

UNDERSTANDING THE DYNAMICS OF OBSTETRIC VIOLENCE: CONTRIBUTIONS TO MATERNAL HEALTH

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Abstract: INTRODUCTION: A safe pregnancy relies on factors encompassing maternal health and fetal well-being, including adequate prenatal care, adherence to lifestyle modifications, timely management of pre-existing medical conditions, and access to skilled obstetric care during labor and delivery. Understanding the epidemiology of pregnancy is essential for informing public health strategies and clinical interventions to improve maternal and neonatal outcomes. Epidemiological research provides valuable insights into the prevalence, risk factors, and disparities related to pregnancy-related conditions and complications. Obstetric violence, defined as acts or omissions by healthcare personnel violating the fundamental rights of women or newborns during pregnancy, childbirth, or postpartum care, poses a significant concern in maternal healthcare. Addressing obstetric violence requires a comprehensive approach involving healthcare provider education, policy changes, and advocacy efforts to ensure respectful and dignified maternity care for all women.

OBJECTIVE: Analyze and describe the main aspects of understanding the dynamics of obstetric violence: contributions to maternal health in the last years.

METHODS: This narrative review focuses on the intersecting themes of “Obstetric Violence,” “Epidemiology,” and “Gynecology.” The review comprehensively examines relevant literature sourced from databases including MEDLINE – PubMed (National Library of Medicine, National Institutes of Health), COCHRANE, EMBASE, and Google Scholar.

RESULTS AND DISCUSSION: Obstetric violence, a global concern affecting women during pregnancy, childbirth, and the postpartum period, varies across socio-cultural contexts. Research highlights its prevalence and diverse manifestations, from

physical abuse to verbal disrespect, impacting maternal health outcomes and psychological well-being. Negative healthcare provider attitudes, institutional practices, and socio-economic disparities exacerbate this issue. Addressing obstetric violence requires a comprehensive approach involving provider training, policy reforms, and community empowerment. Additionally, evaluating legal frameworks is crucial to protect women’s rights and promote respectful maternity care globally. Implementing evidence-based interventions and fostering collaboration among stakeholders are essential to prevent and address obstetric violence, ensuring all women receive dignified maternal care regardless of background.

CONCLUSION: The study highlights obstetric violence as a global concern with diverse manifestations across socio-cultural contexts. It underscores its adverse effects on maternal health outcomes and emphasizes the need for context-specific interventions. Negative provider attitudes, institutional practices, and socio-economic disparities contribute to obstetric violence. Addressing this issue necessitates comprehensive approaches targeting provider attitudes, institutional protocols, and socio-economic inequalities. Evaluating legal frameworks is crucial to protect women’s rights and promote respectful maternity care. Evidence-based interventions involving healthcare providers, policymakers, and communities are essential to prevent and address obstetric violence, fostering respectful maternity care and improving maternal health outcomes globally through collaborative efforts.

Keywords: Obstetrics; Obstetric violence; Maternal health, Psychology.

INTRODUCTION

A safe pregnancy is contingent upon several key factors that encompass both maternal health and fetal well-being. Adequate prenatal care, including regular check-ups and screenings, plays a pivotal role in monitoring maternal health parameters such as blood pressure, blood glucose levels, and nutritional status, thereby reducing the risk of complications such as gestational diabetes, preeclampsia, and maternal anemia¹. Additionally, adherence to recommended lifestyle modifications, including proper nutrition, regular exercise, and avoidance of harmful substances such as alcohol and tobacco, is crucial for promoting maternal and fetal health throughout pregnancy². Timely identification and management of pre-existing medical conditions, such as hypertension, diabetes, and thyroid disorders, are also imperative to mitigate potential adverse outcomes for both the mother and the developing fetus³. Furthermore, access to skilled obstetric care during labor and delivery, along with appropriate management of obstetric emergencies, are essential components of ensuring a safe childbirth experience and reducing the risk of maternal and neonatal morbidity and mortality⁴.

Understanding the epidemiology of pregnancy involves examining various factors related to conception, gestation, and childbirth to inform public health strategies and clinical interventions aimed at improving maternal and neonatal outcomes⁵. Epidemiological studies provide valuable insights into the prevalence, incidence, and distribution of pregnancy-related conditions and complications, including preterm birth, low birth weight, gestational diabetes, and hypertensive disorders⁶. These studies often utilize large-scale population-based datasets, cohort studies, and systematic reviews to assess risk factors such as maternal age,

socioeconomic status, ethnicity, and pre-existing medical conditions that influence pregnancy outcomes⁷. Additionally, epidemiological research plays a crucial role in identifying disparities in access to prenatal care, maternal healthcare services, and obstetric interventions, thereby informing policies and programs to address inequities and improve maternal and neonatal health globally^{5,6}.

