Chapter 226

Impacts of obstetric violence in Brazil: A literature review

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ABSTRACT
Obstetric violence (VO) is considered a global public health problem, and can be defined as any practice against the sexual and reproductive health of women, and can also be considered an appropriation of the female body, characterized by dehumanized treatment, in which its main characterizations are: physical, psychological and sexual violence. The VO is still little perceived and supported by the law if compared to other forms of violence against women, and the discussions on the subject are relevant. Thus, the objective of this work is to discuss the effects of obstetric violence, seeking to give visibility, sensitize and encourage the prevention of this violence that is part of the Brazilian reality. For this, the work was carried out through bibliographic research of exploratory descriptive character, characterized by a review of references already analyzed and published. The following databases were used: Google Scholar, Scopus, and Scielo, using the keywords: "obstetric violence", "Brazil", "childbirth", "pregnancy", "humanized delivery", and "obstetric violation" and their combinations. Obstetric violence represents an impasse in the realization of the fullness of women's rights since it is perceived as an increasingly common situation in their daily lives, whether in prenatal, childbirth, postpartum, or abortion situations. More robust, interdisciplinary, and translational research is needed to help policymakers, maternity care providers, women, and families accessing maternity services better understand, define, and address this phenomenon.

Keywords: Women's Health, Maternal Health, Humanized Childbirth.

1 INTRODUCTION

In Brazil it is called obstetric violence (VO), violence in childbirth, institutional or structural violence in childbirth care (DINIZ et al., 2015), any act of violence directed at pregnant women, parturients or puerperal or their baby, practiced during professional care, which means disrespect for their autonomy, physical and mental integrity, their feelings, options and preferences (lansky et al., 2019).

VO has presented itself as a type of gender violence and violation of human rights, deeply linked to the processes of medicalization and influenced by conceptions of gender that devalue the female

reproductive body (SIMONOVIC, 2019; SADLER et al., 2016). It takes many forms, from explicit verbal or physical abuse to subtle emotional abuse and forms of coercion (BOHREN et al., 2015). This type of violation consists of acts practiced by the medical and hospital team, which, due to neglect, act without consulting the will of the pregnant woman (NOGUEIRA, 2021).

Also according to Nogueira (2021), VO is a common practice that is the reality present in most hospitals, and for this reason, has been gaining space in social and academic debates, strengthening the computerization chain of several people, including possible victims. It is worth noting that disrespect and abuse in childbirth are a violation of women's fundamental human rights and can negatively influence maternal and perinatal outcomes, as well as discourage women from seeking care in future pregnancies (WORLD HEALTH ORGANIZATION [WHO], 2018).

The theme gained visibility in Brazil in the 1980s, as a result of the strong demands of social movements and feminist groups of the time, through discussions based on the humanization of labor and birth from the reduction of obstetric violence and the guarantee of the right to freedom of choice and strengthening of women's protagonism in childbirth (D'AQUINO, 2016).

According to Henriques (2021), VO has been gaining repercussions as a public health challenge in the Brazilian scenario, given that the prevalence of obstetric violence in Brazil varies between 18.3% and 44.3%. The research on Brazilian women and gender in public and private spaces (VENTURI; GODINHO, 2013), found that one in four women suffers some type of violence during childbirth, from screaming, painful procedures without consent or information, lack of analgesia, and even negligence. In the research "Birth in Brazil", a national survey conducted with 23,940 postpartum women, an excess of interventions in childbirth and birth was identified, pointing to a care model marked by unnecessary and often harmful interventions, exposing women and children to (LEAL et al., 2014). More than half of the women had an episiotomy, 91.7% were in the lithotomy position at delivery when the evidence recommends upright positions; oxytocin infusion and artificial rupture of the amniotic membrane to accelerate labor was used in 40% of the women and 37% were submitted to the Kristeller maneuver (pressure in the uterus to expel the baby), an aggressive procedure that has deleterious consequences for the parturient woman and her baby (LEAL et al., 2014).

The impact of obstetric violence on the use of health services is worrisome, especially when the quality of care affects the woman's experience when giving birth, the experience of being born to children, and society's culture about childbirth, which may compromise the credibility of childbirth care services (BOHREN et al., 2014). Thus, the present study aims to encourage scientific production about the effects of obstetric violence in Brazil, as well as to demonstrate the damages resulting from this practice caused to victims during pregnancy.

2 METHODOLOGY

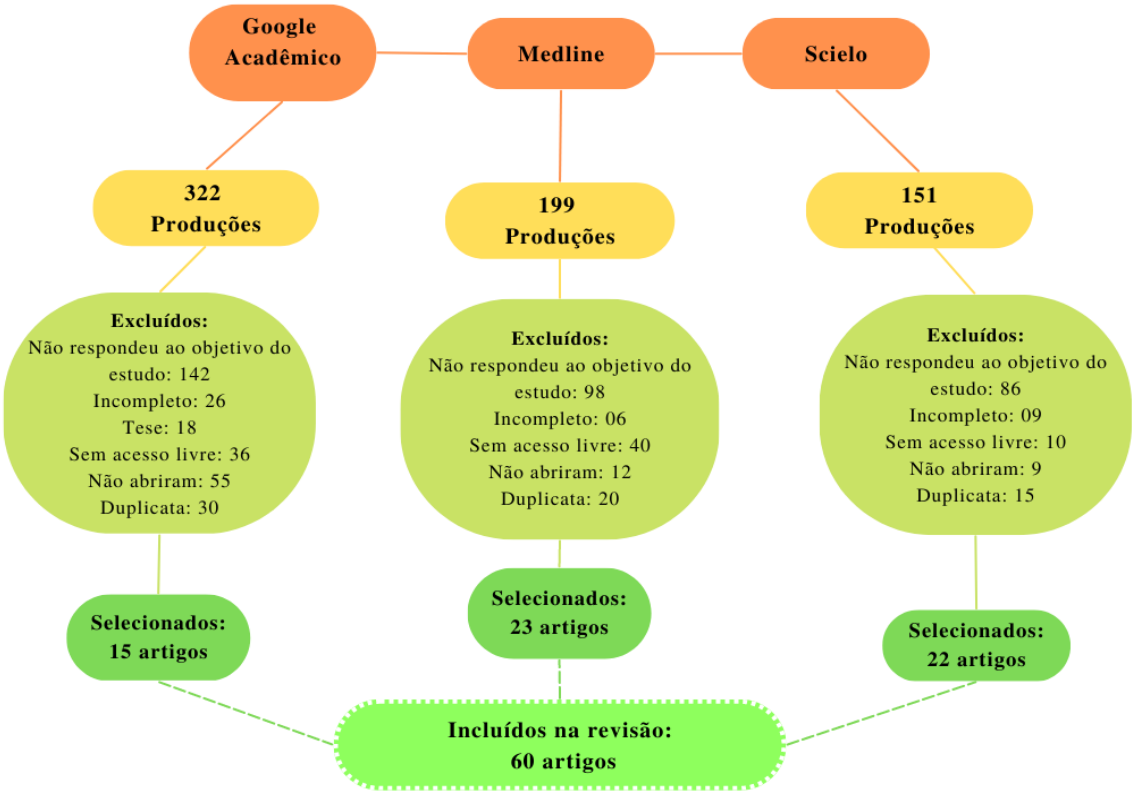
This is a review of narrative literature, of exploratory descriptive character, whose process consists of a way of systematizing, gathering, and organizing the knowledge obtained about the problem studied (PEREIRA et al, 2018). It is characterized by the survey of references already analyzed and published. In summary, it refers to secondary studies, which have their source in primary studies (GERHARDT; SILVEIRA, 2009).

