The nursing care to the parturient in the hospital context: a look at obstetric violence

A assistência do enfermeiro à parturiente no contexto hospitalar: um olhar sobre a violência obstétrica

El cuidado de enfermería a la parturienta en el contexto hospitalario: una mirada a la violencia obstétrica

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RESUMO

Objetivo: Analisar a recorrência da violência obstétrica, elucidar a heterogeneidade deste tema, compreender o tratamento recebido pelas pacientes, e discorrer a visão da enfermagem frente à Violência obstétrica. **Método**: Metodologia descritiva; revisão bibliográfica a partir da plataforma *Google* Acadêmico, embasada em artigos publicados em bases científicas como SciELO, PubMed, Lilacs, etc., com abordagem qualitativa. **Resultados:** Trata-se de qualquer ato exercido por profissionais da saúde no que cerne ao corpo, aos processos reprodutivos e ao psicológico das mulheres, exprimido através de uma atenção desumanizada, abuso de ações intervencionistas, medicalização e a transformação patológica dos processos de parturição fisiológicos. **Conclusão:** Foi possível compreender que há necessidade da criação de leis rigorosas que concretizem o conceito de Violência obstétrica e puna os responsáveis por praticá-la, mais pesquisas e debates envolvendo este tema, orientações a respeito dos direitos das grávidas, parturientes e puérperas, fiscalização rotineira das instituições e a busca pela educação continuada.

Descritores: Assistência; Violência obstétrica; Enfermeiro; Puérpera.

ABSTRACT

Objective: Analyze the recurrence of Obstetric Violence, elucidate the heterogeneity of this theme, understand the treatment received by patients, and discuss the view of nursing in relation to Obstetric Violence. **Method:** Descriptive methodology; bibliographical review using the Google Academic platform, based on articles published in scientific databases such as SciELO, PubMed, Lilacs, etc., with a qualitative approach. **Results**: It is any act performed by health professionals regarding the body, reproductive and psychological processes of women, expressed through dehumanized care, abuse of interventionist actions, medicalization and the pathological transformation of physiological parturition processes. **Conclusion:** It was possible to understand that there is a need to create strict laws that implement the concept of Obstetric Violence and punish those responsible for practicing it, more research and debates involving this topic, guidance on the rights of pregnant women, parturients and postpartum women, inspection routine of institutions and the search for continuing education.

Descriptors: Assistance; Obstetric Violence, Nurse; Postpartum.

RESUMEN

Objetivo: Analizar la recurrencia de la violencia obstétrica, dilucidar la heterogeneidad de este tema, comprender el trato recibido por los pacientes y discutir la visión de la enfermería en relación a la Violencia Obstétrica. **Método:** Metodología descriptiva; Revisión bibliográfica mediante la plataforma Google Academic, basada en artículos publicados en bases de datos científicos como SciELO, PubMed, Lilacs, etc., con un enfoque cualitativo. **Resultados:** Es todo acto realizado por profesionales de la salud en relación con los procesos corporales, reproductivos y psicológicos de la mujer, expresado a través de cuidados deshumanizados, abuso de acciones intervencionistas, medicalización y transformación patológica de los procesos fisiológicos del parto. **Conclusión:** Se pudo entender que existe la necesidad de crear leyes estrictas que implementen el concepto de violencia obstétrica y sancionen a los responsables de practicarlo, más investigaciones y debates en torno a este tema, orientaciones sobre los derechos de las mujeres embarazadas, parturientas y posparto. la mujer, la rutina de inspección de las instituciones y la búsqueda de la educación continua.

Descriptores: Asistencia; Violencia obstétrica; Enfermera; Puerpera.

