

# THE OBSTETRIC VIOLENCE PARADIGM AND THE LACK OF HUMANIZATION IN BIRTH

---

**Táisa Mesquita Tartuce**

<http://lattes.cnpq.br/9509973817048383>

**Bárbara Correia Neves Sabino**

<http://lattes.cnpq.br/4728210008027986>

**Ana Carolina Campos Moraes Guimarães**

<http://lattes.cnpq.br/3947930200453111>

**Ana Carolina Pires Mota**

<http://lattes.cnpq.br/6389491090196067>

**Ana Júlia Campos Moraes Guimarães**

<http://lattes.cnpq.br/0556518455082631>

**Carine Vilela Ferreira Borges**

<http://lattes.cnpq.br/9602418972049982>

**Eduardo Vieira de Moraes**

<http://lattes.cnpq.br/8407355538241278>

**Emanuely Araújo Moraes**

<http://lattes.cnpq.br/6594771756120569>

**Geovana Cardoso de Amorim**

<http://lattes.cnpq.br/9005865981556278>

**Letícia Serafim Machado**

<http://lattes.cnpq.br/4875425673375868>

**Maressa Byannca Couto**

<https://lattes.cnpq.br/1382744484136210>

**Paulo Sérgio Moura de Souza**

<http://lattes.cnpq.br/3917407845572228>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Abstract:** Obstetric violence began to be debated in 2007 in social areas, despite the fact that intolerable acts related to childbirth had already been seen worldwide. This study aims to demonstrate the importance of obstetric violence, as it is not consented by the woman and ends up being silenced by both patients and health professionals. This research is an exploratory, descriptive and qualitative literature review since it aims to understand the importance of the mentioned topic. The literature shows that obstetric violence includes factors such as aggressive management of vaginal delivery with the use of oxytocin to accelerate the process; negligence of health professionals in not helping the woman who expresses her suffering through words and tears. Therefore, this must be studied so that health professionals and undergraduates in the areas of women's health care become humanized, thus being able to bring information and comfort to pregnant women so that they stop suffering undue acts. during childbirth and puerperium.

**Keywords:** Health service abuse, Humanized childbirth, Obstetric violence.

## INTRODUCTION AND GOAL

It is known that violence against women occurs in several situations, ranging from domestic to obstetric (ANDRADE; AGGIO, 2014). The lack of adequate care and impunity in the face of pain throughout labor is recognized and reported at different times in world history (DINIZ, 2015). But, although intolerable attitudes of disrespect towards childbirth were already under discussion in Brazil since the 1980s and 1990s, it was only between 2007 and 2010 that "obstetric violence" became the term used and discussed in the health and social areas (SENA; TESSER, 2017). This way, the present study aims to demonstrate the importance of obstetric violence, mainly because it is often not

consented by the woman and ends up being silenced and hidden by both patients and health professionals.

## METHODOLOGY

This research is a qualitative, descriptive and exploratory literature review aimed at understanding the relevance of understanding about obstetric violence. Data were collected using a virtual library, such as Scielo (*Scientific Electronic Library Online*) and Google Scholar. The descriptors used were: "obstetric violence" and "obstetric violence as a public health issue in Brazil". Inclusion criteria were: A) scientific articles published in Portuguese and English in the last seven years; B) public health studies concerning the pregnant population in Brazil. Reflective analyzes on the parturition process that were not reported by women victims of violence were excluded. Afterwards, the information on the suggested topic was interpreted.

## RESULTS AND DISCUSSION

Studies show that obstetric violence includes maternal morbidity and mortality related to the aggressive management of vaginal delivery with the use of oxytocin to accelerate the process; negligence of health professionals in not helping the woman who expresses her suffering through words and tears (DINIZ, 2015); prohibition of the presence of a companion, despite the legal provision on the subject (KASSEBAUM et al., 2011 apud DINIZ, 2015). There is also the issue of episiotomy, considered essential by many women, but which can be reduced through exercises after 34 weeks of vaginal delivery to strengthen the perineum (BECKMANN; STOCK et al., 2013 apud POMPEU, 2017). This is important so that this method is reduced when it is not essential to use it.

