Review Article
Artigo de Revisão
Artículo de Revisión

DOI: http://dx.doi.org/10.12957/reuerj.2019.38575

# Obstetric violence in health services: verification of attitudes characterized by dehumanization of care

*Violência obstétrica em serviços de saúde: constatação de atitudes caracterizadas pela desumanização do cuidado*

*Violencia obstétrica en servicios de salud: constatación de actitudes caracterizadas por la deshumanización del cuidado*

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**ABSTRACT**
**Objective:** to examine scientific publications to identify practices and attitudes relevant to women's health care in the pregnancy-puerperal cycle that can be characterized as obstetric violence. **Method:** this integrative literature review was conducted in the SCIELO, LILACS and CINAHL databases for the period from September to October 2018. **Results:** from the initial sample resulting application of the descriptor strategy to the databases, after applying the inclusion and exclusion criteria, 12 articles were selected for full analysis, which resulted in the following categories: "Power relations and violence driven by gender and class"; "The professional-patient relationship: dehumanization, medicalization and pathologization of the reproductive process – Obstetric Violence". **Conclusion:** the attitudes characterized by dehumanization of care, medicalization and pathologization of natural processes and gender violence demonstrate the important need to combat obstetric violence in order to achieve appropriate, quality care for women and newborns.
**Descriptors:** Violence; Women's Health; Nursing; Humanization of assistance.

**RESUMO**
**Objetivo:** identificar na produção científica, práticas e atitudes pertinentes a assistência à saúde da mulher no ciclo gravídico-puerperal que podem ser caracterizados enquanto violência obstétrica. **Método**: trata-se de uma revisão integrativa de literatura realizada nos bancos de dados SCIELO, LILACS e CINAHL nos meses de setembro a outubro de 2018. **Resultados:** da amostra inicial resultante da inserção da estratégia de descritores nas bases de dados, após aplicação dos critérios de inclusão e exclusão, selecionou-se 12 artigos para análise na íntegra, resultando nas seguintes categorias: "Relações de poder e a violência impulsionada pelo gênero e pela classe"; "A relação profissional-paciente: Desumanização, medicalização e patologização do processo reprodutivo - a Violência Obstétrica". **Conclusão:** a constatação de atitudes caracterizadas pela desumanização do cuidado, medicalização e patologização de processos naturais e pela violência de gênero demonstram a necessidade importante do combate a violência obstétrica, na busca por uma assistência digna e de qualidade a mulheres e recém-nascidos.
**Descritores:** Violência; Saúde da Mulher; Enfermagem; Humanização da assistência.

**RESUMEN**
**Objetivo:** identificar en la producción científica, prácticas y actitudes pertinentes a la asistencia a la salud de la mujer en el ciclo embarazo-puerperio que pueden ser caracterizadas como violencia obstétrica. **Método**: se trata de una revisión integrativa de literatura realizada en los bancos de datos SCIELO, LILACS y CINAHL en los meses de septiembre a octubre de 2018. **Resultados:** de la muestra inicial resultante de la inserción de la estrategia de descriptores en las bases de datos, tras la aplicación de los resultados los criterios de inclusión y exclusión, se seleccionaron 12 artículos para análisis en su totalidad, resultando en las siguientes categorías: "Relaciones de poder y la violencia impulsada por el género y por la clase"; "La relación profesional-paciente: Deshumanización, medicalización y patologización del proceso reproductivo - la Violencia Obstétrica". **Conclusión:** la constatación de actitudes caracterizadas por la deshumanización del cuidado, medicalización y patologización de procesos naturales y por la violencia de género demuestran la necesidad importante del combate a la violencia obstétrica, en la búsqueda de una asistencia digna y de calidad a mujeres y neonatos.
**Descriptores:** Violencia; Salud de la Mujer; Enfermería; Humanización de la atención.

## INTRODUCTION

According to the Pan American Health Organization (PAHO), which considers it as an extreme form of gender inequality, violence against women represents a public health and human rights problem, generating deep and permanent consequences for the physical and mental health of women worldwide[1].