REVIEW

Introduction

Giving life to an individual encompasses physical, biochemical or psychological factors and marks the lives of all involved, who express expectations, fears, doubts, uncertainties, but usually, the pregnant woman is the element that goes through these variations the most. Since the beginning of the pregnancy period, the woman undergoes transformations throughout her body and mind and, therefore, should receive care and respect from everyone around her, not excluding health professionals here.[1-4]

Due to the complexity of the gestational period, including childbirth, care for pregnant women, parturient or postpartum women should be based on ethics and the Holistic Model, which supports quality care, understanding women as a subjective being that must be respected in all aspects, considering her as an active being of the whole process.[1]

Regarding frequency, there are reports of women who have had prenatal care, childbirth or puerperal period with violence, with labor itself being the largest sum of traumatic experiences for them, and the present research work will focus on the latter.[16]

Obstetric violence, as a major risk factor for maternal and fetal mortality, must be combated, among other measures, to achieve the effective reduction of these rates, increasing the quality of obstetric and neonatal care, and achieving reliability in health professionals by pregnant women.[26]

Within this concept is any act of impetuosity in the woman's body, such as the touch procedure performed in a brutalized way, causing more pain and genital injuries; or even the maneuvers performed to facilitate the fetus passage through the vaginal canal. However, in addition, this concept extends to several other fields, which will be presented here.[27]

Brazilian obstetric care is still based on the technocratic hospital model, which centralizes the physician, as if he and the team were the commanders of the whole process in question, excluding female autonomy, and the woman is the protagonist, the active being of the delivery scene. That obstetric violence is not to be confused with procedures that can even generate physical harm or psychological trauma to those involved, but which are indispensable for the recovery of puerperal women and newborns, whose clear examples will be exposed to both sides: life-saving, can become a violent act, depending on the form and intention that the professional will use.[31]

Although there is no federal law deferring obstetric violence in Brazil, there are several public policies created in favor of female protagonism and reduction of tragic experiences, which ensure women's rights and that, if not respected, can hurt the Code of Ethics to be mandatorily followed by professionals who attend them, such as the Blind Network, through Ordinance No. 1459/2011, the Office of the Ministry of Health, among other projects that will be later

cited.[4]

The article will define the true obstetric violence, in which forms it is based on examples, which programs created to avoid it, the view of Nursing versus that of the population in the face of the theme, the damage that this violence can bring to the victim's body and mind, in order to collaborate for the production of quality studies for the academic society and draw more attention to this problem that is made so present in obstetric daily life, but at the same time, it is little addressed in practice.[20]

Method

The scientific research on the objects in this work is characterized as descriptive and, as for the procedures, as a bibliographic review. Moreover, the work will be presented through the discussion chapters, demonstrating the objectives and the bibliographic review.

The literature review was carried out using, as a source of research data, the Google Academic platform, where analyses were made in scientific articles published in estimated databases, such as SciELO, PubMed, Lilacs and BvSalud, with a qualitative approach, and with the aim of relating the data for the interpretation and perception of the reader to the severity of the problem-theme. The method used was the cross-sectional study, which addresses the definitive relationship between cause and effect of the phenomenon to be addressed.

We selected 62 articles for the development of the work, of which 34 were used. This study follows the standards of ABNT (Brazilian Association of Technical Standards) and guidelines of nip (Interdisciplinary Research Center) of the ICESP University Center.

Results and Discusssion

Having read the articles in full, the table below was elaborated with information related to the title, authors, year of publication, objectives and synthesis of results, articles from various sources.

Chart 1- Description of the articles included in the review. 2021**.**

Title	Author	Year	Objectives	Results Sinthesis
Physicians' perception of the dimensions of obstetric and/or institutional violence	Sems / Stamms	2019	Evaluate the perception of physicians who provide delivery care in a humanized public maternity hospital in southern Brazil on this theme	Institutional and/or obstetric violence is a phenomenon known and recognized in the perception of professionals who participated in this research, but still in the process of construction regarding its definition, categorization and denomination, being common the emergence of controversial aspects and divergence among those involved.

