Brazilian Journal of Development

Obstetric violence in Brazil: an integrative review

Violência obstétrica no Brasil: uma revisão integrativa

DOI:10.34117/bjdv6n7-188

Recebimento dos originais: 12/06/2020
Aceitação para publicação: 09/07/2020

Rayane da Silva Arruda
Enfermeira pela universidade estadual de ciências da saúde de Alagoas - UNCISAL
Endereço: Rua Dr. Jorge de Lima, 113 - Trapiche da Barra, Maceió - AL, Brasil, 57010-300
E-mail: rayarruda@hotmail.com

Laudivania Claudio de Andrade
Enfermeira pela Universidade Estadual de Ciências da Saúde de Alagoas - UNCISAL
Instituição: Universidade Estadual de Ciências da Saúde de Alagoas
Endereço: Rua Dr. Jorge de Lima, 113 - Trapiche da Barra, Maceió - AL, Brasil, 57010-300
E-mail: laudivaniaandrade@hotmail.com

Jeinne Kethleen Gouvêa Agra
Enfermeira pela Universidade Estadual de Ciências da Saúde de Alagoas - Uncisal
Endereço: Rua Antero Medeiros, 119. Prado.
Maceió - AL
E-mail: jeinneagra@hotmail.com

Ellen Carolyna Silva Bezerra
Graduada em Enfermagem pela Universidade Estadual de Ciências da Saúde de Alagoas
Instituição: Universidade Estadual de Ciências da Saúde de Alagoas
Endereço: R. Dr. Jorge de Lima, 113 - Trapiche da Barra, Maceió - AL, Brasil 57010-300
Email: ellencarolyna.silva@gmail.com

Flávia da Silva
Enfermeira Pós graduada em Urgência e Emergência e UTI pelo Instituto Pedagógico de Minas Gerais, IPEMIG.
Instituição que terminei a Graduaçao: Centro Universitário Tiradentes
Endereço: Rua Aurélio Lages, número 55- Bairro Ponta Grossa- Maceió/AL, Brasil
E-mail: flavia_madu@hotmail.com

Marya Taynah França Gomes
Enfermeira.
Universidade Estadual de Ciências da Saúde de Alagoas.
Endereço: Rua Hamilton de Barros Soutinho, 880. Edf. Joana Bengo. Apto. 903 - Bairro: JatiúcaE-mail: taynahmgomes@gmail.com

Juliana Santos de Arruda
Enfermeira pela Universidade Estadual de Ciencias da Saùde
Endereço: R. Dr. Jorge de Lima, 113 - Trapiche da Barra, Maceió - AL, Brasil 57010-300
E-mail: julianasantoss.enf@gmail.com

Brazilian Journal of Development

Gizele Carolline da Silva Rodrigues
Enfermeira obstétrica pela Universidade Estadual de Ciências da Saúde de Alagoas
Enfermeira do Trabalho pela Universidade Pitágoras Unopar
Endereço: 1ª travessa Santa Helena, número 285 - Pontal da Barra, Maceió - AL, Brasil
Email: giizele_carolline@hotmail.com

ABSTRACT
The objective of this study is to analyze the scientific productions from 2012 to 2018 related to obstetric violence in Brazil and to present the main evidences found in the selected articles. It is an integrative review, with the purpose of answering the question "According to the latest studies, how is obstetric violence evident in Brazil?". The data were acquired through the selection of articles indexed in the Google Academic and Virtual Health Library (VHL) databases, from 2012 to 2018 by means of the descriptors: Labor of Delivery; Obstetric nursing; Humanized birth; Violence against women; Obstetric delivery. A total of 1934 articles were found, and 10 publications were selected according to the inclusion and exclusion criteria. A validated instrument (URSI, 2005) was used as an instrument for data collection and subsequent analysis. From the content analysis of the articles, three categories were proposed for the synthesis of these findings: justifications and perceptions of health professionals about knowledge and practices of obstetric violence; women's knowledge and experience of obstetric violence; transition from care to institutionalized childbirth to home birth and concepts, knowledge and practices of humanization of childbirth; factors associated with obstetric violence. It is concluded that currently obstetric practices in Brazil disrespect the rights of women, reflected in the lack of humanization and unnecessary interventions. There is a need for actions that focus on the humanization and mobilization of professionals, as well as prenatal care for women to know their rights.

