DOI: https://doi.org/10.36489/saudecoletiva.2020v10i59p4236-4247

Obstetric violence: perspective of postpartum women attended in a university hospital inside Minas Gerais

Violencia obstétrica: perspectiva de mujeres posparto asistidas en un hospital universitario dentro de Minas Gerais

Violência obstétrica: perspectiva de puérperas atendidas em um hospital universitário no interior de Minas Gerais

ABSTRACT
Objective: Analyze how the implementation of the Apice On program contributed to reduce the cases of obstetric violence experienced by postpartum women attended at the a University Hospital in the interior of Minas Gerais. Method: Exploratory, descriptive, cross-sectional and qualitative study, developed with 46 postpartum women attended at a University Hospital. Data were collected using a semi-structured instrument, which were subsequently analyzed using the Bardin technique, in addition to the use of the Iramuteq software. Results: The interviewed puerperal women are empowered in the face of their rights, recognize the possible faces of obstetric violence, and have a preference for normal humanized delivery, having knowledge about the correct approach to professional care. Conclusion: It is concluded that the implementation of the Apice On project and the obstetric nurse contributed to the reduction of cases of obstetric violence and fulfilled its objectives in view of the humanization of normal births performed at the University Hospital in the interior of Minas Gerais.
DESCRIPTORS: Obstetric Nurse; Normal Childbirth; Violence against a woman.

RESUMEN
Objetivo: Analizar en qué medida la implementación del proyecto Apice On contribuyó a la reducción de los casos de violencia obstétrica vividos por puérperas atendidas en un Hospital Universitario del interior de Minas Gerais. Método: Estudio exploratorio, descriptivo, transversal y cualitativo, desarrollado con 46 puérperas atendidas en un Hospital Universitario. Los datos se recogieron mediante un instrumento semiestructurado, que posteriormente se analizaron mediante la técnica de Bardin, además del uso del software Iramuteq. Resultados: Las madres entrevistadas se encuentran empoderadas frente a sus derechos, reconocen los posibles rostros de la violencia obstétrica y tienen preferencia por el parto normal humanizado, teniendo conocimiento sobre el correcto abordaje de la atención profesional. Conclusión: Se concluye que la implementación del proyecto Apice On y la enfermera obstétrica contribuyeron a la reducción de casos de violencia obstétrica y cumplieron sus objetivos en vista de la humanización de partos normales realizada en el Hospital Universitario del interior de Minas Gerais.
DESCRIPTORES: Enfermera obstétrica; Parto normal; La violencia contra las mujeres.

RESUMO
Objetivo: Analisar o quanto a implementação do projeto Apice On contribuiu para a redução de casos de violência obstétrica vivenciadas por puérperas atendidas em um Hospital Universitário no interior de Minas Gerais. Método: Estudo exploratório, descritivo, transversal e de caráter qualitativo, desenvolvido com 46 puérperas atendidas em um Hospital Universitário. Os dados foram coletados por meio de um instrumento semiestruturado, os quais foram analisados posteriormente utilizando a técnica de Bardin e o uso do software Iramuteq. Resultados: As puérperas entrevistadas são empoderadas frente aos seus direitos, reconhecem as possíveis faces da violência obstétrica, e possuem preferência pelo parto normal humanizado, tendo conhecimento sobre a abordagem correta do atendimento profissional. Conclusão: Conclui-se que a implementação do projeto Apice On e da enfermeira obstétrica contribuiu para a redução de casos de violência obstétrica e cumpriu com seus objetivos frente a humanização dos partos normais realizados no Hospital Universitário do interior de Minas Gerais.
DESCRITORES: Enfermeira Obstétrica; Parto Normal; Violência contra a mulher.