Knowledge about Law 11.108/2005 and the experience of companions with the woman in the obstetric center.	Frutuoso; Brugüemann	2013	To know what information the companions have about Law 11.108/2005, their perceptions about the experience in the obstetric center and the actions of support with women	Health professionals, involved in care during pregnancy, instruct women to choose who will accompany them during prepartum, childbirth and postpartum early and encourage their insertion whenever possible in prenatal care, providing guidance on the process of parturition and on their role as a support provider.
Nursing professionals' practices in the face of humanized childbirth	Andrade et al	2017	Know how humanization practices are developed during labor	It becomes of fundamental importance the preparation of the parturient for the proposal of humanized childbirth since prenatal care, with the use of humanized practices supported by the evidence Scientific.
Obstetric violence in the view of health professionals: the gender issue as a definer of childbirth care	Trajano; Barreto	2021	It discusses how health professionals (physicians and obstetric nurses, as well as residents of Medicine and Nursing in obstetrics) perceive the obstetric violence that women suffer in childbirth care, with the objective of analyzing obstetric violence described by the interviewees through the gender perspective.	Childbirth care should be based on the needs and interests of women as a subject of rights, understanding childbirth as a physiological process that integrates the female sexual experience. In a complementary way, the understanding of childbirth as a physiological, anthropological, social, psychological event, and not only as a medical act, underlies the idea that women should be the center of the process, by inversing a historically sedimented power relationship between patients and health professionals.
Factors associated with the occurrence of institutional obstetric violence: an integrative review of the literature	Souza et al	2016	Perform an integrative review of the literature on the factors associated with the occurrence of institutional obstetric violence and present the main evidencefound in the selected articles.	It was found that the professionals described as promoters of obstetric violence were physicians, nursing staff and medical students
Institutional violence in public maternity hospitals from the perspective of users	Aguiar; d' Oliveira	2011	Present and discuss the data of a research on institutional violence in public maternity hospitals, conducted in the city of São Paulo.	The interviewees report and recognize discriminatory practices and gross treatment in the context of care in public maternity hospitals, reacting with resistance strategies accommodation. These experiences occur with such frequency that many parturients already expect to suffer some kind of mistreatment, which reveals a trivialization of institutional violence.
Perception of obstetric nurses about obstetric	Leal et al	2018	To know the perception of obstetric nurses about obstetric	Some obstetricnurses do not recognize interventions as a violent practice. In addition, when such procedures are recognized as harmful practice, there is

violence			violence.	a justification of the help to the parturient to carry out the conducts

As medieval as it may seem, the brutality with which women are treated during labor is more present than is supposed; one in four Brazilian women suffers violence in childbirth according to a survey conducted in 2010 by the Perseu Abramo Foundation: "Brazilian Women and Gender in public and private spaces". Still in the 21st century, the process of birth is seen by many professionals as synonymous with savagery, suffering and medicalization, as if it lost its meaning if there were no such characteristics.[2]

Still in the present day, in which the biomedical model gives way to the holistic model of care, the parturient is treated as a passive being of her own delivery, as if her body were just a machine to be manipulated, without taking into account that she is a subjective being, who feels pain, fear, tiredness, dread, who has doubts and has rights, and this extends to legal issues.[8]

Many are unaware of obstetric violence and limit it only to physical damage caused by professionals who perform childbirth, as if it were performed crudely, which end up tearing some tissue of the woman. However, this aspect encompasses several fields besides the physical, as well as the psychic. Obstetric violence means any act performed by health professionals in that of the body, reproductive processes and psychological of women, expressed through dehumanized attention, abuse of interventional actions, medicalization and the pathological transformation of physiological parturition processes.[2]

In Brazil, unlike other countries, there is still no law that strictly legisle and punishes professionals who commit these violence, which harm and traumatize patients. However, these acts can be characterized in several criminal types, which are present in the Brazilian Penal Code, such as injury, ill-treatment, threat, illegal embarrassment, bodily injury, for example.[2]

