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ANALYSIS OF THE IMPACT OF OBSTETRIC VIOLENCE ON WOMEN'S MENTAL HEALTH

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Abstract: Introduction: Due to the increase in the number of cases of obstetric violence in Brazil and around the world, it is undeniably important for nurses to understand and study efficient ways to promote a humanized pregnancy and childbirth, intervening positively in the care of pregnant women, especially in their mental health, emphasizing the victims of obstetric violence, promoting quality nursing care. **Objective:** To describe the impact of obstetric violence on women's mental health based on an integrative literature review of the last 10 years. **Methodology:** This is a bibliographical study of the integrative literature review type. Data was collected from the Virtual Health Library (VHL) electronic database using the descriptors "Obstetric Violence", "Nursing Care" and "Women's Mental Health". The sample consisted of four articles which were analyzed descriptively. **Results and discussion:** A category was developed to be discussed: "The impact of obstetric violence on women's mental health and care and protection strategies". **Final considerations:** It was clear that obstetric violence has a profound impact on women's mental health and is an important cause of psychological trauma during and after childbirth.

Keywords: Obstetric Violence; Women's Mental Health; Pregnancy; Puerperium.

INTRODUCTION

Obstetric violence is a set of actions that violate a woman's physical and mental integrity, usually during pregnancy, pre-partum and post-partum, appropriating the female body in an inhumane way. According to Tesser et al. (2015), the term "obstetric violence" (OV) is used to describe and group together various forms of violence in the context of professional obstetric practice. This includes physical, psychological and verbal mistreatment, as well as the performance of unnecessary and potentially harmful procedures, such as epi-

siotomies, restriction to the bed during pre-birth, Kristeller maneuver, trichotomy, routine administration of oxytocin and the absence of a companion.

Obstetric violence is considered to be a form of gender-based violence in which women, because of their female status, are subjected to abusive practices that negatively impact their quality of life and that of their babies. Such violence can even contribute to an increase in maternal mortality, through complications such as hemorrhages and infections resulting from the aggressions suffered (Amaral et al.).

The World Health Organization (WHO, 2014) states that every woman has the right to the highest attainable standard of health, which includes access to dignified and respectful care. However, reports of disrespect and abuse during childbirth in health institutions are recurrent, including physical violence, humiliation, verbal abuse, coercive or non-consensual medical procedures - such as sterilization -, lack of confidentiality, denial of analgesia, serious violations of privacy, refusal of hospitalization and detention of women and their newborns for non-payment. These episodes highlight the urgency of rethinking institutional practices that perpetuate the dehumanization of childbirth.

Pregnancy is a period naturally marked by emotional fragility. When associated with the experience of obstetric violence, this phase becomes even more delicate and can generate psychological suffering and trigger psychological disorders. As Dias and Pacheco (2020) point out, pregnant women exposed to pressure and disrespect may not be able to withstand the emotional overload and develop serious mental health problems.

In this sense, Silva et al. (2017) point out that the suffering caused by violence during pregnancy and childbirth results in deep and lasting psychological impacts. Such experiences can generate trauma, such as the fear of

becoming pregnant again, motivated by a previous negative and traumatic experience.

Obstetric violence, although often made invisible, represents a serious threat to women's physical and mental health during the pregnancy-puerperium cycle. In the Brazilian context, several studies point to the prevalence of this practice and its harmful consequences, both in the experience of motherhood and in women's mental health. An in-depth analysis of the impact of obstetric violence in Brazilian scientific publications is therefore essential.

Women's mental health is a fundamental component of their overall well-being, and the perinatal period is especially sensitive to external influences. Obstetric violence can cause lasting psychological trauma, compromising not only a woman's emotional balance, but also the mother-baby bond and family dynamics. In view of this, this research seeks to contribute to a broader understanding of the mechanisms by which this form of violence compromises women's mental health, offering valuable input for improving clinical practices and public health policies.

Furthermore, an integrative analysis of the scientific literature makes it possible to identify gaps in knowledge, encouraging new research and directing efforts towards areas that require greater attention. With this, we hope to contribute to the development of preventive and interventional strategies that promote more humanized, ethical and respectful obstetric care.

