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ANALYSIS OF OBSTETRIC VIOLENCE IN PRENATAL CARE AND QUATERNARY PREVENTION AS A WORK STRATEGY IN PHC IN A MUNICIPALITY IN THE ZONA DA MATA REGION OF MINAS GERAIS

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ABSTRACT
Objective: to analyze the incidence of obstetric violence during pregnancy and to justify quaternary prevention as a work strategy in PHC in a municipality in the Zona da Mata region of Minas Gerais. Methods: cross-sectional study, conducted through interviews, with postpartum women and professionals from the basic health units of the municipality. Results: among the puerperal women, all had prenatal consultations (207), most had more than 6 consultations (57), considered having been counseled during pregnancy (194) and had access to all exams and medications (196). However, most of them were not instructed (149) and did not have their birth plan prepared (177). 190 had prenatal care only with a doctor, 01 with a nurse and 16 with a doctor and nurse. Those who considered themselves to have been victims of aggression (05) are married (03), non-white (03), with an income above three minimum wages (03) and with more than twelve years of schooling (03). In relation to training on obstetric violence, it was evidenced that some professionals still had erroneous perceptions in relation to the actions that characterize this type of violence, but that they changed after the training. Conclusions: it was possible to highlight strengths and weaknesses in prenatal care and the importance of continuing education of health professionals, in search of improvements in the obstetric service.

Keywords: Obstetric Violence. Prenatal. Quaternary Prevention. Primary Health Care.

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INTRODUCTION

Until the nineteenth century, childbirth was an intimate process and took place at the woman's home, who was accompanied by midwives and family members. However, the occurrence of this event began to have obstacles, from the twentieth century onwards, with the institutionalization of births, that is, deliveries began to be performed, for the most part, in hospitals, conducted by professionals, whose objective was to have technologies and technical resources, in high-risk situations, in order to reduce maternal and neonatal mortality rates. [1]

However, the use of new techniques and instruments has become routine in institutions, that is, used in most parturients, without real clinical indications, making childbirth care mechanized, pharmacological and interventionist, which has caused changes in the perception of what the process of giving birth is, which has come to be understood as a pathological, violent and traumatic event.[1] This scenario resulted in the characterization of the term obstetric violence (OB), defined by the World Health Organization (WHO) as "appropriation of women's bodies and reproductive processes by health professionals, in the form of dehumanized treatment, abusive medication or pathologization of natural processes, reducing the patient's autonomy and the ability to make her own decisions freely about her body and sexuality, which has negative consequences on her quality of life".[2]

Thus, they represent O, actions that can be committed against women and are characterized by physical, verbal, psychological, sexual abuse and misuse of technologies, that is, episiotomy, Kristeller's maneuver, amniotomy, bed restriction, tricotomy, intestinal washing, successive vaginal touches and any other procedures performed without the woman's consent.[4]

In view of this, the Ministry of Health (MS) began to establish public policies to direct childbirth care in the country, such as the Prenatal and Birth Humanization Program (PHPN), in 2002, and the Stork Network, in 2011, in order to ensure comprehensive, humanized and safe care during pregnancy, childbirth and postpartum.[8]

Furthermore, currently, the movement called Quaternary Prevention (QP), in health care, is in accordance with the objectives of humanizing childbirth. This is because it is defined as a practice aimed at reducing the hypermedicalization of care, in order to avoid unnecessary interventions by professionals and, consequently, reduce damage, as a result

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of iatrogenesis, to patients, and has great potential to complement the practices that should guide the services offered to pregnant and puerperal women.[12]

In this sense, it is also worth mentioning the WHO's encouragement of nurses' participation, especially through obstetric nursing, during prenatal care (prenatal care), childbirth, birth and puerperium, both because they are the professionals with the greatest contact and possibility of creating bonds with women and because they have a practice based not only on technicality, but on integrality and humanization of care.[5]

That said, based on the recognition of the capacity of nursing and quaternary prevention to increase the quality of care for women and reduce obstetric violence in the country, it is necessary to carry out a detailed analysis of its incidence during the gestational period, as well as the role of PQ, nursing and Primary Health Care (PHC) as strategies in search of improvements in care.

METHODOLOGY

This is a cross-sectional study, with the aim of stipulating measures of incidence and prevalence in a given population over a certain period. The population and sample of the study were established by convenience, and its population was composed of postpartum women who underwent prenatal care in the primary health care units of the city of Viçosa-MG and who had their children within six months from the beginning of data collection.