There are several conflicts of ideas between health entities regarding the concept of obstetric violence, especially when it comes to the officialization of its use in daily life, which is the case in Brazil. Here, this term is widely used in the area of Health, but is still the subject of debates and criticisms, since certain bodies offer resistance to adopt it, and a clear example of this is Order No. 9087621, issued by the Ministry of Health on May 3, 2019, in which it declared itself in favor of the abolition of this, under the argument that there was no consensus regarding the definition of such a concept, and also that it is an inadequate expression, because it represents actions committed intentionally, which makes it inappropriate, due to the fact that professionals do not intend to cause purposeful harm to patients.[5]

This Order found support in Opinion No. 32/2018, of the Federal Council of Medicine, which suggested that violence against pregnant women should have another designation, because the proposal denigrates and disfavors medicine and the specialties of Gynecology and Obstetrics,[11] and was also supported by FEBRASGO - Brazilian Federation of Gynecology and Obstetrics Associations - which by note mentions that this expression aims to "demonize" the figure of the obstetrician, that obstetric care deficiencies have multifactorial causes, not only due to this specialist, but to all those involved in it.[15]

However, Recommendation No. 29/2019, made by the Federal Public Ministry (MPF) addressed to the Ministry of Health, highlights that the term "obstetric violence" is an expression already used in scientific, legal documents, and that its use is not abolished, but that measures are taken to suppress maltreatment practices.[22] In addition to this, the Federal Nursing Council (COFEN) supported this Recommendation elaborated by the MPF, recognizing that this expression needs to be adopted and debated, as this would be the first step towards reducing violence.[12]

Other institutions, such as the National Health Council (CNS), through Recommendation No. 24/2019,13 and the Brazilian Bar Association (OAB)[25] have spoken out against the extinction of terminology, and even the World Health Organization expressly recognizes the exacerbated occurrence of physical, verbal violence, disrespect and mistreatment in childbirth around the world, and that this is independent of the intentionality of the professional in causing harm, through the Declaration of Prevention and Elimination of Abuse, Disrespect and Maltreatment During Childbirth in Health Institutions, a document that focuses on the need to create more government programs that improve the quality of maternal health care, in addition to the importance of involving women in the fight for the eradication of abusive practices, emphasizing their rights to dignified assistance.[14]

Since obstetric violence can occur from various forms, it can be organized in types: One of them, physical abuse, has all the sudden acts, without necessity, performed on the woman's body, such as aggressions, nibbles, administration of medications not justified by the patient's condition, disrespect for the time of natural delivery without interference, iatrogenic procedures and which are not essential for the health of parturient son and fetuses.[14]

Among these procedures is the routine episiotomy, due to the team's haste not to wait for the physiological time of delivery. It is a surgical incision in the perineal region of the woman, which aims to prevent or decrease the trauma of the tissues of the birth canal, favor the release of the conceptus, avoid unnecessary lesions of the cephalic pole submitted to pressure suffered against the perineum or accelerate risk deliveries that, if time-consuming, can lead to morbidity and mortality.[14]

Another procedure is the Kristeller Maneuver, through which pressure is exerted on the upper part of the uterus, in order to make the baby leave faster, an action that can bring harm to both the mother and the baby, mentions the fracture of the mother's ribs and a brain trauma in the baby.[24]

In addition to these procedures, there is routine administration of synthetic oxytocin, a hormone indicated in cases of deliveries that do not follow as expected and need to be expedited and that, if not performed, would expose parturient and fetus to risks of complications and death.[33] There is also the denial of analgesia, which is the application of low doses of anesthesia, only to reduce the discomfort of women, but the muscle tone of LlLL is maintained;[19] the limitation of the position of the parturient, in which, according to medical reports, women who were forced to be in a limited position at the time of delivery, contrary to the scientific evidence and the patient's own protagonism. Unfortunately, according to the birth in Brazil survey in 2011, among the 23,940 postpartum women approached, 91.7% were in a lithotomy position in childbirth, which is the one that parturients are submitted to be more frequent ly

in terms of childbirth experiences.[18]

In another category is verbal abuse, which can be defined as any desecrated injury to the woman, through embarrassing phrases, offensive characterization, humiliating words, screams, expressions that put her under pressure, provide false or incomplete information to alienate her to accept iatrogenic interventions, all in order to prevent the woman from expressing her feelings during the delivery process.[29] Below, follows a picture of verbal offenses reported to several parturients, which are quite common in obstetric routine:

Chart 2 - Elaborated by the authors based on the experiences of women who reported their their stories of childbirth.