For this work, the following databases were used: *Academic Google*, *Medical Literature Analysis and Retrieval System* Online (*Medline)*, and *Scientific Electronic Library Online* (SCIELO). Literature collection was performed from 2012 to 2022. For the searches of articles, the following keywords were used: "obstetric violence", "Brazil", "childbirth", "pregnancy", and "humanized childbirth" and their combinations to form the search expressions, using the Boolean operator *and or*.

National and international scientific research indexed **in** journals that were **published between 2012 and 2022, which was classified** as scientific article, review articles, or case report, were used as inclusion criteria**.** The search was limited to studies written in Portuguese, English and Spanish. As an exclusion criterion, articles lower than 2012, those that did not have free access or with incomplete content and that did not present relevance with the research theme, were removed.

The initial search included 322 productions in the google scholar database, 199 productions in the *Medline* database and 151 productions in the *Scielo database*. Based on the established inclusion and exclusion criteria, the development of this review consisted of a total of 60 articles, as shown in Figure 1.

Figure 1. Distribution of articles found in databases



Source: Research data, 2022.

3 RESULTS AND DISCUSSION

Aspects of obstetric violence

Throughout history, women have suffered various forms of violence, including obstetric violence, a phenomenon common around the world for decades (ZANARDO et al., 2017). In this context, the VO includes situations that manifest themselves in negligent, abusive, reckless, omitted, discriminatory and disrespectful acts, based on relations of power and authority, especially on the part of health professionals in the hospital environment. The impact on the female body or sexuality can be established directly or indirectly and nullifies the woman as a subject of law (AGUIAR et al., 2013; PEREIRA et al., 2015; PICKLES, 2015; VACAFLOR, 2016; SHABOT, 2016; ANDRADE et al., 2016; RODRIGUES et al., 2017).

Obstetric violence is a public health problem and can be defined as a violation of human rights in a period of women's vulnerability (SILVEIRA et al., 2019; DINIZ et al., 2015). VO persists in various forms, and despite being unacceptable to health professionals and society (SIMONOVIC et al., 2019; REUTHER, 2021; MENA-TUDELA et al., 2020; BOHREN et al., 2015; BOURDREUX, 2019) , often occurs in health units, whether public or private, during obstetric care (CARVALHO; BRITO, 2017; SHRIVASTAVA; SIVAKAMI, 2020). VO is defined as cruel, dishonorable, inhuman, degrading and threatening treatment, which includes physical, psychological and emotional damage to the woman served (VACAFLOR, 2016).

This type of conduct has been revealed and recognized in different studies, referring to examples of VO such as physical and psychological violence, verbal abuse and profound humiliation that occurred during women's health consultations. Other examples given include procedures performed without consent or with limited or coerced information, such as cesarean sections, episiotomy, sterilizations or vaginal examinations (WHO, 2014; BOHREN et al., 2015; KRUK et al., 2018; SANTIAGO et al., 2018; BOHREN et al., 2019; SHEFERAW et al., 2019). Denial of care, lack of privacy, refusal of treatment and hospitalization in health units and threats of apprehension of children have also been described as examples of this type of violence (WHO, 2014a; BOHREN et al., 2015; BHATTACHARYA; SUNDARI RAVINDRAN, 2018; VEDAM et al., 2019). In addition, obstetric violence includes excessive drug use and interventions during childbirth, as well as practices considered uncomfortable and often painful and not based on scientific evidence (LEAL et al., 2014). The prevalence of disrespect and abuse against women ranges from 15% to 70% globally and includes behaviors such as physical abuse, verbal abuse, undignified treatment, and performing invasive or surgical procedures without obtaining prior informed consent (UNICEF, 2016; COTLEAR, et al., 2015).

When reviewing the literature, there is no single definition of obstetric violence. In recent years, several authors have proposed typifications and classifications of obstetric violence, including the WHO, which highlights five categories that operationalize the legal definitions: 1 - routine and unnecessary interventions and medicalization (in the mother or child); 2 - abuse, humiliation and verbal or physical aggression; 3 - lack of access and inadequate facilities; 4 - practices committed by health professionals

without the authorization of the mother, after complete, true and sufficient information; 5 - discrimination on cultural, economic, religious and ethnic grounds (CASTRILLO, 2016).

Regarding the criteria for determining the presence of disrespect and abuse during childbirth, WHO states: '(A) direct physical abuse, (B) profound humiliation and verbal abuse, (C) coercive or non-consensual medical procedures (including sterilization), (D) lack of confidentiality, (E) failure to obtain full informed consent, (F) refusal to administer pain medication, (G) serious violations of privacy, (H) refusal of admission to health facilities, (I) neglect of women during childbirth to suffer life-threatening preventable complications, and (J) detention of women and their newborns in facilities after childbirth due to inability to pay (VOGEL et al., 2015).