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Received: Nov 30th 2018 – Accepted: Jul 10th 2019

Review Article
Artigo de Revisão
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DOI: http://dx.doi.org/10.12957/reuerj.2019.38575

Among the several types of this modality of violence, Obstetric Violence (OV) is the foundation for the maintenance of high rates of maternal and perinatal morbidity and mortality and cesarean sections in public and private health services, in addition to the medicalization of women during the pregnancy-puerperal cycle[2,3].

In order to identify this type of violence, which is not yet legally recognized in our country, this study considered the concepts of OV that are the ground for the *Ley orgánica sobre el derecho de las mujeres a una vida libre de violencia* (2005) in Venezuela and the *Ley de protección integral a las mujeres* (Law No. 26,485 of 2007) in Argentina, preceded by the *Ley de parto humanizado* (Law No. 25,929 of 2004)[4-6].

According to these laws, OV is characterized by the appropriation of women's reproductive processes by health professionals through a dehumanized treatment and through the medicalization/pathologization of natural processes, causing loss of autonomy regarding their bodies and sexuality and negatively impacting on women's quality of life[7].

At the core of institutional violence, committed by health services themselves, by action or omission, including from lack of access to services up to poor quality of services and abuses committed due to unequal power relations between users and professionals within institutions, the recognition of OV takes into account the Brazilian conjuncture of institutionalization of parturition, where women are also exposed to the health system itself and to the indirect relationships with professionals of these services[8].

Regarding the results of studies conducted on the theme, according to the *Brazilian Women and Gender in Public and Private Spaces* research conducted by the Perseu Abramo Foundation in 2010 with 2365 women in 176 townships, the following stand out as professional conducts linked to OV: painful touches, denial or omission of methods for pain relief, yelling to pregnant women, lack of information about the procedures, denial of care, cursing and humiliation, physical assault and sexual harassment[9].

According to the study *Obstetric Violence Test*: *Obstetric Violence is Violence Against Women* conducted in 2012 with 1966 women through 74 blogs, from the total sample: 57% did not feel safe and confident during hospitalization; 55% were not informed about the obstetric procedures; 75% were not free to move during labor and/or delivery, and less than half of them felt happy and fulfilled with the birth of their children, representing 47%[10].

In this sense, OV represents the violation of women's basic human rights as it breaks with what is established in international human rights instruments such as: Universal Declaration of Human Rights; Convention on the Elimination of All Forms of Discrimination against Women; Declaration on the Elimination of Violence against Women; Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights[11].

Given the above, this study aims to identify in scientific production practices and attitudes relevant to women's health care in the pregnancy-puerperal cycle that can be characterized as obstetric violence.

The relevance of this research lies in – due to the lack of organs or institutions that define and maintain surveillance against the occurrence of OV – raising concepts and describing its occurrence, exposing elements to prevent this type of violence.

## METHOD

This is an integrative literature review study that, according to Olga et al. (2016), aims to "gather and synthesize findings from studies carried out through different methodologies, in order to contribute to more detailed knowledge on the investigated theme"[12]. It contributes to health care, especially to nursing, as it is capable of integrating the knowledge produced in several courses, understanding it as integral care.

The study was conducted with methodological rigor in the following stages: formulating the question for the integrative literature review; specifying the study selection methods; data extraction procedure; analysis and evaluation of studies included in the integrative literature review; data extraction and presenting the review/synthesis of the knowledge produced and published[12].

Thus, this integrative review had the following as its guiding question: Which practices and attitudes present in studies addressing women's health care in the pregnancy-puerperal cycle can be characterized as obstetric violence? To select the scientific production, searches were made in the following data sources: SciELO (Scientific Eletronic Library Online), CINAHL (Cumulative Index to Nursing and Allied Health Literature) and LILACS (*Literatura Latino-Americana e do Caribe em Ciências da Saúde*). Inclusion criteria included: papers published from 2008 to 2018 in Portuguese, English

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and Spanish. Exclusion criteria included: papers not available in full, failure to answer the question of this research, and articles repeated in the same or in more than one data source and review/analysis studies.