"At the time of doing not shout!"; " It was good time to do it, right? Now hold on!"; " Whoever entered now will have to leave!"; " If you keep yelling, I won't come and help you!"; Don't scream, or the baby goes up!"; " Be quiet, or it will hurt more!"; " Shouting is no use!"; It's good to do, but when it's time to get out, it's fresh."; " Stop being weak and push!"
"Your husband better not attend the birth, or he'll be disgusted with you!"; "We'd better have a c-section, because normal delivery scares through the vagina and so you can preserve your sexual relations and give more pleasure to your husband!"; "Look, your pelvis is too narrow, your baby wouldn't pass there... we will have to have a c-section!"; " Your baby hasn't turned, he's sitting, he's going to have to be a C-section."

Another category of abuse is psychological violence, which are actions that, in some way, harm the mental health of women, whether in pregnancy, childbirth or puerperium. The above-mentioned phrases are examples of these, and transmit fear and insecurity to the woman, because they exclude her autonomy and self-esteem. All these aspects directly influence the strengthening of the bond between the mother and her newborn, and due to trivial reasons, the woman feels frustrated, sad, disabled, and can transform this phase, which was to be of joy, in desolation, with risks of postpartum depression, aversion to the newborn, removal, traumas that can be perpetual.[30]

Institutional violence is also part of this list of abuses against women. This is the lack of adequate environmental structure to receive the patient, neonate and companion, whether in the pregnancy, delivery or puerperal period, and also includes the omission of care. Many patients do not have a proper bed, in some hospitals she and her NB are unable to bathe, companions have nowhere to even sit (some stand or sit on the floor for an entire night).[28] The table below highlights the problems mentioned.

Table 3 - Elaborated by the authors regarding the forms of institutional unpreparedness to receive women, companions and neonates, characterizing a type of obstetric violence.2021.

Physical structure	Lack of space and minimum comfort for accommodation of companions.
Equipment	Outdated delivery tables for humanized care, lack of basic

shortage	instruments and materials (e.g. broken beds, unscrewed leggings, etc.)
Ambience	Unaired environments, intense artificial lighting, lack of institutionalization of the Housing Set, lack of sheets, burnt showers, absence of seat for the companion, etc.
Administrative	Lack or non-compliance with obstetric protocols aimed at the humanization of care in the pregnancy-puerperal cycle; lack of periodic training of all employees engaged in care; sparse staff.

Obstetric violence, perceptibly, is not a strand practiced only by a specific professional class. Any subject involved in the care of women during the process of pregnancy, childbirth or puerperium, is subject to practice it, even without deed, and Nursing is an example. Some nurses, perhaps because of their time of experience and their older education, have greater resistance to interpret obstetric violence as something totally harmful and unethical, and that is likely to be avoided, due to archaic thoughts and procedures that are no longer suitable to the present day, hence the importance of continuing education, that is, the professional needs to seek constant updating of their knowledge.[32]

Each nurse has his/her perception about obstetric violence. Some refer this term to physical abuse related to contraindicated maneuvers performed in women; others refer to psychological abuse, with regard to the scumlike or lying phrases referred to them, just like the pressure to which they are subjected; others simply do not understand the procedures contraindicated as configuring agents of obstetric violence, given the thought that they are necessary for the progress of childbirth, and that they are doing them to help the parturient, not the other way around, even though they are aware that these are not beneficial to the mother-child binomial, according to scientific evidence.[20]