It is extremely important to analyze obstetric violence separately from other forms of medical violence, recognizing the differences between the maltreatment of women in childbirth and the general maltreatment of patients (SADLER et al., 2016). Obstetric violence has particular characteristics that require a distinct analysis: it is a feminist issue, a case of gender violence; parturients are generally healthy and non-pathological; and delivery and birth can be framed as sexual events, with obstetric violence often experienced and interpreted as rape (SHABOT, 2016).

In this sense, obstetric violence is a complex multifaceted phenomenon that requires a multidimensional approach and contributions from different disciplines. To advance the debate and effect change, there must be international and national initiatives to address structural violence in childbirth (SADLER et al., 2016). The World Health Organization released a statement in 2015 that emphasized that "every woman has the right to the highest attainable standard of health, which includes the right to dignified and respectful health care" (WHO, 2014b) and identified five areas of action in which researchers, policymakers, and health professionals should work to reduce maltreatment: (1) increase support for research and action, (2) create programs to promote respectful and high-quality maternal health care, (3) develop rights-based action structures, (4) generate data on the prevalence of disrespect and abuse and interventions to mitigate them, and (5) conduct intersectional initiatives that encourage women's participation (WHO, 2014b).

Obstetric Violence in Brazil

In 2019, in Brazil, 99.1% of deliveries occurred in health facilities, and of these, only 43.6% were vaginal (BRASIL, 2019). The loneliness of unaccompanied women during childbirth, the manipulation of the physiology of labor that increases their discomfort, the lack of privacy and professional and institutional control over the delivery process have been pointed out as contributing factors to the preponderance of cesarean sections in Brazil (DINIZ et al., 2015). Thus, from the perspective of women, the cesarean section has become an alternative to violence or abuse during childbirth (DINIZ et al., 2015; VENTURI; GODINHO, 2013). This places Brazil among the countries with the highest rates of cesarean section in the world (BOERMA et al., 2018).

Obstetric violence is a common practice in Brazilian hospital environments, but it is an almost invisible theme. The excess of interventions in childbirth within the institutions has been reported as obstetric violence and contributes to the high rates of maternal and neonatal morbidity and mortality, having as main situations of violence: physical and verbal aggression, limitation of the presence of the partner during childbirth and performance of interventional procedures without the consent of the pregnant woman, such as episiotomy (LANSKY et al., 2019, MONTEIRO, 2016).

Obstetric violence is silent and institutional, so it is naturalized and trivialized. The victims do not see themselves as victims, because the causes of violence are confused with the pains of childbirth. After all, we live in a culture in which pain is an integral part of childbirth, which is not certain. Given this, many victims of obstetric violence are ashamed or afraid to expose themselves and be opposed, others, because they do not have access to information, do not even know that they were victims and silence considerably favors this practice (OLIVEIRA, 2019; ZANON; RANGEL, 2019).

National surveys, such as that of the Perseu Abramo Foundation, highlight that one in four women in Brazil suffered some type of VO during childbirth care, and of those who had an abortion, half had a similar report. Of the forms of VO mentioned, 10% were submitted to painful vaginal touch; 10% were denied pain relief methods; 9% were reprimanded; 9% curse or humiliate; 7% had no information about the procedures performed; 23% suffered verbal violence with prejudiced phrases (BISCEGLI et al., 2015; ANDRADE et al., 2016; RODRIGUES et al., 2017). According to the results of the survey "Birth in Brazil", of the interviewees (n=23,894), 36.4% received stimulant drugs for childbirth; 53.5% had episiotomy; 36.1% received mechanical maneuvers to accelerate delivery; 52% were submitted to cesarean section without justification; 55.7% were kept restricted to bed; 74.8% fasting and 39.1% underwent amniotomy (BISCEGLI et al., 2015).

In another survey conducted by the Stork Network, 12.6% of all women interviewed reported having suffered some type of violence during childbirth, with 50% citing poor care as the main type of violence (Lewin et al., 2019). The Ministry of Health, through the dissemination of data collected by the ombudsman, highlighted that 41.5% of the women did not receive information about the benefits of natural childbirth, 35.9% did not have the right to a partner during childbirth, disrespecting the law of the companion already in force; 45.9% had a cesarean section, demonstrating the discrepancy between the national cesarean section rate and the international standard required by the WHO; 51.5% were poorly attended in the hospital network, not having access to health care in a dignified manner; 25.3% did not meet their needs; 12.1% mentioned verbal aggression and 2.4% mentioned physical aggression (BRASIL, 2012).

Studies report a high number of women who suffer disrespectful and offensive treatment during childbirth in a health unit in Brazil, Carmo Leal et al. (2014), described high rates of episiotomy (54%), blood pressure (36%) and lithotomy position (92%). However, most women do not perceive VO, as only 12.6% demonstrated its occurrence in a study by Lansky et al. (2019). In Brazil, episiotomy was very common, a routine procedure described in 54% by Carmo Leal et al. (2014), sometimes performed without

the consent of the woman (LEAL et al., 2019). However, in recent years, the procedure has been significantly reduced, due to movements of activist groups and social consciousness (GRILO DINIZ et al., 2018). For the public and private sectors in Brazil, intervention rates during childbirth, such as lithotomy position, episiotomy, and fundic pressure, were between 20%−50% (LEAL et al., 2019).

There is a constant lack of information about the fundamental rights to the health of pregnant women, both in the public and private networks, as well as the lack of information about medical procedures. The recognition of the right to choose and informed refusal not to submit to non-consensual interventions are recent and are not yet part of the culture of professionals or women. In addition to adequate information, the balance of power between professionals and women on maternity leave interferes in the exercise of their autonomy and the preservation of physical and mental integrity, for informed decisions and choices (DINIZ et al., 2015).

Coping with obstetric violence in Brazil

The Ministry is committed to providing humanized, safe and quality care (BRASIL, 2012), but this does not always occur and, as a result, there are minimal changes in maternal and neonatal mortality (GONÇALVES et al., 2012; PAIZ et al., 2021). Prenatal care is still described as inadequate and unequal (Martinelli et al., 2014), reflecting high rates of cesarean sections, congenital syphilis, maternal mortality, and early neonatal mortality (LEAL et al., 2018; TOMASI et al., 2017).

