

# The nurse as a facilitator of humanized childbirth and protector of women's rights

## O enfermeiro como facilitador do parto humanizado e protetor do direito das mulheres

### La enfermera como facilitadora del parto humanizado y protectora de los derechos de las mujeres

Isadora Coquevilli da Silva<sup>1</sup>, Livia Maria de Faria<sup>2</sup>, Livia Cristina Scalon da Costa Perinoti<sup>3</sup>, Eluana Maria Cristofaro Reis<sup>4</sup>

**How to cite:** Silva IC, Faria LM, Perinoti LCSC, Reis EMC. The nurse as a facilitator of humanized childbirth and protector of women's rights. REVISIA. 2024; 13(Esp2): 1092-109. Doi: <https://doi.org/10.36239/revisa.v13.nesp2.p1092a1109>

# REVISIA

1. University Center of Associated Colleges of Education. São João da Boa Vista, São Paulo, Brazil.  
<https://orcid.org/0009-0000-8793-2289>

2. University Center of Associated Colleges of Education. São João da Boa Vista, São Paulo, Brazil.  
<https://orcid.org/0009-00096110-8588>

3. University Center of Associated Colleges of Education. São João da Boa Vista, São Paulo, Brazil.  
<https://orcid.org/0000-0002-7056-8852>

4. University Center of Associated Colleges of Education. São João da Boa Vista, São Paulo, Brazil.  
<https://orcid.org/0000-0003-4683-5858>

Received: 13/07/2024  
Accepted: 22/09/2024

#### RESUMO

**Objetivo:** desenvolver uma cartilha de orientação para profissionais de saúde visando a promoção do parto humanizado e a proteção dos direitos das mulheres durante o parto, com base em uma revisão integrativa da literatura. **Método:** trata-se de um estudo metodológico com o objetivo de criar uma cartilha para profissionais de saúde sobre boas práticas no parto humanizado. A busca bibliográfica foi realizada em maio de 2024 nas bases SciELO, BVS e SCOPUS. Foram analisados 100 artigos publicados entre 2014 e 2024, focando na violência obstétrica e nos cuidados de enfermagem. Os critérios de inclusão foram artigos em texto completo em português, inglês ou espanhol. **Resultados:** após a aplicação dos critérios de inclusão e exclusão, foram selecionados 22 artigos para análise. Esses artigos foram sintetizados para orientar o desenvolvimento da cartilha, que incluiu tópicos chave como a prevenção da violência obstétrica, a promoção do consentimento informado e o respeito à autonomia das mulheres durante o parto. **Conclusões:** os artigos analisados revelam uma clara necessidade de conscientização e formação contínua dos profissionais de saúde para prevenir a violência obstétrica, o que justifica a importância da cartilha de boas práticas. **Descritores:** Cuidados de Enfermagem; Enfermagem; Parto humanizado; Violência Obstétrica.

#### ABSTRACT

**Objective:** to develop an educational booklet for healthcare professionals to promote humanized childbirth and protect women's rights during delivery, based on an integrative literature review. **Method:** this methodological study aimed to create a booklet for healthcare professionals on best practices in humanized childbirth. The literature search was conducted in May 2024 using databases like SciELO, BVS, and SCOPUS. A total of 100 articles from 2014 to 2024 were analyzed, focusing on obstetric violence and nursing care. Inclusion criteria were full-text articles in Portuguese, English, or Spanish. **Results:** After applying inclusion and exclusion criteria, 22 articles were selected for analysis. These articles were synthesized to guide the development of the booklet, which included key topics such as preventing obstetric violence, promoting informed consent, and respecting women's autonomy during childbirth. **Conclusions:** the analyzed articles reveal a clear need for awareness and continuous training of healthcare professionals to prevent obstetric violence, which justifies the importance of the best practices booklet. **Descriptors:** Nursing Care; Nursing; Humanized Childbirth; Obstetric Violence.

#### RESUMEN

**Objetivo:** desarrollar un folleto educativo para los profesionales de la salud con el fin de promover el parto humanizado y proteger los derechos de las mujeres durante el parto, basado en una revisión integradora de la literatura. **Método:** Se trata de un estudio metodológico con el objetivo de crear un folleto para los profesionales de la salud sobre buenas prácticas en el parto humanizado. La búsqueda bibliográfica se realizó en mayo de 2024 en las bases SciELO, BVS y SCOPUS. Se analizaron 100 artículos publicados entre 2014 y 2024, enfocados en la violencia obstétrica y los cuidados de enfermería. Los criterios de inclusión fueron artículos en texto completo en portugués, inglés o español. **Resultados:** Después de aplicar los criterios de inclusión y exclusión, se seleccionaron 22 artículos para el análisis. Estos artículos se sintetizaron para guiar el desarrollo del folleto, que incluyó temas clave como la prevención de la violencia obstétrica, la promoción del consentimiento informado y el respeto por la autonomía de las mujeres durante el parto. **Conclusiones:** los artículos analizados revelan una clara necesidad de concienciación y formación continua de los profesionales de salud para prevenir la violencia obstétrica, lo que justifica la importancia del folleto de buenas prácticas. **Descriptor:** Atención de Enfermería; Enfermería; Nacimiento humanizado; Violencia Obstétrica.

