Research Article

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Scientific Evidence that Make Visible the Obstetric Violence Suffered by Women in the Healthcare Setting

Susana Edita Paredes-Díaz

Monica Elisa Meneses-La-Riva

Josefina Amanda Suyo-Vega

Víctor Hugo Fernández-Bedoya

Universidad César Vallejo,
Av. Alfredo Mendiola 6232,
Los Olivos 15314,
Peru

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Abstract

At the present time, international institutions have been requesting efforts to offer quality health services and dignified treatment. However, scientific evidence reports that women in their maternal role are at greater risk of having their right to health violated, suffering some type of violence and even being discriminated against during pregnancy, childbirth and postpartum. The aim of the study was to investigate the scientific evidence on obstetric violence in the health care setting. Methods: The Scopus and Scielo databases were exhaustively explored, making a total of 30 scientific articles. For this purpose, the inclusion criteria were established as English, Spanish and Portuguese. All articles aimed at evaluating obstetric violence were included. Studies were excluded due to duplicity and deficiencies in the methodological quality of these documents. Results: The presence of three categories is evident: (a) dehumanization during childbirth (b) policies and regulations are not complied with in practice (c) types of violence not recognized by health professionals. It is concluded that obstetric violence is a problem that has been affecting several countries. Despite efforts to reduce this phenomenon, policies and regulations are not applied in practice, which is why the various types of violence affect not only the woman but also the newborn. Therefore, training for professionals is urgently needed to avoid any type of violence.

Keywords: *Obstetric violence, health care setting, systematic review*

1. Introduction

The World Health Organization (WHO,2019) reports that in 2016, in a study carried out with 2672 women, 35 caesarean sections (13%) and 190 of 253 episiotomies (75%) were performed without women's consent. It also found that 59% of vaginal examinations (2611 out of 4393 examinations) were performed without women's consent. In addition to physical abuse, 752 women (38% of the total) were found to have experienced significant levels of verbal abuse, with shouting, scolding and

teasing predominating. In eleven cases, women were subjected to stigmatisation or discrimination, mostly related to their race or ethnicity.

This situation places women at risk of suffering any type of obstetric violence, which has significant consequences for women's health. In addition to the direct physical risks associated with inappropriate medical practices, it can have long-term effects on women's mental and emotional health, affecting their self-esteem and future perceptions of motherhood.

To address this problem, it is essential to work on multiple levels, from awareness-raising and education to the implementation and enforcement of policies and protocols that ensure respect for women's rights during pregnancy and childbirth. International organisations, governments and health professionals have a crucial role to play in creating environments that foster violence-free, woman-centred obstetric care.

Obstetric violence is a controversial concept in our environment and in practice. Pregnancy and childbirth are probably the most sublime and important experiences in a woman's life. During this stage, emphasis is placed on comprehensive and humanizing maternal and fetal care in all areas, with the need for accessibility to quality and warm health services that guarantee women's health in order to reduce the possibility of complications that may lead to worrying rates of maternal and fetal morbidity and mortality. However, a worrisome reality, which violates women's rights and exposes them to the deterioration of their health, is becoming visible, especially in the emotional dimension. In this regard, the World Health Organization (WHO, 2014) states that "all women have the right to receive the highest standard of health care, which includes the right to dignified, humane and respectful care during pregnancy and childbirth and the right to be free from violence and discrimination" (World Health Organization, 2014); (Bedoya-Ruiz et al., 2020a).

The Gender Equity Observatory and the National Plan Against Gender Violence 2016 – 2021, approved by Supreme Decree No. 008-2016-MIMP, consider obstetric violence as a modality of gender violence and define it as those acts of violence by health personnel in relation to reproductive processes and that are expressed in a dehumanizing treatment (Díaz García & Yasna, 2018); (El Peruano, 2017). For their part, (Al Adib Mendiri et al., 2017) expressed that obstetric violence evidences gender inequality and evidences the need to propose clear legislation to regulate it. It is necessary to empower women from their anatomy and the right to integral perinatal care (Martín-Bellido, 2020). Likewise, the humanized care provided to women during childbirth care is an indicator of satisfaction of women's physical, emotional and spiritual needs (Borges Damas et al., 2018). Furthermore, in order to reduce obstetric violence, the fulfillment of human rights is necessary (Katz, 2020).

In this sense, obstetric violence is actually a complex concept, both for the victim and the aggressor; most women do not report this type of violence because they do not know their rights or are afraid of reprisals from health personnel, given their fragile condition due to the pain emanating from the childbirth process. Health personnel do not recognize or identify the different modalities of violence that they exercise towards women on a daily basis, in their condition as patients or users, and towards their family members (Jarillo López et al., 2021).

Likewise, sufficient evidence was found about the limited and inadequate access to quality childbirth care and the dehumanization of comprehensive maternal health care (Oyola García et al., 2018) and, (Montesinos-Segura & Taype-Rondán, 2015) highlight the lack of studies on obstetric violence and the design of public policies to prevent it in professional practice.