The articulation of the health system and the attributions and responsibilities of each service involved in maternity care is an important point that needs to be improved (BITTENCOURT et al., 2020; GENOVESI et al., 2020) for a satisfactory pregnancy experience based on respect, for individualized, woman-centered care and supported by professionals with good clinical and interpersonal skills (WHO, 2016).

The high rates of caesarean section in the private sector and among Caucasian women show the inequalities of class and race/ethnicity in the country. It is important to say that the desire for cesarean section in Brazil is also linked to a way to escape a vaginal delivery full of unnecessary interventions and violence, such as the practice of episiotomy, Kristeller's maneuver and non-compliance with the law that guarantees a birth companion to the woman (FABBRO et al., 2022). The women's movement in Brazil has demonstrated the impact of obstetric violence on the experience of childbirth and women's lives. All the efforts of the government and women's movements throughout the country have sought to transform this scenario through the discussion of childbirth and the concept of the humanization of childbirth in an integral way (BOURGUIGNON; GRISOTTI, 2018).

Conceptual inaccuracies about obstetric violence, including in legal terms, make it impossible to criminalize this type of violence, despite evidence of its practice (ZANARDO et al., 2017). At the international level, the term obstetric violence is associated with the violation of women's human rights, and is being recognized as a public health issue by the World Health Organization (WHO, 2014).

Maltreatment and violence suffered during childbirth are widespread practices in health systems in several countries and relate to conditions of risk, abuse and neglect (SAVAGE; CASTRO, 2017; ZAAMI et al., 2019). At the national level, it has been understood as a dimension of institutional violence (DINIZ et al., 2015), but also of gender (MARIANI; BIRTH-NETO, 2016).

Gender violence is based on treatment based on a historical and social construction, in which women submit to patriarchal power, not being able to freely express their desires and preferences; and as institutional violence, that which is practiced against women, by negligence or omission, in public or private institutions by professionals who should assist, as well as prevent and/or repair damages, and not promote them (MARRERO; BRÜGGEMANN, 2018; CHAI et al., 2018).

Obstetric violence is, therefore, a topic of relevance for the public health policy of women and children in Brazil, as well as for the training of health professionals and managers, because of the need to change care practices and the system of care for delivery and birth (LANSKY et al., 2019). About interventions aimed at women, the need to provide information on the issues involving VO, to have access to the evidence base and impartial information on obstetric interventions is highlighted, promoting the strengthening of women as subjects of law and their autonomy in the care provided to them (DINIZ et al., 2015; SILVA et al., 2016; CASTRILLO, 2016; VACAFLOR, 2016; SADLER et al., 2016; OLIVEIRA et al., 2017).

Fundamental rights in obstetric care that are sustained in the demedicalization of birth and evidence-based practice should be guaranteed, taking into account issues such as the presence of the companion, the possibility of birth in an upright position, compliance with the birth plan constructed by the woman, free and informed consent before performing medical procedures (such as episiotomy, cesarean section), the measured and appropriate use of technologies (FANEITE et al., 2012; TERÁN et al., 2013; DINIZ et al., 2015; DIXON, 2015; PEREIRA et al., 2015; VACAFLOR, 2016).

In actions aimed at raising the awareness of the general population about the issue of VO, it is essential to give visibility to the problem with the creation of channels for the denunciation and accountability of the different actors involved - institutions, managers, health professionals, Public Prosecutor's Office, Public Defenders' Offices. It is noteworthy that, in recent years, initiatives linked to women's movements, governmental entities, non-governmental entities and civil society have contributed to the broad discussion of this phenomenon and the elaboration of strategies for the denunciation, confrontation and punishment of those responsible, emphasizing the need for these groups to be involved in the decisions that must be taken in the fight to end the various forms of violence (DINIZ et al., 2015; DIXON, 2015; PEREIRA et al., 2015; ABUYA et al., 2015; PICKLES, 2015; SILVA et al., 2016; SADLER et al., 2016; OLIVEIRA et al., 2017).

The search is for the creation of laws, ordinances and public policies that protect women against VO, recognize their right to violence-free assistance and claim autonomy over their bodies; is for the struggle for judicial entities to consider VO a crime with the attribution of penalties, which can vary from

payment of fines, disciplinary procedures to prison convictions through the trial of the acts committed by the aggressors (FANEITE et al., 2012; TERÁN et al., 2013; DIXON, 2015; PICKLES, 2015; SADLER et al., 2016; DIAZ-TELLO, 2016). The confrontation of the VO is based on the dissemination of information to civil society, women, social movements, health professionals, and institutions about the existence of these regulations and the legal repercussions of the practice of acts of violence in the obstetric scenario (FANEITE et al., 2012; PEREIRA et al., 2015; SADLER et al., 2016; OLIVEIRA et al., 2017).

However, it is not enough just to punish, it is necessary to promote prevention actions and, in some cases, repair existing situations in search of respectful, dignified obstetric care that promotes changes, as well as the sharing of responsibilities among all those involved in the process - health professionals and service managers (BISCEGLI et al., 2015; DIAZ-TELLO, 2016).

4 FINAL CONSIDERATIONS

Obstetric violence represents an impasse in the realization of the fullness of women's rights, the principles of human dignity and autonomy, which are affected by obstetric abuse, since women are not guaranteed respectful, dignified and humanized treatment at the time of childbirth, to take into account their decision-making power, respecting the individuality and autonomy of women as subjects. Thus, obstetric violence can be characterized by psychological, physical, sexual and institutional abuse, which can result in significant physical and emotional trauma for the rest of the lives of the women who suffer it. In the current health system, whether public or private, it is perceived that obstetric violence is an increasingly common situation in the daily lives of women, whether they are in prepartum, childbirth, puerperium and abortion situations.

We have identified the need for more robust, interdisciplinary and transnational research that assists decision-makers, maternity care providers, women and families accessing maternity services to better understand, define and challenge this phenomenon.

REFERENCES

Abuya T., Ndwiga C., Ritter J., Kanya L., Bellows B., Binkin N., Warren, C. E. (2015). The effect of a multi-component intervention on disrespect and abuse during childbirth in Kenya. *BMC Pregnancy Childbirth*, 15(224), 1-14, 2015. DOI: 10.1186/s12884-015-0645-6.