To guide the integrative review the following search strategy was used: *Violence* AND ("*Natural Childbirth*" OR *Cesarean Section* OR *Abortion*). The search was conducted through *online* access, in September and October 2018.

Using the search strategy in the databases, 501 records were obtained that, after applying the inclusion and exclusion criteria, resulted in a sample of 12 papers to be fully analyzed. To record the information present in the selected papers, an instrument was prepared containing the following aspects: publication title, indexing base, publication journal/year, research objective, methodology and study summary related to the research question (Table 1).

Continuing the integrative review methodology, the papers were analyzed and interpreted, being grouped into two categories: "Power relations and gender- and class-based violence" and "The professional-patient relationship: Dehumanization, medicalization and pathologization of the reproductive process – Obstetric Violence". In order to synthesize the knowledge produced, a discursive and reflective text was prepared, as follows.

## RESULTS

Of the total sample selected, ten are Brazilian papers and two are international. Regarding the place where the studies were conducted in Brazil, the Northeast region is the largest contributor to scientific production, followed by the Southeast region. The Midwest and the South regions present one article each, and there is also a multicenter study conducted throughout the country. Regarding the year of publication, it is possible to note that the scientific production on the theme becomes constant between 2015 and 2017, accumulating ten of the 12 selected articles.

Regarding the care aspect, seven of the 12 selected papers recover the theme of obstetric violence associated with the abortion process, and papers that link it to the pregnancy-puerperal process and breastfeeding are also present. As for categorization, 8 papers present relevant discussions to both categories defined in this review.

## DISCUSSION

As previously stated, in order to organize the data obtained and to synthesize the knowledge produced, the selected papers were divided into two categories: "Power relations and gender- and class-based violence" and "The professional-patient relationship: Dehumanization, medicalization and pathologization of the reproductive process – Obstetric Violence".

### Power relations and gender- and class-based violence

This category discusses how power relations and issues related to gender and class determine the occurrence of Obstetric Violence. Gender corresponds to the designation of social relations between the sexes, which would explain the subordination of women to men; it addresses "social constructions": the social creation of the definition ideas of the categorized roles attributed to men and women[13].

Thus, gender violence "aims at preserving gender social organization based on the hierarchy and inequality of sexual social places that subordinate the female gender"[14] and this violence usually comes from the individual with the greatest power in a relationship, and therefore its reproduction cannot be attributed to the sole responsibility of men[15].

Of the 12 studies included in the review, ten address gender-based violence, thus this category is believed to be the basis for the development of the others. In half of the productions, gender-based violence is linked to the option of legal interruption of pregnancy (LIP), to spontaneous abortions and to the use of autonomy for decisions in the parturition process.

Discussing access to the right to legal abortion is closely linked to the discussion on the use of autonomy to decide on one's own body. Studies show institutional and professional mobilization to change women's decision regarding legal interruption of pregnancy[16], lack of reception, negligence and repetitive questions regarding the act of sexual violence suffered, questioning the veracity of the right to LIP. On the other hand, victims of spontaneous abortion have to deal with embarrassment and with an insistent "search" for medication, contradictory reports and threats of reporting to the police[17].