REVIEW

## Introduction

In Brazil, humanized childbirth is an approach that seeks to respect the nature and wishes of the pregnant woman. In this model, the pregnant woman and her child, about to be born, assume the role of protagonists. In addition to medical procedures, it is equally essential to offer attention and care to the delicate moment that mother and child are experiencing.<sup>1</sup>

Humanized childbirth involves woman-centered, personalized care based on scientific evidence. It respects the natural physiological evolution of childbirth, which implies a careful indication for cesarean sections, which should not exceed 15%.<sup>2</sup>

The deprivation of women's rights at the time of their childbirth is understood as obstetric violence. According to the World Health Organization (WHO), it refers to any conduct, action or omission committed by health professionals, directed at a pregnant woman, during childbirth or in the postpartum period, which causes pain, suffering, physical, psychological or emotional damage.<sup>3</sup>

A study carried out in Brazil points out that almost 70% of Brazilian women want a normal birth at the beginning of pregnancy, but unfortunately, few are supported. Among pregnant women who achieved normal delivery, there was a predominance of a centralized medical care model, with excessive and unnecessary interventions, which are not recommended by the WHO as routine and still cause pain and suffering. Among these interventions, the restriction of bed and food, the use of contraction-inducing drugs and the Kristeller maneuver stand out, which is the use of force on the abdomen to "help" in the expulsion of the baby.<sup>4</sup>

In addition to the types of violence mentioned, we also find name-calling, comments related to color, race, age, sexual orientation and social class. The use of oxytocin (a drug used to induce labor) without necessity, denying analgesia, not allowing the woman to choose the delivery position, forcing her to perform the delivery in the lithotomy position, episiotomy without previously informing her, digital exams performed repeatedly, prohibiting a companion, unnecessary cesarean section without informing the risks and preventing breastfeeding in the first hour are common situations present in childbirth care.<sup>5</sup>

A study carried out with health professionals identified physical, psychological, verbal abuse, and limitation of position during childbirth as common forms of obstetric violence, rooted in gender issues, taking away control of the woman's body. Violence in maternity hospitals is multifaceted and stems from a patriarchal view of medicine about the female body, requiring changes in health training, continuing education and inspection of hospital practices. Investments in debates on sexual and reproductive rights, humanization policies and monitoring committees are essential.<sup>6</sup>

The Ministry of Health recognizes as a woman's right humanized treatment from the beginning of pregnancy until childbirth. From Ordinance 569 of June 1, 2000, it aims that there should be improvement in the humanization program from prenatal care to birth. It requires as a right, dignified care and monitoring during pregnancy.<sup>2</sup>

The humanization of childbirth allows the inclusion of nurses, with the aim of creating a more welcoming and familiar environment for women in labor. This favors the active participation of parturients, promoting their empowerment at all stages of the process, in addition to reducing anxiety and increasing the feeling of security.<sup>7</sup>

A study carried out with nurses from the Family Health Strategy in Brazil reveals a fragile understanding of what obstetric violence is, with its approach being carried out prematurely and professionals are unprepared on the subject so that there would be guidance on the subject for pregnant women during prenatal care.<sup>8</sup>

Reflecting on this lack of preparation of professionals, it is notable that currently the existing literature is based on the incidence, types of obstetric violence and guidance to women.

In this sense, the objective of this study was to develop an orientation booklet for health professionals, aiming at the promotion of humanized childbirth and the guarantee of women's rights during childbirth, through an integrative review as a theoretical framework.

## Methodology

This is methodological research for the development of a booklet of good practice for health professionals, in order to promote humanized childbirth and guarantee the rights of parturients.

It is a research approach that focuses on the development of data collection tools and methods. This type of study is crucial to ensure that the instruments used in research are accurate, reliable, and valid.<sup>9</sup>

First, the following guiding question was elaborated: What is the role of nurses in the prevention of obstetric violence? The search for articles was carried out during the month of May 2024, through the Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL) and SCOPUS databases through the Capes Journal Portal, based on the following descriptors, from the descriptors in Health Sciences (DeCS) and Boolean operators: "Obstetric Violence" AND "Nursing Care" for the SciELO and VHL databases and "Obstetric Violence" AND "Nursing Care" for SCOPUS, 48 articles were found in the VHL, 5 in SciELO and 47 articles in SCOPUS.

As inclusion criteria, articles published between 2014 and 2024, in Portuguese, English, and Spanish, which were available in the full version, were used. The exclusion criteria were duplicate articles among the databases, theses and dissertations and those that did not answer the research question. This process involved four phases: recognition, selective reading, critical reading and interpretative reading, based on the PRISMA methodology.