Key-words: Labor. obstetric nursing. violence against women. Natural Childbirth.

RESUMO
O objetivo deste estudo é analisar as produções científicas de 2012 a 2018 relacionadas à violência obstétrica no Brasil e apresentar as principais evidências encontradas nos artigos selecionados. Trata-se de uma revisão integrativa, com o objetivo de responder à pergunta "Segundo os estudos mais recentes, como é evidente a violência obstétrica no Brasil?". Os dados foram adquiridos por meio da seleção de artigos indexados nas bases de dados da Biblioteca Virtual em Saúde (BVS) do Google, de 2012 a 2018, por meio dos descritores: Trabalho de parto; Enfermagem obstétrica; Parto humanizado; Violência contra as mulheres; Parto obstétrico. Foram encontrados 1934 artigos e 10 publicações foram selecionadas de acordo com os critérios de inclusão e exclusão. Um instrumento validado (URSI, 2005) foi utilizado como instrumento para coleta de dados e posterior análise. A partir da análise de conteúdo dos artigos, três categorias foram propostas para a síntese desses achados: justificativas e percepções dos profissionais de saúde sobre conhecimentos e práticas de violência obstétrica; conhecimento e experiência das mulheres de violência obstétrica; transição do cuidado ao parto institucionalizado para o parto domiciliar e conceitos, conhecimentos e práticas de humanização do parto; fatores associados à violência obstétrica. Conclui-se que atualmente as práticas obstétricas no Brasil desrespeitam os direitos das mulheres, refletidas na falta de humanização e intervenções desnecessárias. Há necessidade de ações focadas na humanização e mobilização de profissionais, bem como no pré-natal para que as mulheres conheçam seus direitos.

Palavras-chave: Trabalho. enfermagem obstétrica. violência contra as mulheres. Parto Natural.

Brazilian Journal of Development

1 INTRODUCTION

Violence, for the World Health Organization, is characterized by the intentional use of physical force or power, real or threatening, against oneself, against another person, or against a group or a community, that results or has the possibility of result in injury, death, psychological damage, developmental disability or deprivation (1).

Violence affects many women on a daily basis, and this type is characterized by violence against women, so this violence occurs in different expressions and places, such as in maternity hospitals, during labor and delivery.

The history of childbirth and birth has been gradually transformed throughout history. Until the 18th century, childbirth was considered a women's ritual and not a medical (male) act. Midwives performed births at home, but things changed with the development and incorporation of new technologies in the field of medicine. Thus, at the end of the 19th century, childbirth took on another meaning and started to be considered a surgical and controlled procedure, losing its essence as something physiological, having to be performed in a hospital environment[2].

The hospital model has become common in many countries and home births have been considered highly unsafe, even without any scientific evidence. But still, births performed by midwives and those that were not performed in hospitals were illegal.

The woman's rights and choices were left aside, the procedures are carried out without the granting of the parturient, disqualifying her as the protagonist of the scene, totally reversing the papal at that moment to be an extra and placing the doctor as the protagonist. In this model, the woman's body is considered a machine and assistance to the production line[3].

Contemporary obstetric care gives rise to several questions about the effects of excessive interventions in assisting labor and delivery, especially for low-risk pregnant women and their babies. The inappropriate use of technology in childbirth care has shown unfavorable maternal and perinatal results and interventional care has been a source of dissatisfaction for women. In addition, unnecessary procedures add higher costs to care and have potentially adverse effects. For each unnecessary intervention, there must be another intervention in the future[4.5.]