RECEIVED ON: 10/02/2020 **APPROVED ON:** 10/15/2020

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INTRODUCTION

Historically childbirth is considered in Brazil as a historic event, in which the medical society takes care of the woman's body to make a profit, allowing maternity hospitals to benefit financially from these births. [1] Thus, one of the major changes was the replacement of midwives by professionals specialized in the area of obstetrics. These changes were aimed at reducing maternal/fetal deaths. However, accompanied by these reductions, there is the institutionalization of childbirth, in which "the woman started to be medicalized and undergo surgical interventions that could often be avoided, which today is recognized as one of the forms of obstetric violence against women." [1] Obstetric Violence (OV) can be conceptualized as an "expression used to describe and group various forms of violence (and damage) during professional obstetric care".[2] This type of violence is commonly segmented into three aspects, which are: Physical OV: it occurs when unnecessary invasive procedures are involved. Psychic OV: when they involve disrespectful and humiliating treatments, and sexual OV: it occurs when the professional has access to the woman's sexual organs, performing procedures that cause some harm to the parturient. [3]

In this perspective, the Ministry of Health - MH carried out a survey in order to verify the satisfaction of women served by the Unified Health System - (Sistema Único de Saúde) SUS and whether situations of obstetric violence occurred in health services in 2012. The sample consisted of 149.072 women, and the results of the research were that 51,5% of the mothers answered that they were poorly attended, 25,3% of the mothers were not heard, 12,1% suffered verbal aggression, 2,4% suffered physical aggression and 8,7% mothers suffered another type of violence. [4] Regarding the rate of cesarean sections, it was observed that in 2011 53,88% of births occurred through cesarean sections, [4] and in 2019, according to information from the Health Surveillance Secretariat (2020), the rate of cesarean sections performed was 55,86%, data that show the increase in the number of cesarean sections performed in Brazilian hospitals. [5]

With this in mind, Brazil has been striving to improve the current obstetric care and to encourage practices with the fewest possible interventions, proposing guidelines, standards and protocols. [6] Within this perspective, the Apice On Project - Improvement and Innovation in Care and Education in Obstetrics and Neonatology was designed, which seeks to reduce cesarean section rates, perform normal births by obstetric nurses and access non-pharmacological methods for pain relief. [7] With a view to these benefits, the Ministry of Health - MS encourages the incorporation of obstetric nurses in hospital teams, in view of their contribution to reducing possible interventions and unnecessary cesareans. In this context, the work of nurses specializing in obstetrics was carried out in a city in the interior of Minas Gerais for the delivery of children in a University Hospital through the Ápice On project, this insertion aimed to reduce the high rate of cesarean sections and decrease the occurrence of new cases of obstetric violence within the hospital. Thus, the objective of this work was to analyze how much the implementation of the Apice On project contributed to the reduction of cases of obstetric violence, experienced by puerperal women attended at a University Hospital in the interior of Minas Gerais.

METHOD

Exploratory, descriptive, cross-sectional and qualitative study, developed with puerperal women attended at a University Hospital in the interior of Minas Gerais. Data collection took place between the months of October and December 2019.

The research was developed with puerperal women over 18 years old who were admitted to the Maternity Sector of the Hospital during the data collection period, who agreed to participate in this research, signed the free and informed consent form, and answered the questionnaire and interview. The study excluded participants who at some point refused to participate in the research and / or to sign the free and informed consent form, did not have the physical and/or psychological conditions to report on their births, were not in their beds in the time scheduled for the interview, and puerperal women who were breastfeeding at the time of data collection. Regarding the risks offered by the research, there was the possible identification of the woman and the discomfort of reporting in detail the situations that occurred during labor. To define the sample size, data provided by the Hospital Maternity Sector through the Apice On project were used, in which an average of 86 vaginal deliveries were performed between the months of October and December 2018. These data were entered into a sample calculator , which resulted in the number 46 as the sample size, being necessary to apply 46 questionnaires and interviews in the Maternity sector of the Hospital.

In relation to the qualitative data, the portable recorder Knup kp-8004 was used during the interviews in order to maintain the veracity of the speeches, immediately after the transcription all recordings were excluded. Data were collected from a semi-structured instrument addressing aspects that facilitate, hinder and experiences in the sector according to the pregnancy and the period of labor of the mothers. The questions present in this semi-structured instrument are: 1 - How was your prenatal process? 2 - What is your view on pregnancy and labor? 3 - What did you feel in the process of pregnancy and labor childbirth? 4 - How was your birth performed at this institution? and 5 - What did you think was good and bad during the entire prenatal and labor process at that institution?