One of the reasons why obstetric violence occurs in such an incidence is the lack of knowledge on the part of the pregnant woman, especially about the rights she has, the laws and government programs that support her, and what she needs to be truly subjected to during the care provided to her in the pregnancy-puerperal period. Many trust in the actions of professionals, because of their wisdom, and it is from there that the second cause of obstetric violence is pointed out: professionals, because of technical-scientific training, are placed as the protagonists of childbirth, and the parturient as an adjunct, in which their autonomy to decide on what will be performed in their body is taken away, as well as their right to receive ethical and holistic care.[1]

With regard to the humanization of childbirth, it goes beyond conceiving in the comfort of a home inside a bathtub surrounded by family members and/or loved ones. It is to rescue human contact, to listen, to have a true welcome, to take away doubts, to clarify, explain, to create a bond with the client, to involve the family, not to exclude their right to have a companion during labor, is to see her as the protagonist of the process of parturition, not excluding the need to make present properly prepared professionals, qualified and responsible who commit themselves in the personal and professional sphere to receive the pregnant woman in a respectful way, considering ethics and dignity, leading her

to the stimulus she needs to externalize her freedom with regard to her active place in the parturition process, being the protagonist of this.[23]

In order to support pregnant women, legal precepts and programs were established. Law 9.263/1996, which guarantees access to prenatal care, which deals with family planning, is mentioned here, providing that women should have access to comprehensive health care, prenatal care and care for childbirth, the puerperium and the newborn through the Unified Health System - SUS. In addition, the Stork Network, Ordinance No. 1,459/GM, which seeks to reduce maternal and infant mortality rates, ensuring the sexual and reproductive advantages of women, men, young people and adolescents, bringing the systematization and institutionalization of a new model of birth care based on scientific evidence and the principles of humanization, which guarantees women the right to pregnancy, safe and humanized childbirth and puerperium beyond the right to reproductive planning and, for children, the right to birth, healthy growth and development.[10]

We also highlight the Program of Humanization in Prenatal and Birth, of the year 2000, which was created by the Ministry of Health, through Ordinance/GM No. 569, of 01/06/2000, to cause a reduction in maternal, peri and neonatal morbidity and mortality rates, implement actions aimed at ensuring the quality and improvement of access and coverage to prenatal care, delivery and postpartum care. It seeks to expand the measures already implemented by the Ministry of Health in relation to the care of pregnant women, such as the implementation of measures such as The Safe Maternity, Training Project of Traditional Midwives, outside the application of capital for the improvement and training of professionals who are already in this area of care, and finally the investment in hospital units that are part of these networks.[3]

There is also the Pact for the Reduction of Maternal and Neonatal Mortality – 2004, which refers to a group of strategic actions, together with governments, services and health professionals, also involving the whole society, and aims to ensure quality care to women and children in Brazil through strategies of health care, as for example, the stimulus for the participation of state and municipal health councils in the definition of contents and structuring of the National Pact; the articulation of co-responsible partnerships between different institutions; ensure the right of pregnant women to have a companion in prepartum, childbirth and immediate postpartum and joint accommodation; ensure that postpartum women and newborns do not have assistance denied in the services or spend a lot of time looking for them, among other strategies.[17]

Em adição a isso, tem-se a Portaria n° 1.683, de 12 de Julho de 2007, que foi nominada por Norma de Orientação para a Implantação do Método Canguru, um modelo de cuidado perinatal, desenvolvido com o intuito de prestar uma atenção de forma humanizada ao RN de baixo peso, que agrupa estratégias de intervenção bio-psico-social, onde os pais e/ou os familiares devem ser orientados e acompanhados, recebendo suporte pela equipe de saúde treinada.[6] Existe também a Lei nº 11.108, de 2005 (Lei do Acompanhante) e Portaria nº 2.418, de 2 de dezembro de 2005, que garante o direito a todas as parturientes que são usuárias do Sistema Único de Saúde - SUS, terem um acompanhante de sua escolha durante todo o processo do trabalho de parto, parto e pós parto, fazendo com que a paciente se sinta mais segura e reduzindo as chances de ocorrerem atos violentos.[7]