The study aims to evaluate the incidence of obstetric violence in women assisted by the city's PHC during the gestational period, and to justify the use of quaternary prevention as a work strategy in women's health care during this period. To carry out the proposed activities, the study was developed in two stages, in which: Stage 01: interview with the puerperal women; Step 02: interview with health professionals.

To carry out Stage 1, an interview was conducted with the women, to identify the profile of the study population, experiences during the gestation period and the woman's perception of obstetric violence. The municipality currently has 22 Family Health Strategy teams, so the managers of the units were asked to recruit puerperal women from their respective territories, estimating, on average, fifteen women per interviewer. After the transfer of the units, contact was made with the women, through home visits, calls or meetings at the unit itself, to carry out the interview. It is noteworthy that, during this process, there were losses based on the initial number of women who would fit to compose

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the study sample, due to barriers to travel and transportation of the interviewers, absence of women in the home or unit, and lack of contact via telephone.

In Stage 2, a questionnaire was applied to health professionals to assess their perception of obstetric violence. This moment took place during a training offered to community agents, nursing technicians and nurses from the municipality's PHC teams. Initially, a pre-test was applied with questions that addressed knowledge about actions that were configured as obstetric violence, as well as questions that instigated professionals to report their perceptions on the subject. From there, training was carried out, through simulation of acts that are characterized as this type of violence and, then, the application of a post-test, to analyze the public's knowledge on the subject and evaluate the moment.

The risks of the survey consist of discomfort and/or embarrassment in answering the questions and/or evaluation. To minimize them, the privacy of the postpartum woman and the professionals was maintained during the evaluation and interview.

The research stages were only carried out after the signing of the Informed Consent Form by the puerperal woman and the health professionals. If the patient was unable to respond, the companion was asked for authorization. In the situations of underage patients, the signature of the Term of Assent was requested.

The data were recorded and transcribed in full. To assess the perception and knowledge of women and health professionals, Laurence Bardin's content analysis was used.

This research project complies with the ethical precepts of Resolution 466/2012 of the National Health Council on research involving human beings, was submitted to evaluation and approved by the Research Ethics Committee of the Federal University of Viçosa through opinion 5.226.422.

RESULTS

The analysis of the content of the interviews showed that, among the women interviewed, all had prenatal consultations (207) and, although most did not know how to inform the number of consultations, among those who did, most had more than 6 consultations (57), consider that they had been instructed in all procedures during pregnancy (194) and had access to all the necessary exams and medications during prenatal care (196). However, most women were not instructed (149) and did not have their birth plan prepared during pregnancy (177). In addition, 190 women received prenatal

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care only with a medical professional, 01 with a nurse and 16 with a doctor and nurse (Table 1).

Table 1. Occurrence of obstetric violence during prenatal care of women in a region of the Zona da Mata of Minas Gerais.

Variable		No.	%
Had prenatal care (PN)	Yes	207	100
	No	0	0
Number of non-PN queries	<6	17	8,21
	>6	57	27,54
	Do not know how to inform	133	64,25
Oriented on all procedures in the PN	Yes	194	93,72
	No	13	6,28
Were you advised about the birth plan in the prenatal care?	Yes	58	28,02
	No	149	71,98
Has the birth plan been carried out?	Yes	30	14,49
	No	177	85,51
Did you have access to all the exams and medications in the PN?	Yes	196	94,69
	No	11	5,31
Professional who performed the prenatal care	Doctor	190	91,79
	Nurse	01	0,48
	Doctor and nurse	16	7,73

Regarding the socioeconomic profile of the interviewees, it was evidenced that most do not consider having suffered obstetric violence during prenatal care, and those who consider having been victims of some aggression (05) are married (03), non-white (03), with an income above three minimum wages (03) and with more than twelve years of schooling (03) (Table 2).

Table 2. Socioeconomic profile of women who consider having suffered obstetric violence during prenatal care in a region of the Zona da Mata region of Minas Gerais.