Bardin's Content Analysis was initially applied to the data analysis, consisting of the following steps: organization of the analysis, coding of the transcriptions, categorization and last treatment, inference and interpretation of the results. In the categorization stage of this research, 13 initial categories were created according to the most evident reports of the puerperal women, 4 intermediate categories and later 3 final categories, which were necessary for data analysis, they are: Prenatal care, Professional influence on pregnancy, labor and delivery and Process of biopsychosocial changes. Regarding the qualitative analysis of the data corresponding to the focus groups, the lexical analysis technique was used using the Iramuteq software (Interface of R pour les Multidimensionnelles Analyzes de Textes et de Questionnaires), in which the adaptation of the discursive productions of each one was initially carried out. interview to the norms for preparing the corpus of analysis of the Iramuteq software to begin the analysis, resulting in the Word Cloud performed by the software.

The project was sent to the Research Ethics Committee - CEP of the Federal University of Uberlândia following all stages of Resolution No. 466/12 of the National Health Council.[8] The project was sent to the Research Ethics Committee - CEP of the Federal University of Uberlândia following all stages of Resolution No. 466/12 of the National Health Council.

RESULTS AND DISCUSSION

46 puerperal women were interviewed during the research whose age varied between 18 and 37 years. At the time of the interview, information was collected on obstetric history and gestational age on the day of delivery. Chart 1 corresponds to the number of mothers according to the obstetric history, and Chart 2 corresponds to the gestational age of the mothers at the time of delivery. After characterizing the sample, the analysis of the final categories according to Bardin was initiated, they are: Prenatal care, Professional influence on pregnancy, labor and delivery, and Biopsychosocial change processes.

Chart 1- Number of puerperal women according to obstetric history

Gestações	Paridade	Quantidade de puérperas
Primigestas	Primíparas	23
Secundigentas	Secundíparas	11
Tercigestas	Tercíparas	5
Quartigestas	Quartíparas	5
Multigestas	Multíparas	2
	Total	**46**

Source: Gomes; Duarte; Giuliani; Moura-Ferreira; Junqueira, 2019

Chart 2 - Number of puerperal women according to gestational age on the day of delivery

Idade Gestacional	Quantidade de puérperas
26 semanas	1 puérperas
33 semanas	1 puérperas
35 semanas	1 puérperas
36 semanas	3 puérperas
37 semanas	5 puérperas
38 semanas	10 puérperas
39 semanas	9 puérperas
40 semanas	12 puérperas

41 semanas	4 puérperas
Total:	**46 puérperas**

Source: Gomes; Duarte; Giuliani; Moura-Ferreira; Junqueira, 2019

5.1 Prenatal care

It was observed during the interpretation of the data that the puerperal women have knowledge about the recommendations of the Ministry of Health - MH about how the prenatal consultations should be carried out, how the care provided by health professionals should be and about the importance of start consultations in the first trimester of pregnancy so that women are able to perform all the procedures necessary for each gestational age. It was also noticed that the quality of professional care was a factor considered essential for women, in which numerous reports of good care were transcribed, humanization during prenatal consultations, attention offered by the professional during consultations and encouragement for the accomplishment of the normal childbirth procedure, since all women interviewed started prenatal care with the desire to perform humanized normal childbirth. One of the transcripts that represents this category is the speech of the interviewee Irlanda: "I made appointments every month and they always accompanied me weighing, measuring my belly, measuring blood pressure, always asking for the necessary ultrasounds and several other procedures. All the things I wanted to know, to know about breastfeeding, about the pre and postpartum events, I managed to clear my doubts in the prenatal period. You can really ask questions and learn more, both about the mother, the postpartum and the baby. I was well accompanied, I have nothing to complain about." (Irlanda) It was also verified that 20 mothers reported that the prenatal consultations were held late due to the delay of the Unified Health System - SUS in scheduling appointments and exams, which can bring difficulties and impediments to the necessary exams for each age pregnancy, thus preventing the prevention of possible future complications for the mother and child.