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| Research objective | Methodology | Study summary related to the research question |
|---|---|---|
| To evaluate the socio-demographic and psychological characteristics of women who requested legal abortion in a public health service after experiencing sexual violence.[13] | A retrospective descriptive study with 131 women who had legal abortions at the State University of Campinas between 1994 and 2014, due to sexual violence. | 92 women filed a police report, although it was not necessary to terminate their pregnancy due to sexual violence, as most services choose to require a police report as well as a report of the Brazilian Institute of Forensic Medicine (IFM) report to prove that the woman was indeed raped and, assuming she may be lying, generating discomfort, risk of non-adherence to the reference for sexual violence and embarrassment. |
| To recover stories of institutional violence in induced abortion care, from the women's perspective, in a public reference hospital in the city of Teresina, Piauí.[14] | The study was conducted between June 2012 and November 2013, its unit of analysis being women who had illegal and unsafe abortion and who were admitted to a referral public hospital in Teresina, Piauí, for curettage due to incomplete abortion. | Out of 72 women, 26 reported disrespect and abuse during hospitalization. Characterized by the authors as "institutional violence", the study points out: discriminatory practices (such as moral judgment), unworthy treatment (threats of reporting to the police, use of harsh and coarse language, and joint hospitalization with postpartum women), negligence (taking too long to undergo uterine evacuation), lack of consent (medical procedures performed without explanation), in addition to violation of privacy and confidentiality (interview and physical examination in the presence of other patients). |
| To know the experience of women who became pregnant as a result of rape, highlighting previous experiences and the ones after the outcome of pregnancy, and continuation or legal interruption of pregnancy (LIP).[15] | Multiple case study. The experience of three women who became pregnant as a result of rape was studied (they were users of a maternity hospital in the city of Fortaleza, Ceará), highlighting previous experiences and the ones after the outcome of pregnancy (continuation or legal interruption). | Report of institutional mobilization in favor of continuing pregnancy after women declared desire for LIP, which is worth questioning to what extent the institution is partial in this decision process. LIP is still negatively seen by professionals in health services and, because of that, women still encounter many obstacles when interacting with them; whether with respect to sexual violence or LIP. |
| To identify factors associated with breastfeeding in the first hour of life.[16] | Sample of 1,027 pairs (mothers and children) studied. A cross-sectional study conducted with mothers and children under one year of age, who attended the second stage of the polio campaign in the Federal District, Brazil, in 2011. | Verbal violence by health professionals during birth was reported by 17.8% of the parturients, followed by physical violence (17.3%) and neglect (16.7%); however, none of these studies investigated the existence of association between violence during childbirth and the AMPH. There were reports of interruption of joint accommodation. |
| To demonstrate that the symbolization processes that integrate hospital care to women undoubtedly affect their experiences.[17] | The research was characterized as qualitative and quantitative. It was conducted with 11 women hospitalized as a result of abortion and with 19 health professionals from *Hospital Maternal da Bahia* from 2002 to 2003. | Although most participants classify hospital experience as positive, these same women described episodes of discrimination/prejudice and dehumanized attention in the process of abortion care, through oppression/abuse of power, negligence, lack of information about the care, prohibition of accompanying people, delay in the curettage (not seen as a priority in obstetric care) and even verbal violence (shouting). |
| To present updated data on the structure of services and the status of care for victims of sexual violence, in addition to the women's profile and the characteristics of the abortion.[18] | A study of mixed methods, nationwide, using legal abortion services in Brazil in 2013-2015 as unit of analysis. The 60 services listed by the Ministry of Health operating in 2009 were evaluated. | Women report lack of reception in the LIP access service and difficulty in accessing professionals, who have conscientious objection even though they work in an abortion referral service. The most common reason for this refusal would be moral or religious barriers to abortion, in addition to contesting the veracity of the woman's report of violence, as well as the request for a police report and the LIP's report to protect the team against the claims of the woman. The interviewees also believe that the imposition of bureaucratic barriers would be reduced if professionals were trained in concepts such as "sexual and reproductive health", "gender violence", "humanization" and "human rights". |