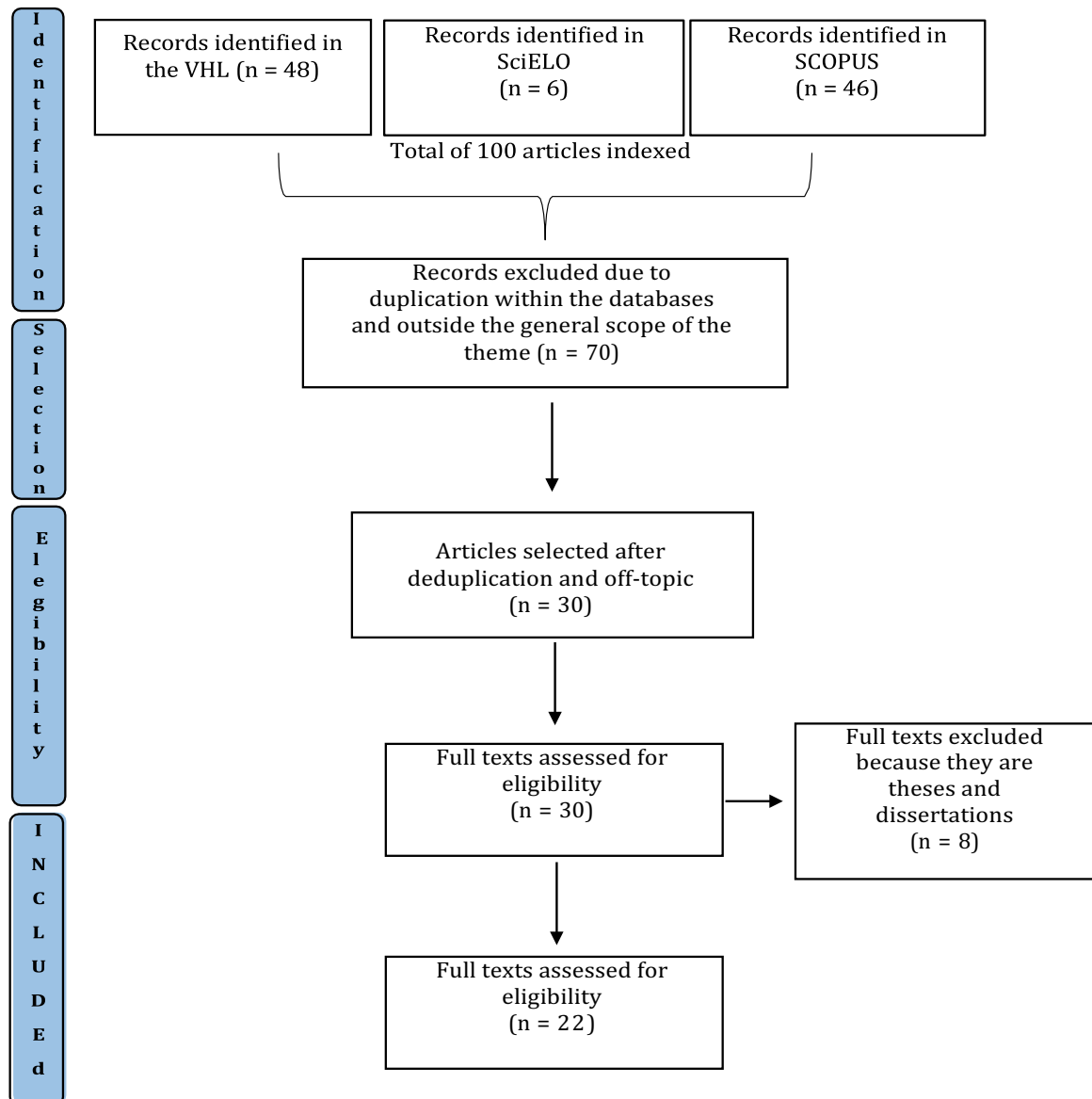
The data collected from the literature review served as a theoretical reference, and from the readings carried out, the initial "skeleton" of the booklet was established. Through the conclusions of the included studies, the items to be made available in the booklet were selected and studied in detail, based on the reading and analysis of nursing care for the prevention of obstetric violence, available in the Manual of National Guidelines for Childbirth Care and the WHO recommendations: intrapartum care for a positive childbirth experience.<sup>2,10</sup>

Thus, the entire textual part was developed in a clear and succinct way possible, addressing in its content the role of the nurse as a facilitator of humanized childbirth and the guarantee of women's rights, consequently, in the prevention of obstetric violence.

With the help of a graphic design, the art of the booklet, all the vector part, formatting, configuration and layout of the pages were elaborated. In this stage, the guidelines related to language, illustration and layout that should be considered for the elaboration of printed educational materials were used in order to make them legible, understandable, effective and relevant to what is proposed.

## **Results**

Of the 100 articles found, 78 were excluded, 34 of which were from the VHL database, four from SciELO and 40 from SCOPUS. In the analysis of the literature review on obstetric violence practices and nursing care, 22 articles were selected for the construction of this review. The articles were organized and presented according to the PRISMA methodology described in Figure I.