		Yes		No	
		n	%	n	%
Marital status	Married/stable	3	1,45	126	60,87
	Divorcee	0	0	02	0,48
	Single	2	0,97	73	35,26
	Widow	0	0	01	0,97
Colour	White	2	0,97	54	26,09
	Non-white	3	1,45	148	71,50
Income	<1 minimum wage	0	0	33	15,94
	1 and 3 minimum wages	2	0,97	88	42,51
	>3 minimum wages	3	1,45	81	39,13
Schooling	0 to 9 years	0	0	53	25,60
	10 to 12 years	2	0,97	93	44,93
	>12 years	3	1,45	56	27,05

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The training on obstetric violence, carried out with the professionals and the respective analysis of the pre- and post-tests applied, showed that some still had erroneous perceptions in relation to the actions that characterize this type of violence, but that they changed after the training applied by the students.

Regarding the community health agents (CHA), 92 answered the pre-test, most of whom knew what obstetric violence is (78), considered denying the presence of a companion, preventing or hindering breastfeeding in the first hour of life, mistreatment, successive vaginal touches, tying the woman's legs, compressing the parturient's belly, episiotomy and episiorrhaphy as obstetric violence. However, they did not consider the use of oxytocin to speed up labor, separate mother and child after birth, and prevent the woman from ingesting liquids or food as violent acts. Of the 88 CHAs who responded to the post-test, 81 stated that they knew what obstetric violence is and considered all the actions and procedures mentioned as violent (Table 3).

Table 3. Perception of community health agents of primary care in a municipality in the Zona da Mata of Minas Gerais about obstetric violence.

		Pretest		Test	
		n	%	n	%
Do you know what obstetric violence is?	No Response	2	2,2	7	8
	Yes	12	13	0	0
	No	78	84,8	81	92
Does the use of serum with oxytocin to accelerate labor consist of obstetric violence?	No Response	72	78,26	51	57,95
	Yes	11	11,96	3	3,41
	No	9	9,78	34	38,64
Does denying the presence of a companion during hospitalization in the maternity ward or delivery room constitute obstetric violence?	No Response	7	7,61	1	1,14
	Yes	5	5,43	2	2,27
	No	80	86,97	78	88,64
Does removing mother and child after birth by routine of the health institution consist of obstetric violence?	No Response	10	10,87	1	1,14
	Yes	51	55,43	0	0
	No	31	33,70	87	98,86
Prevent or hinder breastfeeding in the first hour, does it consist of obstetric violence?	No Response	7	7,61	1	1,14
	Yes	5	5,43	0	0
	No	80	86,96	87	98,86
Mistreatment, negligence, isolation of women in labor, does it constitute obstetric violence?	No Response	3	3,26	1	1,14
	Yes	0	0	0	0
	No	89	96,74	87	98,86
Performing successive vaginal examinations and several people, does it consist of obstetric violence?	No Response	5	5,43	0	0
	Yes	8	8,70	0	0
	No	79	85,87	88	100
Does preventing the woman from eating or ingesting liquids during labor constitute obstetric violence?	No Response	13	14,13	1	1,14
	Yes	56	60,87	1	1,14
	No	23	25	86	97,23
Tying the woman's legs and arms during the childbirth, does it consist of obstetric violence?	No Response	6	6,52	1	1,14
	Yes	5	5,43	0	0
	No	81	88,04	87	98,86

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Does compressing the parturient's belly to facilitate the baby's exit consist of obstetric violence?	No Response	9	9,78	1	1,14
	Yes	33	35,87	0	0
	No	49	53,26	87	98,86
Does performing a routine episiotomy, also known as "pique" or "cut", without the consent of the parturient, constitute obstetric violence?	No Response	13	14,13	0	0
	Yes	21	22,83	1	1,14
	No	58	63,04	87	98,86
Does performing the episiorrhaphy procedure with the famous "husband's stitch" consist of obstetric violence?	No Response	38	41,30	1	1,14
	Yes	15	16,30	1	1,14
	No	39	42,39	79	89,77
Does the performance of successive vaginal examinations by several people constitute obstetric violence?	No Response	2	2,2	7	8
	Yes	12	13	0	0
	No	78	84,8	81	92

Regarding the nursing technicians, 12 answered the pre-test, most did not know what obstetric violence is (5), considered the use of oxytocin to accelerate labor, deny the presence of a companion, remove mother and child after birth, hinder breastfeeding in the first hour of life, mistreatment, successive vaginal touches, ties to the woman's legs and episiotomy as obstetric violence. However, preventing the woman from ingesting liquids or food, compressing the parturient's belly, episiotomy and episiorrhaphy were not understood as violence by these professionals. Among the technicians, 12 answered the post-test. The majority stated that they knew what obstetric violence was (11) and considered all acts and procedures to be violent (Table 4).