Therefore, in 2002, the Ministry of Health launched a Humanization Program for Childbirth and Birth, in order to guarantee the rights of women during this cycle. This program recognizes the need for a professional bond with each woman and the perception of their needs, with childbirth performed with a minimum of interventions, remembering that excess technology does not imply a better or safer clinical practice, differently than it often occurs, these interventions are reproduced even before having their effectiveness tested through controlled studies, hence the importance of evidence-based studies. It is necessary to recognize that the parturient is the driver of the process and

not the convenience of the system, as the team is there to assist her, leaving her comfortable with her choices[6].

From this program, the term obstetric violence started to be used, which is mainly expressed by the neglect of assistance, social discrimination, verbal, physical and psychological violence, being also considered an act of obstetric violence, the inappropriate use of technologies and the adoption of procedures during the pregnancy-puerperal cycle without the explicit and informed consent of the pregnant woman / parturient, hurting the principles of the individual rights of women [7].

Another definition is that of the first Latin American legislation typifying this form of violence, approved in Venezuela as any conduct, act or omission by health professionals, both in public and private, which directly or indirectly leads to the misappropriation of bodily and reproductive processes of women, and is expressed in inhuman treatment, in the abuse of medicalization and in the pathologization of natural processes, leading to loss of autonomy and the ability to freely decide about their bodies and sexuality, negatively impacting the quality of life of women [8].

During labor and delivery the parturient woman should be nurtured, welcomed and empowered, giving her freedom of choice, but what happens in Brazil today is totally different from what literature and organizations advocate.

Thus, the objective of this study is to analyze scientific productions from 2012 to 2018 related to obstetric violence.

2 METHODOLOGY

The present study is characterized as an integrative review, a method that aims to gather and synthesize research results on a given theme, in a systematic and orderly manner in six stages, becoming a means that allows us to deepen knowledge through the synthesis of several published studies, adopting the retrospective method to search for articles.

Establishing these steps is of relevant importance for the proper direction of the study. The first consists of formulating the guiding question, being the following: "According to the latest studies, how is obstetric violence evident in Brazil?".

The second step is to search the literature, where three electronic databases were defined as the search source: Virtual Health Library (VHL) and Google Scholar.

The third stage where the studies are categorized used the following descriptors: “Labor and Delivery”, “Obstetric nursing”, “Humanized delivery” “violence against women” and “Obstetric delivery” (according to the DeCS - Science Descriptors of health).

In the selection of the literature to compose the fourth stage that defines the evaluation of the studies, The bibliographic search, according to the established strategy, resulted in 1934 articles,

being 706 in the VHL and 1228 in the Google Scholar. However, only 10 were selected to compose the current article, 3 from the VHL and 7 from Google Scholar, the rest were excluded because they did not fit the inclusion and exclusion criteria. The inclusion criteria were Biological and Health Sciences articles, published up to 6 years ago, that described violence against women, obstetric violence, humanized childbirth and obstetric nursing, and the exclusion criteria were incomplete research and in languages that are not. English, Portuguese and Spanish, non-Brazilian research.

For data analysis, a validated instrument was used (URSI, 2005), which was applied at the end of the articles in this review. The instrument contained variables considered relevant, such as: name of the article, year of publication, journal / database that was found, method applied, level of scientific evidence and the main result related to obstetric violence, constituting the fifth stage.

In the sixth stage, the synthesis of knowledge / presentation of the review was defined.

3 RESULTS AND DISCUSSION

The synthesis of the publications included in this integrative review is described in the table, where the studies were identified by the authors' names, in ascending order of year of publication, title and periodical of the studies (Table 1).

