

## PERCEPTION OF NURSE MIDWIVES ON OBSTETRIC VIOLENCE

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**ABSTRACT: Objective:** to get to know the perception of nurse midwives on obstetric violence. **Method:** this is an exploratory study with a qualitative approach performed with 19 nurses working at the obstetric, labor, delivery and postpartum center of a maternal-newborn reference hospital in the city of Belém, state of Pará, Brazil. Data were collected through a semistructured interview in the months of April and May 2016, and submitted to the thematic content analysis technique. **Results:** nurse midwives notice that obstetric violence occurs in different ways; however, they do not recognize certain practices as a violation. In addition, they admit that lack of knowledge by the parturient is an element that makes them more vulnerable toward obstetric violence, showing the repercussions of the phenomenon to women's life. **Final Considerations:** the study revealed nurses' perceptions, showing the need for strategies to prevent obstetric violence.

**DESCRIPTORS:** Violence against Women; Nurse Midwives; Humanizing Delivery; Obstetric Delivery; Women's Health.

### PERCEÇÃO DE ENFERMEIRAS OBSTÉTRICAS ACERCA DA VIOLÊNCIA OBSTÉTRICA

**RESUMO: Objetivo:** conhecer a percepção de enfermeiras obstétricas acerca da violência obstétrica. **Método:** estudo exploratório, com abordagem qualitativa, realizada com 19 enfermeiras que atuavam no Centro Obstétrico, Pré-parto, Parto e Pós-parto de um hospital de referência materno-infantil da cidade de Belém, Pará, Brasil. Os dados foram coletados por entrevista semiestruturada, nos meses de abril e maio 2016, e submetidos à técnica de análise de conteúdo temática. **Resultados:** as enfermeiras obstétricas percebem que a violência obstétrica se apresenta de diversas formas; entretanto, não reconhecem determinadas práticas como uma violação. Além disso, reconhecem que a falta de conhecimento da parturiente é um elemento de vulnerabilização em relação à violência obstétrica, despontando para as repercussões do fenômeno à vida da mulher. **Considerações Finais:** o estudo revelou as percepções das enfermeiras vislumbrando a necessidade de estratégias preventivas à ocorrência do fenômeno da violência obstétrica. **DESCRIPTORES:** Violência contra a Mulher; Enfermeiras Obstétricas; Parto Humanizado; Parto Obstétrico; Saúde da Mulher.

### PERCEPCIÓN DE ENFERMERAS OBSTETRICAS ACERCA DE LA VIOLENCIA OBSTÉTRICA

**RESUMEN: Objetivo:** conocer la percepción de enfermeras obstétricas acerca de la violencia obstétrica. **Método:** estudio exploratorio con abordaje cualitativo, realizado con 19 enfermeras actuantes en el Centro Obstétrico Preparto y Posparto de un hospital Maternoinfantil de referencia de la ciudad de Belém, Pará, Brasil. Datos recolectados mediante entrevista semiestructurada, en los meses de abril y mayo de 2016, sometidos a la técnica de análisis de contenido temático. **Resultados:** las enfermeras obstétricas perciben que la violencia obstétrica se presenta de diversas formas; sin embargo, no reconocen a determinadas prácticas como una violación. Además, aceptan que el desconocimiento de la parturienta es un factor de vulnerabilidad en relación a la violencia obstétrica, dando lugar a repercusiones del fenómeno en la vida de la mujer. **Consideraciones finales:** el estudio reveló las percepciones de las enfermeras considerando la necesidad de estrategias preventivas a la ocurrencia del fenómeno de la violencia obstétrica.

**DESCRIPTORES:** Violencia contra la Mujer; Enfermeras Obstétricas; Parto Humanizado; Parto Obstétrico; Salud de la Mujer.

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**Received:** 16/05/2017

**Finalized:** 10/12/2017

## ● INTRODUCTION

The experience of parturition has always been regarded as a significant moment in women's life, allowing their transition into a new social role: that of being a mother. Up to the middle of the 19<sup>th</sup> century, births took place at home, with the future mother being assisted by midwives, who made every effort to make this moment comfortable and joyful.

The institutionalization of childbirth in the 20<sup>th</sup> century led to the use of technologies during care, in situations classified as high risk for the mother and the baby, leading to a decrease in maternal and neonatal death rates<sup>(2)</sup>. However, these practices began to be seen as mechanized, fragmented and dehumanized, due to the excess of unnecessary interventions, curtailing female autonomy at the time of delivery, becoming, in the feminist and obstetric fields, an event of violence and violation of rights.