To sum up, this final paper aims not only to shed light on the impacts of obstetric violence on women's mental health, but also to contextualize these effects based on Brazilian scientific publications. The aim is to build a solid base of knowledge that will support public policies, guide professional practices and, above all, promote dignity and respect during the process of pregnancy and childbirth, ensuring a healthier and more positive maternal experience.

There are countless impacts that obstetric violence can have on a woman's mental health. After experiencing this type of violence, she faces significant psychological consequences. Pregnancy itself is already a phase of emotional vulnerability and physical discomfort, which requires more sensitive care and reception.

This raises the following question: **What is the impact of obstetric violence on women's mental health?**

OBJECTIVES

GENERAL OBJECTIVE

To describe the impact of obstetric violence on women's mental health based on an integrative literature review of the last 10 years.

SPECIFIC OBJECTIVES

- To identify the impact of obstetric violence on women's mental health.
- Discuss possible protection measures for women who are victims of VO.

LITERATURE REVIEW

PREGNANCY AND PUERPERIUM

The gestational period is a profoundly significant time in a woman's life, characterized by intense physical and emotional changes that lead to unique and remarkable experiences. The way pregnancy is experienced can have an impact on all spheres of a woman's life - her perceptions of herself and her interpersonal relationships. Among the most important aspects of this experience are the bodily transformations, which directly affect her daily activities. For some, the pregnant body may seem strange and disconnected; for others, it becomes a source of empowerment and connection with themselves, generating a variety of sensations and meanings (Kruehl, 2013).

During pregnancy, women face profound physiological and emotional transformations

that often trigger identity crises, manifested through feelings of fear, anxiety and insecurity. In this context, the role of the health team is fundamental. Understanding the behavior of pregnant women requires empathy and acceptance in order to help them cope with the tensions and challenges of this period. These feelings intensify as childbirth approaches, and involve concerns such as pain, the ability to cope with childbirth, the possibility of not recognizing the signs of labour, the baby's health problems and one's own performance as a mother. Adequate support from the care team is crucial to providing security and enabling a more positive and respectful experience of pregnancy and birth (Sá et al., 2015).

Pregnancy, therefore, is a phase marked by significant changes that can make women more vulnerable, directly impacting their mental health. This is a special time not only for the woman, but also for her partner and family. For this reason, medical and psychological support is essential throughout pregnancy. In addition to the physical and emotional changes, pregnant women experience changes in their lifestyle, the social roles they play and their personal expectations. This period is a valuable opportunity to strengthen emotional bonds and prepare for the baby's arrival (Silva, 2013).

Care for pregnant women must be personalized, sensitive to the individual and cultural needs of each woman. It is essential to consider their beliefs, values and vulnerabilities in order to offer more effective, balanced and humanized care. This approach includes a careful assessment of the specific risks that each pregnant woman presents, ensuring quality, comprehensive and respectful care. In this way, it becomes possible to develop strategies and public policies capable of guaranteeing dignified and safe obstetric care (Pereira et al., 2022).

The experience of childbirth, in turn, is a stage full of feelings such as anxiety, expectations, achievements and projections. The birth of a child marks the beginning of the puerperium, a phase of emotional instability and intense vulnerability, in which women become more susceptible to developing psychiatric syndromes in the postpartum period. Despite the rapid and intense transformations that characterize this stage, women are constantly pressured by social, cultural, family and personal demands to perform their maternal duties. Even in the midst of fragility, she is expected to satisfactorily meet the needs of the newborn, in a process that requires holistic recognition of her own demands and limitations (Rocha, 1999).

Childbirth, as a biological and social event, triggers rapid changes in both the interpersonal and intrapersonal relationships of women and their families. Maldonado (1997) observes that the first few days after birth are permeated by a whirlwind of emotions - from euphoria to sadness, from expectation to frustration. These emotional swings cause psychological instability which is reflected in varied reactions, and the psychological profile of the puerperal woman is marked by ambiguous and intense feelings.