Table 1: Articles that make up the corpus of the research, by authors, year, title, journal

N°	Authors/ year	Title	Journal
01	Carvalho VF, Kerber NPC, Busanello J, Gonçalves BG, Rodrigues EF, Azambuja EP. 2012	How the workers of a birthing center justify using harmful practices in natural childbirth	Revista da Escola de Enfermagem da USP.
02	Malheiros PA, Alves VH, Rangel TSA, Vargens OMDC. 2012	Childbirth and birth: humanized knowledge and practices.	Texto and Contexto Enfermagem
03	Santos LM, Pereira SSC. 2012	Experiences of women on the assistance received in the birth process.	Physis: revista de saúde coletiva.
04	Aguiar JM, d'Oliveira AFPL, Schraiber LB. 2013	Institutional violence, medical authority and power in maternity hospitals from the perspective of health professionals.	Cadernos de Saúde Pública.
05	Sanfelice CFO, Abbud FDSF, Pregnolatto OS, Silva MG, Shimo AKK. 2014	From institutionalized birth to home birth.	Revista Rene.
06	Andrade PON, Silva JQP, Diniz CMM, Caminha MFC. 2016	Factors associated with obstetric violence in the care of vaginal delivery in a highly complex maternity hospital in Recife, Pernambuco.	Revista Brasileira de Saúde Materno Infantil.

07	Silva RLV, Lucena KDT, Deininger LDSC, Monteiro ACC, Moura RDMA. 2016	Obstetric violence under the eyes of users.	Revista de enfermagem UFPE on line.
08	Cardoso FJDC, Costa ACMD, Almeida MM, Santos TSD, Oliveira FBM. 2017	Institutional obstetric violence in childbirth: perception of health professionals.	Revista enfermagem UFPE on line.
09	Oliveira MDC, Merces MCD. 2017	Perceptions about obstetric violence from the point of view of mothers.	Revista Enfermagem UFPE on line.
10	Leal SYP, Azevedo LVL, Silva AF, Soares PDFL, Santana LR, Pereira Á.	Perception of obstetric nurses about obstetric violence.	Cogitare Enfermagem.

Source: Research data, 2018

The studies were published in national journals between the years 2012 to 2018 and carried out, mainly, in public maternity hospitals, in the southeast (São Paulo and Rio de Janeiro), northeast (Bahia, Recife, João Pessoa) regions.

In 70% of the analyzed articles were published in nursing journals, (Text and Context in Nursing, Revista de Escola de Enfermagem da USP, Revista Rene, Revista de Enfermagem UFPE on line, Cogitare Enfermagem), the others were: Public Health Notebooks ,

Physis: collective health magazine, Revista Brasileira de Saúde Materno Infantil.

About the formation of the authors of the articles, about 80% are nurses and nursing undergraduate students. This shows the concern of nurses and nursing students to discuss the theme, since our training allows us to have a more humanized view.

The methods used in the studies were associations of semi-structured interviews and observation of professionals, being the type of descriptive and exploratory study with a qualitative approach and experience report. Of which 90% (9) were field research, 10% (1) experience report (Table 2).

Brazilian Journal of Development

Table 2: Synthesis of articles selected in the integrative review of Brazilian literature, Maceió - AL, 2018.