According to what is recommended by the Ministry of Health through the Humanization Program for Prenatal and Birth, it is the duty of SUS to ensure that the prenatal care calendar "starts early and must be regular and complete, ensuring that all proposed assessments In addition, during the first prenatal consultation, essential laboratory tests, such as serology for Hepatitis B, Syphilis and Toxoplasmosis, must be requested by the responsible professional, in addition to updating the vaccine card for pregnant. The request for these exams and the performance of procedures aim at the early identification of health problems of the mother and baby and the prevention of future complications with both, being important to perform them at the appropriate gestational age. It is also important to emphasize that "the main objective of prenatal and puerperal care is to welcome women from the beginning of pregnancy, ensuring, at the end of pregnancy, the birth of a healthy child and the guarantee of maternal and neonatal well-being". [10] This welcoming starts from the reception until the arrival of the woman at the health unit, "taking responsibility for her, listening to her complaints, allowing her to express her concerns, anxieties, ensuring resolutive attention and articulation with other health services for the continuity of assistance, when necessary". [10] Therefore, although some prenatal consultations were carried out outside gestational age, it was observed that the majority of the puerperal women were well attended, performed all the necessary procedures and were adequately received by the health professionals responsible for the prenatal care.

5.2 Professional influence on pregnancy, labor and delivery

In this category, it was observed that before the delivery, the mothers had a negative view of the Maternity Hospital, highlighting the fear of how they would be cared for during labor. After delivery, the mothers concluded that the service offered by the professionals was of excellent quality, being performed in a caring, enlightening and humanized manner, as can be seen in the following report: "I was very afraid to come to this hospital, to come here and say: Do they know what they are doing? But it was really cool, the interns and the residents treated me very well, accompanied me all the time, made me feel calm, respected me all the time. The service was excellent." (Eslovênia) In order to have a humanized service, it is extremely important to recognize and respect the individuality of each woman. Individual care "allows the professional to establish a bond with each pregnant woman, to understand their needs and the ability to deal with the birth process." [11] According to the Humanization Program in Prenatal and Birth, in addition to individualized care, it is the duty of health units to receive with dignity all women, newborns and their families. To carry out this service, the health professional must have ethical and welcoming attitudes, promoting a cordial hospital environment and instituting routines that prevent the traditional institutional isolation applied to women. [12]

Another factor observed was the obstetric nurse's respect for the woman's personal desire to perform a humanized delivery, allowing the parturient to have respect, attention, encouragement to perform a normal delivery, access to non-pharmacological methods for pain relief, and performing procedures such as episiotomy and induction only in cases of risk to the woman and the baby. The following transcript represents this category: "At all times they made me feel comfortable, asked me if I wanted to change my position, how I wanted to stay, how I wanted to have the baby, read my birth plan, saw what I wanted, turned off the lighting and put on music. I started crouching on the bed, but I felt like it wasn't cool. I went to the stool and after that they made a chain of strength, pulled me with a cloth while I was pushing, it was very good, it helped a lot, I liked it." (Ucrânia) "The

concept of humanized care is broad and involves a set of knowledge, practices and attitudes aimed at promoting healthy birth and birth and preventing maternal and perinatal morbidity and mortality". [11] This humanized care must be initiated during prenatal consultations, and must guarantee the woman that the health team performs only procedures that are beneficial for the mother and child, and that they seek to avoid carrying out unnecessary interventions, preserving autonomy parturient and their privacy.[11] Thus, health professionals are extremely important during childbirth, especially when referring to humanization. These professionals "can minimize pain, stay by the side, provide comfort, clarify, guide, in short, help to give birth and be born. They need to remember that they are the first to touch each being that is born and be aware of that responsibility." [11]

Having this understanding, it is known that the nursing professional is also responsible for the use of non-pharmacological methods for pain relief during labor. Knowing this, the MH recommends that whenever possible, the professional should offer the woman immersion in water for pain relief during labor, support massage and relaxation techniques, encourage music during labor, teach movements performed on the Swiss ball to facilitate the descent, rotation of the fetus and improve uterine circulation, and finally stimulate the woman's walking.[13] In view of its benefits, non-pharmacological methods for pain relief were used in all childbirth jobs of the women interviewed in this study.