Although childbirth should be a positive experience, many women report it as a traumatic experience. Instead of being welcomed and supported, they remember being abused, disrespected and assaulted by professionals whose job it was to provide safety and care. Unfortunately, these reports reveal a persistent reality of neglect and violence in the obstetric environment (Ciello et al., 2012).

OBSTETRIC VIOLENCE AND ITS IMPACT ON MENTAL HEALTH

Obstetric violence is understood as the appropriation of women's bodies and reproductive processes by health professionals,

expressed through dehumanizing acts, abuse of medicalization and the pathologization of natural processes, resulting in a loss of autonomy and the ability to decide freely about their bodies and sexuality, negatively impacting women's quality of life (Tesser CD et al., 2015).

Reports of disrespect and abuse during childbirth in health institutions include: physical violence, deep humiliation and verbal abuse; coercive or non-consensual medical procedures (including sterilization); failure to obtain informed consent before performing procedures; refusal to administer analgesics; violations of privacy; lack of confidentiality; refusal of admission to health institutions; negligent care during childbirth leading to avoidable complications and life-threatening situations (WHO, 2014).

Adolescents, single women, women from low socioeconomic backgrounds, ethnic minorities, migrants and those living with HIV are particularly likely to experience abuse, disrespect and mistreatment (WHO, 2014, p. 6).

In Brazil, unnecessary and painful obstetric interventions are common, making childbirth a source of fear and anguish for women. The majority of women who give birth have their children by caesarean section (52% of all deliveries were by caesarean section), showing an excess of this surgery. Only 5% of women had vaginal births without any intervention (Fiocruz, 2019).

There are several types of interventions to speed up childbirth that are considered obstetric violence, some of which are: induction of labor without indication, routine use of oxytocin, episiotomy, Kristeller maneuver, lithotomy position, early venous access, use of forceps without indication, painful vaginal touch without indication, rigid pulls and amniotomy (Fiocruz, 2023).

Skin-to-skin contact and rooming-in strengthen the family bond and enable women to learn how to care for their babies, with the support of the health team. Depriving mother and baby of this immediate and uninterrupted skin-to-skin contact is a form of obstetric violence, damaging the physical and emotional health of both (Ministry of Health, 2013).

Above all, there is a lot of damage to women's psychological health, mainly in terms of reduced, impaired and disturbed development, i.e. from the moment they are victims of obstetric violence, they start to change their behavior as a result of what has happened, and may develop depression, feel insecure, but it can also generate trauma that makes them not want to have other children or even feel incapable of generating a new life. In the midst of this, another damage that can occur is in relation to the mother-baby bond, where the woman may have difficulties breastfeeding, and may also be unable to produce oxytocin (Assis et al., 2021).

The extreme consequences of obstetric violence are: degrading and inhumane births, health complications, severe psychological trauma and, in some cases, death due to negligence (Diniz et al; 2015).

NURSING CARE

The PHPN is based on the humanization of obstetric and neonatal care in order to properly monitor childbirth and the puerperium. Two fundamental aspects are therefore included: 1. the conviction that it is the duty of health units to receive women, their children and their families with dignity. This requires professionals to adopt an ethical and supportive attitude, as well as organizing the institution in such a way as to create a welcoming environment that breaks with the traditional isolation imposed on women. 2. Adopting measures and procedures that are beneficial for monitoring labour and birth, avoiding un-

necessary interventionist practices that entail greater risks for women and their babies (Ministry of Health, 2002).

Health professionals must take into account the individuality of women and provide adequate care from prenatal care to childbirth. In addition to respecting the individual and all their biological, psychological and spiritual complexity (Ministry of Health, 2002).

In order to carry out good obstetric practices and prevent the occurrence of obstetric violence, nurses should: Explain to the patient in such a way that she understands what she has, what can be done for her and how she can help; avoid invasive, pain-causing and risky procedures, except in strictly indicated situations; try to listen to the patient and work in partnership with colleagues and ensure patient treatment that is far from humiliating; promoting the patient's right to be accompanied by a companion of their choice during prenatal care and childbirth; guaranteeing access to the bed and care based on equity; guiding women on the rights related to maternity and reproduction; investing in themselves, seeking fulfillment in their work and being constantly updated (Moura et al; 2018).

