Review article
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Obstetric violence, a current vision. Definition, perception by professionals and proposals for improvement. Narrative review.

Violencia obstétrica, una visión actual. Definición, percepción por parte de profesionales y propuestas de mejora. Revisión narrativa

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Abstract

OBJECTIVE: To evaluate the current situation of obstetric violence, through a literature narrative review that allows for a clear picture of the perception that health workers have of obstetric violence and care practices, as well as of the term "obstetric violence" itself. Another goal was to evaluate improvement proposals for health care that result in better peripartum care.

METHODOLOGY: Literature review of published articles between 2017 and 2022, in PubMed, Scopus, Medes, Lilacs, Cinahl, SciELO, and Web of Science databases. Search terms: Violence; Obstetrics; Humanized childbirth; Obstetric delivery.

RESULTS: One thousand four hundred sixty-nine bibliographic references were found, which resulted in only 17 after the inclusion and exclusion criteria were applied. Other 13 references were included as they were found of interest to enrich the analysis.

CONCLUSIONS: Obstetric violence is not only controversial in society, but also among health professionals who provide direct care to pregnant women during peripartum. Providing current and future health professionals with the necessary tools to treat patients from a biopsychosocial model, is fundamental to offer better-quality health care.

KEYWORDS: Violence; Obstetrics; Humanized childbirth; Obstetric delivery; Narrative review.

Resumen

OBJETIVO: Evaluar, mediante una revisión bibliográfica narrativa, la situación actual de la violencia obstétrica que permita definir la percepción del personal de salud respecto a ella y a la práctica asistencial, así como respecto al término de violencia obstétrica. Además, valorar propuestas de mejora para la atención de salud que reporten a las pacientes una mejor asistencia periparto.

METODOLOGÍA: Revisión bibliográfica de artículos publicados del 2017 al 2022 en las bases de datos de PubMed, Scopus, Medes, Lilacs, Cinahl, SciELO y Web of Science. MesH de búsqueda: Violence; Obstetrics; Humanizing Delivery; Obstetric Delivery.

RESULTADOS: Se localizaron 1469 referencias bibliográficas que luego de aplicar los criterios de inclusión y exclusión solo quedaron 17 y se tomaron en cuenta otras 13 por considerarlas de interés para enriquecer el análisis.

CONCLUSIONES: La violencia obstétrica no solo genera controversia en la sociedad, sino también en los profesionales de la salud que atienden directamente a las

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embarazadas en el parto. Dotar a los profesionales de salud actuales y futuros de las herramientas necesarias para tratar a las pacientes desde un modelo biopsicosocial es fundamental para ofrecer una mejor asistencia, de mejor calidad.

PALABRAS CLAVE: Violencia; obstetricia; parto humanizado; parto obstétrico, revisión narrativa.

BACKGROUND

The term "obstetric violence" is a concept which is present in current social and medical discussions; however, as far back as 1827, the English obstetrician James Blundell criticized the habitual practices performed on pregnant women of the time, and defended the natural course of labor and limiting interventions to only cases when the intervention was strictly necessary.[1,2] Currently, there are multiple definitions of obstetric violence, all of them with the common denominator of a criticism to the practices which do not observe a dignified and respectful care of the delivery process.[3] The World Health Organization (WHO) does not use explicitly the term "obstetric violence", but they have issued several recommendation reports for the biomedical care of reproductive processes. An example of this is "The prevention and elimination of disrespect and abuse during facility-based childbirth", published in 2014.[4] This statement defined the types of treatments that were considered offensive and disrespectful, and therefore constituted a serious lack of respect.[4] In Mexico, the National Institute of Public Health, defines obstetric violence as "a specific form of violence committed by health professionals (predominantly doctors and nursing staff) towards pregnant women, in labor and in puerperium".[5]

Obstetric violence has been associated with psychological and psychiatric disorders triggered by delivery, especially if it is traumatic, even initiating a post-traumatic stress disorder.[6] Some of the triggers of these disorders can be an excessive degree of obstetric intervention, and the perception of inadequate care during delivery; the most frequent being interventions after emergency C-sections, instrumented deliveries, and when the patient perceives that she lost control during delivery. Said disorders have consequences that affect the relationship between the pregnant woman and the newborn (they generate situations of detachment and rejection), the couple, and health professionals. Because of all this, the people who provide care for pregnant women during vaginal or C-section births play a decisive role in the prevention of psychic suffering in postpartum.[6]

Despite the defense of a dignified delivery, against abusive practices, by different authors, and the implementation of several measures by health institutions, an important percentage of women (between 18 and 75%) currently reports having experience with obstetric violence.[7]

