	Saúde da mulher	Women's health
Obstetric violence	Violência obstétrica	Obstetric violence
Nursing care	Assistência de enfermagem	Nursing care

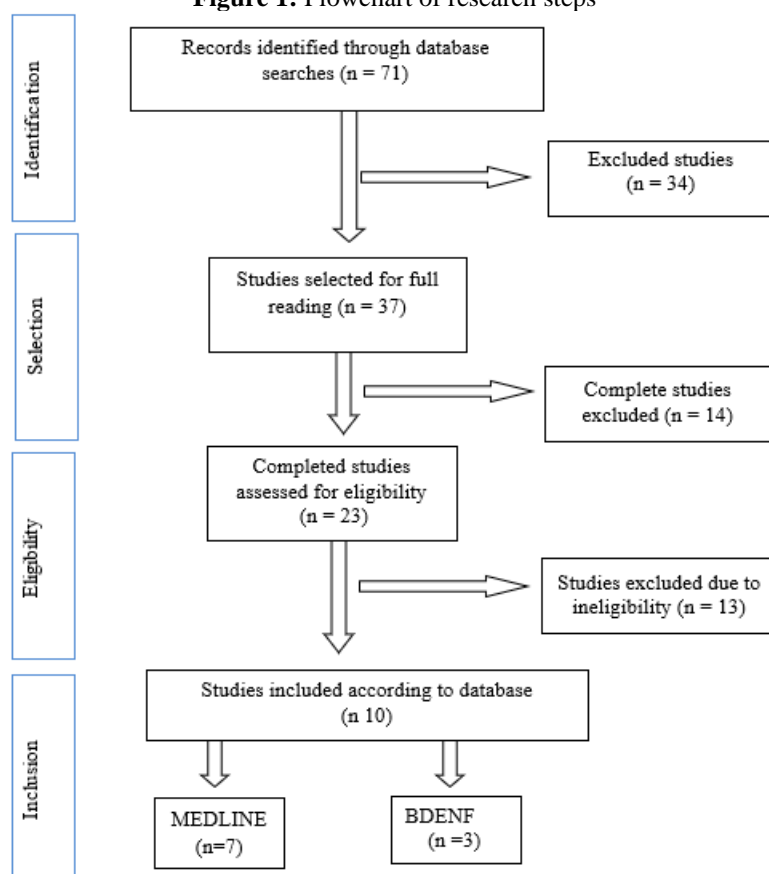
Source: Prepared by the authors, 2025.

The aforementioned methodology and descriptors were applied, and 71 articles were found. After applying the filters and inclusion and exclusion criteria, a total of 37 articles were found. Subsequently, the studies were read and critically analyzed in accordance with the objectives of this research; the sample of this study consisted of 10 articles.

The flowchart below (Figure 1) shows the intersections between the descriptors “Women's health AND Obstetric violence”; “Women's health AND Nursing care”; “Obstetric violence AND Nursing care”, and the search resulted in 71 articles distributed in the following databases of the Virtual Health Library: LILACS; MEDLINE; BDENF and IBECs.

In this study, after the process of analysis and interpretation of the articles, application of the filters, inclusion and exclusion criteria, the sample of 10 articles that make up this integrative review was established.

Figure 1: Flowchart of research steps



Source. PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses⁸.

III. Result

Table 2 shows the data related to the articles included in this study, addressed by title, authors, year of publication, journal in which it was published and country where the study was conducted⁹.

Table 2: Data from the articles used in the research. Uberlândia, 2025.

Authors	Year	Title	Periodical	Country of study
Albuquerque A, Oliveira LGSM de ¹	2018	Violência obstétrica e direitos humanos dos pacientes.	Rev CEJ	Brasil
Bitencourt A de C, Oliveira SL de, Rennó GM ¹⁰	2022	Obstetric violence for professionals who assist in childbirth.	Rev Bras Saude Mater Infant	Brasil
Castro et al. ¹¹	2023	Violência obstétrica na percepção de puérperas em uma maternidade pública do norte do Brasil.	R Pesq Cuid Fundam	Brasil
Dalla Costa et al. ¹²	2022	Violência obstétrica: uma prática ainda vivenciada no processo de parturição?	Rev enferm UFPE on line	Brasil
Santos et al. ¹³	2023	Obstetric violence in Brazil: appropriation of the female body and rights violation – integrative literature review.	R Pesq Cuid Fundam	Brasil
Leite et al. ¹⁴	2022	Desrespeitos e abusos, maus tratos e violência obstétrica: um desafio para a epidemiologia e a saúde pública no Brasil.	Ciênc. Saúde Coletiva	Brasil
Medeiros Souto et al. ¹⁵	2022	Revisão integrativa: formas e prevalência da violência obstétrica durante o trabalho de parto e parto.	Rev enferm UFPE on line	Brasil
Moreira do Nascimento et al. ¹⁶	2022	Vivências sobre violência obstétrica: Boas práticas de enfermagem na assistência ao parto.	Nursing Edição Brasileira	Brasil
Paula et al. ¹⁷	2020	Obstetric violence and the current obstetric model, in the perception of health managers.	Texto contexto - enferm	Brasil
Pereira Gomes et al. ¹⁸	2022	Concepção de puérperas sobre violência obstétrica: Revisão integrativa.	Nursing Edição Brasileira	Brasil

Source: Prepared by the authors, 2025.

As shown in Table 2, all articles that make up this integrative review were developed in Brazil and published in Brazilian journals, the majority of which, 06 (60%) were published in 2002.

Regarding the presentation of the results of the scientific articles selected for this study, all were authored by nurses and this is due to the role played by this professional within the transdisciplinary health team, being relevant in educational actions regarding childbirth.

