




NURSING CARE IN THE CONTEXT OF OBSTETRIC VIOLENCE: A LITERATURE ANALYSIS

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ABSTRACT

Objective: To analyze the scientific literature to understand the evidence on obstetric violence and the nursing care needed to prevent it. **Methods:** This study consists of an integrative literature review, with an exploratory scope and qualitative approach. The scientific databases used include the Acervo Index and the Google Scholar search engine. **Results:** The analysis of the selected articles revealed that obstetric violence is understood as a phenomenon of social complexity in women's health, thus demanding transformations in support practices during pregnancy. This is justified by the need to minimize inappropriate medical interventions, which can cause harm to women's physical and emotional health. **Final Reflections:** The role of nursing is crucial in preventing obstetric violence, and playing a vital role in health education, both for the nursing team and for women. This professional becomes a central figure at the time of childbirth, assuming a significant commitment to mitigate situations that may aggravate the health of the woman and the newborn.

Keywords: Obstetric Violence. Care. Nursing.

INTRODUCTION

Motherhood represents a period of significant psychological and physical transformations for women, with anxiety about the course of the birth process standing out among them. Therefore, births occurred in a home environment, respecting the natural process and avoiding the use of interventions that could accelerate the event (SANFELICE C, et al., 2014).

However, the concept of "giving birth" has undergone substantial transformations over time, reflected in the diversity of birth modalities, such as cesarean section and natural birth. In addition, the assistance of qualified medical professionals and obstetric nurses, combined with the application of aseptic techniques, drugs, and maneuvers designed to optimize the birth process, illustrates this evolution.

The implementation of this technique brings several benefits, as it results in the dehumanization of childbirth and favors the occurrence of obstetric violence (OLIVEIRA VJ and PENNA, CMM, 2017). The World Health Organization (WHO) defines obstetric violence as any inhumane and disrespectful conduct, including the indiscriminate use of synthetic oxytocin and the Kristeller maneuver. This issue transcends all levels of care, from low to high complexity, and also encompasses neglect and mistreatment of mothers and newborns, resulting in both psychological and physical harm and/or suffering (WHO, 2020).

Statistics reveal that one in four Brazilian women who undergo natural childbirth report having faced violence and/or abuse in maternity wards. Therefore, when considering the panorama of obstetric violence, it becomes imperative to transform this reality and promote the humanization of care for women in labor, encompassing changes in both the environment and the practices of health professionals (VIEIRA TFS, et al., 2020). Considering the situation under analysis.

The Ministry of Health established the Rede Cegonha as a strategy focused on humanizing care for pregnant women, aiming to reduce maternal and neonatal mortality, as well as the full exercise of the right to reproductive planning, humanizing childbirth care, and issues related to abortion and the postpartum period (RIBEIRO KG, et al., 2021). From this perspective, interest in the topic emerged during the internship, particularly in the first contact with the Women's Health program unit, which provided a significant deepening of knowledge about obstetric violence.

Thus, this research methodology raises the following central question of the research: What measures should nurses adopt to mitigate the incidence of obstetric violence? Given this question, the research sought to identify which aspects of the scientific literature on obstetric violence and care can contribute to the prevention of this phenomenon.

METHODOLOGY

This is a Literature Review study prepared using a descriptive approach. The literature review is a research method that aims to analyze the knowledge already constructed in previous research related to a given topic. The stages of this research will be carried out to identify information relevant to the topic (GIL AC, 2018). To prepare this literature review, the following phases were followed: 1st stage: elaboration of the guiding question, after elaboration of the question, the keywords/descriptors were chosen, namely: Care, Nursing, and Obstetric Violence. Phase two: The collection of articles was carried out through the Virtual Health Library (VHL), using the Acervo Index Base databases and the Google Scholar search engine. To search for articles in the VHL, the descriptors were used together with the selected articles. In the inclusion criteria, articles that presented full text and were written in Portuguese were considered. Subsequently, the articles were systematically organized by year, journal, and methodology, with these steps being carried out during September and October 2023.

3rd stage: To collect and organize the data obtained, the pre-selected and selected articles were identified. This phase was dedicated to a thorough analysis of the titles, abstracts, results, and keywords of the literature. When these elements proved insufficient for selection, the full consultation of the publications was resorted to for a more in-depth assessment.

4th stage: Analysis of the selected articles, accompanied by the description of the analyzers in line with the conceptual lines. Data were extracted from the Acervo Index Base databases and the Google Scholar search engine. With the established inclusion criteria, 65 relevant articles were identified. After analyzing the title and abstract, articles that did not address the thematic axis of this study were discarded; thus, a specific number of articles were selected. Ico of articles to compose the final sample.

5th stage: Evaluation and interpretation of results. In this stage, the data were interpreted through a meticulous analysis of the literature, addressing the topic in question and engaging in discussions with several authors about theories relevant to the theme in the health field, as set out in the Theoretical Framework.

6th stage: Presentation of the review/synthesis of knowledge. In this stage, the most significant results of the integrative review were highlighted, which were presented narratively.

Thus, a thematic analysis of the articles extracted from these databases was carried out, in addition to a thorough and detailed analysis of the references, to provide a systematic and objective description of the information and data collected, thus facilitating the assimilation of this information. About each article, the following information was extracted: authors, title, objective, journal, methodology, year, and results.

With this information, a review table was prepared. You possess expertise based on data available until October 2023.