In July 2019, the General Assembly of the United Nations (UN) warned of the emergence of a "generalized and systematic phenomenon of

this type of violence" in a report, and concluded with a series of recommendations for the member States, which include: "to guarantee in law and in practice, the right of pregnant women to be accompanied by a person of their choice during delivery".[8] Also, they require from health centers the collection and publication of data related to C-sections, episiotomies, and other procedures associated with delivery.[8] The Mexican Social Security published a clinical practice guide in 2019 titled "Friendly monitoring and care for low-risk deliveries", where they include respectful clinical practices during delivery, promoting good communication between health workers and pregnant women.[9]

Regarding the legislation of obstetric violence, Venezuela was the first country that gave a definition of it in a national law in 2007.[10] Afterwards, other countries, such as Argentina in 2009, some states of Mexico between 2007 and 2017, the state of Santa Catarina in Brazil, and Uruguay in 2017, enacted specific laws against obstetric violence. Some differences can be found among them, because in Venezuela, obstetric violence is an administrative crime charged with a fine, while in at least three Mexican states, it is a crime that can be punished with prison.[10] In Europe, there isn't yet any type of legislation about it; however, there are different social movements and organizations that fight for more respectful and dignified deliveries, like the Obstetric Violence Observatory, created by the Association "*el Parto es Nuestro*" in Spain, or the *Osservatorio sulla Violenza Ostetrica* in Italy.[10,11,12]

For these reasons, the main goal of the present research was to evaluate the current situation of obstetric violence through a literature narrative review, that allows for a definition of the perception of health professionals regarding obstetric violence, and health care practices. Another goal of the research was to evaluate proposals of improvement for health care that result in a better peripartum experience for patients.

METHODOLOGY

Literature review of articles published between 2017 and 2022 in PubMed, Scopus, Medes, Lilacs, Cinahl, SciELO, and Web of Science databases. Search words: Violence, Obstetrics, Humanized delivery, and Obstetric delivery.

Inclusion criteria: articles published between 2017 and 2022, in Spanish and Italian (key words in English in the Abstract), which were useful to satisfy the research goals, in the case of this review, to analyze and evaluate obstetric violence from a multidisciplinary approach.

Exclusion criteria: Articles that did not meet the inclusion the inclusion criteria, duplicates in the different databases, or articles which did not help to reach the review goals after reading.

Figure 1 shows the process of search and selection of the reviewed articles in a flow chart.

The selected publications were categorized based on the following aspects:

- They studied the current situation of obstetric violence.
- They analyzed the perception of health professionals regarding obstetric violence and health care.
- Analyzed the term "obstetric violence" and possible alternatives that could be used from a point of view of the perception of health professionals.
- Made proposals to improve health care which would result in better care for pregnant women during pregnancy, delivery, and puerperium.

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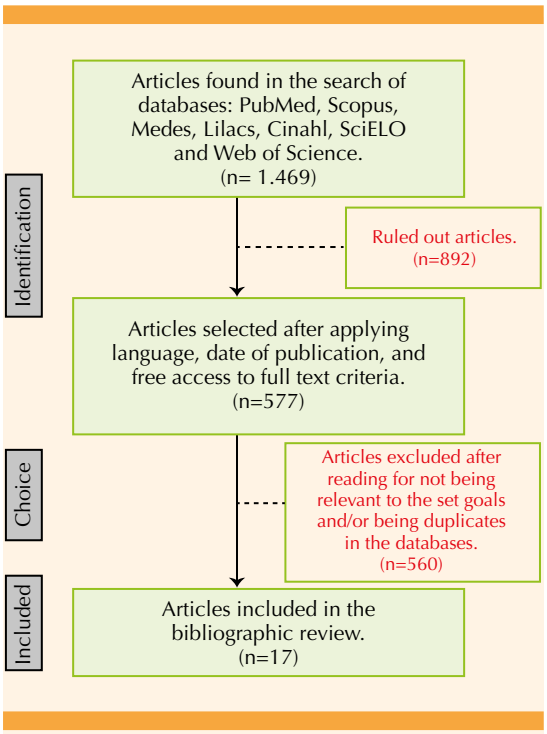


Figure 1. Flow chart.

