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Mothers' perception about obstetric violence

Percepção de mães acerca da violência obstétrica

Percepción de las madres sobre la violencia obstétrica

RESUMO
Objetivo: Compreender a percepção das mães acerca da violência obstétrica. Método: Pesquisa exploratória, descritiva, com abordagem quali-quantitativa. Realizada em três Unidades de Saúde da Família (USF) localizadas nos municípios de Pilar e Mari no estado da Paraíba, Brasil. A população do estudo foi constituída por todas as mães cadastradas nas USF´s, porém, a amostra do estudo foi de 30 participantes. Na coleta de dados foram usados um questionário sócio demográfico e dados relacionados à violência obstétrica. Os resultados foram sintetizados no programa Statistic Package for Social Sciences (SPSS), versão 20.0. Resultados: O estudo apontou práticas rotineiras prejudiciais: teve acompanhante 6,35%, manobra de kristeller 12, 23%, episiotomia 16,53%. Conclusão: A violência no campo da obstétrica precisa ser vencida a cada dia no Brasil e no mundo. Pesquisas como está, são importantes para ampliar o conhecimento e estimular boas práticas no parto.
DESCRITORES: Violência; Violência contra a mulher; Parto humanizado; Mães.

ABSTRACT
Objective: To understand the perception of mothers about obstetric violence. Methodo: Exploratory, descriptive research, with a quali-quantitative approach. Carried out in three Family Health Units (USF) maturing in the municipalities of Pilar and Mari in the state of Paraíba, Brazil. The study population was verified by all mothers registered in the USF's, however, the study sample consisted of 30 participants. A socio-demographic questionnaire and data related to obstetric violence were used in data collection. The results were synthesized in the Statistic Package for Social Sciences (SPSS), version 20.0. Results: The study pointed out harmful routine practices: there was a companion 6.35%, kristeller maneuver 12, 23%, episiotomy 16.53%. Conclusion: Violence in the field of obstetrics needs to be overcome every day in Brazil and worldwide. Research as it stands is important to expand knowledge and encourage good practices in childbirth.
DESCRIPTORS: Violence; Violence against women; Humanizing delivery; Molhes.

RESUMEN
Objetivo: Comprender la percepción de las madres sobre la violencia obstétrica. Método: Investigación exploratoria, descriptiva, con enfoque cuali-cuantitativo. Realizado en tres Unidades de Salud de la Familia (USF) en maduración en los municipios de Pilar y Mari en el estado de Paraíba, Brasil. La población de estudio fue verificada por todas las madres registradas en las USF, sin embargo, la muestra del estudio estuvo formada por 30 participantes. En la recopilación de datos se utilizó un cuestionario sociodemográfico y datos relacionados con la violencia obstétrica. Los resultados se sintetizaron en el paquete estadístico de ciencias sociales (SPSS), versión 20.0. Resultados: El estudio señaló prácticas rutinarias nocivas: hubo acompañante 6,35%, maniobra de kristeller 12,23%, episiotomía 16,53%. Conclusión: La violencia en el campo de la obstetricia debe superarse todos los días en Brasil y en el mundo. La investigación tal como está es importante para ampliar los conocimientos y fomentar las buenas prácticas en el parto.
DESCRIPTORES: Violencia; La violencia contra las mujeres; Nacimiento humanizado; Madres.

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Edjane Carneiro da Silva
Enfermeira.
ORCID:

Perla Figueredo Carreiro Soares
Mestre em Neurociência Cognitiva e Comportamento. Pós-graduada em enfermagem obstétrica. Chefe do Núcleo de Serviços Diagnósticos/SES/PB.
ORCID:

Josefa Danielma Lopes Ferreira
Enfermeira. Mestra em enfermagem Programa de Pós-Graduação em Enfermagem da Universidade Federal da Paraíba (PPGENF/UFPB). Doutoranda em enfermagem pelo PGGENF/UFPB
ORCID:

Aline Freire Falcão
Enfermeira. Mestre em Educação pela Universidade Federal da Paraíba UFPB
ORCID:

Alane Barreto de Almeida Leôncio
Enfermeira. Mestre em Enfermagem pelo Programa de Pós-Graduação em Enfermagem da Universidade Federal da Paraíba (PPGENF/UFPB). Especialista em Saúde da Criança pelo Programa de Residência Multiprofissional do Estado da Paraíba.
ORCID:

Luanna Silva Braga
Enfermeira. Mestre em Enfermagem pelo Programa de Pós-Graduação em Enfermagem da Universidade Federal da Paraíba (PPGENF/UFPB).
ORCID:

INTRODUCTION

Women are the target of various types of violence, in addition to intentional violence, crimes against women are justified by issues of both economic and social levels of development. Violence against women presents itself in several forms, among which obstetric violence has been very present. (1)

There are several types of classifications of violence, and according to the Ministry of Health, violence against women is defined by any action, discrimination, aggression, be it for the simple fact that the woman is the victim and that it causes possible damage such as: embarrassment, physical suffering, sexual, moral, psychological, social, political and even death. (2)

Victims of aggression or any form of violence have support programs in most cases, the complaints are from women who are victims in their own home environment. Women victims of violence can also file their complaint or seek guidance on how to protect themselves from the aggressor at number 180, which was created by force of Law No. 10.714, of 08/13/03. (3)

Ordinary Law 11,340 was enacted on 08/07/2006, then known as "Law Maria da Penha" and started to provide for harsher penalties for aggressions against women, increasing their protection mechanisms and changing the provisions of the Penal Code, allowing criminal flagrant and the decree of preventive detention of the aggressor. Also, it extinguished the pecuniary penalties that established food baskets or fines. (4)

Obstetric violence, as it does not have a precise definition, is sometimes related exclusively to the experience of childbirth. However, it is important to note that it covers all other domains of sexual and reproductive health, such as contraceptives, family planning, abortion and menopause. (5)

The World Health Organization (WHO), a worldwide research promoter and aggregator, advises against unnecessary obstetric interventions as it considers them a risk factor for both the mother and the baby, although they are still routinely practiced at the time of delivery, as can be seen from the research, (6) in which many women experience their births with these interventions, with offenses, pain and humiliation. (7)

WHO further declares that every woman is entitled to the best attainable standard of health, which includes the right to dignified and respectful health care. All over the world, many women are abused, disrespected and ill-treated during childbirth in health care facilities, which can result in psychological damage and injuries that last forever in a woman's body. (8)

Such treatment not only violates women's rights to respectful care, but also threatens the right to life, health, physical integrity and non-discrimination. This declaration calls for greater action, dialogue, research and mobilization on this important issue of public health and human rights.

Studies show that 25% of women suffer some type of aggression during pregnancy, prenatal consultations or childbirth. These aggressions are practiced by health professionals, such as: reprimands, humiliations, screams, no offer or refusal of non-pharmacological pain relief practices, painful and unnecessary tests, rude insults with discriminatory characteristics regarding social class or color of the skin.(9)

Physical or verbal aggressions, unnecessary procedures or without the woman's consent, deprivation of the presence of a companion chosen by the woman, not receiving non-pharmacological pain relief methods and separation between a healthy mother and baby are among the most frequent abuses. (10)

It is a woman's right to be informed of all stages of labor and delivery, whether normal or cesarean, in addition to omitting information, providing information in an inaccessible language, disrespect, disregard for the cultural standards and values of pregnant women, and negligence and refusal of care, both for the pregnant woman

and for the woman undergoing abortion, are also considered obstetric violence. (10) Thus, it was questioned: How is the perception of mothers about obstetric violence? Its objective is: To understand the perception of mothers about obstetric violence.

METHOD

Exploratory, descriptive research, with a quantitative-qualitative approach. Three Family Health Units (USF) located in the municipalities of Pilar and Mari in the State of Paraíba, Brazil, were held in 2016. The population consisted of all registered mothers and monitored at the selected USF's. However, the sample consisted of 30 participants, who were selected using the non-probabilistic technique for convenience. To select the sample, some inclusion criteria were listed: be over 18 years old, have a child and agree to participate in the study by signing the free and informed consent form (FICF). Women under 18 years old, who do not have children and who did not accept to participate in the research were excluded.

A socioeconomic and demographic questionnaire were used to characterize the profile of women and a questionnaire aimed at obstetric violence. The survey data were analyzed using statistical treatment from the Statistic Package for Social Sciences (SPSS), version 20.0. Data collection was carried out within a period of one month, in 2016, between the first and the semester. The main researcher conducted the interview, and participants had an average of 30 to 40 minutes to answer the questions. The research followed the requirements established by Resolution 466/12, under CAAE: 59903316100005176.