Other ordinances and partnerships are also considered, such as Ordinance No. 2068/2016 - Ministry of Health, which recognizes the need for improvements in the quality of care for women and newborns;[8] Ordinance No. 985/1999 - Ministry of Health, which created the Center for Normal Delivery (NPC), within the scope of the Unified Health System (SUS), for the care of women in the pregnancy-puerperal period;[9] Safe Maternity Project, created with the objective of increasing the quality of maternal and child care and reducing morbidity and mortality;[34] The Public Network's Normal Delivery Center, which has become a reference in the Federal District, a unit that provides obstetric and neonatal care, offering humanized reference service, with privacy differential that each patient has in their rooms, extended visiting hours, welcoming environment, guidance provided by the team (which is formed by obstetricnurses, nursing technicians, nutritionists and technicians in Nutrition - not counting doctors); and, finally, the Center for Normal Delivery of the Private Network, which provides assistance to pregnancy, childbirth and birth in a humanized way by the private network, the Light of Candeeiro Parto e Cuidado Feminino, located in the center of Brasília, in the neighborhood of Asa Sul, since 2012.[21]

Conclusion

In view of the above-mentioned facts, it was possible to understand that the concept of obstetric violence is much broader than society imagines, involving everything from physical and psychological aspects to the structural environment that the woman will receive and, intentionally or not, occurs in a dark reality, often unsettling. The present study was able to evaluate the so much damage that these abusive acts cause, causes the pregnant woman/parturient/postpartum woman to lose her autonomy at the moment it is hers, making her a passive being, adjunct, as a manipulated object, with no chance of reprimanding acts that bother her, which bring her suffering, fear, sadness, for fear of being harassed by professionals, who are the ones who should encourage it.

Moreover, it was analyzed that, due to the alienation that individuals have on the figure of the health worker, these violent acts are masquerading in the midst of routine, and become recurrent as if they were something common of care. Most put all their trust in the teams because of the scientific framework involved, so it creates the idea that the components are always doing what is right, and that the decisions they make must be compressed because it is the best thing to be made. It is interpreted that obstetric violence praises the professional and reduces the role of women, a step that only he is benefited, while the woman is totally harmed.

As emphasized, obstetric violence is a risk factor for fetal mortality, worrying world entities, and is increasingly focused on debates. However, with the literature review carried out, it is noticeable a restricted awareness of citizens regarding the concept of this aspect, in addition to various insecure interpretations, which makes evident the need for more research involving this theme, greater mass disclosures of its aspects, with clear language, in addition to more guidance on the rights of women as pregnant women, parturients and puerperal women, in order to create a critical sense in the population, avoiding violence. As demonstrated throughout this, Brazil even has government

programs and legislation aimed at improving obstetric care and implementing humanized care, however, we note that it is a necessity for the institutions to routinely supervise institutions, as these programs are not always obeyed in practice. It is also essential to create strict laws that realize the real concept of obstetric violence and punish those responsible for practicing it, as already occurs in several countries.

Another possible solution identified is the support to women psychologically harmed by obstetric violence, through programs that welcome them, with professionals who provide this type of care, because mental health should also be valued. It is also essential to improve the physical structure of hospital institutions, especially public ones, to offer greater comfort to users, as well as the construction of more Normal Delivery Centers, as they are a reference in humanized care in childbirth and postpartum.

Professionals are also involved in this search for the eradication of violence, and can contribute by seeking continuing education, that is, the constant updating of their knowledge, so as not to be concerned with obsolete methods of assistance and feel prepared to warn a colleague to do so. The nurse, as a health promoter, must honor his oath and provide the essence of his profession: to take care of the human being in a holistic way. It is the obligation of all involved to obey the recommendations and contraindications of health agencies, recognizing and respecting women's citizenship, preserving their entirety.

It is expected that the subjects addressed in this study can contribute to the perception of the importance of respectful obstetric care based on scientific evidence, and how harmful the lack of it can be. It is wished that it has become clear that interventions should be used only when there are true indications, allowing women to bring their children into the world with dignity and protagonism.

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