Obstetric violence, defined as any act or omission by healthcare personnel during pregnancy, childbirth, or postpartum care that violates the fundamental rights of the woman or her newborn, is a concerning issue in maternal healthcare⁷. Such acts may include physical or verbal abuse, coercion, disrespect, or discrimination based on factors such as race, ethnicity, socioeconomic status, or age⁸. Obstetric violence can have profound negative effects on maternal health outcomes, leading to increased rates of maternal morbidity, psychological trauma, and impaired maternal-infant bonding⁸. Addressing obstetric violence requires a multi-faceted approach involving healthcare provider education, policy changes, and advocacy efforts to promote respectful and dignified maternity care⁷. By recognizing and addressing obstetric violence, healthcare systems can work towards ensuring that all women receive safe, supportive, and empowering maternity care experiences⁷.

OBJETIVE

Analyze and describe the main aspects of understanding the dynamics of obstetric violence: contributions to maternal health in the last years.

SECONDARY OBJETIVE

1. To explore the prevalence and manifestations of obstetric violence across different socio-cultural contexts, including its impact on maternal health outcomes and

experiences during pregnancy, childbirth, and postpartum periods.

2. To examine the underlying factors contributing to obstetric violence, including healthcare provider attitudes, institutional practices, power dynamics in healthcare settings, and socio-economic disparities affecting maternal care.

3. To investigate the psychological and emotional effects of obstetric violence on maternal mental health, including post-traumatic stress disorder (PTSD), depression, anxiety, and diminished bonding with the newborn.

4. To evaluate existing legal and policy frameworks addressing obstetric violence at national and international levels, assessing their effectiveness in protecting women's rights, promoting respectful maternity care, and preventing human rights violations during childbirth.

5. To propose evidence-based interventions and strategies for healthcare providers, policymakers, and community stakeholders aimed at preventing and addressing obstetric violence, fostering a culture of respect, dignity, and autonomy in maternity care, and improving maternal health outcomes globally.

METHODS

This is a narrative review, in which the main aspects understanding the dynamics of obstetric violence: contributions to maternal health in recent years were analyzed. The beginning of the study was carried out with theoretical training using the following databases: PubMed, sciELO and Medline, using as descriptors: "Obstetric Violence" AND "Epidemiology" AND "Gynecology". As it is a narrative review, this study does not have any risks. Only studies in English and Portuguese were selected

Databases: This review included studies in the MEDLINE – PubMed (National Library

of Medicine, National Institutes of Health), COCHRANE, EMBASE and Google Scholar databases.

The inclusion criteria applied in the analytical review were human intervention studies, experimental studies, cohort studies, case-control studies, cross-sectional studies and literature reviews, editorials, case reports, and poster presentations. Also, only studies writing in English and Portuguese were included.

RESULTS AND DISCUSSION

Obstetric violence, encompassing various forms of mistreatment and disrespect experienced by women during pregnancy, childbirth, and the postpartum period, is a global concern that manifests differently across socio-cultural contexts¹⁰. Studies have explored its prevalence and manifestations in diverse settings, shedding light on the impact of socio-cultural factors on women's experiences of maternal healthcare¹¹. Research indicates that obstetric violence can lead to adverse maternal health outcomes, including increased rates of maternal morbidity and mortality, as well as psychological trauma¹³. The manifestations of obstetric violence may vary widely, ranging from physical abuse and non-consented medical procedures to verbal disrespect and discrimination based on factors such as ethnicity, socioeconomic status, or age¹¹. Understanding these variations is crucial for developing context-specific interventions to prevent and address obstetric violence, ensuring that all women receive respectful and dignified maternity care regardless of their socio-cultural background¹⁰.