**Figure 1:** Registration instrument of the papers selected in the integrative review

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| Research objective | Methodology | Study summary related to the research question |
|---|---|---|
| To analyze women's perceptions on obstetric care with regard to meeting their rights of access to health services during the labor and delivery process.[19] | A descriptive and exploratory research with 56 women in the joint accommodation of four public maternity hospitals of the II Metropolitan Region of the State of Rio de Janeiro, carried out in 2014. Data analyses were in the thematic modality of content. | They showed a recurring problem for women, the pilgrimage, which brings about three connotations about the right, the lack of care and the feelings experienced by the search for care. These points are interconnected by the logic of non-compliance with actions that ensure sexual, reproductive and human rights, as well as the institutions being unprepared to provide quality care. |
| To identify perceived barriers to accessing reproductive health care according to women from Ocotal, Nicaragua; to describe their understanding of their reproductive rights; and to document their views on Nicaragua's total ban on abortion.[20] | From May to June 2014, three discussion groups were held in Spanish with 17 women from two different neighborhoods in the city of Ocotal, Nicaragua. A semi-structured discussion guide with open-ended questions was used to elucidate local perspectives on the focus group discussion themes. | Serious obstacles, including 1) violence against women, 2) sexism, 3) criticism, and 4) lack of communication and education, limit women's ability to make their own reproductive health decisions. Women had a general lack of knowledge about reproductive rights and the international human rights documents that define them. In addition, due to religious and cultural ideologies, most women supported the country's total ban on abortion in most circumstances, with the possible exception of rape. |
| To report women's experiences after sexual violence, in the diagnosis of pregnancy, seeking legal interruption of pregnancy and being admitted to a university hospital.21 | A qualitative research carried out through semi-structured interviews with 10 women aged 18-38 years old with education ≥ 8 years, 1-5 years after legal interruption of pregnancy. The study was conducted at the Women's Hospital Prof. Dr. José Aristodemo Pinotti, Campinas-SP. | Two of the ten women interviewed reported negative experiences due to the oppression of health professionals and their personal religious opinions about interruption of pregnancy. The other study participants characterized the assistance received as satisfactory in terms of reception, listening and support, as well as non-judgment. |
| To describe, analyze and discuss the women's representations of the care provided in labor and delivery, with perspectives of humanization.22 | Excerpt of a doctoral dissertation entitled "Social Representations of Women on Assistance in Labor and Delivery", which focused on the Obstetric Center of a teaching hospital in the South of the country, in which 33 women participated. The period for collecting information from the patients occurred during three uninterrupted months in 2004. | The study carried out by Wolff (2004) found that although the interviewees praised the care regarding the relational aspect and humanistic values, they identified elements of non-care, which were very serious, showing that some professionals need to change their posture and attitude. The excerpt emphasizes the parturients' testimonies that show the non-care and/or dehumanization of assistance to women in labor and delivery. |
| To identify forms of obstetric violence experienced by mothers who had a normal birth.[23] | This is a descriptive study with a qualitative approach, in which 35 postpartum women were interviewed in the two municipal public maternity hospitals in the city of Natal, Rio Grande do Norte. The study included women who had normal live births and who were in sound physical and emotional conditions to answer the questions. Adolescents without a legal guardian and mothers who gave birth outside the maternity were excluded. | Inadequate comments, criticism about shouting or moaning during labor, intimidation and threat, pain caused by vaginal touch and episiorrhaphy, bed restraint and being prohibited from changing their position are all forms of obstetric violence experienced by the interviewed women and characterized as words or attitudes of health professionals by the authors. |
| To explore associations between depressive symptoms, exposure to violence and psychological trauma at birth in adolescents who had cesarean sections.[24] | An exploratory descriptive study with 44 adolescents in the United States. Within 72 hours after delivery, symptoms of Psychological Birth Trauma (PBT) were measured using a subjective classification of birth experience and the Impact of Event Scale (IES). | 22.7% of the adolescents rated the cesarean section experience as "horrible", indicating subclinical traumatic symptoms. There was an association between depression symptoms and cesarean sections performed before 38 weeks. In addition to evaluating the association between emergency cesarean sections and scheduled cesarean sections with depressive symptoms, it also shows lack of knowledge about the need for a cesarean section. |

**Figure 1**: Registration instrument of the papers selected in the integrative review (Continued)

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Two other studies show verbal violence by professionals at delivery, followed by physical violence and negligence[18]; the reports show inappropriate comments and criticism to shouting or moaning, generating great embarrassment and negative impressions about the parturition process[19].

**The professional-patient relationship: dehumanization, medicalization and pathologization of the reproductive process – Obstetric Violence**

This category presents and discusses the findings pertinent to the characterization of OV in comparison with the *Ley orgánica sobre el derecho de las mujeres a una vida libre de violencia*, from Venezuela and the *Ley de protección integral a las mujeres*, from Argentina. By unraveling the Venezuelan and Argentinean concept of OV, we can find basic conditions that characterize it, such as the following: being committed by health professionals, manifesting itself through dehumanized treatment and abuse of medicalization of care, pathologizing the female organism's natural reproductive processes[7]. All these elements are present in the studies included in this review and will be discussed below.