The term obstetric violence has been used as of the recognition of this violation to women, being defined as an appropriation of the female body and its reproductive autonomy, during the prepartum, delivery and postpartum process, by health professionals, exposing the women to dehumanized behaviors, use of painful or embarrassing procedures, as well as medication with no real need, converting the natural process of birth into a pathological one, and using abusive attitudes toward the women's psychological state.

The occurrence of obstetric violence is a reality in several countries. A study conducted in Brazil indicates that one in four women undergoes violence during delivery<sup>(4)</sup>. Studies carried out in Mexico, Venezuela and Brazil show that parturients experience non-consensual invasive practices, and the use of painful obstetric maneuvers and medications that accelerate uterine contractions. In addition, they experience the use of vexatious words, abandonment at the time of delivery, lack of information, and prohibition of the entrance of supporting people in the labor room<sup>(5-7)</sup>.

The performance of nurses in the reduction of violence in the obstetrical field is highlighted because of their direct action during the clinical phases of the process of prepartum, delivery, and puerperium, either vaginal or through C-section, providing the women and their families with comprehensive and humanized care<sup>(8)</sup>.

Considering the importance of nurse midwives in the fight against violence in the obstetric field, as well as the importance of the topic discussed, the following question was raised: How do nurse midwives perceive obstetric violence? In this sense, the objective of this study was to learn the perception of nurse midwives on obstetric violence.

## ● METHODOLOGY

This is an exploratory study with a qualitative approach, carried out with 19 nurses working at the obstetric, labor, delivery and postpartum center (OLDPC) of a maternal-newborn hospital in the city of Belém, state of Pará, Brazil.

The approach to the research participants was based on the authorization of the OLDPC managers, and subsequent insertion of the main researcher in the field. After that, nurses with a specialization in obstetrics, who worked in the OLDPC, were invited to participate in the study, with the exclusion of professionals who, due to work leaves, were not present at the time of collection. Anonymity of the nurse midwives was ensured with the use of an alphanumeric coding (N1, N2, N19) where N corresponds to nurse, and numbers refer to the order of the interviews.

Data collection took place between April and May 2016, through a semi-structured interview that was guided by a script containing questions related to the characterization and training of participants (age, gender, marital status, training time and specialization), as well as a guiding question: What is your perception of obstetric violence? The interviews were conducted in a private room provided by the institution.

A digital recorder was used during the interviews, which lasted an average of 20 minutes. After that, all content was heard and transcribed, and then submitted to validation by the research participants, so the analytical procedure could be started. Data systematization and analysis were performed through

thematic content analysis<sup>(9)</sup>, which guided the organization of message contents, allowing the emergence of categories. Thus, after a thorough reading, material exploration, and data categorization, four thematic categories emerged: “Obstetric violence and its multiple faces”, “Non-recognition of practices as obstetric violence”, “Obstetric violence and its repercussions”, and “Lack of patient knowledge about obstetric violence”. Data interpretation was supported by scientific texts on the subject.

The present research followed the determinations by the National Health Council – Guideline and Regulatory Norms Involving Human Beings - Resolution CNS no. 466/2012. The research was approved by the Research Ethics Committee of the institution researched, under report no. 1.459.602 of March 21, 2016.

## ● RESULTS

The professionals interviewed were between 32 and 56 years of age, predominantly female, married, with a training time between 3 and 34 years, and specialization time in the area between 2 and 30 years. The professionals’ perception of obstetric violence was demonstrated according to categories, as it follows.

### **Obstetric violence and its multiple faces**

The following reports show that obstetric violence is presented in different ways by nurse midwives: from invasive procedures such as Kristeller’s maneuver, episiotomy, and routine oxytocin infusion, to the use of intimidating and embarrassing terms.

*The procedures and attitudes characterizing obstetric violence can be [...] Kristeller’s maneuver, episiotomy without consent, painful and successive touches by several evaluators, and indiscriminate use of saline solution with oxytocin. (N14)*

*Psychological violence, when we use inappropriate words to embarrass women, is also obstetric violence. (N05)*

*We use some speeches to intimidate women at the time of delivery [...] some professionals even prevent the woman from shouting, saying that the baby will be born deaf because of screaming. (N17)*

*Sometimes the practitioner pressures the parturient during labor, stating that the baby will be born with some sequel because of her. (N08)*