In this sense, we seek to answer the following question: What is the scientific evidence on obstetric violence in the Latin American health care setting? considering as objectives the occurrence of this act in the sense of humanization, policies and regulations for care during the process of childbirth and the type of obstetric violence.

Finally, the evidence shows that obstetric violence is an unaccepted and little-known reality. Empirical evidence shows different acts of violence against women, especially in difficult and highly anxious moments such as pregnancy and childbirth. These are characterized by a lack of soft skills on the part of the health professional, who emit hurtful words, discriminatory phrases or acts that violate the privacy and even the health and well-being of the woman, creating an atmosphere of

hostility. Likewise, (Barbosa Jardim & Modena, 2018) specified that obstetric violence reveals negligent, imprudent, discriminatory and disrespectful acts towards women during pregnancy and childbirth, practiced by health professionals and legitimized by symbolic power relations that naturalize and underestimate their occurrence. It becomes evident not only a public health problem but also the violation of human rights (Barbosa Jardim & Modena, 2018), considering it necessary to develop strategies to prevent and confront the event, through an integral academic training of the health professional, the empowerment of women about their reproductive rights and, the proposal of laws and public policies that regulate it.

2. Methodology

The study was a literature review (Moreno et al., 2018), for which the Scielo and Scopus databases were used, including scientific articles from 2015 to 2022. The exhaustive exploration and search strategy used was the central theme "obstetric violence" using the Boolean search engines "OR" and "AND", considering the Spanish, Portuguese and English language "violencia obstétrica" o "deshumanización del parto" y "hospitalización", "obstetric violence" or "dehumanisation of childbirth" and "hospitalisation" y "violência obstétrica" ou "desumanização do parto" e "hospitalização", obtaining 52 research studies. The following inclusion criteria were used for the search: open access research (n = 50), published in the last seven years (n = 49), in Portuguese, English and Spanish (n = 45) and as an exclusion criterion the restriction of the publisher, leaving 30 articles that were finally analysed in full text.

Having all the information collected, we proceeded, based on the general question and objectives, to review the databases exhaustively. In order to categorize them, the titles, summaries and contents of each document were evaluated, extracting the data from the pre-selected and selected studies, to finally analyze and interpret them in order to present the conclusions of the study.

The visualization of the information in both databases made it possible to present the following figure:

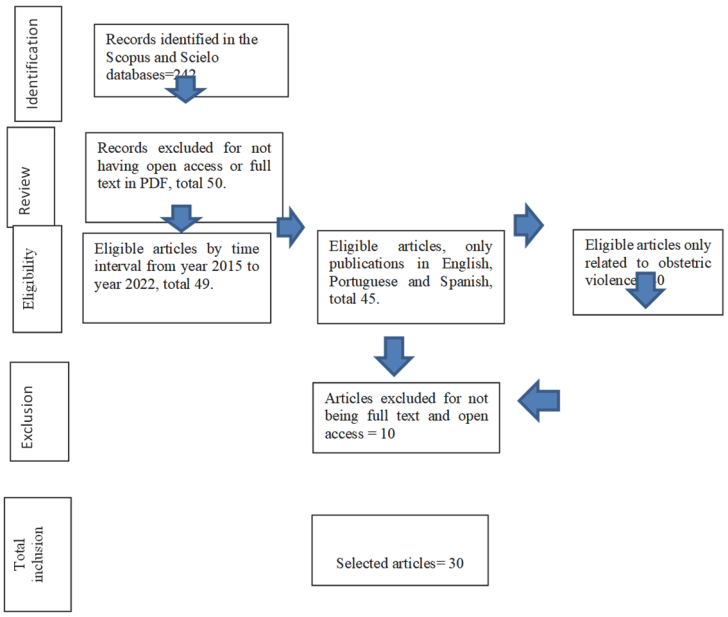

Figure 1. Procedure for the selection of articles from the Scopus and SciELO databases

3. Results

Table 1: The meaning of humanization in the childbirth process, scientific evidence on obstetric violence in the healthcare setting.