Table 4. Perception of primary care nursing technicians in a municipality in the Zona da Mata region of Minas Gerais about obstetric violence.

		Pretest		**Test**	
		n	**%**	**n**	**%**
Do you know what obstetric violence is?	No Response	3	25	1	8,3
	Yes	5	41,7	0	0
	No	4	33,3	11	91,7
Does the use of serum with oxytocin to accelerate labor consist of obstetric violence?	No Response	5	41,7	4	33,3
	Yes	3	25	1	8,3
	No	4	33,3	7	58,3
Does denying the presence of a companion during hospitalization in the maternity ward or delivery room constitute obstetric violence?	No Response	2	16,7	1	8,3
	Yes	10	83,3	11	91,7
	No	5	41,7	1	8,3
Does removing mother and child after birth by routine of the health institution consist of obstetric violence?	No Response	7	58,3	11	91,7
	Yes	2	16,7	1	8,3
	No	10	83,3	11	91,7
Prevent or hinder breastfeeding in the first hour, does it consist of obstetric violence?	No Response	2	16,7	0	0
	Yes	10	83,3	12	100
	No	1	8,3	0	0
Mistreatment, negligence, isolation of women in labor, does it constitute obstetric violence?	No Response	11	91,7	12	100
	Yes	0	0	1	8,3
	No	9	75	2	16,7
Performing successive vaginal examinations and several people, does it consist of obstetric violence?	No Response	3	25	9	75
	Yes	1	8,3	0	0
	No	3	25	0	0

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Does preventing the woman from eating or ingesting liquids during labor constitute obstetric violence?	No Response	8	66,7	12	100
	Yes	2	16,7	2	16,7
	No	8	66,7	1	8,3
Tying the woman's legs and arms during the childbirth, does it consist of obstetric violence?	No Response	2	16,7	9	75
	Yes	6	50	2	16,7
	No	6	50	10	83,3
Does compressing the parturient's belly to facilitate the baby's exit consist of obstetric violence?	No Response	4	33,3	0	0
	Yes	6	50	1	8,3
	No	2	16,7	11	91,7
Does performing a routine episiotomy, also known as "pique" or "cut", without the consent of the parturient, constitute obstetric violence?	No Response	3	25	1	8,3
	Yes	5	41,7	0	0
	No	4	33,3	11	91,7
Does performing the episiorrhaphy procedure with the famous "husband's stitch" consist of obstetric violence?	No Response	5	41,7	4	33,3
	Yes	3	25	1	8,3
	No	4	33,3	7	58,3
Does the performance of successive vaginal examinations by several people constitute obstetric violence?	No Response	2	16,7	1	8,3
	Yes	10	83,3	11	91,7
	No	5	41,7	1	8,3

Finally, 11 nurses answered the pre-test, all of them knew what obstetric violence is, considered the use of oxytocin to accelerate labor, deny the presence of a companion, remove mother and child after birth, hinder breastfeeding in the first hour of life, mistreatment, successive vaginal touches, tying the woman's legs, compressing the parturient's belly, episiotomy and episiorrhaphy as obstetric violence. These professionals did not understand to prevent the woman from ingesting liquids or food as an aggression.

Among the nurses, 13 answered the post-test, all of them knew what obstetric violence is and affirmed all actions and procedures as violent (Table 5).

Table 5. Perception of primary care nurses in a municipality in the Zona da Mata of Minas Gerais about obstetric violence.

		Pretest		**Test**	
		n	**%**	**n**	**%**
Do you know what obstetric violence is?	No Response	11	100	13	100
	Yes	2	18,2	5	38,5
	No	4	36,4	0	0
Does the use of serum with oxytocin to accelerate labor consist of obstetric violence?	No Response	5	45,5	8	61,5
	Yes	1	9,1	0	0
	No	10	90,9	13	100
Does denying the presence of a companion during hospitalization in the maternity ward or delivery room constitute obstetric violence?	No Response	1	9,1	0	0
	Yes	2	18,2	1	7,7
	No	8	72,7	12	92,3
Does removing mother and child after birth by routine of the health institution consist of obstetric violence?	No Response	0	0	0	0
	Yes	11	100	13	100
	No	0	0	0	0
Prevent or hinder breastfeeding in the first hour, does it consist of obstetric violence?	No Response	11	100	13	100
	Yes	0	0	0	0
	No	11	100	13	100
Mistreatment, negligence, isolation of women in labor, does it constitute obstetric violence?	No Response	2	18,2	0	0
	Yes	6	54,5	1	7,7
	No	3	27,3	12	92,3