Aguiar, J. M., d'Oliveira, A. F. P. L., Schraiber, L. B. (2013). Institutional violence, medical authority, and power relations in maternity hospitals from the perspective of health workers. *Cad Saúde Pública*. 29(11), 2287-96, 2013. DOI: http://dx.doi.org/10.1590/0102-311X00074912.

Andrade, P. O. N., Silva, J. Q. P., Diniz, C. M. M., Caminha, M. F. C. (2016). Factors associated with obstetric abuse in vaginal birth care at a high-complexity maternity unit in Recife, Pernambuco. *Rev Bras Saúde Mater Infant*., 16(1):29-37, 2016. DOI: http://dx.doi.org/10.1590/1806-93042016000100004.

Bhattacharya, S., Sundari Ravindran, T. K. (2018). Silent voices: institutional disrespect and abuse during delivery among women of Varanasi district, northern India. *BMC Pregnancy Childbirth*, 18(1):338. DOI: https://doi.org/10.1186/s12884-018-1970-3

Biscegli, T. S., Grio, J. M., Melles, L. C., Ribeiro, S. R. M. I., Gonsaga, R. A. T. (2015). Obstetrical violence: profile assistance of a state of São Paulo interior maternity school. *Cuid Arte Enferm*., 9(1):18-25, 2015. http://fundacaopadrealbino.org.br/facfipa/ner/pdf/Revistacuidarteenfermagem%20v.%209%20n.1%20%20jan.%20jun%202015.pdf.

Bittencourt, S. D. A., Cunha, E. M., Domingues, R. M. S. M., Dias, B. A. S., Dias, M. A. B., Torres, J. A., Leal, M. C. (2020). Born in Brazil: continuity of care during pregnancy and the postpartum period for women and newborns. *Rev Saúde Pública*, 54:100, 1-11, 2020. DOI: https://doi.org/10.11606/s1518-8787.2020054002021

Boerma, T., Ronsmans, C., Melesse, D. Y., Barros, A. J. D., Barros, F. C., Juan, L., Moller, A., Say, L., Hosseinpoor, A. R., Yi, M., Rabello Neto, D. L., Temmerman, M. (2018). Global epidemiology of use of and disparities in caesarean sections, *Lancet, 392*, 1341–1348, 2018. https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2931928-7

Bohren, M. A., Mehrtash, H., Fawole, B., Maung, T. M., Balde, M. D., Maya, E., Thwin, S. S., Aderoba, A. K., Tunçalp, Ö. (2019). How women are treated during facility-based childbirth in four countries:a cross-sectional study with labour observations and community-based surveys. *Lancet*, 394(10210):1750-63, 2019. DOI: 10.1016/S0140-6736(19)31992-0

Bohren, M. A., Vogel, J. P., Hunter, E. C., Lutsiv, O., Makh, S. K., Souza, J. P., Aguiar, C., Saraiva Coneglian, F,, Gülmezoglu, A, M. (2015). The mistreatment of women during childbirth in health facilities globally: A mixed-methods systematic review. *PLoS Med*. 2015;12(6): e1001847, 2015. DOI: 10.1371/journal.pmed.1001847.

Bohren, M., Hunter, E. C., Munther-Kaas, H. M., Souza, J.P., Vogel, J. P., Gulmezoglu, A. M. (2014). Facilitators and barriers to facility-based delivery in low- and middle-income countries: A systematic review of qualitative evidence. *Reprod Health*, 11(71), 1-17, 2014. https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-11-71.

Bourdreux J. (2019). Naming'Obstetric Violence': Coercion, Bullying, and Intimidation in Non-Evidence Based Childbirth Interventions. *The Journal of Motherhood Studies*, 15(1):1–4, 2019. https://jourms.org/naming-obstetric-violence-coercion-bullying-and-intimidation-in-non-evidence-based-childbirth-interventions/

Bourguignon, A. M., Grisotti, M. (2018). Conceptions on childbirth humanization in Brazilian theses and dissertations. *Saúde e Soc*., 27:1230–45, 2018. DOI: https://doi.org/10.1590/S0104-12902018170489.

Brasil. Ministério da Saúde (BR). (2012). Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Brazil. Atenção ao pré-natal de baixo risco. Brasília: Ministério da Saúde; 2012. https://bvsms.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf

Brasil. Ministério da Saúde. (2012). Resultados preliminares da pesquisa de satisfação com mulheres puérperas atendidas no Sistema Único de Saúde - SUS, maio a outubro de 2012. Secretaria de Gestão Estratégica e Participativa, Departamento de Ouvidoria Geral do SUS. Brasília, DF. https://saudenacomunidade.files.wordpress.com/2014/05/relatorio_pre_semestral_rede_cegonha_ouvidoria-sus_que-deu-a-notc3adcia-de-64-por-cento-sem-acompanhantes.pdf

Brasil. Ministério da Saúde. (2019). Tipo de parto segundo região/ano. Secretaria de Atenção à Saúde, Departamento de Atenção Básica. http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sinasc/cnv/nvuf.def.

Carmo Leal, C., Pereira, A. P. E., Domingues, R. M. S. M., Theme Filha, M. M., Dias, M. A. B., Pereira, M. N., Bastos, M. H., Gama, S. G. N. (2014). **Obstetric interventions during labor and childbirth in Brazilian low-risk women.** *Cad. Saude Publica*, 30 (1), pp. S1-S16, 2014. DOI: 10.1590/0102-311x00151513

Carvalho, I. D. S., Brito, R. S. (2017). Formas de violência obstétrica vivenciadas por puérperas que tiveram parto normal. *Enfermería Global*, 16(3):71, 2017. DOI: 10.6018/eglobal.16.3.250481.

Castrillo, B. (2016). Tell me by whom is defined and i'll tell if it is violent: a reflection on obstetric violence. *Sex Salud Soc*., 24, 43-68, 2016. http://www.scielo.br/pdf/sess/n24/1984-6487-sess-24-00043.pdf

Chai, C. G., Santos, J. P., Chaves, D. G. (2018). Institutional violence against women: the judiciary power, from pretenso protector to agressor effective. *Rev Eletrôn Direito* UFSM, 13(2), 640-65, 2018. DOI: https://doi.org/10.5902/1981369429538

Cotlear, D., Gómez-Dantés, O., Knaul, F., Atun, R., Barreto, I. C., Cetrángolo, O., Cueto, M., Francke, P., Frenz, P., Guerrero, R., Lozano, R., Marten, R., Sáenz, R. (2015). Overcoming social segregation in health care in Latin America. *Lancet*, v. 28;385(9974):1248-59. DOI: 10.1016/S0140-6736(14)61647-0.