Author	Country	Methodology	Results
(De Paula et al., 2020)	Brazil	Descriptive, exploratory study, qualitative approach in 16 health management departments from five maternity hospitals.	Lack of respect for humanized practices. Need for comprehensive health training. Lack of professional preparation for action and lack of involvement of professionals with more time in service to modify practices in obstetric care. Promote improvements in the training process of health professionals.
(Oliveira & Penna, 2017)	Brazil	Interpretative analysis, with qualitative approach and discourse analysis method as a research method; 36 parturients, ten obstetric nurses and 14 obstetricians.	There is a certain consent on the part of women to the fact of "violence". Hostile treatment constitutes one of the obstacles to the humanization of childbirth care, interfering with the choice of the mode of birth..
(Magnone Alemán, 2017)	Uruguay	Qualitative	There is a significant gap between the formal and the substantive, and symbolic violence, expressed mainly through the doctor-patient relationship, is one of the obstacles to "rights being facts".
(Da-Silva-Carvalho & Santana-Brito, 2017)	Brazil	Qualitative approach, descriptive, 35 postpartum women	Obstetric violence should have no place and health professionals must act to guarantee a decent service, with quality and respectful treatment. The time when the only option was silence and endurance came to an end.
(Giacomini & Nogueira Hirsch, 2020)	Brazil	Qualitative analysis of two situations experienced by women from different social classes (one in the public sector and the other in the private sector).	The "humanization" of childbirth care has spread in Brazil, in the middle urban and popular classes. There is a need to configure the different perceptions of "humanization" and the antagonistic obstetric violence.
(Chávez Courtois & Sánchez Maya, 2018)	Mexico	Qualitative, 7 indigenous women who were attended during delivery.	Unnecessary routine medical practices during childbirth, thus violating women and contributing to gender-based violence.
(Vallana Sala, MSc, 2019)	Colombia	Qualitative, pregnancy history of 6 women.	Abuse and rape must be transformed to guarantee dignified treatment and the right to labor and birth in respectful and safe conditions.
(Muller Sens & Nunes de Faria Stamm, 2019)	Brazil	Qualitative, descriptive approach conducted in a public hospital in Brazil; a sample of 23 physicians assisting women during childbirth was interviewed.	Lack of resources for analgesia and skills to maintain adequate doctor-patient human relations, mainly when there are opposing opinions for decision-making.
(Perdomo-Rubio et al., 2019)	Colombia	Qualitative, exploratory approach, discourse analysis of 120 journalistic notes.	There are differences in the positions for childbirth in Latin American countries, both traditional and open, as well as in the emphasis of the approach to women or health personnel/institution.
(Niy et al., 2019)	Brazil	Mixed approach with the participation of managers, professionals and users.	The perceptions of health professionals and users differ in their opinions of what has been observed. In the case of the lithotomy position adopted by the woman during labor, the professionals consider that it is "instinctive" or "preferred" by women, while the users took the medical indications for fear of reprimands. There is a need to strengthen health professional competencies for the care of deliveries in non-supine positions.
(Morales-Acosta & Aguilar-Caro, 2018)	Chile	Theoretical.	To constantly promote, with health personnel, the learning and knowledge of sign language in communicative respect that guides inclusion in deafness.
(Bedoya-Ruiz et al., 2020)	Perú	Qualitative, flexible, with a theoretical-methodological approach, 38 interviews.	Feminist thinking based on personal relationships between women - health services personnel related to obstetric violence.
(Cáceres-Manrique et al., 2020)	Colombia	Validation study on humanized childbirth, based on a literature review, subsequent validation by 16 specialists and 100 participants from the target audience.	It is considered relevant and innovative material to educate on this topic, as an event with an impact on the life of the mother-child binomial and their family.
(Pozzio, 2016)	Brazil	Qualitative.	It describes the different positions that the actors have taken on the introduction of "humanized childbirth" and "resistance" practices, insofar as they seek to reduce obstetric violence.
(Castro & Rates, 2022)	Chile	Quantitative.	The findings found in the study sample are that 79.3% of women believe they have experienced some form of obstetric violence.
(Gleason et al., 2019)	Colombia	Qualitative, ethnographic type, 9 indigenous women.	According to testimonies, there is evidence of a lack of knowledge and disregard for ancestral knowledge for the care of indigenous women who still preserve their traditions.
(Poo et al., 2021)	Chile	Qualitative, ethnographic type, 9 midwives, via online.	Obstetric violence is an abusive behavior exercised by action or omission, and manifests itself physically or verbally.
(Santos Carer, Bezerra da Costa, Costa Maia Monteiro, et al., 2021)	Brazil	Qualitative, interview of 17 parturients.	Three categories were found: The desire for normal delivery and the barrier of professional resolution; The dehumanization of professional attitudes and the awareness of the best achievement; The present companion and the resistant accompaniment.

Source: Reviewed articles on obstetric violence in Scopus and Scielo databases.

The scientific evidences were developed mostly through qualitative studies and some theoretical, narrative, bibliographic and theoretical reviews. Likewise, the results show the sense of humanization during the process of childbirth vs. obstetric violence, informing the need to change paradigms and improve the professional training of health personnel, specifically their attitudes towards the patient to provide a humanized childbirth and not the denaturalization of the fact.

Table 2. Policies and regulations during the childbirth process to reduce obstetric violence in the healthcare setting.