**Figure 1** - PRISMA flowchart (adapted) of the study selection process.

The 22 selected articles were tabulated according to the title of the article, the type of study, the base, the year of publication, and the main conclusions/considerations of the study. This synthesis of the articles is represented in Chart I, as shown below:

**Chart 1** - Synthesis of the articles selected in the literature review that served as a theoretical reference for the development of the booklet. São João da Boa Vista- SP, 2024.

Article	Article Title	Type of study	Database	Year	Conclusions/Considerations
A1	The meanings of obstetric violence in the labor and birth process	Phenomenological study	BVS	2023	Ethical, vital and scientific values support a safe and quality practice, protecting against obstetric violence. However, the devaluation of health education contributes to the invisibility of women and the violence they face. <sup>11</sup>
A2	Obstetric violence in the light of the Theory of Diversity and Universality of Cultural Care	This is a cross-sectional, descriptive study with a qualitative approach	BVS	2022	The study guides health professionals to reflect on their practices during prenatal care and childbirth, taking into account the cultural context of the parturients. However, the complexity of obstetric violence and the lack of information can make it difficult for postpartum women to perceive the issue. <sup>12</sup>
A3	Experiences on obstetric violence: Good nursing practices in childbirth care	Exploratory and descriptive research, with a qualitative approach	BVS	2022	The survey highlights the importance of establishing a strong bond between health professionals and parturients, in addition to emphasizing the need for health education and continuous training to ensure good care practices. <sup>13</sup>
A4	Hacia una atención de calidad integral en las maternidades con perspectiva de derechos humanos	Explorative study	BVS	2022	It is essential to reassess care practices, adopting strategies that include evidence-based guidelines and training focused on women's needs from academic training. <sup>14</sup>
A5	Characterization of obstetric care developed in teaching hospitals in a capital city in northeastern Brazil	Retrospective cohort study	BVS	2022	It is essential to improve the training of these professionals in hospitals and maternity hospitals, both for new and already graduated, through continuing education. This will ensure safe care, based on scientific evidence, that values the individuality of the woman and the newborn. The paradigm shift should include the demedicalization and

					depathologization of pregnancy, highlighting the crucial role of obstetric nurses and midwives. <sup>15</sup>
A6	Nurses' care for parturients in the hospital context: a look at obstetric violence.	Literature review	BVS	2022	Nurses, as health promoters, must honor their oath and offer holistic care to human beings. It is the responsibility of all those involved to follow the guidelines and contraindications of health agencies, recognizing and respecting women's citizenship and preserving its integrity. <sup>16</sup>
A7	Experiencing disorders in the practice of obstetric nurse care: a complex look at the phenomenon	Qualitative study	BVS	2021	Nurses face significant challenges in natural childbirth care, such as lack of autonomy, the predominance of the medical approach and the presence of obstetric violence, which reflect their dissatisfaction at work. To promote effective change, it is essential for obstetric nurses to make autonomous decisions and seek freedom in their professional practice. <sup>17</sup>
A8	Women and childbirth: meanings of obstetric violence and the nursing approach	Qualitative study	BVS	2020	The study highlighted the lack of guidance for pregnant women during prenatal and postpartum care, evidencing the scarcity of information on obstetric violence in the community. It emphasizes the need for up-to-date and humanized nurses, who protect the dignity of women and ensure their rights according to the National Humanization Policy. <sup>18</sup>
A9	Obstetric violence: the approach to the theme in the education of obstetric nurses	This is a descriptive study with a qualitative approach	BVS	2020	Through the Collective Subject Discourse, the relevance of nurses' education was observed, which allows for comprehensive care and contributes to a physiological process, potentially reducing obstetric violence. <sup>19</sup>
A10	Primary care nurses' knowledge about obstetric violence	This is a descriptive-exploratory study with a qualitative approach	BVS	2020	The results show that primary care nurses' understanding of obstetric violence is limited and its approach is incipient. In addition, there is a lack of preparation to provide adequate information to pregnant women

					during prenatal care. It is essential that this knowledge is part of the daily life of nurses, and health education should inform women about their rights. <sup>8</sup>
<b>A11</b>	Obstetric violence and nursing care: reflections based on the literature	Literature review	BVS	2020	It is crucial to develop awareness and guidance actions for health professionals, especially nurses, who are closer to patients. This can be achieved through training programs and prevention campaigns, aiming to offer humanized and adequate care during labor and birth. <sup>20</sup>
<b>A12</b>	Obstetric violence: an integrative review	Integrative review	BVS	2019	Professional unpreparedness, medicalization, authoritarianism, and women's socioeconomic level are interconnected and contribute to obstetric violence. To change this scenario, it is essential to implement public policies, especially focused on the training of obstetric nurses, who play a crucial role in strengthening a humanistic model. <sup>21</sup>
<b>A13</b>	Nursing care in the prevention of obstetric violence	Integrative review	BVS	2018	Health care must be transformed through a humanized approach, where institutions and professionals, especially nurses, welcome women and their families with dignity and respect. <sup>22</sup>
<b>A14</b>	Formas de violência obstétrica experimentada por madres que tuvieron un parto normal	This is a descriptive study with a qualitative approach.	BVS	2017	This study revealed that violence is expressed through the words and attitudes of professionals who care for parturients. Health professionals have the responsibility to ensure dignified and respectful care, adverse working conditions should not be seen as a justification for the occurrence of obstetric violence. <sup>23</sup>
<b>A15</b>	Amplifying voices on obstetric violence: advocacy recommendations for nurse-midwives	Multicenter research	SciELO	2021	It is essential to improve professional training to break with the obstetric approach centered on the medicalization and pathologization of pregnancy, promoting care based on scientific evidence. <sup>24</sup>