D'aquino, L. S. (2016). O movimento de humanização do parto como movimento social e suas semelhanças com os recentes protestos que tomaram o mundo. *Revista Direitos Sociais e Políticas Públicas*, 4(1), 155-172, 2016. DOI: https://doi.org/10.25245/rdspp.v4i1.119

Diaz-Tello F. (2016). Invisible wounds: obstetric violence in the United States. *Reprod Health Matters*, 24(47), 56-64, 2016. DOI: https://doi.org/10.1016/j.rhm.2016.04.004

Diniz S. G., Salgado, H. O., Andrezzo, H. F. A., Carvalho, P. G. C., Carvalho, P. C. A., Aguiar, C. A., Niy, D. Y. (2015). Abuse and disrespect in childbirth care as a public health issue in Brazil: origins, definitions, impacts on maternal health, and proposals for its prevention. *J Hum Growth Dev*., 25(3), 377-384, 2015. DOI: http://dx.doi.org/10.7322/jhgd.106080

Dixon, L. Z. (2015). Obstetrics in a time of violence: Mexican midwives critique routine hospital practices. *Med Anthropol Q*., 29(4), 437-54, 2015. http://onlinelibrary.wiley.com/doi/10.1111/maq.12174/pd

Fabbro, M. R. C., Wernet, M., Baraldi, N. G., Bussadori, J. C. C., Salim, N. R., Souto, B. G. A., Fermiano, A. R. (2022). Antenatal care as a risk factor for caesarean section: a case study in Brazil. *BMC Pregnancy Childbirth* **22**, 731, 2022. DOI: https://doi.org/10.1186/s12884-022-05008-z

Faneite, J., Feo, A., Toro, J. (2012). Grado de conocimiento de violencia obstétrica por el personal de salud. *Revista de Obstetricia y Ginecología de Venezuela*, *72*(1), 4-12, 2012. http://www.scielo.org.ve/scielo.php?script=sci_arttext&pid=S0048-77322012000100002&lng=es&nrm=iso&tlng=es

Genovesi FG, Canario MASS, Godoy CB, Maciel SM, Cardelli AAM, Ferrari RAP. (2020). Maternal and child health care: adequacy index in public health services. *Rev Bras Enferm*., 73: e20170757, 2020. DOI: https://doi.org/10.1590/0034-7167-2017-0757

Gerhardt, T. E., Silveira, D. T. (2009). *Métodos de Pesquisa. Plageder*: UFRGS; 2009;1–31. https://lume.ufrgs.br/handle/10183/52806

Gonçalves, M.F., Teixeira, E.M.B., Silva, MAS, Corsi, N.M., Ferrari, R.A.P., Pelloso, S.M., Cardelli, A. A. M. (2017). Prenatal care: preparation for childbirth in primary healthcare in the south of Brazil. *Rev Gaucha Enferm*. 2017;38:e2016–63. DOI: https://doi.org/10.1590/1983-1447.2017.03.2016-0063

Grilo Diniz, C.S., Rattner, D., A., d'Oliveira, A. F. P. L., Aguiar, J. M., Niy, D.Y. (2018). **Disrespect and abuse in childbirth in Brazil: social activism, public policies and providers' training.** *Reprod Health Matters*, 26 (53) (2018), pp. 19-35, DOI: 10.1080/09688080.2018.1502019

Henriques, T. (2021). Violência obstétrica: um desafio para saúde pública no Brasil. *Páginagrená*, Rio de Janeiro – RJ, 2021. https://www.ims.uerj.br/wp-content/uploads/2021/02/violencia-obstetrica_tatiana_henriques_pagina_grena_fev2021.pdf

Kruk, M. E., Kujawski, S., Mbaruku, G., Ramsey, K., Moyo, W., Freedman, L. P. (2018). Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey. *Health Policy Plan*. 2018;33(1):e26–33. DOI: https://doi.org/10.1093/heapol/czu079

Lansky, S., Souza, K. V., Peixoto, E. R. M., Oliveira, B. J., Diniz, C. S. G., Vieira, N. F., Cunha, R. O., Friche, A. A. L. (2019). Violência obstétrica: influência da Exposição Sentidos do Nascer na vivência das gestantes. *Ciênc. saúde coletiva*, 24(8), 2811-2823, 2019. DOI: https://doi.org/10.1590/1413-81232018248.30102017.

Leal, M. C., Szwarcwald, C. L., Almeida, P. V. B., Aquino, E. M. L., Barreto, M. L., Barros, F., Victora, C. (2018). Reproductive, maternal, neonatal and child health in the 30 years since the creation of the Unified Health System (SUS). *Ciên Saude Colet*. 2018; 23: 1915–28. DOI: https://doi.org/10.1590/1413-81232018236.03942018

Leal, M. C., Pereira, A. P. E., Domingues, R. M. S. M., Theme Filha, M. M., Dias, M. A. B., Nakamura-Pereira, M., Bastos, M. H., Gama, S. G. N. (2014). Intervenções obstétricas durante o trabalho de parto e parto em mulheres brasileiras de risco habitual. *Cad. Saúde Pública*, 30(1), 17-32, 2014. DOI: http://dx.doi.org/10.1590/0102-311X00151513

Leal, M., Bittencourt, S. A., Esteves-Pereira, A. P., Ayres, B., Silva, L., Thomaz, E., Lamy, Z. C., Nakamura-Pereira, M., Torres, J. A., Gama, S., Domingues, R., Vilela, M**.** (2019). **Progress in childbirth care in Brazil: preliminary results of two evaluation studies.** *Cad. Saude Publica*, 35 (7), e00223018, 2019. DOI: 10.1590/0102-311X00223018

Lewin, A. P. O. C. M., Prata, A. R. S., Leite, D. S., Souza, P. S. M., Teixeira, T. D. S. (2019, 14, 11). Violência Obstétrica: Um Desafio para a Defensoria Pública na Promoção dos Direitos Humanos das Mulheres. [Anais]. Congresso Nacional de Defensores Públicos (CONADEP), 2019. https://www.anadep.org.br/wtk/pagina/materia?id=42547