Author	Country	Methodology	Results
(Díaz García & Yasna, 2018)	Chile	Qualitative, meaning of obstetric violence, on the official websites of the legislative branches of all Latin American countries.	Most Latin American countries lack normative regulation; in this regard, Venezuela, Argentina and Mexico have passed laws related to obstetric violence.
(Magalhães de Melo et al., 2017)	Brazil	Qualitative, nine towns in a sanitary region established in Zona da Mata, Minas Gerais, Brazil.	Policy actions remain timid. It highlights the challenge of addressing violence against women as a complex phenomenon.
(Muller Sens & Nunes De Faria Stamm, 2019)	Brazil	Qualitative approach conducted in a public hospital in Brazil, a sample of 23 physicians assisting women during childbirth were interviewed.	Physicians' perception of the dimensions of obstetric and/or institutional violence in negligent medical practice; also, difficulties in working conditions and infrastructure, as well as lack of resources.
(De Paula et al., 2020)	Brazil	Qualitative, descriptive, exploratory approach, 16 health managers from 5 maternity hospitals in the II Metropolitan Region in Brazil.	The processes of childbirth are centered on physiology and the woman's decision. It is noted that health professionals lack humanizing competencies that would allow them to apply the guidelines for a humanization and management policy, thus contributing to reducing obstetric violence and raising the quality of care in the services provided to women.
(Menezes et al., 2020)	Brazil	Descriptive, exploratory and qualitative study.	Inadequate aspects that occur in health institutions are highlighted, such as institutional racism, differentiation in the care provided to users of the public health service and the judgment of users by health professionals.
(Santos Carer, Bezerra da Costa, Maia Monteiro, et al., 2021)	Brazil	Phenomenological research conducted with 17 parturients in 2017, through interviews guided by a semi-structured questionnaire.	There is a need for changes in professional practices to qualify obstetric care in a humane way.

Source: Reviewed articles on obstetric violence in Scopus and Scielo databases.

There is a lack of regulations to prevent obstetric violence, to regulate it at the professional and institutional level and to sanction it, so it is necessary to propose and implement them.

Table 3. Type of obstetric violence experienced by women during childbirth in the healthcare setting.

Author	Country	Methodology	Results
(Lansky et al., 2019)	Brazil	Multicenter, multimethod, mixed cross-sectional study. Postpartum interviews were conducted between 2015-2017, of 555 pregnant women who participated in the study.	Obstetric violence occurred in 12.6% of unmarried and low-income women. The relation undignified attention/verbal abuse was presented in 33.0%; physical abuse in 13.6%; non-confidential/non-private care in 2.9% and discrimination in 2.9%.
(Pereira et al., 2015)	Venezuela	Prospective and descriptive study, sample of 326 patients, assisted for deliveries, cesarean sections and abortions. A 15-question questionnaire was administered to find out the patients' opinions about the care they received and whether they were aware of obstetric violence.	The best contribution that can be made to effectively deal with the problem of violence against women, including obstetric violence, is to promote its prevention.
(Fernandes et al., 2019)	Brazil	Qualitative, retrospective, life narrative approach. In a maternity hospital in Rio de Janeiro, with 12 women diagnosed with fetuses with anecephaly.	Women's decisions often contradict medical criteria, so there is a risk of being mistreated with grotesque language, in addition to receiving poor care; a situation that increases women's vulnerability, as well as the suffering and pain caused by the loss.
(Rangel-Flores & Martínez-Ledezma, 2017)	Mexico	Qualitative-ethnographic approach, 57 women.	Multiple actions against women's human rights take place in delivery rooms. Most of them are not identified by the users, since they have not socially constructed the image of obstetric violence. However, this fact does not make them less susceptible to feeling assaulted and denigrated during their childbirth experiences.
(Rodrigues Ribeiro, 2018)	Spain	Exploratory type, mixed, sample of 32 women.	Eighty-nine percent of the participants stated that they had not given informed consent, confirming non-compliance with the World Health Organization's recommendations for childbirth care and the violation of women's human rights when giving birth in Nicaragua.

Author	Country	Methodology	Results
(McCallum et al., 2016)	El Salvador	Mixed type - ethnographic and opinions of health professionals.	Discrimination against women who have had abortions/miscarriages is part of the structure, organization and culture of the institutions.
(Fardin Fiorotti et al., 2018)	Brazil	Quantitative, cross-sectional, observational approach, 302 postpartum women.	Violence is a phenomenon present in women's lives, including during pregnancy, and has been shown to be associated with the demographic and obstetric situation of women.
(Pozzio, 2016)	Brazil	Qualitative, different postures for obstetrics and gynecology care.	Three different positions: those of physicians open to reflect on their practices and transform them, those who resist and insist on an obstetrics and gynecology that becomes violent, and the intermediate positions, willing to negotiate.
(Rangel-Flores & Martínez-Ledezma, 2017)	Mexico	Qualitative-sociocritical approach, 57 women.	Women lack information and are exposed to verbal violence by healthcare personnel.
(Evangelista Guimarães et al., 2018)	Brazil	Exploratory and qualitative study. The participants were 56 puerperal women who had their deliveries between 2010 and 2013, in 14 public maternity hospitals.	The perception of the lack of quality and reception in care, highlighting the occurrence of various expressions of obstetric violence such as negligence, physical, verbal and psychological violence. Non-compliance with regulations and the need to improve obstetric services.