IV. Discussion

It is known that each and every pregnant woman has the right to have a respectful birth, which must follow the updated scientific evidence¹². Nowadays, the term obstetric violence is already recognized by some people, but many women still do not have the knowledge of the need for a birth that respects their integrity¹⁶.

According to Kloch¹⁹ "Obstetric violence is a type of gender violence, women all over the world experience moments of abuse, disrespect and mistreatment in health institutions, during the period of labor and delivery, in which they suffer threats to their right to life, health, physical integrity and non-discrimination." This type of violence generates both physical and psychological trauma in the body and mind of a woman for the rest of her life¹⁷.

Childbirth, regardless of the route chosen by the mother and the health professional in charge, is a moment of joy and pleasure, where the pain felt by the mother during a physiological and humanized birth is an acceptable pain, which is the opposite of childbirth with obstetric violence, in which the pain is intolerable and unbearable²⁰. Therefore, it is necessary that during prenatal care, in the primary health care unit, the pregnant woman be informed about all her rights during pregnancy¹⁹.

In 2018, in Paraná, law no. 160/2018 was created, which highlights the rights of pregnant women, repealing law no. 19,207, of November 1, 2017, which describes the types of obstetric violence¹¹. Furthermore, made a direct link between obstetric violence and human rights, because the lack of professionalism, negligence, mistreatment and abuse during childbirth directly violate women's human rights, since each and every woman must be free from any type of discrimination and violence, including obstetric violence¹⁴.

Knowing that all types of obstetric violence affect both the physical and psychological aspects of women in labor, obstetric negligence can be cited as an example, by denying care and imposing difficulties for the pregnant woman to receive her rightful services²¹. Psychological violence is characterized by verbal and behavioral actions that generate feelings of inferiority and emotional instability, verbal violence through the use of prejudiced phrases, and physical violence where the woman's body is unnecessarily exposed¹⁶.

Verbal violence is directly linked to psychological violence, as it is understood that verbal or behavioral actions that cause harm to a woman's mental health, such as feelings of inferiority, vulnerability, abandonment, emotional instability, may or may not be accompanied by threats, humiliation, insults, disrespect, and other situations that occur in everyday life²².

Physical violence includes the application of intravenous oxytocin, bowel lavage, deprivation of food and fluid intake, artificial rupture of the bag of waters, shaving of pubic hair, imposition of birthing positions not chosen by the woman, ignoring the feeling of pain and not offering something that is natural or medicinal for relief, epistomy without a medical prescription, use of forceps²¹, and the Kristeller maneuver, which is characterized by the application of pressure to the uterine fundus during the expulsive period, with the aim of shortening it, however there are great possibilities of maternal and fetal harm, such as injuries to the uterus and perineum²³.

It is observed that these types of violence mentioned are dangerous not only during labor and delivery, but also during prenatal care, as they generate emotional distress for the mother²⁴. Thus, as already seen, obstetric violence disrespects not only the rights of the woman and her children, but also the human person¹.

Nurses must always stay up to date on the use of physical techniques, as they provide care directly to women during labor and delivery¹⁶. Although obstetric violence is a growing concern, it is a topic that is not discussed much, as many professionals deal with hierarchical situations and often avoid reporting it to avoid conflict. In addition, many professionals do not call themselves aggressors because they use the justification that the obstetric violence they practice is for the good of patients and newborns²⁵.

The role of nursing in hospital settings is to care for the patient, in the obstetric area, they work directly with the parturient¹⁰. It is necessary for nurses to always stay up to date in education, evolving with their ways of providing care and when transcribing them to health technicians. Nurses must adopt essential attitudes in these cases, such as remaining calm and patient when carrying out the adopted procedures, explaining them clearly to the parturient, avoiding invasive procedures and eliminating the use of those that are contraindicated and cause fetal and pregnant woman suffering, in addition to informing the pregnant woman during prenatal care about her right to have a companion and the use of non-pharmacological maneuvers for pain relief¹⁸.

With this in mind, it is extremely important that health professionals, including nurses, recognize the need for these actions and therefore frequently update themselves on oral contraceptives, so that, in this way, they

increase their technical and scientific capacity, so that they can instruct not only their nursing team, but also puerperal women about their rights, during the nursing consultation and when providing care.

It is necessary to train the professional health team to provide qualified assistance during childbirth, postpartum and pregnancy, in order to include support that involves not only the technical skills already guaranteed in the undergraduate course, but that expands the knowledge and experiences of these professionals, aiming to minimize and/or avoid violence suffered by women during pregnancy, childbirth and postpartum¹⁶.

However, the lack of technical-scientific knowledge and humanized habits shows that it is necessary to increase actions that contribute to the humanization of care, so that, in this way, there is a redefinition of labor and delivery¹³, since Law 7498/86 and decree 94.406/87 guarantee the autonomy of nursing professionals in childbirth care²⁶ (BRAZIL). In addition, Cofen resolution 737/2024 establishes the parameters for the performance of nurses in planned home births²⁷.

V. Conclusion

It is worth noting that, like many other forms of violence, obstetric violence is important and deserves due recognition, as it is clear that women's lack of knowledge on this subject leads to negligent nursing professionals and doctors abusing their authority, thus favoring the occurrence of obstetric violence.

Women who are subjected to obstetric violence suffer traumas that lead them to think of childbirth as a frightening moment, and not as humanized as it should be seen. Nursing care in this area must be carried out with humanization, since the nurse will be dealing directly with patients, who are in an intimate moment of many emotions, dealing with their hormones that are constantly changing, women who are often afraid and insecure about labor and delivery and, above all, dealing with an extremely important moment, which is giving birth to a new being.

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