N°	Method	Results
01	Descriptive, exploratory and qualitative study.	Some justifications for the use of harmful practices were the perpetuation of inadequate models; facilitation for assistance at delivery; and authoritarianism that some workers exert on the parturient woman because they believe they have knowledge..
02	Descriptive, exploratory research with a qualitative approach.	The professionals reported as the main obstacles to the practice of humanization in childbirth and birth the resistance of some health professionals who are unable to accept the procedures without which it is not possible to break with the current paradigm; professional training based on the biomedical model; and the consequent unpreparedness and disqualification of the teams.
03	Descriptive, exploratory and qualitative study.	The puerperal women experienced the parturition process with loneliness, fear, pain, suffering, abandonment, and had their children, alone. The only moments of assistance provided by professionals were limited to the expulsion or postpartum period.
04	Descriptive, exploratory study with a qualitative approach.	Examples of obstetric violence mentioned are the use of derogatory jargon as a form of humor, threats, reprimands and neglect in pain management. However, these practices are not generally perceived by professionals as violent, but rather as an exercise of authority in a context considered "difficult", thus undermining institutional violence because they believe it is a good practice, because it would be for the good of the patient.
05	Descriptive study with a qualitative approach in the experience report modality.	It originated four thematic categories: the hospital experience; living with obstetric violence; back home and the challenges of home care.
06	Cross-sectional, prospective study.	The prevalence of obstetric violence was 86.57%. The most frequent harmful practices were the pulling efforts (65%), the administration of oxytocin (41%) and the routine use of the supine / lithotomy position (39%). Only the variables not having completed high school ($p = 0.022$) and having been assisted by a medical professional ($p < 0.001$) showed a significant association with obstetric violence.
07	Descriptive, exploratory study with a qualitative approach.	The interviewees suffer from the lack of humanization during labor; neglect on the part of professionals; and unnecessary interventions. What results in an experience said, on the part of them as “negative” and “traumatizing”, in which most of them wish to forget.
08	Descriptive, exploratory study with a qualitative approach.	The topic of obstetric violence is still unknown by health professionals and there are several reasons for the existence of this problem, such as poor structure of health institutions, excessive workload and lack of communication between the professional and the client.
09	Descriptive study with a qualitative	The perception of women in relation to obstetric violence is restricted. Despite the whole context of birth experienced by these women, the service is still considered satisfactory, even though the

	approach.	statements do not corroborate this statement, when analyzed more deeply, health education is essential, especially during prenatal care, as well as changes in the obstetric care model.
10	Exploratory study with a qualitative approach.	Obstetric nurses perceive that obstetric violence presents itself in different ways, such as Kristeller's maneuver; episiotomy without consent; vaginal touches; and indiscriminate use of oxytocin. Even in the face of not advising the use of these methods as a routine in the hospital environment, due to their recognition as a violation of rights, it is unusual to use them at the time of delivery, not recognizing certain practices as a violation. In addition, they recognize that the parturient's lack of knowledge is an element of vulnerability in relation to obstetric violence, emerging for the repercussions of the phenomenon on the woman's life.

Source: Research data, 2018

Study participants included health professionals and postpartum women, with different degrees of education, age and race, and with Brazilian nationality.

From the content analysis of the articles, two categories were proposed for the synthesis of these findings: justifications and perceptions of health professionals about knowledge and practices of obstetric violence; and women's experience and knowledge about obstetric violence.

4 JUSTIFICATIONS AND PERCEPTIONS OF HEALTH PROFESSIONALS ABOUT KNOWLEDGE AND PRACTICES OF OBSTETRIC VIOLENCE

Analyzing the results, we observed unpreparedness, negligence and malpractice in the practice of midwifery professionals. This leads us to reflect on how these professionals are being trained.

The prevalence of obstetric violence was high, but it is still a topic little known by health professionals and there are several reasons for the existence of this problem, such as the precarious infrastructure of health institutions, excessive workload and lack of communication between professionals and client, perpetuation of inadequate models, facilitation for assistance at the time of delivery and authoritarianism that some workers exercise over the parturient woman because they believe they have knowledge [9,11].

The most common examples cited by professionals as obstetric violence were: pejorative jargon as a form of humor, threats, reprimands, efforts to pull, oxytocin administration, routine use of the swine / lithotomy position and neglect in pain management. However, these practices are not generally perceived by professionals as violent, but rather as an exercise of authority in a context considered “difficult”, thus neglecting institutional violence because they believe it is a good practice, because it would be for the good of the patient [7, 10].

It is noticeable the way in which obstetric violence presents itself and there are several ways, such as Kristeller's maneuver, episiotomy without consent, vaginal touches, indiscriminate use of oxytocin, invasive procedures, inappropriate conduct (lying to the client about its dilation or fetal vitality to indicate cesarean section due to personal interests), coercion (elective cesarean delivery forging indications that are not real such as fetal macrosomia, meconium, cervical circulars, narrow maternal basin), threatens, among others, and feeling helpless in the face of so many humiliating scenes. However, even in the face of not advising the use of these harmful practices in the hospital routine, it is common to use them at the time of delivery, not recognizing them as a violation. In addition, the professionals point out the parturient's lack of knowledge as an element of vulnerability in relation to obstetric violence [12,13].