Source: Reviewed articles on obstetric violence in Scopus and Scielo databases.

Obstetric violence is manifested fundamentally in a verbal manner, basically during childbirth and in post-abortion women, who are also subjected to violence because they are discriminated against due to their social status (economic or because they are single). Other types of obstetric violence of the physical type were evidenced by not respecting the woman's privacy and requesting her informed consent for the execution of the proceedings.

4. Discussion

The most relevant findings on obstetric violence express that the meaning of humanization, policies and regulations for care during the delivery process and the avoidance of all types of obstetric violence need to be analyzed and understood in order to transform healthcare practice.

Thus, humanized childbirth is centered on the care provided to the pregnant woman, where the needs and respect for her ancestral beliefs and opinions of her and her family are considered, whether or not they occur under normal conditions, turning this moment and the puerperium into pleasant and happy experiences, where continuous, permanent care based on respect prevails, through effective communication, without unnecessary interventions and exposure. In this sense, humanization during childbirth is a worldwide challenge to improve the quality and safety of women in healthcare services. Scientific evidence visualizes the shortcomings of humanization in obstetric practice in rural and urban settings; being the main reasons for the exercise of this type of violence, the hostile treatment during delivery care, the choice of the mode of birth (Jarillo López et al., 2021; Montesinos-Segura & Taype-Rondán, 2015; Oyola García et al., 2018).

There are different positions regarding obstetric violence in different countries, the main obstacle being the traditional biomedical paradigm. Evidence shows that women do not make free decisions regarding the position of delivery for fear of repression by health personnel. The lack of professional competences on the part of the health personnel involved in this type of assistance and the difficulty they may have in developing skills such as maintaining adequate interpersonal relationships and effective communication, the lack of respect for the customs and beliefs of the parturient and, the lack of knowledge of the aboriginal languages are facts that evidence the need to strengthen the training of the health professional and the assistance models having the humanistic approach as a basis for innovation and awareness of this assistance, generating a positive impact on the life of the mother, newborn and her family (Jardim & Modena, 2018; Katz, 2020)

Therefore, it is necessary to change paradigms within the health system, starting with the training of health professionals and the empowerment of women during the childbirth process. In Latin America, there are different positions around childbirth practices in the health care setting and the resistance of health professionals to recognize that inadequate and unconscious practices are

obstetric violence as well (Barbosa Jardim & Modena, 2018).

Regarding policies and regulations for assistance during the childbirth process, international studies indicate that in Latin America there are countries that lack regulations, others that may not necessarily be related to the topic under study, and others that do have them, such as Venezuela, Argentina and Mexico. One of the obstacles to the implementation of these policies is the biomedical paradigm that is centered on physiology, negligent, imprudent, omissive, discriminatory and disrespectful acts, the lack of participation of women in decision-making in their care within hospital institutions, generating negligent practices that generate dissatisfaction; the relationship between health personnel, patient and family is fractured coupled with the precariousness of tangible and intangible resources of health institutions (Barbosa Jardim & Modena, 2018).

However, hospital institutions lack guidelines and protocols that guarantee the implementation of humanization and management policies in reproductive health. In this regard, great efforts are being made at the international level to avoid all forms of discrimination in order to prevent and punish violence against women in the healthcare field. It is necessary, then, to include public policies and laws in the training curriculum in the health professional to ensure that there is no differentiation in health care -discriminatory and racist (Al Adib Mendiri et al., 2017); (Ramirez Saucedo et al., 2021); (Castro & Rates, 2021).

In this regard, WHO (2019) specified that it is necessary for health institutions to propose clear policies to protect women's rights and indicates that an important strategy to prevent obstetric violence is to coordinate, promote and provide timely and sufficient preparation and support to health workers, from their training to their professional performance; likewise, it highlights that the implementation of quality maternal services with humanized care centered on women is of vital importance.

About the types of obstetric violence, according to the evidence found, the most common is verbal violence during and after childbirth, which is basically evidenced by discrimination against women because they are single, poor and live in rural and urban areas.

These are classified as undignified and dehumanizing assistance, which can be seen in verbal, sexual and physical abuse, lack of information, non-confidential care, social inequalities and discrimination during childbirth, in violation of the regulations. It is also important to note that if the woman opposes the medical indication, there is a risk of being verbally abused and/or rejected by the health personnel, limiting the possibility of an adequate patient-doctor relationship and generating suffering and distress in the laboring woman, who does not express her fears during delivery, a situation that leads to the violation of her rights (Jarillo López et al., 2021).