A16	'I believe respect means providing necessary treatment on time' - a qualitative study of health care providers' perspectives on disrespect and abuse during childbirth in Southwest Ethiopia	Qualitative research	Scopus	2023	Most health care workers, including midwives and nurses, did not acknowledge the experiences of disrespect and abuse faced by women during childbirth, suggesting a normalization of these inappropriate practices. <sup>25</sup>
A17	Violencia ginecobstétrica en mujeres gestantes, lactantes y en postpartum en san juan de pasto, Nariño, Colombia	Quantitative descriptive study with cross-sectional design	Scopus	2023	Some women reported feeling verbally and psychologically abused by nursing staff during childbirth, as well as facing a lack of privacy in vaginal examinations due to the presence of medical students without their consent. <sup>26</sup>
A18	Why do some health care providers disrespect and abuse women during childbirth in India?	Qualitative research	Scopus	2022	This study reveals that midwives and nurses have a good understanding of the factors that lead to maltreatment against women and can contribute to change through advocacy, management, education, regulation and service delivery. <sup>27</sup>
A19	Theory analysis of social justice in nursing: Applications to obstetric violence research	Theoretical analysis of the emancipatory praxis of nursing	Scopus	2021	It is necessary to establish a zero-tolerance view of obstetric violence, recognizing it as a violation of human rights, and to implement standardized methods to identify and mitigate its risks. <sup>28</sup>
A20	A Concept Analysis of Obstetric Violence in the United States of America	Concept analysis through literature review	Scopus	2020	Nursing being the largest group of licensed healthcare professionals, they spend more time with patients. Ethical care in nursing is opposed to Obstetric Violence, and restoring empowerment in the nurses' work environment can contribute to the humanization of childbirth. <sup>29</sup>

A21	Self-reported disrespect and abuse by nurses and midwives during childbirth in Tanzania: a cross-sectional study	Cross-sectional research with a quantitative approach	Scopus	2020	Almost all nurses and midwives reported witnessing disrespect and abuse during childbirth, with the main behaviours being lack of confidentiality, non-consensual care and undignified treatment, including verbal abuse. <sup>30</sup>
A22	Obstetric violence in Brazil: a narrative review	Narrative review	SciELO	2017	The results found express the need to promote a more adequate health environment for both users and professionals, in which procedures are more regularized, clear and organized, and provide a safer environment. <sup>31</sup>

The bibliographic survey described in Chart I made it possible to survey six topics to be addressed in the booklet: 1) Education and training of professionals to prevent obstetric violence; 2) Women's autonomy and respect for the rights of parturients; 3) Informed consent and involvement of women in decisions; 4) Disrespect and abuse during childbirth (verbal, physical, psychological); 5) The importance of health education for women and pregnant women; 6) The role of the nurse in preventing and combating obstetric violence. The booklet was named "Good Practices in Nurse Care as a Facilitator of Humanized Childbirth and Protector of Women's Rights", shown in Figure 2:



**Figure 2:** Cover of the booklet: Good Practices in nursing care as a facilitator of humanized childbirth and protector of women's rights. The booklet can be accessed in full through the link: [https://drive.google.com/file/d/1yj789iLAY2YMBFTN\\_k1b3VD1k\\_pGryFs/view?usp=sharing](https://drive.google.com/file/d/1yj789iLAY2YMBFTN_k1b3VD1k_pGryFs/view?usp=sharing)

## Discussion

### Education and training of professionals to prevent obstetric violence

The training and continuing education of health professionals are fundamental for the prevention of obstetric violence. Several studies (articles 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 15, 18, 19, 20, 22) highlight the importance of inserting this theme in the curriculum of educational institutions and in the training of professionals already working. Adequate training contributes to the awareness of professionals in relation to women's rights and to the practice of humanized and evidence-based care. The improvement of knowledge is essential to deconstruct outdated care models and promote safe and respectful practices. Training also includes training to deal with ethical and legal issues, as well as evidence-based practices, ensuring that nurses can protect the integrity and rights of the women in their care.

Until the seventeenth century, childbirth was a largely feminine event, conducted by the parturient, midwives and relatives at home, without concern for physiological aspects. With modernization and medical advances, childbirth migrated to the hospital environment, aiming at better care, but it became a medicalized process that transformed the parturient from protagonist into object.<sup>32</sup>

### Women's autonomy and respect for the rights of parturientes

Studies (articles 3, 4, 7, 8, 13, 14, 17, 19) indicate that respect for women's choice and their active participation in decisions related to childbirth are practices that strengthen their protagonism and reduce the traditional hierarchy of obstetric care. By giving voice and space to women, health professionals promote a more humanized and respectful care, reinforcing the recognition of their rights and dignity. Humanization involves welcoming, active listening, and person-centered attention, respecting their needs and feelings. By providing a welcoming and safe environment, health professionals are able to reduce unnecessary interventions and women's suffering, promoting a more positive and respectful birth experience. Humanization is, therefore, an essential pillar for the transformation of obstetric care models.