RESULTS

After the search and applying the inclusion and exclusion criteria, 17 articles were selected: 7 were descriptive, 6 were original research, 2 ethnographic studies, 1 systematic review, and 1 opinion article. The rest of the included references were used to support the introduction and discussion. **Table 1** shows the selected references and the information extracted from them.[3,7,13-18,22-30]

DISCUSSION

The perception of patients about their pregnancy, delivery, and obstetric violence has been widely studied. García Torres et al. made an observational study in Mexico where they described that the global perception of humanized childbirth, from the point of view of pregnant women, was considered inadequate in 56.8%, especially regarding pain control and accompaniment.[13] Also, Da Silva Carvalho et al. coincided that the trivialization, and inadequate management of pain led to a negative experience of delivery for the women in the sample. They identified inappropriate comments, criticism towards yelling or moaning, and difficulties to make posture changes, as practices that had a negative impact on their perception of their deliveries.[14] The study of Mena-Tudela et al. regarding obstetric violence in Spain reports that 61.7% of the sample said they had suffered obstetric violence.[3] The percentage of women who report suffering obstetric violence differs, depending on the surveyed country, from 18% (Brazil) to 75% (Ethiopia), with 29% in India and 38% in Spain, in between.[7]

This review verifies the controversy regarding the term "obstetric violence", as Martín-Castañeda[15] states it, as well as Katz et al.,[16] who also mention that the term "obstetric violence" is a source of irritation in the medical community. While this last author and collaborators recognize the irritation that the term causes, they defend that there is no reason to be afraid of it, but that there is a need to do everything possible to eradicate the practices that constitute obstetric violence.[16] Along the same lines, Lévesque et al. make an invitation to speak out and make obstetric violence visible, and to recognize and share the experiences of people who have suffered obstetric violence.[17] On the other hand, Lappeman et al. sustain that the term obstetric violence can make health professionals feel personally attacked, by labelling them as violent, and that therefore, they will show resistance to interventions intended to help them change their behaviors.[18]

In Spain, different positions have been observed; the Obstetrics and Gynecology Spanish Association (SEGO, by its Spanish initials) stated in a press release that: "we think that the term "obstetric violence" is inappropriate, partial, and

Table 1. (Continued on the next page)

Title	Authors and reference	Type of study	Sample size/studies reviewed	Main results	Categorization (as stated in the Materials and Methods section)
Perception of humanized childbirth in patients in the puerperium period.	García Torres *et al.*[13]	Descriptive observational	190	The global perception of humanized delivery was inadequate in 56.8%, regular in 34.7%, and adequate in 8.4%. The inadequate perception was mostly related with pain management and accompaniment. A significant association was found between the perception as inadequate, and the home maker occupation.	A
Obstetric violence from the perspective of primary and hospital care midwives in Barcelona. An anthropological analysis.	Martin Castañeda[15]	Qualitative, Ethnographic	8	Most participants consider that obstetric violence exists, and that they have in some way, at some point, participated in it. The controversy regarding the use of the term "obstetric violence" is made evident.	A-B-C
Obstetric violence forms, as experienced by mothers who had a normal delivery.	Da Silva-Carvalho *et al.*[14]	Descriptive, Observational	35	Inappropriate comments, criticism of screams and/or moans by mothers during labor, banalization and inadequate pain management, in conjunction with difficulties to make postural changes, led to a negative experience of delivery for these women.	A
Obstetric violence: a practice made invisible in medical practice in Spain.	Rodríguez Mir *et al.*[25]	Opinion article	Doesn't apply	The lowest social hierarchies receive worse health care. Burnout syndrome among obstetrics professionals would favor the dehumanization of users and would affect the doctor-patient relationship. The lack of information and training in health professionals is related with the incapacity to identify and manage inadequate practices, as well as to face the emotional aspects of delivery; that's why it is necessary to provide students and health professionals with the tools to identify obstetric violence.	A-D
To Use or Not to Use the Term "Obstetric Violence": Commentary on the Article by Swartz and Lappeman.	Lévesque *et al.*[17]	Original article	Doesn't apply	The definitions of obstetric violence that highlight the intention have been largely rejected in favor of broader definitions that highlight the victim's perception and their consequences. Naming and making this type of violence visible, as well as recognizing and sharing these experiences can be the beginning towards an empowerment of the women who have been subject of said violence.	A-C

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Table 1. (Continued on the next page)