RESULTS

Characterization of participants

The study included mothers aged between 25 and 32 years (12; 40%), single in a stable relationship (15; 50%), self-declared brown (19; 63%), declared a farming profession (20; 67%), without income (19; 63%) and with the number of residents of the house 3 people (11; 37%).

The variable regarding the type of delivery was relevant (17,57%). Being those who had cesarean delivery (11,37%). The variable issue choice of position was restricted to mothers who had children by vaginal delivery were 17 women and 11 cesarean sections, prevailing those who had vaginal delivery (2,7%), as for the choice of position of birth, 2 women had freedom of choice of the position, these two being in normal delivery, discarding the 11 women of cesarean delivery, as the cesarean delivery is performed in the supine position.

While the variable in which the participants responded that they had gone through an unexpected situation (16; 53%), of those who reported having gone through an unexpected situation (6; 36), among these types of situations, it had relevance to poor care (4; 25%) .

The variable of mothers who were offered water or food (7; 23%), as these also included mothers who had a Cesarean delivery. As for the guidance on walking, the variable (14; 47%), as a whole, walking during labor can help women to reduce pain, as well as speeding up the delivery. As well as, in the variable venous access was performed the percentage (14; 47%), the participants who underwent kristeller maneuver had prevalence (12; 40%), of the mothers who underwent kristeller maneuver, the cesarean delivery is discarded.

The variable presents the mothers who had vaginal delivery reported the use of oxytocin (11; 37%), in the case those who used oxytocin, it includes those who had children in vaginal delivery, but a woman who had an advanced delivery for a cesarean section declares having used oxytocin, the participants who received oxytocin without consent prevailed (14; 47%).

According to the result of the question of the participants who underwent episiotomy, the result was (16; 53%). Of these mothers, those who consented to the episiotomy had the variable (17; 91%), those who reported not consenting to the procedure had relevance (16; 100%), in this context all mothers who underwent childbirth were discarded.

TABLE 1 - Distribution of responses regarding variables related to the type of delivery according to the questionnaire applied to the study participants. Pilar and Mari, Paraíba, Brazil, 2016.

VARIABLES	PARTICIPANTS	PARTICIPANTS
	N	%
TYPE OF DELIVERY		
Normal	17	57
C-section	11	37
Forceps	01	3
Did not answer	01	3
What is the birth position?		
Lying down	23	77
Half laid down	07	23
DID YOU HAVE THE FREEDOM TO CHOOSE THE POSITION?		
Yes	02	7
No	28	93

Source: research data, 2016.

DISCUSSION

The woman has autonomy in choosing

TABLE 2 - Distribution of responses regarding variables related to the occurrence of some unexpected situation according to the questionnaire applied to the study participants. Pilar and Mari, Paraíba, Brazil, 2016.

VARIABLES	PARTICIPANTS	PARTICIPANTS
	N	%
WENT THROUGH SOME KIND OF UNEXPECTED SITUATION		
Yes	16	53
No	14	47
Kind of situation		
Was poorly attended	04	25
Wasn't heard	02	7
Verbal aggression	02	7
Physical Aggression	01	3
DIDN'T ANSWER	**01**	**3**
Other reasons	06	36
Não	28	93

Source: research data, 2016.

TABLE 3 - Distribution of responses regarding variables related to good birth care practices, according to the questionnaire applied to the study participants. Pilar and Mari, Paraíba, Brazil, 2016.

QUESTIONS	PARTICIPANTE	PARTICIPANTS
	N	%
WAS WATER OR FOOD OFFERED?		
Yes	07	23
No	23	77
WAS SHE TOLD TO WALK?		
Yes	14	47
No	15	50
Didn't answered	01	3
WERE PAIN RELIEF METHODS OFFERED?		
Yes	06	20
No	23	77
Didn't answered	01	3
WAS VENOUS ACCESS PERFORMED?		
Yes	14	47
No	15	50

the mode of delivery, assuming that the inclusion of her preferences in the decision can influence the time of labor. A natural birth has many advantages for both mother and baby, such as faster recovery, no pain in the postpartum period, early discharge, less risk of infection and bleeding. For this reason, the World Health Organization (WHO) recommends that cesarean surgeries should correspond to, at most, 15% of the total number of births and only be indicated in cases of risk for the mother or/or baby. (11)

According to Câmara et al. (12) the parturient must receive all the information necessary for the prevention and control of anxiety and fear. This will make her more prepared for the phenomenon of parturition, and may even result in the most appropriate choice of the type and position of delivery.