Studies highlight the importance of providing pregnant women with information about the risks and benefits of different types of childbirth, based on up-to-date data from scientific research, so that they can better understand the procedures and make informed decisions.<sup>33</sup>

In addition, health professionals are essential to promote health and prevention in the context of childbirth, through lectures and meetings or the inclusion of critical discussions during nursing consultations, giving voice to women from the discovery of pregnancy to the puerperium.<sup>18</sup>

### **Informed consent and women's involvement in decisions**

Lack of informed consent is a form of obstetric violence frequently pointed out in studies (articles 4, 7, 8, 17, 21). Ensuring that women are properly informed and that their decisions are respected is a fundamental right in obstetric care. The involvement of women in all stages of the process, from prenatal care to childbirth, promotes their autonomy and protagonism, avoiding coercive or abusive practices. Informed consent is, therefore, a practice that reflects respect for the dignity and rights of women in the context of health care.

There is increasing evidence showing that women face disrespect and abuse from health professionals during childbirth in institutions. The authors identified various forms of abuse, such as physical abuse, non-consensual and undignified care, discrimination, abandonment, and detention in health facilities.<sup>34</sup> Similar negative experiences during childbirth are reported in Tanzania.<sup>35</sup>

The prevalence of postpartum disrespect and abuse ranges between 12% to 70%, with the most common experiences involving undignified care, such as yelling and threats, and abandonment, where women are ignored and give birth unaccompanied. Observational studies indicate that almost all women (80-100%) did not consent to examinations, 5% experienced disrespectful language from providers, and between 6% and 60% were yelled at during history collection.<sup>36</sup>

## **Disrespect and abuse during childbirth (verbal, physical, psychological)**

Studies (articles 5, 7, 11, 12, 16, 17, 21) show that such disrespectful practices are common and have negative impacts on women's mental and physical health. Among the experiences reported, the lack of privacy, interventions without consent and inhumane treatment stand out. Recognizing these practices and understanding their effects are essential steps for health professionals to modify their behaviors and promote more dignified and respectful obstetric care.

Studies affirm that the provision of quality maternal health services depends on a well-structured health unit and qualified professionals, capable of offering effective, safe and empathetic care. It is evident that the competence and attitudes of health providers, as well as the environment in which care is provided, are fundamental to the quality of care and to the experience of women during childbirth.<sup>37</sup>

## **The importance of health education for women and pregnant women**

When well informed about their rights, procedures and childbirth practices, women become more empowered to make conscious decisions and actively participate in the process. Studies (articles 1, 2, 4, 8, 10, 12, 18, 22) suggest that the lack of information and health education contributes to the vulnerability of pregnant women, facilitating the occurrence of abusive practices. The promotion of health education is, therefore, a key strategy to empower women and promote safer and more humanized childbirth.

There are studies that consider that health education, through educational actions, is essential to promote the exchange of knowledge between professionals and pregnant women. This helps to clarify doubts, foster criticism and promote health, allowing the strategies of action in Primary Health Care (PHC) to be rethought, especially during prenatal care.<sup>8</sup>

## **The role of the nurse in preventing and combating obstetric violence**

Finally, studies (1, 2, 5, 6, 8, 9, 10, 18, 19, 20, 22) highlight the fundamental role of nurses in coping with obstetric violence. As professionals who are in direct and continuous contact with pregnant women, nurses have the responsibility to promote ethical and humanized care. They can act in raising awareness, guiding pregnant women about their rights and implementing evidence-based practices. By adopting a woman-centered approach, nurses become agents of transformation, contributing to the reduction of inequalities and abusive practices in the obstetric context.

To promote change in the obstetric model and improve childbirth care, obstetric nursing plays a crucial role. The training of

obstetric nurses must include skills that guarantee comprehensive care, respecting childbirth as a physiological process, which brings safety and comfort to women, rescuing their self-confidence and strengthening their ability to give birth.<sup>38</sup>

According to the Pan American Health Organization (PAHO), the obstetric nurse stands out for her uniqueness in care, providing harm-free care, with an emphasis on health promotion and disease prevention. This professional focuses on self-care and human dignity, empowering women in their choices, avoiding harmful cultural practices that can take away their protagonism during pregnancy, and promoting the view of pregnancy as a normal life event.<sup>15</sup>

## **Conclusion**

The results reveal the urgency of transforming the current obstetric model in favor of a more humanized and respectful care. The articles analyzed reveal a clear need for awareness and continuous training of health professionals to prevent obstetric violence. The topics raised for the booklet "Good Practices in Nurse Care as a Facilitator of Humanized Childbirth and Protector of Women's Rights" emphasize the importance of women's education and autonomy, in addition to respect for their rights during childbirth.