The women say that they are assisted and that during childbirth they were not asked for informed consent to perform procedures, which is recommended by the World Health Organization. In this sense, society is perceived as more demanding and recognizes its rights, avoiding the increase of unnecessary cesarean sections (Martín-Bellido, 2020), which is why there is a controversy in the concept of violence (World Health Organization, 2014). There are different medical positions regarding obstetric violence. In some cases, health personnel are willing to reflect and innovate in maternal care to avoid obstetric violence practices, others willing to negotiate to improve the doctor-patient relationship while others present resistance and insist that there is no violence in gynecological-obstetric assistance (Barbosa Jardim & Modena, 2018).

Finally, a profound change is needed in the undergraduate training, specialization and continuing education of health personnel working in health institutions in order to sustain in daily practice the sense of humanization, policies and regulations for childbirth care and to avoid all types of obstetric violence (Meneses-La-Riva et al., 2021; Suyo-Vega et al., 2022). In this way, the indicators of quality, safe environment, and satisfaction rise, which has a favorable impact on the woman's experience during the childbirth process as a human, sublime act of love in the face of the existence of a new life.

Obstetric violence not only has immediate consequences for women's physical and mental health, but can also affect the long-term well-being of newborns, influencing their emotional

development and bonding with the mother. Addressing this problem requires a comprehensive approach that promotes respect for women's rights and ensures obstetric care that focuses on the well-being of mother and baby. Addressing obstetric violence requires a comprehensive approach that includes raising awareness, training health workers, strengthening policies and promoting women-centred care environments that respect women's rights.

5. Conclusion

The findings show the need for health personnel to analyze and understand the phenomenon of obstetric violence in the various health facilities. Therefore, health professionals must be aware of banishing any inadequate practices that hinder the quality of the services provided. Maternal care should be centered on the woman who experiences uncertainties, fears and lack of knowledge about the birth process, which is why the humanizing sense constitutes an emotional support and safe environment to face the birth process with professional accompaniment of the care provided to the mother and the newborn.

The implementation of policies and regulations is an element that induces good practices in maternal care. In this way, coherence is established between what is offered and what is provided, respecting the rights to health for all within the framework of the Millennium Development Goals. Violence is currently a public health problem, which has become normalized daily actions in the health care setting, because health professionals do not understand what obstetric violence means. Evidence indicates that most health professionals are resistant to the paradigm shift, where care is user-centered and the user is part of the decision making process regarding his or her health.

The phenomenon of obstetric violence is distinguished when there is a vertical relationship between the health personnel and the patient, which requires compliance with the indications.

This situation in some cases becomes a behavior of aggressor and victim, who feels helpless and unable to express her emotions and fears because she is ignored or excluded from the healthcare system. Finally, physical, sexual and psychological violence, among others, becomes a challenge to eradicate all types of discrimination and undignified attention to women in the healthcare environment.

Effectively addressing obstetric violence requires a multidisciplinary approach involving health professionals, policy makers, researchers and, most importantly, women themselves. Future research should focus on the implementation and evaluation of specific interventions, as well as the identification of contextual factors that contribute to the persistence of obstetric violence in different cultural and social settings.

References

Bedoya-Ruiz, L. A., Agudelo-Suárez, A. A., & Restrepo-Ochoa, D. A. (2020). Relations established by women during pregnancy, delivery and postpartum with health personnel according to social class in bogotá: Qualitative study. *Revista Peruana de Medicina Experimental y Salud Publica*, *37*(1), 7–16. https://doi.org/10.17843/rpmesp.2020.371.4963

Cáceres-Manrique, F. de M., Nieves-Cuervo, G. M., & Lizarazo-Castellanos, A. D. (2020). Elaboración y validación de una cartilla sobre parto humanizado. *Enfermería Global*, *19*(4), 64–84. https://doi.org/10.6018/eglobal .412771

Castro, M. C., & Rates, S. S. (2022). Obstetric violence in Chile: Women's perceptions and differences among health centers. *Revista Panamericana de Salud Publica/Pan American Journal of Public Health*, *46*, 1–8. https://doi.org/10.26633/RPSP.2022.24

Chávez Courtois, M. L., & Sánchez Maya, N. A. (2018). Violencia obstétrica y morbilidad materna: Sucesos de violencia de género. *Revista de El Colegio de San Luis*, *8*(16), 103. https://doi.org/10.21696/rcsl9162018769

Da-Silva-Carvalho, I., & Santana-Brito, R. (2017). Formas de violência obstétrica vivenciadas por puérperas que tiveram parto normal. *Enfermeria Global*, *16*(3), 80–88. https://doi.org/10.6018/eglobal.16.3.250481