Currently, the World Health Organization has recommended that the episiotomy rate should not exceed 10%. Amorim et al. (13) emphasizes that episiotomy is never performed as a protocol for not performing episiotomy combined with perineal protection strategies, it is important to remember that, like any surgical procedure, episiotomy should only be performed with the mother's informed consent. Planning for this and other interventions should also be part of the birth plan. (14)

Silva et al. (15) points out as consequences of performing episiotomy the predisposition of women to increased blood loss, infection, sexual dysfunction, dyspareunia, urinary incontinence and cervical prolapse. In addition, the "husband stitch" is often performed, to tighten the vagina and preserve male pleasure, which, in turn, for the woman will only cause pain during sexual intercourse.

A Organização Mundial de Saúde, Visando a humanização, uso de técnicas não invasivas para alívio da dor como a deambulação durante o trabalho de parto é uma técnica utilizada com o propósito, além de outros, aliviar a dor sentida durante este período, embora nenhum autor explica como se dá esta, ofertar líquidos e alimentos, e liberdade de escolha da posição no parto (8)

Didn't answered	01	3
Was a kristeller maneuver performed?		
Yes	12	40
No	17	57
Didn't answered	01	3

Source: research data, 2016.

TABLE 4 - Distribution of responses regarding variables related to the use of oxytocin, according to the questionnaire applied to the study participants. Pilar and Mari, Paraíba, Brazil, 2016.

QUESTIONS	PARTICIPANTS	PARTICIPANTS
	N	%
WAS OXYTOCIN PERFORMED?		
Yes	11	37
No	18	60
Doesn't know	01	3
DID SHE CONSENT TO OXYTOCIN TAKING?		
Yes	07	40
No	12	17
Doesn't know	01	3

Source: research data, 2016.

TABLE 5 - Distribution of responses regarding variables related to the practice of episiotomy, according to the questionnaire applied to the study participants. Pilar and Mari, Paraíba, Brazil, 2016.

QUESTIONS	PARTICIPANTS	PARTICIPANTS
	N	%
WAS AN EPISIOTOMY PERFORMED?		
Yes	16	94
No	01	06
DID SHE CONSENT TO THE EPISIOTOMY?		
No	16	100

Source: research data, 2016.

The use of oxytocin without consent is still frequently performed in childbirth care, which can affect the dynamics of childbirth, as well as the baby's oxygenation, pulling commands, changing the environment, among others. However, despite the knowledge, professionals continue to perform it, despite never recording it in medical records. (15)

According to researches (16-17) it is stated that the infusion of unnecessary oxytocin determines greater pain perception, stress and fear in the parturient, which may cause some side effects for the mother and baby. The parturient may suffer from tachysystole, hypertonia and uterine hyperstimulation, which may even cause uterine rupture. The administration of this medication in the prepartum period, that is, before the second period of delivery, is considered a harmful practice and can bring disadvantages and risks, such as uterine rupture and acute fetal distress.

According to this researches (12-18) the parturient must receive all the information necessary for the prevention and control of anxiety and fear. This will make her more prepared for the phenomenon of parturition, and may even result in the most appropriate choice of the type and position of delivery, in addition to the continuous fight against obstetric violence.

CONCLUSION

The theme proved to be relevant in its results, reaching the initial objective. It was understood that obstetric violence still causes difficult times in childbirth care and that professionals need to expand their knowledge on the subject, removing the inappropriate practices from their day-to-day life. Obstetric violence appears in different ways during the birth process, from the consent of certain actions with the woman, as well as the absence of follow-up, a fact that is a right of women. Thus, new studies need to be disseminated, as women's health care needs up-to-date views and knowledge, so it was pertinent to propagate research on the subject. The research presented as a scientific limitation, the fact that it was carried out in 2016, and that at some point, it may not report current points experienced in 2021, characterizing it as a weakness in the study.

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