The evidence that lack of information and low education contribute to the perpetuation of obstetric violence underlines the need to promote health education from prenatal care, enabling women to become protagonists of their childbirth experiences. The role of nurses is vital in this context, since they are the professionals who maintain the closest contact with pregnant women. Their training should include skills that ensure evidence-based practice, with a focus on ethical and humanized care.

Therefore, for obstetric care to be truly transformed, it is essential that educational institutions and health services adopt a woman-centered approach, promoting the autonomy and rights of parturients. Only in this way will it be possible to reduce the incidence of disrespect and abuse during childbirth and ensure a more dignified and safe experience for all women.

## **Acknowledgment**

This study was funded by the authors themselves

## References

1. BARROS, Myrlla Nohanna Campos; DE MORAES, Taynara Logrado. Parto humanizado: uma perspectiva da política nacional de humanização. *Revista Extensão*, v. 4, n. 1, p. 84-92, 2020.
2. BRASIL. Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Gestão e Incorporação de Tecnologias em Saúde. Diretrizes nacionais de assistência ao parto normal: versão resumida. Ministério da Saúde, Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Gestão e Incorporação de Tecnologias em Saúde. – Brasília: Ministério da Saúde, 2017.
3. OMS. Organização Mundial da Saúde. Prevenção e eliminação de abusos, desrespeito e maus-tratos durante o parto em instituições de saúde – Declaração da OMS. 2014.
4. LEAL, Maria do Carmo; GAMA, Silvana Granado Nogueira da. Nascer no Brasil. *Cadernos de Saúde Pública*, v. 30, n. Suppl 1, p. S5-S5, 2014.
5. DO ESTADO, DEFENSORIA PÚBLICA-GERAL. OBSTÉTRICA.
6. TRAJANO, Amanda Reis; BARRETO, Edna Abreu. Violência obstétrica na visão de profissionais de saúde: a questão de gênero como definidora da assistência ao parto. *Interface-Comunicação, Saúde, Educação*, v. 25, p. e200689, 2021.
7. GOMES, Cleidiana Moreira; OLIVEIRA, Marilucia Priscilla Silva; DE LUCENA, Glaucia Pereira. O papel do enfermeiro na promoção do parto humanizado. *Revista Recien-Revista Científica de Enfermagem*, v. 10, n. 29, p. 180-188, 2020.
8. DA SILVA, Mariana Isidoro; AGUIAR, Ricardo Saraiva. Conhecimento de enfermeiros da atenção primária acerca da violência obstétrica. *Nursing Edição Brasileira*, v. 23, n. 271, p. 5013-5024, 2020.
9. POLIT, Denise F.; BECK, Cheryl Tatano. Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática da enfermagem. Artmed Editora, 2018.
10. OMS. Organização Mundial da Saúde. Recomendações: cuidados intraparto para uma experiência positiva de parto. Genebra: Organização Mundial da Saúde, 2018
11. PEREIRA RODRIGUES, Diego et al. Los significados de la violencia obstétrica en el proceso de parto y nacimiento. *Revista Cubana de Enfermería*, v. 39, 2023.
12. PEREIRA LIMA MELO, Bruna Larisse et al. Violência obstétrica à luz da Teoria da Diversidade e Universalidade do Cuidado Cultural. *Revista Cuidarte*, v. 13, n. 1, 2022.

13. NASCIMENTO, David Ederson Moreira do et al. Vivências sobre violência obstétrica: Boas práticas de enfermagem na assistência ao parto. *Nursing* (Ed. bras., Impr.), p. 8242-8253, 2022.
14. TRONCOSO-ESPINOZA, Paulina V.; FIGUEROA-LASSALLE, Christian F. Hacia una atención de calidad integral en las maternidades con perspectiva de derechos humanos. *Revista chilena de obstetricia y ginecología*, v. 87,n. 2, p. 137-144, 2022.
15. OLIVEIRA, Larissa Lages Ferrer de et al. Caracterização da atenção obstétrica desenvolvida em hospitais de ensino de uma capital do nordeste brasileiro. *Revista Brasileira de Enfermagem*, v. 75, p. e20200896, 2021.
16. DO NASCIMENTO, Raphaela Correia; DE SOUZA, Ana Carolina Ferreira. A assistência do enfermeiro à parturiente no contexto hospitalar: um olhar sobre a violência obstétrica. *REVISA*, v. 11, n. 2, p. 149-162, 2022.
17. COSTA, Maria Cláudia Medeiros Dantas de Rubim et al. Vivenciando as desordens na prática do cuidado do enfermeiro obstetra: o olhar complexo ao fenômeno. *Rev. Pesqui.(Univ. Fed. Estado Rio J., Online)*, p. 490-496, 2021.
18. OLIVEIRA, Mariana Roma Ribeiro de; ELIAS, Elayne Arantes; OLIVEIRA, Sara Ribeiro de. Mulher e parto: significados da violência obstétrica e a abordagem de enfermagem. *Rev. enferm. UFPE on line*, p. [1-8], 2020.
19. SILVA, Thalita Monteiro da et al. Violência obstétrica: a abordagem da temática na formação de enfermeiros obstétricos. *Acta Paulista de Enfermagem*, v. 33, p. eAPE20190146, 2020.
20. CASTRO, A. T. B.; ROCHA, S. P. Violência obstétrica e os cuidados de enfermagem: reflexões a partir da literatura. *Enferm Foco [Internet]*. 2020 [cited 2020 Sept 5]; 11 (1): 176-81.
21. SOUZA, Ana Clara Alves Tomé de et al. Violência obstétrica: uma revisão integrativa. *Rev. enferm. UERJ*, p. e45746-e45746, 2019.
22. DE MEDEIROS MOURA, Rafaela Costa et al. Cuidados de enfermagem na prevenção da violência obstétrica. *Enfermagem em foco*, v. 9, n. 4, 2018.
23. DA-SILVA-CARVALHO, Isaiane; SANTANA-BRITO, Rosineide. Formas de violencia obstétrica experimentada por madres que tuvieron un parto normal. *Enfermería global*, v. 16, n. 47, p. 71-97, 2017.
24. ZANCHETTA, Margareth Santos et al. Ampliando vozes sobre violência obstétrica: recomendações de advocacy para enfermeira (o) obstetra. *Escola Anna Nery*, v. 25, n. 5, p. e20200449, 2021.
25. WERDOFA, Hirut Megersa et al. 'I believe respect means providing necessary treatment on time'-a qualitative study of health care providers' perspectives on disrespect and abuse during childbirth in Southwest Ethiopia. *BMC Pregnancy and Childbirth*, v. 23, n. 1, p. 257,