The main obstacles to the practice of humanization in childbirth and birth is the resistance of some health professionals who are unable to accept the procedures without which it is not possible to break with the current paradigm; professional training based on the biomedical model; and the consequent unpreparedness and disqualification of the teams[18].

In this way, institutionalized delivery focused on humanized practices is still a challenge for health in Brazil and a long way to go since the increase in inhumane practices that favor obstetric and institutional violence is stark.

5 WOMEN'S EXPERIENCE AND KNOWLEDGE ABOUT OBSTETRIC VIOLENCE

Labor is the time when women need more emotional support. It is a physiological process that begins and evolves on its own that can happen in a comfortable, safe and without interventions. In line with the violent and disrespectful phrases of our results, we are faced with studies that demonstrate that the greatest need for a woman in labor is in the management of emotional control, as women point to confidence as a determining factor for a positive childbirth experience. in the team that is assisted and they emphasize the importance of affection, patience and calmness on the part of the professionals, but what these women are unaware of is that this humanized attention must be a technical skill inherent in obstetrics [14].

The puerperal women experienced the parturition process with loneliness, fear, pain, suffering, abandonment, neglect on the part of the professionals and had their children, alone. In addition, they suffer from unnecessary interventions and the lack of humanization during labor. The only moments of assistance provided by professionals were limited to the expulsion or postpartum period. What results in an experience said, by them as “negative” and “traumatizing”, in which most of them wish to forget [15,16].

The perception of women in relation to obstetric violence is restricted. Despite the whole context of birth experienced by these women, the service is still considered satisfactory, even though the statements do not corroborate this statement, when analyzed more deeply, health education is essential, especially during prenatal care, as well as changes in the obstetric care model [17].

6 CONCLUSION

Based on the articles, for women, childbirth is still seen as an event that one intends to forget, because it caused pain, suffering, trauma or generated in the woman a thought that her body is inadequate or incapable. Obstetric violence is often silent, but painful, as there is still a great difficulty for women to perceive and know their rights during pregnancy and at the time of delivery, and this lack of knowledge often leaves them vulnerable to violent practices.

It was verified through the speeches presented in the articles, both by professionals and women, that obstetric violence practices, even though they are not seen as such, exist and are still linked to old thoughts, of a culture among professionals who do not accept change and insertion of new practices. Associated with this lack of openness by professionals is also the institution that, for the care of parturient women, is well structured and prepared to assist and train professionals.

It is concluded that currently the obstetric practices in force in Brazil disrespect the rights of women, reflected in the lack of humanization and unnecessary interventions. Actions are needed that focus on the humanization and mobilization of professionals, as well as prenatal care so that women know their rights.

REFERÊNCIAS

Zuma, CE. Em busca de uma rede comunitária para a prevenção da violência na família. Anais do III Congresso Brasileiro de Terapia Comunitária [Internet]. 2005. [acesso em: 29 de junho 2012]. Disponívelemhttp://www.noos.org.br/acervo/Embuscadeumaredecomunitariaparaaprevencaodaviolencianafamilia.pdf.

Maia MB. Humanização do parto: política pública, comportamento organizacional e ethos profissional. Rio de Janeiro: Fiocruz; 2010.

Diniz CSG. Humanização da assistência ao parto no Brasil: os muitos sentidos de um movimento. Ciência & saúde coletiva. 2005; 10: 627-637.

Ministério da Saúde (BR). Agência Nacional de Saúde Suplementar. O modelo de atenção obstétrica no setor suplementar de saúde no Brasil: cenários e perspectivas. Brasília: Ministério da Saúde; 2008.

Lobo SF, Oliveira SMJV, Schneck CA, Silva FMB, Bonadio IC, Riesco LMG. Maternal and perinatal outcomes of an alongside hospital birth center in the city of São Paulo, Brazil. Rev Esc Enferm USP. 2010; 44(3):800-6.