### **Non-recognition of practices as obstetric violence**

Some nurse midwives do not recognize the interventions as a violent practice. In addition, when there is recognition of such procedures as a harmful practice, they are justified as help to the woman to perform the procedures, as the following reports show:

*I do not see routine procedures as obstetric violence. The professional who is conducting the delivery is the one who will evaluate and decide whether or not to intervene. (N04)*

*[...] I know that scientific evidence shows that it is better not to perform episiotomy, that healing may have difficult, that it can change the sensitivity of the region and other factors, but depending on the number of pregnancies, the baby size, time of labor, I believe it is necessary to perform it to solve the problem. (N12)*

### **Lack of patient knowledge about obstetric violence**

The following statements show that, for nurse midwives, parturients do not know how to recognize situations of obstetric violence, except for those who had contact with the subject at the time of prenatal care.

*[...] many women do not identify the violence suffered because they are lay and do not understand what is happening. In the public maternity, the majority have a low level of education and, therefore, they do not know their rights well, they do not know what a humanized delivery is, they have no idea what obstetric violence is. (N05)*

*[...] some patients think these invasive procedures during delivery are necessary. (N11)*

*[...] they can't notice violence. Only those who participated in the pregnant women group, where they talk about violence, or when they attend pre-natal care visits with a professional involved in this issue. (N12)*

### **Obstetric violence and its repercussions**

When facing obstetric violence, the parturients experience several feelings that reveal the violation of their rights, impacting their mental health negatively, as well as decision making regarding future pregnancies, which is revealed in the following statements:

*The parturients feel bad, unprotected, humiliated, since they are in a situation where they rely on other professionals. (N09)*

*[...] she must feel helpless, disgusted and disrespected at having her body violated without her consent. (N15)*

*They are horrified, disoriented, fearful, think twice before having a normal delivery again because their psychological state is damaged by these procedures and attitudes. (N05)*

## **● DISCUSSION**

This study shows that, in the perception of nurse midwives, some technical procedures such as Kristeller's maneuver, episiotomy without consent, vaginal touches, and indiscriminate use of oxytocin are considered as violence. Despite being advised against the use of these methods as a routine in the hospital environment because of their recognition as a violation of rights<sup>(11)</sup>, their use is not uncommon at the time of delivery.

A study carried out in a maternity hospital in the state of Pernambuco reveals that one third of the in-patient parturients between August and December, 2014, underwent some type of intervention considered harmful<sup>(12)</sup>. However, studies carried out in Mexico with obstetric professionals, and in Venezuela with hospital users, show that, among the main forms of obstetric violence practiced, invasive procedures stand out<sup>(4)</sup>.

In addition to these behaviors, the professionals' discourses point to the use of offensive, discriminatory and defamatory terms as violent attitudes. Considering that obstetric violence is not limited to the use of invasive interventions and/or procedures<sup>(12)</sup>, it can be manifested through psychological and verbal aggression<sup>(6)</sup>.

A systematic review, carried out with 65 articles from 34 countries, shows that, among the several expressions of obstetric violence, those of psychological and moral nature are the ones to be highlighted because of their occurrence at the time of delivery<sup>(13)</sup>. At the national level, research warns that one in four women experienced psychological and moral violence during parturition, in the form of cries, insults, denial of service, and use of bad words<sup>(4)</sup>.

For some nurses, the adoption of certain behaviors at the time of delivery is justified by their non-recognition of it as violence against the parturient. In addition, they understand that they are assisting women in face of possible complications, making such procedures routine. The nurse midwives' training is based on routine, and sometimes repetitive practices. In some cases, because of their several attributions and poor working conditions, the care given to pregnant women occurs in a repetitive and incipient way<sup>(14)</sup>.

One of the most commonly used behaviors to help a woman during delivery is episiotomy. A study carried out in 500 Brazilian maternity hospitals<sup>(15)</sup> shows that half of the women who had vaginal delivery in these hospitals underwent episiotomy. Of these, a third were primiparous. This practice

was incorporated into hospital routine in order to reduce the lacerations that occur in the perineum. However, there were no evaluative studies on the benefits and harms of this procedure. This procedure is currently discouraged in obstetric care because it increases the risk of infections and bleeding<sup>(16-17)</sup>.

Other points highlighted by nurse midwives, and which result in women's exposure to obstetric violence, are low level of education and lack of knowledge about procedures performed at birth, thus revealing prenatal appointments with gaps in educational and informational processes, highlighting the non-recognition of their rights.