Healthcare provider attitudes play a crucial role in shaping the birthing experience. Negative provider attitudes, such as disrespect, coercion, or disregard for patient autonomy, contribute significantly to the occurrence of obstetric violence⁸. Institutional practices

within healthcare settings also contribute to this phenomenon. Policies and protocols that prioritize medical interventions over patient preferences or fail to provide adequate support for informed decision-making can perpetuate obstetric violence¹³. Additionally, power dynamics within healthcare settings, where providers hold authority over patients, can exacerbate mistreatment during childbirth¹⁴. Socio-economic disparities further compound the issue, as marginalized women may face additional barriers to accessing respectful maternal care^{8,13}. Addressing obstetric violence requires a comprehensive approach that addresses provider attitudes, institutional practices, power differentials, and socio-economic inequalities within maternal healthcare systems^{13,14}.

The psychological and emotional impact of obstetric violence on maternal mental health is a critical area of concern¹⁵. Women who experience mistreatment or abuse during childbirth are at increased risk of developing various mental health issues, including post-traumatic stress disorder (PTSD), depression, anxiety, and difficulties in bonding with their newborns. Obstetric violence can result in feelings of helplessness, fear, and betrayal, which can significantly contribute to the development of PTSD symptoms¹⁶. Additionally, the trauma experienced during childbirth can lead to symptoms of depression and anxiety, affecting the mother's overall well-being and her ability to care for her newborn¹⁷. Furthermore, maternal-infant bonding may be compromised due to the psychological distress resulting from obstetric violence, impacting the establishment of a nurturing relationship between mother and child¹⁵. Investigating the psychological and emotional effects of obstetric violence on maternal mental health is crucial for developing effective interventions to support affected women and improve their overall well-being¹⁶.

The evaluation of legal and policy frameworks addressing obstetric violence at national and international levels is paramount to ensure the protection of women's rights, promote respectful maternity care, and prevent human rights violations during childbirth¹⁸. Such frameworks encompass a range of legislation, regulations, and guidelines aimed at safeguarding the rights and dignity of pregnant individuals¹⁹. Evaluating the effectiveness of these frameworks involves assessing their comprehensiveness, enforcement mechanisms, and alignment with international human rights standards, such as those outlined in the Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Discrimination Against Women²⁰. Additionally, the impact of these legal and policy frameworks on healthcare practices, provider behavior, and maternal outcomes must be thoroughly examined to gauge their efficacy in addressing obstetric violence^{19,20}. By critically evaluating existing legal and policy frameworks, stakeholders can identify gaps, implement necessary reforms, and uphold the fundamental rights of women throughout the childbirth process^{18,19,20}.

Evidence-based interventions and strategies targeting healthcare providers, policymakers, and community stakeholders to prevent and address obstetric violence, promote a culture of respect, dignity, and autonomy in maternity care, and enhance maternal health outcomes globally²¹. Evidence-based interventions may include training programs for healthcare providers to enhance communication skills, cultural competency, and awareness of human rights in childbirth²². Additionally, implementing policies and guidelines that prioritize patient-centered care, informed decision-making, and respectful maternity practices can help address systemic issues contributing to obstetric

violence. Community-based initiatives, such as childbirth education programs and support groups, can empower women to advocate for their rights and preferences during childbirth^{8,22}. Collaborative efforts between healthcare institutions, policymakers, and civil society organizations are essential to create sustainable changes in maternal healthcare systems and ensure the provision of respectful maternity care globally^{21,22}.

CONCLUSION

The study sheds light on the pervasive issue of obstetric violence, highlighting its multifaceted nature and varying manifestations across socio-cultural contexts. Our findings underscore the detrimental impact of obstetric violence on maternal health outcomes, including increased rates of morbidity and mortality, as well as psychological trauma. Notably, obstetric violence encompasses a wide spectrum of mistreatment and disrespect, ranging from physical abuse to

verbal discrimination, rooted in negative provider attitudes, institutional practices, and socio-economic disparities. Addressing this complex issue requires a comprehensive approach that tackles provider attitudes, institutional protocols, power dynamics, and socio-economic inequalities within maternal healthcare systems. Moreover, our study emphasizes the importance of evaluating existing legal and policy frameworks to ensure the protection of women's rights and promote respectful maternity care globally. Evidence-based interventions targeting healthcare providers, policymakers, and community stakeholders are essential for preventing and addressing obstetric violence, fostering a culture of respect, dignity, and autonomy in maternity care, and ultimately improving maternal health outcomes worldwide. Collaborative efforts between stakeholders are crucial to enact sustainable changes in maternal healthcare systems and uphold the fundamental rights of women throughout the childbirth process.

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