De Paula, E., Alves, V. H., Pereira Rodrigues, D., De Castro Felicio, F., Corrêa Bezerra De Araújo, R., Alves Da Silva Isla Chamilco, R., & Almeida, V. L. M. (2020). Obstetric violence and the current obstetric model, in the perception of health managers. *Texto e Contexto Enfermagem*, *29*, 1–14. https://doi.org/10.1590/1980-265X-TCE-2019-0248

Díaz García, L. I., & Yasna, F. M. (2018). Situación Legislativa de la Violencia obstétrica en América Latina: El caso de Venezuela, Argentina,México y Chile. *Revista de Derecho*, *51*, 123–144. https://doi.org/https://dx.doi.org/10.4067/S0718-68512018005000301

Evangelista Guimarães, L. B., Jonas, E., & Oliveira Gurgel do Amaral, L. R. (2018). Violência obstétrica em maternidades públicas do estado do Tocantins. *Revista Estudos Feministas*, *26*(1), 1–11. https://doi.org/10.1590/1806-9584.2018v26n143278

Fardin Fiorotti, K., Costa Amorim, M. H., Almeida Lima, E. D. F., Caniçali Primo, C., Vasconcelos Moura, M. A., & Marabotti Costa Leite, F. (2018). Prevalence and factors associated with domestic violence: Study in a high-risk maternity hospital. *Texto e Contexto Enfermagem*, *27*(3), 1–2. https://doi.org/10.1590/0104-07072018000810017

Fernandes, I., São Bento, P., & Xavier, R. (2019). Experiências de mulheres no gestar e parir fetos anencéfalos: as múltiplas faces da violência obstétrica. *Interface*, *23*(e170757), 1–14. https://doi.org/10.1590/ Interface.170757

Giacomini, S. M., & Nogueira Hirsch, O. (2020). Parto "natural" e/ou "humanizado"? Uma reflexão a partir da classe. *Revista Estudos Feministas*, *28*(1), 1–14. https://doi.org/10.1590/1806-9584-2020v28n157704

Gleason, E. G., Berrío, D. P. M., Ríos, J. M. L., & Merino, C. M. M. (2019). "Giving birth is not a matter of ethnicity, it is a matter of humanity": experiences of obstetric violence during childbirth among indigenous women. *Salud Colectiva*, *15*. https://doi.org/10.18294/sc.2021.3727

Lansky, S., Ventura de Souza, K., De Morais Peixoto, E. R., Oliveira, B. J., Grilo Diniz, C. S., Figueiredo Vieira, N., De Oliveira Cunha, R., & De Lima Friche, A. A. (2019). Obstetric violence: influences of the senses of birth exhibition in pregnant women childbirth experience. *Ciencia e Saude Coletiva*, *24*(8), 2811–2824. https://doi.org/10.1590/1413-812320182 48.30102017

Magalhães de Melo, C., Soares Aquino, T. I., Quaresma Soares, M., & Dias Bevilacqua, P. (2017). Vigilância do óbito como indicador da qualidade da atenção à saúde da mulher e da criança. *Ciencia e Saude Coletiva*, *22*(10), 3457–3465. https://doi.org/10.1590/1413-812320172210.19652017

Magnone Alemán, N. (2017). Entre lo formal y lo sustantivo: La calidad de la asistencia al parto en el Uruguay. *Sexualidad, Salud y Sociedad (Rio de Janeiro)*, *27*, 97–117. https://doi.org/10.1590/1984-6487.sess.2017.27.06.a

McCallum, C., Menezes, G., & dos Reis, A. P. (2016). O dilema de uma prática: Experiências de aborto em uma maternidade pública de Salvador, Bahia. *Historia, Ciencias, Saude - Manguinhos*, *23*(1), 653–673. https://doi.org/10.1590/S0104-59702016000100004

Meneses-La-Riva, M. E., Suyo-Vega, J. A., & Fernández-Bedoya, V. H. (2021). Humanized Care From the Nurse–Patient Perspective in a Hospital Setting: A Systematic Review of Experiences Disclosed in Spanish and Portuguese Scientific Articles. *Frontiers in Public Health*, *9*(December), 1–10. https://doi.org/10.3389/fpubh.2021.737506

Menezes, F., Reis, G., Sales, A., Jardim, D., & Lopes, T. (2020). O olhar de residentes em Enfermagem Obstétrica para o contexto da violência obstétrica nas instituições. *Interface (Botucatu)*, *24*. https://doi.org/10.1590/ Interface.180664

Morales-Acosta, G. V., & Aguilar-Caro, A. . (2018). Diversidad sorda y violencia de género: restricción comunicativa en el uso de la lengua de señas en salud. *Revista de La Fundación Educación Médica*, *21*(6), 309. https://doi.org/10.33588/fem.216.969

Muller Sens, M., & Nunes de Faria Stamm, A. M. (2019). Percepção dos médicos sobre a violência obstétrica na sutil dimensão da relação humana e médico-paciente. *Interface - Comunicação, Saúde, Educação*, *23*, 1–16. https://doi.org/10.1590/interface.180487