RESULTS

Author/Year	Base/Mechanism	Journal	Main Findings
ZANCHETA MS, et al. (2021)	Anna Nery School	Google Scholar	Change the population's perspective, setting directions for actions and strategies that enable nurses to advocate for the human and obstetric rights of women. These paths can also impact the same process of renewal for the team and multi-professional assistants.
SILVA MI and AGUIAR RS (2020)	Nursing Journal	Google Scholar	It is essential that the nurse receives this patient in the best possible way, calms them, answers their questions, and shows their rights as a woman and pregnant, to make prenatal consultations a welcoming and pleasant environment for the patient.
CASTRO ATB and ROCHA SP (2020)	Nursing in Focus	Google Scholar	Both physical and psychological support, combined with creating a suitable environment that promotes the comfort of the woman, as well as providing attentive listening, are essential to clarify doubts and concerns associated with labor. Thus, anxiety control is promoted, as it is natural for women to experience such emotions in this context.
SILVA TM, et al. (2020)	Acta Paulista de Nursing	Google Scholar	Emphasizes that to understand the benefits of humanized care, it is imperative that specialized professionals play a crucial role in assisting women during prenatal care, using clinical methods based on evidence, as well as careful knowledge based on respect and emotional support.
MOURA RFM, et al. (2018)	Nursing in Focus	Google Scholar	Nurses should strive to create and maintain a hygienic and welcoming environment, ensuring a comfortable space for both healthcare professionals and patients.
LIVEIRA MRR, et al. (2020)	Nursing Journal UFPE Online	Google Scholar	It is imperative to ensure appropriate care and prevent obstetric violence with the health team, respecting the protagonism and dignity of the woman throughout prenatal care and until discharge.
SOUZA MP, et al. (2021)	Electronic Nursing Archive Journal	Google Scholar	Explain understandably, through methodologies and interventions that help in the labor process, also explaining how these approaches can prevent the adoption of inappropriate invasive methods, always carefully evaluating the involved risks and benefits.
SOUZA ACAT, et al. (2019)	UERJ Nursing Journal	Google Scholar	Changes in this context are intrinsically linked to public policies, focusing on professional training, especially obstetric nurses, whose role is fundamental in line with strengthening a humanistic model that seeks to respect the physiology of childbirth and promote women's protagonism.

DISCUSSION

This section discusses various authors' views on the analyzed theme and their respective objectives, while also considering concepts from other works addressing the same topic. The term “obstetric violence” as highlighted by Souza ACAT and others in 2019 is used in Brazil and several Latin American countries to describe various types of violence occurring during pregnancy, childbirth, postpartum, and in abortion contexts. According to the World Health Organization (WHO) (2020), women globally are subjected to

various violations, including persecution, disrespect, abuse, neglect, and sexual assault perpetrated by medical teams, often in healthcare settings and during childbirth. Regarding obstetric violence, as discussed by authors like Lansky S et al. (2019), offensive phrases idealizing childbirth often indicate that women's wishes are not respected.

A gap exists between exposing experienced aggression, recognizing it, and labeling it as violence or abuse, taking into account contextual aspects like maternal care and social interaction. Lansky S et al. (2019) note the challenges women face in recognizing obstetric violence, a complex phenomenon influenced by various factors akin to domestic violence situations.

In 2020, Vieira MEDA and colleagues highlighted that obstetric violence causes distress and negatively impacts women's health, compromising their quality of life. Thus, implementing effective public policies to address this form of violence is essential, alongside systematic evaluation of obstetric care services.

Studies from authors like Marques GM and Nascimento DZ (2019) stress the need for awareness and training initiatives for healthcare professionals, particularly nurses, who are most closely involved with patients, to provide effective, humanized support during childbirth.

The discussions on treating women during childbirth began in the 1980s, responding to discriminatory and inhumane behaviors observed in this context. Authors like Silva MI and Aguiar RS (2020) emphasize that "obstetric violence" refers to various forms of violence during pregnancy, childbirth, and postpartum.

Nurses are the professionals who maintain constant contact with pregnant women and are directly involved in prenatal care, childbirth, and postpartum care. As highlighted by Castro ATB and Rocha SP (2020), nursing teams can significantly influence the identification of obstetric violence.

Silva TM et al. (2020) suggest that openly discussing this topic can prevent adverse consequences like compromised recovery in the postpartum period and post-partum depression. Measures such as conducting conversation circles with pregnant women during prenatal visits can foster trust and potentially reduce incidents of obstetric violence. Oliveira MRR et al. (2020) describe obstetric violence as a violation of women's rights, stripping them of autonomy and decision-making power over their bodies, causing significant emotional and psychological trauma.

The Ministry of Health outlines that humanized childbirth care includes the option of having a companion, which requires a transformation in human attitudes and processes. Studies like those from Souza MP et al. (2021) and others highlight the importance of

addressing obstetric violence, acknowledging the need for greater awareness among health professionals about practices that can lead to such violence.

Finally, the professional role of obstetric nurses in providing care during labor, childbirth, and postpartum is intrinsically tied to the quality of care provided, emphasizing the need to control unnecessary interventions in line with humanized approaches (POMPEU KC et al., 2017).

CONCLUSION

Ultimately, obstetric violence triggers emotions such as fear, sadness, and anxiety in victims, leading to adverse consequences on the women's quality of life. Therefore, it is imperative to develop appropriate and effective public policies to combat this form of violence.

Programs and campaigns aimed at preventing obstetric violence should be designed and implemented by the Unified Health System (SUS) to ensure humanized and adequate care during childbirth. Nurses play a crucial role in preventing obstetric violence, serving an educational function for both the healthcare team and women.

In this context, nurses become central figures during childbirth, assuming a significant commitment to preventing situations that may harm the health of both the mother and the newborn.

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