Understood as a body of knowledge that supports care based on scientific evidence, respecting the individuality of each woman and promoting their empowerment to ensure safety by promoting positive experiences of labor and delivery, the humanization in the obstetric scenario gained momentum in 2000 with the Prenatal and Birth Humanization Program (PHPN) presented by the Ministry of Health[20].

According to the PHPN, humanization comprises at least two fundamental aspects: the first one refers to the duty of health services to receive women, their families and the newborn with dignity. For this, there is a need for an ethical and supportive attitude on the part of health professionals and for the organization of the institution in order to create a welcoming environment and also to break with the isolation normally imposed on women. The second aspect concerns the adoption of measures and procedures known to be beneficial for monitoring labor and delivery, avoiding unnecessary interventionist practices that, despite being traditional, do not benefit women or newborns[21,22].

When relating to the process of labor and delivery (vaginal delivery or cesarean section), the studies[19,23,24] show that obstetric violence through dehumanization was characterized by inappropriate comments (especially criticism to crying or moaning), indifference on the part of health professionals and failure to provide privacy and guidance to women about the procedures during care.

Also known as obstetric violence during labor and delivery, as it does not fulfill the rights guaranteed to women through the constitution and the principles of public policies (Unified Health System and Stork Network, for example), the pilgrimage in search for care becomes a common practice that increases the binomial vulnerability, thus being characterized as an attitude of non-care/dehumanization[25].

Regarding obstetric violence in the assistance to the abortion process (voluntary or spontaneous), the studies[17,26,27] show the following as aspects of dehumanization: discriminatory practices (moral and religious barriers), unworthy treatment (threat of reporting to the police, use of harsh and coarse language and joint hospitalization with postpartum women), negligence (taking too long to undergo uterine evacuation) and prohibition of accompanying people, among other institutional attitudes of health professionals.

The results found related to obstetric violence characterized by dehumanization demonstrate the congruence with the idea developed by Wolff and Waldow, which considers violence as an act devoid of humanity by treating another person as an object, describing the need to become humanized as "an eternal becoming, which requires updating at every moment of action and at every relationship that is established"(23:149).

Still in this context, the practice of medicalization and pathologization of natural processes is understood as an ancient phenomenon in which medicine controls society through rules of conduct and patterns that influence individual human behaviors. This phenomenon begins to rewrite physiological events and social behaviors, referring them to interventions of specialized practices, interfering and denaturalizing the independent and rational action of human beings on their own health production[28,29].

A study[18] conducted with 1,027 binomials to identify factors associated with breastfeeding in the first hour of life showed that having a cesarean section and not staying in a joint room after delivery were factors that negatively interfered with the bond established between the mother and the newborn. It is important to highlight that the 61.5% rate of cesarean sections presented by the study breaks with what is advocated by the World Health Organization regarding the adoption of this surgery.

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For Riscado et al. [30], the generalization of the cesarean section is seen as a health problem because it carries a higher risk of morbidity and mortality for women and newborns. In this sense, the scientific evidence shows that medical practice should be based on specific parameters, balancing risks and benefits in order to avoid iatrogenics.

## CONCLUSIONS

This integrative review enabled the characterization of OV, taking as reference important aspects of the concept defined by the Argentine and Venezuelan legislations. The dehumanization of care through the pilgrimage in search for obstetric care, the indifference of health professionals, as well as the lack of guidance and privacy, the medicalization/pathologization through high cesarean section rates that compromise breastfeeding, as well as gender violence demonstrated through coercion and physical and verbal violence, demonstrate the important need to fight OV in the search for dignified and quality assistance to women and newborns.