METHODOLOGICAL PATH

This is a bibliographic study of the integrative literature review type, which allows scientific knowledge from research produced on a specific topic to be systematically gathered and organized. In this way, it makes it possible to analyze and understand a particular subject, based on previous studies that provide assistance for decision-making and improving clinical practice (MENDES; PEREIRA; GALVÃO, 2008).

A literature review is a research method that evaluates, synthesizes and searches available evidence to contribute to the development of the subject, providing pertinent data on a specific topic in different places and at

different times. It is also an important tool for communicating research results, facilitating their use in clinical practice and providing support for improving healthcare. In this way, it allows professionals to keep up to date and adapt their techniques as new knowledge emerges from research (MENDES; PEREIRA; GALVÃO, 2008).

The guiding question for this study was: What is the impact of obstetric violence on women's mental health?

The scientific articles were selected through a bibliographic search on the impact of obstetric violence on women's mental health on the platform of the Virtual Health Library (VHL). The VHL is a research and journal search platform that contains other national and international databases, such as LILACS, IBECs, BDEnline and MEDLINE: LILACS, IBECs, BDEnF and MEDLINE.

The sample consisted of four scientific articles indexed in the VHL published between 2014 and 2024, in Portuguese, selected using the following descriptors: "Obstetric Violence", "Women's Mental Health", "Nursing Care". The descriptors were selected using the "Descriptors in Health Sciences" (DECs) search tool available at BVS/Bireme. Duplicate texts, dissertations and theses and literature reviews were excluded.

DATA COLLECTION

The articles were selected through an integrated search of the above-mentioned descriptors in BVS/Bireme. The first result, from the search for the descriptors: "Obstetric Violence", "Nursing Care", "Women's Mental Health" underwent a refinement process in order to meet the inclusion criteria defined in this investigation: full texts, Portuguese language, published between 2014 and 2024.

The search used the descriptors "Obstetric Violence" AND "Nursing Care" AND "Women's Mental Health" in the VHL data-

base and found a total of 153 articles. After applying filters to meet the inclusion criteria, 127 articles were excluded. The articles were then refined by reading the titles and abstracts of 26 articles which were selected for exhaustive reading.

After reading the full text, 20 articles were removed because they did not fit the objectives of the research, so 4 articles addressing the impact of obstetric violence on women's mental health were selected to make up the study sample according to the flowchart shown in figure 1.

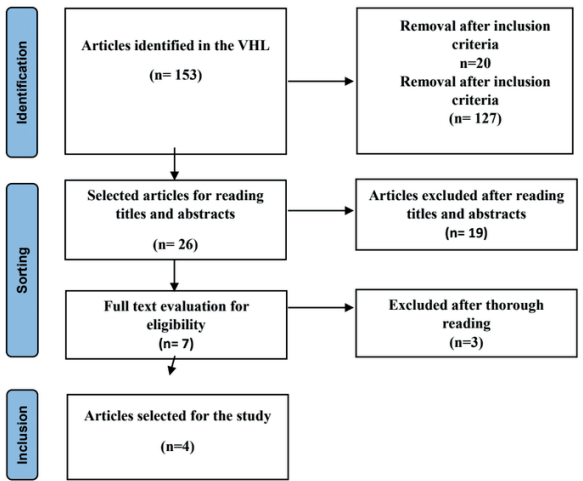


Figure 1 - Flowchart for selecting articles to make up the study sample.

Source: Prisma flowchart - adapted (PAGE et al., 2021).

DATA ANALYSIS

The articles selected to make up the sample were analyzed descriptively according to Ludke and André (1986). An exhaustive reading of the selected articles was carried out in order to divide the material into its component elements. After reading the publications, a database was created, highlighting the main ideas. The articles were then analyzed in order to characterize them, followed by a critical analysis and discussion of the results found in each text, enabling considerations to be drawn up on the subject.