Prenatal care at the national level is governed by regulations recommended by the Ministry of Health, aiming to provide women with the standardization of procedures and behaviors, in order to provide comprehensive care during the puerperal-pregnancy period<sup>(18)</sup>. Among the several actions suggested by this protocol, health education stands out for promoting informational moments for pregnant women, favoring quality care. However, lack of professional preparation, as well as lack of material resources make this process difficult, facilitating the exposure of women not only to pathological processes, but also to situations of obstetric violence at the time of delivery<sup>(14-19)</sup>.

The parturients' lack of information leads them to understand that all the procedures they undergo are part of the institution's routine and will help save their fetus; this enhances the loss of women's autonomy at the time of childbirth<sup>(11)</sup>.

Exposure of parturients to obstetric violence generates emotional and psychological repercussions, leading women to dissatisfaction with normal delivery, and to give up future pregnancies. A good experience at the time of delivery can provide women with essential conditions for the birth of their child, favoring the mother-baby bond. However, when exposed to situations of violence, the consequences can be harmful, because this is a moment of emotional fragility for women.

The study highlights that exposure to obstetric violence can have a wide range of repercussions: physical, such as wounds and bruises left during procedures; psychological, manifested by negative feelings, problems in the effectiveness of the mother-baby bond; and emotional, manifested through intense crying<sup>(11)</sup>. In addition, many women show disinterest in future pregnancies or vaginal delivery.

As the research was limited to understanding only the perception of nurse midwives, it is worth noting the need for studies to reveal how other members of the team acting in the obstetric scenario perceive obstetric violence, evaluating the creation and subsequent intervention, and fighting this phenomenon through strategies involving the multidisciplinary team.

## ● FINAL CONSIDERATIONS

The reports of nurse midwives show a range of perceptions about obstetric violence, revealing the various expressions of this violation, as well as the non-recognition of certain practices adopted in the hospital routine as violence. In addition, the statements show that parturients' lack of knowledge exposes them to situations of obstetric violence, leading to physical, psychological and emotional consequences.

These findings show that nurse midwives perceive the existence of obstetric violence in a limited way when they adopt invasive procedures as a routine in the obstetrical center, even in the absence of complications at the time of delivery.

Therefore, this study confirms the need for effective public policies to fight this type of violence. In addition, the importance of professional qualification is noteworthy, aiming at better care to pregnant women during prenatal care. It is the role of nurse midwives to reduce these cases in public and private maternity hospitals, thus promoting care based on principles such as equity and comprehensiveness.

## ● REFERENCES

1. Velho MB, dos Santos EKA, Brüggemann OM, Camargo BV. Vivência do parto normal ou cesáreo: revisão integrativa sobre a percepção de mulheres. *Texto Contexto Enferm.* [Internet] 2012;21(2) [access on 4 fev 2017]. Available from: <http://dx.doi.org/10.1590/S0104-07072012000200026>.