2023.

26. VILLOTA, María Fernanda Enríquez; ROCHA, Manuela Geraldine Mesías; MORALES, Yibi Natalia Rojas. Violencia ginecobstétrica en mujeres gestantes, lactantes y en postparto en San Juan de Pasto, Nariño, Colombia. *Horizonte de Enfermería*, v. 33, n. 3, p. 208-221, 2022.

27. MAYRA, Kaveri; MATTHEWS, Zoë; PADMADAS, Sabu S. Why do some health care providers disrespect and abuse women during childbirth in India?. *Women and birth*, v. 35, n. 1, p. e49-e59, 2022.

28. GARCIA, Lorraine M. Theory analysis of social justice in nursing: Applications to obstetric violence research. *Nursing ethics*, v. 28, n. 7-8, p. 1375-1388, 2021

29. GARCIA, Lorraine M. A concept analysis of obstetric violence in the United States of America. In: *Nursing forum*. 2020. p. 654-663.

30. SHIMODA, Kana; LESHABARI, Sebalda; HORIUCHI, Shigeko. Self-reported disrespect and abuse by nurses and midwives during childbirth in Tanzania: a cross-sectional study. *BMC pregnancy and childbirth*, v. 20, p. 1-10, 2020.

31. ZANARDO, Gabriela Lemos de Pinho et al. Violência obstétrica no Brasil: uma revisão narrativa. *Psicologia & sociedade*, v. 29, p. e155043, 2017.

32. VENDRÚSCOLO, Cláudia Tomasi; KRUEL, Cristina Saling. A história do parto: do domicílio ao hospital; das parteiras ao médico; de sujeito a objeto. *Disciplinarum Scientia | Ciências Humanas*, v. 16, n. 1, p. 95-107, 2015.

33. DOS SANTOS, Amanda Basílio Bastos et al. Grau de conhecimento das gestantes do serviço público sobre parto humanizado. *ABCS Health Sciences*, v. 44, n. 3, 2019.

34. BOWSER, Diana; HILL, Kathleen. Exploring evidence for disrespect and abuse in facility-based childbirth: report of a landscape analysis. USAID- Traction project, 2010.

35. KRUK, Margaret E. et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet global health*, v. 6, n. 11, p. e1196-e1252, 2018.

36. SHIMODA, Kana; LESHABARI, Sebalda; HORIUCHI, Shigeko. Self-reported disrespect and abuse by nurses and midwives during childbirth in Tanzania: a cross-sectional study. *BMC pregnancy and childbirth*, v. 20, p. 1-10, 2020.

37. WERDOFA, Hirut Megersa et al. 'I believe respect means providing necessary treatment on time'-a qualitative study of health care providers' perspectives on disrespect and abuse during childbirth in Southwest Ethiopia. *BMC Pregnancy and Childbirth*, v. 23, n. 1, p. 257, 2023.

38. REIS, Thamiza da Rosa dos et al. Enfermagem obstétrica: contribuições às metas dos Objetivos de Desenvolvimento do Milênio. Revista Gaúcha de Enfermagem, v. 36, n. spe, p. 94-101, 2015.

**Correspondent Author**

Eluana Maria Cristofaro Reis  
Largo Engenheiro Paulo de Almeida Sandeville 15.  
ZIP: 13870-377-Jardim Santo André. Sao João da Boa  
Vista, Sao Paulo, Brazil.  
[eluana.reis@prof.fae.br](mailto:eluana.reis@prof.fae.br)