Even if obstetric violence is not so understood by the pregnant woman as a

violent act, because while it occurs, the patient can be happy with the moment of delivery, interventions are necessary aimed at explaining the woman's autonomy in the face of childbirth in the routines of prenatal care. -Christmas. Education, through the awareness of women about their rights, and the methods of childbirth and available analgesia, enables them to empower themselves and with that they can demand what they consider best for themselves and also hold those who practice violent obstetric acts accountable (ANDRADE; AGGIO, 2014; DINIZ, 2015). This can be attributed to the Cegonha Network, which promotes the implementation of a new model of care for women's and children's health with a focus on care for childbirth, birth, growth and child development and tends to reduce mortality. maternal and child care, allowing increased access and improved quality of prenatal care, making the pregnant woman link to the reference unit for childbirth and thus have a better doctor-patient relationship, for the female figure to feel more welcomed (BRAZIL, 2013).

If the pregnant woman experiences obstetric violence, that is, her rights in prenatal and postpartum care are violated, she can and must resort to the Women's Assistance Center to report the event, or still activating dial 180 (DINIZ, 2015).

## **CONCLUSION**

From what has been analyzed, obstetric violence is understood to be any attitude exercised by health professionals with regard to the body and the processes arising at the time of childbirth, which range from dehumanized and unwelcoming care to non-consensual invasive acts. This issue must be widely discussed and studied so that health professionals and undergraduates in the areas of women's health care become aware and humanized, thus being able to bring

information and comfort to pregnant women so that they stop. of suffering undue acts during childbirth and puerperium.

## REFERENCES

ALLOTEY, P.A.; *et. al.* **Sexual and reproductive health and rights in public health education.** *Reprod Health Matters.* 2011;19(38):56-68. DOI: [http://dx.doi.org/10.1016/S0968-8080\(11\)38577-1](http://dx.doi.org/10.1016/S0968-8080(11)38577-1). Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/22118142>. Acesso em: 28 mar.2018.

ANDRADE, B.P; AGGIO, C.M. **Violência obstétrica: a dor que cala.** *Anais do III Simpósio Gênero e Políticas Públicas*, ISSN 2177-8248.Universidade Estadual de Londrina, 27 a 29 de maio de 2014. Disponível em: [http://www.uel.br/eventos/gpp/pages/arquivos/GT3\\_Briena%20Padilha%20Andrade.pdf](http://www.uel.br/eventos/gpp/pages/arquivos/GT3_Briena%20Padilha%20Andrade.pdf). Acesso em: 28 mar.2018.

BECKMANN, M.M; STOCK, O.M. **Antenatal perineal massage for reducing perineal trauma. Review.** *Cochrane database syst.*2013. Disponível em: [http://www.cochrane.org/CD005123/PREG\\_antenatal-perineal-massage-for-reducing-perineal-trauma](http://www.cochrane.org/CD005123/PREG_antenatal-perineal-massage-for-reducing-perineal-trauma). Acesso em: 28 mar.2018.

BRASIL. **Ministério da Saúde. Rede Cegonha.** Brasília-DF. Editora MS/CGDI/SAA. 2013. Disponível em: [http://bvsm.s.saude.gov.br/bvs/folder/rede\\_cegonha.pdf](http://bvsm.s.saude.gov.br/bvs/folder/rede_cegonha.pdf). Acesso em: 28 mar.2018.

DINIZ, S.G.; *et. al.* **Violência obstétrica como questão para a saúde pública no brasil: origens, definições, tipologia, impactos sobre a saúde materna, e propostas para sua prevenção.**2015. Disponível em: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S0104-12822015000300019&lng=pt&nrm=iso&tlng=pt](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0104-12822015000300019&lng=pt&nrm=iso&tlng=pt).Acesso em: 28 mar.2018.

POMPEU, K.C.; *et. al.* **Prática da episiotomia no parto: desafios para a enfermagem.** *Revista de Enfermagem Artigo Original do Centro-Oeste Mineiro.* v7i0.1142. 2017;7/1142.

SENA, L.M; TESSER, C.D. **Violência obstétrica no Brasil e o ciberativismo de mulheres mães: relato de duas experiências.**2017. Disponível em:[https://www.scielosp.org/scielo.php?pid=S1414-32832017000100209&script=sci\\_arttext&tlng=pt](https://www.scielosp.org/scielo.php?pid=S1414-32832017000100209&script=sci_arttext&tlng=pt). Acesso em: 28 mar.2018.