5.3 Process of biopsychosocial changes

In this category, it was observed that pregnancy significantly changes the psychological, emotional and social aspects of women, making their feelings and sensations exacerbated, such as emotion, fear and anxiety. These feelings can also alter the opinion of women about the performance of normal birth and its procedures during childbirth, as reported by the interviewee Noruega: "Pregnancy affects us in all aspects and we have to be prepared physically and psychologically for the changes. The belly weighs, the body changes, relationships with the husband and family change, even our views on childbirth can be changed during pregnancy. " (Noruega)

During pregnancy it is common for some women to feel anxieties, fears and uncertainties. However, "the advancement of scientific knowledge of physical phenomena in obstetrics has provided fundamental skills to doctors and nurses, allowing them to practice care that really generates a greater confidence in women".

During pregnancy it is common for some women to feel anxieties, fears and uncertainties. However, "the advancement of scientific knowledge of physical phenomena in obstetrics has provided fundamental skills to doctors and nurses, allowing them to practice care that really generates a greater confidence in women".[9] However, professional conduct should not be focused only on the physical aspects of each pregnant woman, but in order to understand all the biopsychosocial processes that occur during the woman's pregnancy cycle. In this sense, it is important that the nurse or doctor who will assist the woman, approaches her in a complete way, taking into account the feelings, environments in which the woman lives, and her life story, thus creating a relationship between woman/professional that values the individuality of each person. [9] In this context, it is observed that "the emotional aspects of pregnancy, childbirth and the puerperium are widely recognized, and most studies converge on the idea that this period is a time of great psychic transformations, from which there is an important existential transition." [9] With this in mind, it is extremely important that the professionals responsible for accompanying the woman during pregnancy and labor are prepared to understand this whole process of change and to serve the woman with empathy and understanding. Therefore, it is important that the prenatal consultations are centered on the woman and that the professional responsible for the prenatal performs a welcoming listening, providing assistance and allowing the pregnant woman to express her good and bad feelings, discuss her fears, anxieties and doubts that may arise, so that the woman does not arrive in labor with these feelings.

5.4 Word Cloud Analysis

The word "BIRTH" (Figure 1) and "WANT" are in greater evidence because they refer to the 46 natural and human births performed at the University Hospital according to the wishes of the interviewed mothers. As for the word "PRENATAL", it was observed that all the puerperal women performed prenatal

care, some late, but those who managed to do it completely said that the process was GOOD due to the professionals' attention, the performance of the requested exams, the achieving the objective of carrying out all consultations and all the preparation of prenatal care. Another factor observed was that after the arrival of women at the Maternity, normal births evolved QUICKLY with the performance of non-pharmacological methods, and without the need for PROCEDURES such as unnecessary medications, episiotomy and induction, and all the processes performed during childbirth were explained and informed by the professionals, thus evidencing a good SERVICE on the part of the responsible professionals.

Figure 1 - Word cloud on obstetric violence experienced by the puerperal women attended at a University Hospital in the period between August and December 2019.

Source: Research data

CONCLUSION

After analyzing the data, it was possible to realize that the deliveries performed at the University Hospital took place in a respectful and humanized manner, with the presence of non-pharmacological methods for pain relief, free choice of women in the face of desired positions and relaxation techniques, promoting and allowing the role of women during pregnancy and labor, and against the recommendations of the MH for the humanization of normal childbirth, thus reducing situations of obstetric violence. Thus, it is concluded that the implementation of the Apice On project and the obstetric nurse significantly contributed to the reduction of cases of obstetric violence and fulfilled its objectives in view of the humanization of natural births performed at a University Hospital in the interior of Minas Gerais. ■

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