Ministério da Saúde (BR). Humanização do pré-natal e nascimento. Brasília. 2009.

Andrade PON, Silva JQP, Diniz CMM, Caminha MFC. Fatores associados à violência obstétrica na assistência ao parto vaginal em uma maternidade de alta complexidade em Recife, Pernambuco. Rev. Bras. Saude Mater. Infant. [Internet]. 2016 Mar [citado 2018 Jun 17]; 16(1):29-37. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292016000100029&lng=pt.

Ley Orgánica sobre el Derecho de las Mujeres a una Vida Libre de Violencia [Internet]. Gaceta Oficial 38.647. [acesso em: 30 mai 2018]. Disponível em: http://venezuela.unfpa.org/doumentos/Ley_mujer.pdf.

Cardoso FJDC, Costa ACMD, Almeida MM, Santos TSD, Oliveira FBM. Violência obstétrica institucional no parto: percepção de profissionais da saúde. Rev. enferm. UFPE on line [Internet]. 2017 [acesso em: 17 de junho de 2018]; 11(9): 3346-3353. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/110232/22159

Aguiar JM, d'Oliveira AFPL, Schraiber LB. Violência institucional, autoridade médica e poder nas maternidades sob a ótica dos profissionais de saúde. Cad. Saúde Pública [Internet]. 2013 Nov [cited 2018 June 18]; 29(11): 2287-2296. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2013001100015&lng=en.

Carvalho VF, Kerber NPC, Busanello J, Gonçalves BG, Rodrigues EF, Azambuja EP. How the workers of a birthing center justify using harmful practices in natural childbirth. Rev. esc. enferm. USP [Internet]. 2012 Feb [cited 2018 June 18]; 46(1):30-37. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342012000100004&lng=en.

Leal SYP, Azevedo LVL, Silva AF, Soares PDFL, Santana LR, Pereira Á. Percepção de enfermeiras obstétricas acerca da violência obstétrica. Cogitare Enferm [Internet]. 2018; 23(2): 52473. Acesso em: http://www.saude.ufpr.br/portal/revistacogitare/wp-content/uploads/sites/28/2018/04/52473-231497-1-PB.pdf

Sanfelice CFO, Abbud FDSF, Pregnolatto OS, Silva MG, Shimo AKK. Do parto institucionalizado ao parto domiciliar. Northeast Network Nursing Journal [Internet]. 2014; 15(2). Disponível em: http: //www.periodicos.ufc.br/index.php/rene/article/download/3170/243

Silva G, Marcelino MC, Rodrigues LSP, Toro RC, Shimo AKK. Violência obstétrica na visão das enfermeiras obstetras. Revista da Rede de Enfermagem do Nordeste [Internet]. 2014; 1517-3852. Disponível em: http://www.redalyc.org/pdf/3240/324032212020.pdf

Santos LM, Pereira SSC. Vivências de mulheres sobre a assistência recebida no processo parturitivo. Physis [Internet]. 2012 [cited 2018 June 18]; 22(1):77-97. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312012000100005&lng=en.

Silva RLV, Lucena KDT, Deininger LDSC, Monteiro ACC, Moura RDMA. Violência obstétrica sob o olhar das usuárias. Revista de enfermagem UFPE on line [Internet]. 2016: 1981-8963, 10(12), 4474-4480. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11512/13392

Oliveira MDC, Merces MCD. Percepções sobre violências obstétricas na ótica de puérperas. Rev. enferm. UFPE on line [Internet]. 2017; 11(6): 2483-2489. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/23415/19090

Malheiros PA, Alves VH, Rangel TSA, Vargens OMDC. Parto e nascimento: saberes e práticas humanizadas. Texto and Contexto Enfermagem [Internet]. 2012; 21(2):329. Disponível em: http://www.scielo.br/pdf/tce/v21n2/a10v21n2