Mariani, A. C., Nascimento-Neto, J. (2016). Violência obstétrica como violência de gênero e violência institucionalizada: breves considerações a partir dos direitos humanos e do respeito às mulheres. *Cad Esc Direito*, 2(25), 48-60, 2016. https://portaldeperiodicos.unibrasil.com.br/index.php/cadernosdireito/article/view/3060/2630

Marrero, L., Brüggemann, O. M. (2018). Violência institucional durante o processo de parturição no Brasil: revisão integrativa. *Rev Bras Enferm*, 71(3), 1152-61, 2018. DOI: https://doi.org/10.1590/0034-7167 2017-0238

Martinelli, K. G., Santos Neto, E. T., Gama, S. G. N., Oliveira, A. E. (2014). Adequacy process of prenatal care according to the criteria of Humanizing of Prenatal care and Childbirth Program and Stork Network. *Rev Bras Ginecol Obstet*., 36:56–64, 2014. DOI: https://doi.org/10.1590/S0100-72032014000200003.

Mena-Tudela, D., Iglesias-Casás, S., González-Chordá, V. M., Cervera-Gasch, Á., Andreu-Pejó, L., Valero-Chilleron, M. J. (2020). Obstetric violence in Spain (part I): Women's perception and Interterritorial differences. *Int J Environ Res Public Health*, 17(21):7726, 2020. DOI: 10.3390/ijerph17217726.

Monteiro, L. (2016, out., 28). OMS registra 7 tipos de violência sofridos no parto. Bebe.com.br, https://bebe.abril.com.br/familia/oms-registra-7-tipos-de-violencia-sofridos-no-parto/#:~:text=Foram%20elencados%2C%20no%20total%2C%20sete,de%20sa%C3%BAde%20de%20boa%20qualidade

Nogueira, N. V. (2021). O reconhecimento da violência obstétrica no brasil e sua repercussão sociolegislativa por intermédio do movimento feminista. *Insurgência: revista de direitos e movimentos sociais*, 7(2), 261-286, 2021. DOI: https://doi.org/10.26512/insurgncia.v8i2.38447

Oliveira, D. (2019, mar., 14). Violência obstétrica. *Revista Jus Navigandi.* [S.l], 2019. https://jus.com.br/artigos/72671/violencia-obstetrica.

Oliveira, T. R., Costa, R. E. O. L., Monte, N. L., Veras, J. M. M. F., Sá, M. I. M. R. (2017). Women's perception on obstetric violence. *Rev Enferm UFPE*, 11(1), 40-6, 2017. http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/10539/pdf_2097

Organização Mundial da Saúde (OMS). (2014). Prevenção e eliminação de abusos, desrespeito e maus-tratos durante o parto em instituições de saúde. Genebra: OMS, 2014. http://apps.who.int/iris/bitstream/10665/134588/3/WHO_RHR_14.23_por.pdf

Organização Mundial da Saúde (OMS). (2018). Cuidados intraparto da OMS para uma experiência positiva de parto. Genebra: OMS, 2018. https://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/

Paiz, J.C., Ziegelmann, P.K., Martins, A.C.M., Giugliani, E.R.J., Giugliani, C. (2021). Factors associated with the women's satisfaction with prenatal care in Porto Alegre-RS. *Ciên Saúde Colet*., 26:3041–51, 2021. DOI: https://doi.org/10.1590/1413-81232021268.15302020.

Pereira, A. S., Shitsuka D. M., Parreira, F. J., Shitsuka, R. (2018). Metodologia da pesquisa científica [recurso eletrônico]. – 1. ed. – Santa Maria, RS: UFSM, NTE, 2018. 1 e-book https://www.ufsm.br/app/uploads/sites/358/2019/02/Metodologia-da-Pesquisa-Cientifica_final.pdf

Pereira, C., Toro, J., Domínguez, A. (2015). Violência obstétrica desde la perspectiva de la paciente. *Rev Obstet Ginecol Venezuela*, 75(2), 81-90, 2015. http://www.scielo.org.ve/scielo.php?script=sci_arttext&pid=S0048-77322015000200002

Pickles, C. (2015). Eliminating abusive 'care': A criminal law response to obstetric violence in South Africa. *SA Crime Quart*, 54, 5-16, 2015. https://www.ajol.info/index.php/sacq/article/view/127746

Reuther, M L. (2021). "Prevalence of Obstetric Violence in Europe: Exploring Associations with trust, and care-Seeking Intention." Bachelor's thesis, University of Twente, 2021. https://purl.utwente.nl/essays/87962

Rodrigues, F. A., Lira, S. V. G., Magalhães, P. H., Freitas, A. L. V., Mitros, V. M. S., Almeida, P. C. (2017). Violence obstetric in the parturition process in maternities linked to the Stork Network. *Reprod Clim*., 32(2), 78-84, 2019. http://www.sciencedirect.com/science/article/pii/S1413208716300723

Sadler, M., Santos, M., Ruiz-Berdún, D., Rojas, Gl, Skoko, E., Gillen, P., Clausen, J. (2016). Moving beyond disrespect and abuse: addressing the structural dimensions of obstetric violence. *Reprod Health Matters***,** 24, 47–55, 2016. DOI: 10.1016/j.rhm.2016.04.002

Santiago, R. V., Monreal, L. A., Rojas Carmona, A., Domínguez, M. S. (2018). If we're here, it's only because we have no money… discrimination and violence in Mexican maternity wards. *BMC Pregnancy Childbirth*, 18(1):244, 2018. DOI: https://doi.org/10.1186/s12884-018-1897-8

Savage, V., Castro, A. (2017). Measuring mistreatment of women during childbirth: a review of terminology and methodological approaches. *Reprod Health*, 14(1), 138, 2017. DOI: 10.1186/s12978-017-0403-5

Shabot S. C. (2016). Making loud bodies "feminine": a feminist-phenomenological analysis of obstetric violence. *Hum Stud*, 39(2), 231-247, 2016. https://link.springer.com/article/10.1007/s10746-015-9369-x

Sheferaw ED, Kim YM, van den Akker T, Stekelenburg J. (2019). Mistreatment of women in public health facilities of Ethiopia. Reprod Health. 2019;16(1):130.