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Performing successive vaginal examinations and several people, does it consist of obstetric violence?	No Response	0	0	0	0
	Yes	11	100	13	100
	No	0	0	0	0
Does preventing the woman from eating or ingesting liquids during labor constitute obstetric violence?	No Response	11	100	13	100
	Yes	0	0	0	0
	No	11	100	13	100
Tying the woman's legs and arms during the childbirth, does it consist of obstetric violence?	No Response	1	9,1	0	0
	Yes	2	18,2	0	0
	No	8	72,7	13	100
Does compressing the parturient's belly to facilitate the baby's exit consist of obstetric violence?	No Response	11	100	13	100
	Yes	2	18,2	5	38,5
	No	4	36,4	0	0
Does performing a routine episiotomy, also known as "pique" or "cut", without the consent of the parturient, constitute obstetric violence?	No Response	5	45,5	8	61,5
	Yes	1	9,1	0	0
	No	10	90,9	13	100
Does performing the episiorrhaphy procedure with the famous "husband's stitch" consist of obstetric violence?	No Response	1	9,1	0	0
	Yes	2	18,2	1	7,7
	No	8	72,7	12	92,3
Does the performance of successive vaginal examinations by several people constitute obstetric violence?	No Response	0	0	0	0
	Yes	11	100	13	100
	No	0	0	0	0

DISCUSSION

The data from these studies regarding women's adherence to prenatal consultations corroborate the recommendations of the Ministry of Health, because the agency recommends that pregnant women carry out at least six prenatal consultations during pregnancy. In addition, the fact that most of the interviewees consider that they have been guided in all the procedures performed, suggests good quality of obstetric care.[7]

However, the fact that most of the women interviewed stated that they did not have access to the realization of their birth plan during prenatal care reveals a failure of the professionals, because, according to the World Health Organization, the birth plan is a document capable of ensuring the autonomy of the woman in relation to the care she wishes to receive throughout the pregnancy-puerperal cycle, It should be discussed and elaborated during prenatal care.

In addition, it is worth noting that the low number of prenatal consultations performed by nurses in primary health care in the city reveals disagreement with the law of professional nursing practice (Law No. 7,498/96), regulated by Decree No. 94,406/87, which determines that nurses are trained and supported to perform low-risk prenatal care. Thus, among the basic health units of the municipality, low adherence and encouragement of the autonomy of the nursing professional in welcoming and monitoring the prenatal care of women are revealed.

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Regarding the socioeconomic profile of the women who responded to the interviews, the data from this study are in agreement with other studies that identified that belonging to less vulnerable social classes, that is, having a higher income and schooling, favors women to access information and identify possible violence. Thus, it is not possible to affirm that those who do not consider themselves to have been victims have not really experienced any situation of obstetric violence, precisely because they are unaware of the actions and procedures that characterize it.

Finally, from the questionnaires applied to PHC professionals during the training on the theme, it can be stated that the training carried out with these professionals was beneficial in updating and deepening their knowledge on the theme, since the analysis and comparison of the pre and post-tests showed changes in their perceptions, both in knowing, or not, what obstetric violence is or in the clarification of actions and procedures that are configured as obstetric violence.

Thus, continuing education is capable of promoting advances in professional training, by enabling and facilitating reflections on care, work process and management, since they stimulate learning, teamwork, as well as individual and collective thinking. [2]

CONCLUSION

It can be concluded that the women interviewed in the city have good adherence to prenatal care, according to the recommendations of the Ministry of Health. However, the analysis of the socioeconomic profile of the postpartum women indicates that those who recognized the occurrence of obstetric violence during prenatal care belonged to less vulnerable social strata, that is, with higher income and schooling and, therefore, with greater access to information. Therefore, it is not possible to say that the rest of the sample has not really suffered any type of violation. In addition, most women were not instructed and did not have their birth plan prepared during prenatal care, as well as the low participation of nurses in consultations.

The training on obstetric violence, carried out with PHC professionals, revealed their good knowledge about OV, still with mistaken perceptions about the actions that characterize it, but which were able to be clarified after the training and application of the post-test.

Finally, this study shows both that there is a need for improvements in the prenatal care offered to women and that professionals require constant training and updates

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regarding the care that should be provided to them, in order to reduce the occurrence of OV.

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