Title	Authors and reference	Type of study	Sample size/studies reviewed	Main results	Categorization (as stated in the Materials and Methods section)
Obstetric Violence in Spain (Part I): Women's Perception and Interterritorial Differences.	Mena Tudela *et al.*[3]	Observational, descriptive, retrospective	17541	Thirty-eight-point three percent of the sample reported having suffered obstetric violence, and 61.7% said they hadn't suffered it. There are statistically significant differences about the perception of obstetric violence among the different Citizen Attention Services (SAC, by its initials in Spanish). Almost half of the surveyed women reported not being able to clear their doubts or express their fears about the process, having a direct impact on their satisfaction of the received care. Providing women with information, and asking for their informed consent, are practices that were not adequately followed, even at SACs with lower reported obstetric violence.	A
Obstetric Violence in Spain (Part II): Interventionism and Medicalization during Birth.	Mena Tudela *et al.*[28]	Observational, descriptive, retrospective	17541	The degrees of intervention and medicalization of the process of delivery in Spain are high, with no statistically significant differences among SACs at a national level. Interventionism varies greatly when health care is public, private, or mixed; private care showing a higher rate of interventionism, lower satisfaction, and a greater perception of obstetric violence. Spain is above the rate of C-sections recommended by the WHO (between 10-15%).	A
Obstetric Violence in Spain (Part III): Healthcare Professionals, Times, and Areas.	Mena Tudela *et al.*[7]	Observational, descriptive, retrospective	17541	Hospitals were identified as the location with more obstetric violence for the studied variables. Women identified the moment of delivery as the time when more obstetric violence is practiced. The surveyed women identified midwives and gynecologists as the health professionals with more behavior categorized as obstetric violence	A
Obstetric violence: Clinical staff perceptions from a video of simulated practice.	Gray *et al.*[22]	Observational, descriptive	217	Around 50% of obstetricians and obstetric nursing staff had previously heard of obstetric violence and could define it with precision. Sixty three percent of health professionals had witnessed behavior related with obstetric violence such as the ones shown in the video. Obstetricians were significantly less prone to change their perspective as to how patients must be treated in their work context, as a result of watching the video regarding obstetric nursing staff. Both clinical groups were significantly more prone to be critical of the behavior of other groups in the video.	A-B

Table 1. (Continued on the next page)

Title	Authors and reference	Type of study	Sample size/studies reviewed	Main results	Categorization (as stated in the Materials and Methods section)
Obstetric violence: Comparing medical student perceptions in India and the UK.	Gray *et al.* [23]	Observational, descriptive	118	A greater number of students in India had previously heard the term obstetric violence in comparison to their English counterparts. Both groups were able to define obstetric violence at similar rates. Indian students were significantly less critical with the behaviors depicted in the video than the UK students. These last ones were significantly less prone to agree that the video had changed their perception as to how teams should behave in the context of obstetric violence. The percentage of students who had witnessed examples of obstetric violence in the clinical practice was greater in Indian students.	A-B
Who is afraid of obstetric violence?	Katz *et al.*[16]	Original article	Does not apply	The term *obstetric violence* is a source of uneasiness in the medical community. The resistance to the term *obstetric violence* doesn't protect professionals from legal repercussions stemming from possible failures. There is no reason to fear the term obstetric violence, but there is a need to do all the efforts to eradicate it.	A-C
Alternatives that contribute to a reduction of obstetric violence .	Marques *et al.*[26]	Original article	Does not apply	Improving care for mother-child, which entails understanding pregnant women comprehensively, as an alternative to aid in the eradication of obstetric violence. Another alternative to reduce obstetric violence would be the sociodemographic, clinical, and psychological profile analysis of pregnant women, with the goal of knowing and demystifying expectations, doubts, and fears (creating specific instruments to evaluate them).	A-D
Obstetric violence and medical education.	Brilhante *et al.*[24]	Letter to the editor	Does not apply	A deep medical education curricular reform is necessary which includes the standardization of practices that best combine scientific evidence with bioethics, as intertwined and necessary concepts to consolidate an effective and socially constructed medical practice.	A-D

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Table 1. (Continuation)

Title	Authors and reference	Type of study	Sample size/studies reviewed	Main results	Categorization (as stated in the Materials and Methods section)
How should trainees respond in situations of obstetric violence?	Rubashkin *et al.*[27]	Original article	Does not apply	It has been shown that offering supportive care to women during labor and in puerperium leads to a better experience of delivery, as well as in the prevention of mistreatment. An example of this is the creation of a space where women could freely express their perspectives about the experience of delivery.	A-D
How Gentle Must Violence Against Women Be in Order to Not Be Violent? Rethinking the Word "Violence" in Obstetric Settings.	Lappeman *et al.*[18]	Ethnographic review	Does not apply	Health care workers can resist interventions to help them change their behavior if they feel personally attacked for being violent. The term *violence* could disempower as much women as their caregivers, hindering change.	A-C
Obstetric violence: triggering factors and nursing preventive measures.	Sousa *et al.*[29]	Systematic review	10	The application of good nursing practices in the care given to women in labor contributes to the humanization of delivery, encouraging women to retake their protagonist role.	A-D
COVID-19 as a risk factor for obstetric violence.	Sadler *et al.*[30]	Original article	Does not apply	The context created by COVID-19 has brought a step back regarding the improvements directed to guaranteeing delivery care of high quality. Precarious conditions, burnout, and the lack of adequate protection for health care workers have contributed to this step back.	A