## REFERENCES

1. Organização Pan-americana de Saúde. Violência contra mulher: estratégia e plano de ação para o reforço do sistema de saúde para abordar a violência contra mulher. 54° conselho diretor. 67ª Sessão do comitê regional da OMS para as américas. Washington (EUA): OPAS, 2015. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/18386/CD549Rev2_por.pdf?sequence=9&isAllowed=y
2. Diniz SG, Salgado HO, Andrezzo HFA, Carvalho PGC, Carvalho PCA, Aguiar CA, Niy DY. Abuse and disrespect in childbirth care as a public health issue in Brazil: origins, definitions, impacts on maternal health, and proposals for its prevention. Journal of Human Growth and Development [Online]. 2015; 25(3):377-84. Doi: http://dx.doi.org/10.7322/jhgd.106080
3. Leal MC, Gama SGN. Nascer no Brasil. Cad. Saúde Pública [Online]. 2014; 30(supl.1):S5-7. Doi: http://dx.doi.org/10.1590/0102-311XED01S114
4. Venezuela. Ley orgánica sobre el derecho de las mujeres a una vida libre de Violencia. 2005. Available from: https://venezuela.unfpa.org/sites/default/files/pub-pdf/Ley_mujer%20%281%29_0.pdf
5. Argentina. Ley 26.485: proteccion integral a las mujeres. 2009. Available from: https://www.oas.org/dil/esp/Ley_de_Proteccion_Integral_de_Mujeres_Argentina.pdf
6. Argentina. Ley No 25.929: Ley do parto humanizado. 2004. Available from: http://servicios.infoleg.gob.ar/infolegInternet/anexos/95000-99999/98805/norma.htm
7. Andrade BP, Aggio CM. Violência obstétrica: a dor que cala. In: Anais do III Simpósio Gênero e Políticas Públicas; 2014; mai 27-29; Londrina; Brasil. Londrina (PR): Universidade Estadual de Londrina; 2014. p. 1-7. Available from: http://www.uel.br/eventos/gpp/pages/arquivos/GT3_Briena%20Padilha%20Andrade.pdf
8. Parto do Princípio – Mulheres em Rede pela Maternidade Ativa. Violência Obstétrica: "Parirás com dor". Brasília (DF): Senado Federal, 2012. Available from: https://www.senado.gov.br/comissoes/documentos/SSCEPI/DOC%20VCM%20367.pdf
9. Fundação Perseu Abramo. Mulheres brasileiras e gênero nos espaços público e privado. São Paulo (SP): Fundação Perseu Abramo, 2010.
10. Franzon ACA, Sena LM. Teste da Violência Obstétrica: Violência Obstétrica é Violência Contra a Mulher. Resultados da ação de Blogagem Coletiva. 2012. Available from: https://apublica.org/wp-content/uploads/2013/03/Divulga%C3%A7%C3%A3o-dos-resultados_-Apresenta%C3%A7%C3%A3o_Diagramada_Vers%C3%A3o-final.pdf
11. Silva MG, Marcelino MC, Rodrigues LS, Toro RC, Shimo AK. Obstetric violence according to obstetric nurses. Rev. Rene [Online]. 2014; 15(4): 820-828. Doi: http://dx.doi.org/10.15253/2175-6783.2014000400020
12. Ribeiro OMPL, Martins MMFPS, Tronchin DMR. Nursing professional practice models: an integrative literature review. Rev. Enf. Ref[Online]. 2016; serIV( 10 ): 125-133. Doi: http://dx.doi.org/10.12707/RIV16008
13. Scott J. Gênero: uma categoria útil de análise histórica. Educação & Realidade. 1995; 20(2): 71-100.
14. Saffioti HIB. Violência de gênero no Brasil: conceitos versus dados. In: 48ª Reunião Anual da SBPC; 1996 jul 07-12; São Paulo, Brasil. São Paulo (SP): Pontifícia Universidade Católica de São Paulo; 1996. p. 531-533.
15. Priori, C. Retrato falado da violência de gênero: queixas e denúncias na Delegacia da Mulher de Maringá (1987-1996) [master thesis]. Maringá: Universidade Estadual de Maringá, 2003. Available from: http://ojs.uem.br/ojs/index.php/Dialogos/article/download/37928/19629
16. Nunes MCA, Morais NA. Rape and pregnancy: Reports of the experiences of women before and after the end of pregnancy. Estudos de Psicologia [Onlne]. 2016; 21(4): 468-476. Doi: http://dx.doi.org/10.5935/1678-4669.20160045
17. Madeiro AP, Rufino AC. Maltreatment and discrimination in induced abortion care: perception of women in Teresina, State of Piauí, Brazil.. Ciênc. saúde coletiva[Online]. 2017; 22(8):2771-80. Doi: http://dx.doi.org/10.1590/1413-81232017228.04252016
18. Sá NNB, Gubert MB, Santos W, Santos LMP. Factors related to health services determine breastfeeding within one hour of birth in the Federal District of Brazil, 2011. Rev. Bras. Epidemiol. [Online]. 2016; 19(3):509-24. Doi: http://dx.doi.org/10.1590/1980-5497201600030004
19. Carvalho IS, Brito RS. Forms of obstetric violence experienced by mothers who had normal birth. Enferm. Glob. [Online]. 2017; 16(47):71-97. Doi: http://dx.doi.org/10.6018/eglobal.16.3.250481
20. Possati AB, Prates AL, Cremonese L, Scarton J, Alves CN, Ressel LB. Humanization of childbirth: meanings and perceptions of nurses. Esc. Anna Nery [Online]. 2017; 21(4): e20160366. Doi: http://dx.doi.org/10.1590/2177-9465-ean-2016-0366