2. Pérez BAG, Oliveira EV, Lago MS. Percepções de Puérperas vítimas de Violência Institucional durante o Trabalho de Parto e Parto. *Revista Enfermagem Contemporânea*. [Internet] 2015;4(1) [access on May 16, 2017]. Available from: <http://dx.doi.org/10.17267/2317-3378rec.v4i1.472>.
3. Sena LM, Tesser CD. Violência obstétrica no Brasil e o ciberativismo de mulheres mães: relato de duas experiências. *Interface (Botucatu)*. [Internet] 2017;21(60) [access on Feb 4, 2017]. Available from: <http://dx.doi.org/10.1590/1807-57622015.0896>.
4. Venturi G, Bokany V, Dias R, de Alba D, Rosas W, Figueiredo N. Fundação Perseu Abramo. Serviço Social do Comércio (SESC). Mulheres brasileiras e gênero nos espaços públicos e privado. [Internet] São Paulo: SESC (SP)/ Fundação Perseu Abramo; 2010 [access on Aug 08, 2017]. Available from: [http://www.apublica.org/wp-content/uploads/2013/03/www.fpa\\_.org\\_.br\\_sites\\_default\\_files\\_pesquisaintegra.pdf](http://www.apublica.org/wp-content/uploads/2013/03/www.fpa_.org_.br_sites_default_files_pesquisaintegra.pdf).
5. Pereira CJ, Domínguez AL, MErçp JT. Violencia obstétrica desde la perspectiva de la paciente. *Rev Obstet Ginecol Venez*. [Internet] 2015;75(2) [access on Feb 4, 2017]. Available from: <http://www.sogvzla.org/sogvzlawebold/cms/svcobtenerpdfrevista.php?id=0000000076&tipo=normal&fila=3>.
6. Cucarella SP, Corzo JCP, Arellano MAC. Burnout syndrome in medical and obstetric perception of violence. *Ginecol Obstet Mex*. [Internet] 2015;83(3) [access on Feb 5, 2017]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26058170>.
7. Fioretti B, Paulino D. Nascer no Brasil o retrato do nascimento na voz das mulheres. *Rev Eletron Comun Inf Inov Saúde*. [Internet] 2014;9(2) [access on May 16, 2017]. Available from: [https://www.reciis.icict.fiocruz.br/index.php/reciis/article/view/978/pdf\\_345](https://www.reciis.icict.fiocruz.br/index.php/reciis/article/view/978/pdf_345).
8. da Silva MG, Marcelino MC, Rodrigues LSP, Toro RC, Shimo AKK. Obstetric violence according to obstetric nurses. *Northeast Netw Nurs J*. [Internet] 2014;15(4) [access on Feb 5, 2017]. Available from: <http://dx.doi.org/10.15253/2175-6783.2014000400020>.
9. Bardin L. *Análise de Conteúdo*. São Paulo: Edições 70; 2011.
10. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 466, de 12 de dezembro de 2012. Brasília; 2012.
11. Alvarenga SP, Kalil JH. Violência Obstétrica: como o mito “parirás com dor” afeta a mulher brasileira. *Rev da Univ Val do Rio Verde*. [Internet] 2016;14(12) [access on May 16, 2017]. Available from: <http://periodicos.unincor.br/index.php/revistaunincor/search/search>.
12. Andrade PON, da Silva JQP, Diniz CMM, Caminha M de FC. Fatores associados à violência obstétrica na assistência ao parto vaginal em uma maternidade de alta complexidade em Recife, Pernambuco. *Rev. Bras. Saude Mater. Infant*. [Internet] 2016;16(1) [access on May 16, 2017]. Available from: <http://dx.doi.org/10.1590/1806-93042016000100004>.
13. Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP, et al. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. *Jewkes R, editor. PLoS Med*. [Internet] 2015;12(6) [access on May 16, 2017]. Available from: <https://doi.org/10.1371/journal.pmed.1001847>.
14. Jewkes R, Penn-Kekana L. Mistreatment of women in childbirth: time for action on this important dimension of violence against women. *PLoS Med*. [Internet] 2015;12(6) [access on May 16, 2017]. Available from: <https://doi.org/10.1371/journal.pmed.1001849>.
15. Leal MC, Pereira APE, Domingues RMSM, Theme Filha MM, Dias MAB, Nakamura-Pereira M, et al. Intervenções obstétricas durante o trabalho de parto e parto em mulheres brasileiras de risco habitual. *Cad. Saúde Pública*. [Internet] 2014;30(Suppl 1) [access on May 16, 2017]. Available from: <http://dx.doi.org/10.1590/0102-311X00151513>.
16. Carroli G, Mignini L. Episiotomy for vaginal birth (Review). *Cochrane database Systematic Reviews*. [Internet] 2009;21(1) [access on May 16, 2017]. Available from: <http://dx.doi.org/10.1002/14651858.CD000081.pub2>.
17. de Carvalho CCM, Souza ASR, Moraes Filho OB. Episiotomia seletiva: avanços baseados em evidências. *Femina*. [Internet] 2010;38(5) [access on May 16, 2017]. Available from: <http://files.bvs.br/upload/S/0100-7254/2010/v38n5/a008.pdf>.

18. Ministério da Saúde (BR). Secretária de Políticas de Saúde. Departamento de Gestão de Políticas Estratégicas. Assistência Pré-natal: Manual técnico. [Internet] Brasília: Ministério da Saúde; 2000 [access on Aug 08, 2017]. Available from: [http://bvsmms.saude.gov.br/bvs/publicacoes/cd04\\_11.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/cd04_11.pdf).
19. Cunha MA, Mamede MV, Dotto LMG, Mamede FV. Assistência pré-natal: competências essenciais desempenhadas por enfermeiros. Esc. Anna Nery. [Internet] 2009;13(1) [access on May 16, 2017]. Available from: <http://dx.doi.org/10.1590/S1414-81452009000100020>.
20. de Oliveira TR, Costa REOL, Monte NL, Veras JMMF, Sá MÍMR. Percepção de mulheres sobre violência obstétrica. Rev enferm UFPE online. [Internet] 2017;11(1) [access on May 16, 2017]. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11876>.