unfair, because of its fraudulent legal meaning, which intends to do harm, intent to injure, uses force or threats, typifies as criminal, and we must categorically reject it", adhering thus to the statement issued in July 2021, by the General Council of Official Medical Colleges.[19] On the other hand, the Federation of Associations of Midwives of Spain (FAME, by its initials in Spanish) state that "obstetric violence has been effected, is currently effected, and will continue to be effected if we don't act in a firm and forceful manner; that's why, it is time to stop looking the other way, and for all the professionals involved in obstetrics, to nip the problem in the bud, calling obstetric violence by its name, without euphemisms".[20] There are also moderate positions, such as the one by the Catalonian Society of Obstetrics and Gynecology (SCOG, by its initials in Spanish), and the Catalonian Medical Colleges Council (CCMC, by its initials in Spanish), who state that the so-called obstetric violence has serious consequences for the patients' health, and also for health professionals themselves, who can become secondary victims.[21]

Regarding the perception of health professionals about obstetric violence and care practices, Martín-Castañeda, in their qualitative study, found that most participants (midwives) consider that obstetric violence exists and that they have been participants on it at some point in their experience.[15] When Gray et al. asked health professionals if they had witnessed some behavior that could be categorized as obstetric violence, 63% of them answered positively.[22] Another aspect of the study by Gray et al. is the degree of knowledge of obstetricians and obstetric nursing staff about obstetric violence, and around 50% had heard about the subject.[22] In another study, Gray et al. studied the perception of obstetric violence in medical students in the United Kingdom and India, and they found that the students could identify behaviors associated with obstetric violence, but they were unaware of the term "obstetric violence" until then.[23] These findings highlight the need to, firstly, conduct more research about the perception of obstetric violence in medical students, given that said studies are scarce, and of course, secondly, to adapt the medical education curriculum to include a standardization of the practices that best combine scientific evidence with bioethics, to consolidate a practice that is effective and socially constructed, as it is argued for in the study by Brilhante et al.[24]

Regarding proposals to improve health care that result in better care for women during pregnancy, delivery, and puerperium, a large portion of the articles coincide in the need for better training for current and future health professionals. Rodríguez Mir et al. claim the need for providing health professionals with the tools to identify obstetric violence.[25] These authors believe that, this way, the lack of information and training related to the inability to identify and manage inadequate practices, can be overcome, and also develop the ability to face the emotional aspects of deliveries.[25] Along the same lines, Brilhante and his team insist on the need to make curricular changes in university degrees.[24] This last point is very interesting because of the fundamental need to provide future health professionals with all the information and necessary tools, so that tomorrow they are health professionals who not only have the theoretical knowledge, but also the capability of treating their patients from a biopsychosocial perspective, where all their physical, psychological, and social needs are considered. Marques et al. propose improving care practices for mothers and their newborns as an alternative to fight obstetric violence.[26]

Another alternative proposal is the analysis of the sociodemographic, clinical, and psychological profile of pregnant women, aiming to demystify expectations, fears, and doubts.[26] As it can be seen, there is an emphasis on the importance of treating patients from a perspective that includes all their needs, not only their physical

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needs.[26] Rubashkin et al. conclude that providing supportive care to women during labor and in puerperium leads to a better experience of delivery.[27] Lastly, Rodriguez Mir et al. found a relation between burnout syndrome, evident among many obstetrics professionals, and a tendency to dehumanization in pregnant women's care, which also would affect the doctor-patient relationship.[25]

This research provides insight of the perception and opinion of health professionals about different aspects related with obstetric violence, while a large portion of the existing literature provides the opinion of pregnant women. This is interesting because the participants are active health professionals, who take part in the care provided to women at a most decisive time in their lives, as pregnancy is, and knowing and analyzing the perceptions of said professionals is fundamental to improve perinatal care in the daily clinical practice. The main limitation of the study is the possible loss of information ,as we didn't analyze all of the literature available in the different databases.

CONCLUSION

Obstetric violence is a subject which is currently becoming more relevant in society at large, but also among health professionals who provide direct care (while also transversally) to pregnant women. Most health care professionals believe that obstetric violence occurs, and that they have been witness to practices which could be categorized as such, even though there is another group who express opposite opinions. Providing current and future health professionals with the necessary tools to treat patients from a biopsychosocial model is fundamental to offer a better-quality, more adequate, and correct, maternal health care.

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