DOI: http://dx.doi.org/10.12957/reuerj.2019.38575

21. Ministério da Saúde. Programa de humanização do pré-natal e nascimento. Brasília (DF): Ministério da Saúde; 2000. Available from: http://www.datasus.gov.br/SISPRENATAL/SPN_PHPN.php
22. Oliveira LLF, Trezza MCSF, Santos AAP, Melo GC, Sanches METL, Pinto LMTR. The experiences of comfort and discomfort of woman in labor and childbirth. Rev enferm UERJ [Online]. 2017; 25:e14203. Doi: https://doi.org/10.12957/reuerj.2017.14203
23. Wolff LR, Waldow VR. Consented Violence: women in labor and delivery. Saude soc[Online]. 2008; 17(3):138-51. Doi: http://dx.doi.org/10.1590/S0104-12902008000300014
24. Anderson C, Perez C. Adolescent Psychological Birth Trauma Following Cesarean Birth. Pediatr Nurs. 2015; 41(2):78-83.
25. Rodrigues DP, Alves VH, Penna LH, Pereira AV, Branco MB, Silva LA. The pilgrimage in reproductive period: a violence in the field of obstetrics. Esc. Anna Nery [Online]. 2015; 19(4):614-20. Doi: http://dx.doi.org/10.5935/1414-8145.20150082
26. Mccallum C, Menezes G, Reis AP. The dilemma of a practice: experiences of abortion in a public maternity hospital in the city of Salvador, Bahia. Hist. cienc. saude-Manguinhos [Online]. 2016; 23(1): 37-56. Doi: http://dx.doi.org/10.1590/S0104-59702016000100004
27. Madeiro AP, Diniz D. Legal abortion services in Brazil – a national study. Cien Saude Colet[Online]. 2016; 21(2):563-72. Doi: http://dx.doi.org/10.1590/1413-81232015212.10352015
28. Zorzanelli R, Cruz MGA. The concept of medicalization in Michel Foucault in the 1970s.Interface (Botucatu) [Online]. 2018; 22(66):721-31. Doi: http://dx.doi.org/10.1590/1807-57622017.0194
29. Carvalho SR, Rodrigues CO, Costa FD, Andrade HS. Medicalization: (ir)relevant criticism? Physis Revista de Saúde Coletiva [Online]. 2015; 25(4):1251-69. Doi: http://dx.doi.org/10.1590/S0103-73312015000400011
30. Riscado LC, Jannotti CB, Barbosa RHS. Deciding the route of delivery in Brazil: themes and trends in public health production. Texto Contexto Enferm. [Online]. 2016; 25(1):e3570014. Doi: http://dx.doi.org/10.1590/0104-0707201600003570014