Muller Sens, M., & Nunes De Faria Stamm, A. M. (2019). Physicians' perception of obstetric or institutional violence in the subtle dimension of the human and physician-patient relationship. *Interface: Communication, Health, Education*, *23*, 1–16. https://doi.org/10.1590/Interface.180487

Niy, D. Y., De Oliveira, V. C., Rodrigues de Oliveira, L., Dias Alonso, B., & Grilo Diniz, C. S. (2019). Como superar a cultura da imobilização física das parturientes? Resultados parciais de estudo de intervenção em São Paulo, SP, Brasil. *Interface - Comunicação, Saúde, Educação*, *23*, 1–16. https://doi.org/10.1590/interface.180074

Oliveira, V. J., & Penna, C. M. de M. (2017). O discurso da violência obstétrica na voz das mulheres e dos profissionais de saúde. *Texto e Contexto Enfermagem*, *26*(2), 1–10. https://doi.org/10.1590/0104-07072017006500015

Organización Mundial de la Salud (2019). Un nuevo estudio demuestra un maltrato significativo de las mujeres durante el parto – OMS. https://www.who.int/es/news/item/09-10-2019-new-evidence-shows-significant-mistreatment-of-women-during-childbirth

Perdomo-Rubio, A., Martínez-Silva, P. A., Lafaurie-Villamil, M. M., Cañón-Crespo, A. F., & Rubio-León, D. C. (2019). Discursos sobre la violencia obstétrica en la prensa de países latinoamericanos: cambios y continuidades en el campo de la atención. *Revista Facultad Nacional de Salud Pública*, *37*(2). https://doi.org/10.17533/udea.rfnsp.v37n2a14

Pereira, C. J., Domínguez, A. L., & Merlo, J. T. (2015). Violencia obstétrica desde la perspectiva de la paciente. *Revista de Obstetricia y Ginecologia de Venezuela*, *75*(2), 81–90.

Poo, A. M., Gallardo, M. J., Herrera-Contreras, Y., & Baeza, B. (2021). Representation of obstetric violence as understood by professional midwives in the city of Temuco. *Revista Chilena de Obstetricia y Ginecologia*, *86*(4), 374–379. https://doi.org/10.24875/RECHOG.M21000016

Pozzio, M. R. (2016). La gineco-obstetricia en México: entre el "parto humanizado" y la violencia obstétrica. *Estudos Feministas, Florianópolis*, *24*(406), 101–117. https://doi.org/10.1590/1805-9584-2016v24n1p101

Rangel-Flores, Y. Y., & Martínez-Ledezma, A. G. (2017). Absence of perception of obstetric violence in indigenous women from the north center of Mexico. *Revista Conamed*, *22*(4), 166–169. https://www.medigraphic.com/pdfs/conamed/con-2017/con174c.pdf

Rodrigues Ribeiro, M. A. (2018). Análisis exploratorio de los cuidados al parto en Nicaragua desde el marco de los derechos sexuales y reproductivos. *Anuario de Estudios Centroamericanos*, *44*, 399–427. https://doi.org/10.15517/aeca.v44i0.34187

Santos Carer, A. M., Bezerra da Costa, M. S., Costa Maia Monteiro, V., da Costa Belarmino, A., de Oliveira Cavalcante, K., & Rodrigues Ferreira Junior, A. (2021). Experiencias de puérperas sobre violencia obstétrica en la perspectiva fenomenológica. *Revista Cubana de Enfermería*, *37*(1), 1–17.

Santos Carer, A. M., Bezerra da Costa, M. S., Maia Monteiro, V. C., da Costa Belarmino, A., de Oliveira Cavalcante, K., & Ferreira Junior, A. R. (2021). Experiências de puérperas sobre violência obstétrica na perspectiva fenomenológica. *Puerperae's Experience Concerning Obstetric Violence in the Phenomenological Perspective.*, *37*(1), 1–12. https://doi.org/http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-03192021000100006&lng=es

Suyo-Vega, J. A., Meneses-La-Riva, M. E., Fernández-Bedoya, V. H., Polonia, A. da C., Miotto, A. I., Alvarado-Suyo, S. A., Ocupa-Cabrera, H. G., & Alarcón-Martínez, M. (2022). Mental Health Projects for University Students: A Systematic Review of the Scientific Literature Available in Portuguese, English, and Spanish. *Frontiers in Sociology*, *7*(July), 1–13. https://doi.org/10.3389/fsoc.2022.922017

Vallana Sala, MSc, V. V. (2019). "Es rico hacerlos, pero no tenerlos": análisis de la violencia obstétrica durante la atención del parto en Colombia. *Revista Ciencias de La Salud*, *17*(1), 128. https://doi.org/10.12804/revistas.urosario.edu.co/revsalud/a.8125