Shrivastava S, Sivakami M. (2020). Evidence of 'obstetric violence'in India: an integrative review. *J Biosoc Sci.*, **52**(4):610–628, 2020. doi: 10.1017/S0021932019000695

Silva, R. L. V., Lucena, K. D. T., Deininger, L. S. C., Martins, V. S., Monteiro, A. C. C., Moura, R. M. A. (2016). Obstetrical violence under the look of users. *Rev Enferm UFPE*, 10(12), 4474-4480, 2016. http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/9982/pdf_1791

Silveira, M.F., Mesenburg, M.A., Bertoldi, A.D., Mola, C.L., Bassani, D.G., Domingues, M.R., Stein, A., Coll, C. V. N. (2019). The association between disrespect and abuse of women during childbirth and postpartum depression: findings from the 2015 Pelotas birth cohort study. *J Affect Disord*; 256:441–7, 2019. DOI: https://doi.org/10.1016/j.jad.2019.06.016

Simonovic, D., Women, U., Secretary-General, U. (2019). A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence: note / by the Secretary-General, UN; 2019. https://policycommons.net/artifacts/127145/a-human-rights-based-approach-to-mistreatment-and-

violence-against-women-in-reproductive-health-services-with-a-focus-on-childbirth-and-obstetric-violence/

Simonovic, D. (2019). Uma abordagem baseada em direitos humanos para maus-tratos e violência contra mulheres em serviços de saúde reprodutiva com foco no parto e violência obstétrica. Nações Unidas: Nova York, NY, EUA, 2019. https://digitallibrary.un.org/record/3823698#record-files-collapse-header

Terán, P., Castellanos, C., Blanco, M. G., Ramos, D. (2013). Violencia obstétrica: percepción de las usuarias. *Revista de Obstetricia y Ginecología de Venezuela*, *73*(3),171-180, 2013. Disponível em: http://www.scielo.org.ve/scielo.php?script=sci_arttext&pid=S0048-77322013000300004. Acesso em 21 de jun. 2022.

Tomasi, E., Fernandes, P.A.A., Fischer, T., Siqueira, F.C.V., Silveira, D.S., Thumé, E., Duro, S. M. S., Saes, M. O., Nunes,B. P., Fassa, A. C. G., Facchini L. A. (2017). Quality of prenatal services in primary healthcare in Brazil: indicators and social inequalities. *Cad Saude Pública*, 33: e00195815, 2017. DOI: 10.1590/0102-311X00195815

UNICEF and Tulane University, Health equity report (2016). Analysis of reproductive, maternal, newborn, child, and adolescent health inequities in Latin America and the Caribbean to inform policymaking. 2016, Panama: UNICEF 160. https://www.unicef.org/lac/media/386/file/Publication.pdf

Vacaflor, C. H. (2016). Obstetric violence: a new framework for identifying challenges to maternal healthcare in Argentina. *Reprod Health Matters*, 24(47), 65-73, 2016. http://www.tandfonline.com/doi/full/10.1016/j.rhm.2016.05.001

Vedam S, Stoll K, Taiwo TK, Rubashkin N, Cheyney M, Strauss N, McLemore M, Cadena M, Nethery, E., Rushton, E., Schummers, L., Declercq, E., GVtM-US Steering Council. (2019). The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reprod Health*, 16(1):77, 2019. DOI: https://doi.org/10.1186/s12978-019-0729-2

Venturi, G., Godinho, T. (2013). Mulheres brasileiras e gênero nos espaços público e privado: uma década de mudanças na opinião pública. São Paulo: Editora Fundação Perseu Abramo, SESC-SP, 2013. https://periodicos.uem.br/ojs/index.php/EspacoAcademico/article/view/22393/11910

Vogel, J. P., Bohren, M. A., Tunçalp, Ö, Oladapo, O. T., Adanu, R. M., Baldé, M. D., Maung, T. M., Fawole, B., Adu-Bonsaffoh, K., Dako-Gyeke, P., Maya, E. T., Camara, M. C., Diallo, A. B., Diallo, S., Wai, K. T., Myint, T., Olutayo, L., Titiloye, M., Alu, F., Idris, H., Gülmezoglu, M. A.; Who Research Group On The Treatment Of Women During Childbirth. (2015). How Women Are Treated During Facility-Based Childbirth: Development And Validation Of Measurement Tools In Four Countries - Phase 1 Formative Research Study Protocol. *Reprod Health*, v.22;12:60, 2015. DOI: 10.1186/S12978-015-0047-2.

World Health Organization – WHO (2014). The prevention and elimination of disrespect and abuse during facility-based childbirth. Geneva: WHO; 2014a. https://www.who.int/publications/i/item/WHO-RHR-14.23.

World Health Organization – WHO. (2016) recommendations on antenatal care for a positive pregnancy experience. Geneva: WHO; 2016. https://www.who.int/publications/i/item/9789241549912

World Health Organization - WHO. (2014). The prevention and elimination of disrespect and abuse during facility-based childbirth: WHO statement. World Health Organization, 2014b. https://apps.who.int/iris/handle/10665/134588

Zaami, S., Stark, M., Beck, R., Malvasi, A., Marinelli, E. (2019). Does episiotomy always equate violence in obstetrics? Routine and selective episiotomy in obstetric practice and legal questions. *Eur Rev Med Pharmacol Sci*, 23(5):1847-1854, 2019. DOI: 10.26355/eurrev_201903_17219

Zanardo, G. L. P., Uribe, M. C., Nadal, A. H. R., Habigzang, L. F. (2017). Violência obstétrica no Brasil: uma revisão narrativa. *Psicologia & Sociedade*, 29, 1-11, 2017. DOI: http://dx.doi.org/10.1590/1807-0310/2017v29155043

Zanon, L. O., Rangel, T. L. V. (2019). Análise jurídica da violência obstétrica como instrumento de conformação e Dominação do feminino. *Jornal Jurid*. São Paulo, 2019. https://www.jornaljurid.com.br/doutrina/civil/analisejuridica-da-violencia-obstetrica-como-instrumento-de-conformacao-e-dominacao-dofeminino