The articles chosen to be part of the sample were identified with codes represented by the letter “A”, followed by the number corresponding to one of the articles, for example, A1, A2, A3 and so on, as shown in Table 1.

For the critical analysis of the level of evidence of the selected articles, the proposal by Stetler et al. (1998) was used, where the quality of the evidence is classified into six levels:

The texts selected to make up this study's sample are the result of quasi-experimental studies, which qualify as level 3, and descriptive studies with a qualitative approach, which qualify as level 4 evidence, as shown in table 2.

RESULTS AND DISCUSSIONS

From the database search, four (4) articles were selected that met the inclusion criteria. The articles selected to make up the sample were published in 2019 (A1), 2020 (A2), 2021 (A3), 2022 (A4)

The works are the result of field research carried out with parturient women (A1, A2, A3 and A4), parents of newborns (A1), nursing professionals (A2, A3).

After analyzing the bibliographic material, a single thematic category was identified whose central axis is: The impact of obstetric violence on women's mental health and care and protection strategies.

THE IMPACT OF OBSTETRIC VIOLENCE ON WOMEN'S MENTAL HEALTH AND STRATEGIES FOR CARE AND PROTECTION.

In relation to the main theme, the contents of articles A1, A2, A3 and A4 were brought together to discuss the impact of obstetric violence on women's mental health and the importance of the adoption of protective strategies by the multi-professional team.

Obstetric violence is defined as a form of violence against women during childbirth and/or the neonatal period. It is characteri-

zed by inappropriate actions such as procedures and the use of unnecessary medication, as well as disrespectful or humiliating words directed at the patient, which can have psychological consequences such as emotional disorders and physical consequences such as injuries to the birth canal (Leite, et al., 2022).

According to Simpson and Catling (2016), women who already have an emotional disorder are more likely to experience childbirth in a traumatic way, which points to the need for psychological support during prenatal care. Women with traumatic histories are especially vulnerable to the effects of low levels of support during childbirth, especially in cases where there are many obstetric interventions.

In Brazil, a quarter of women report having undergone unnecessary interventions during childbirth, suffered abuse and been deprived of care based on good practices, such as the possibility of moving and eating during the process and having a companion present (Tesser, Knobel, Andrezzo, & Diniz, 2015).

Many people are unaware of obstetric violence and limit it only to the physical damage caused by the professionals who carry out the delivery, as if it were carried out in a crude way that ends up tearing some of the woman's tissue. However, obstetric violence encompasses several fields besides the physical, as well as the psychological. Obstetric violence is understood to be any act carried out by health professionals with regard to women's bodies, reproductive processes and psychology, expressed through dehumanized care, abuse of interventionist actions, medicalization and the pathological transformation of physiological parturition processes (Nascimento, et al., 2022).

Code	Title	Author (Year)	Journal	Objective	Methodology
A1	Obstetric Violence: Influence of the Senses of Birth Exhibition on the experience of pregnant women	Lansky et al. (2019)	Journal Ciência e Saúde Coletiva	To analyze the excess of interventions in childbirth in Brazil, which has been reported as obstetric violence and contributes to the high rates of maternal and neonatal morbidity and mortality.	Multicenter, multi-method cross-sectional study with a quantitative and qualitative component, part of the Senses of Birth research.
A2	Obstetric nursing residents' view of the context of obstetric violence in institutions	Menezes et al (2020)	Interface Magazine	Understanding the perception of Obstetric Nursing residents about obstetric violence in a reference maternity hospital in the city of Belo Horizonte, state of Minas Gerais.	Descriptive and exploratory study with a qualitative approach
A3	Experiences of obstetric violence: Good nursing practices in childbirth care	Nascimento et al (2022)	Nursing Magazine	Understanding the role of nurses in preventing obstetric violence during childbirth	This is an exploratory and descriptive study with a qualitative approach.
A4	Obstetric Violence and Childbirth Trauma: Mothers' Reports	Matos, Magalhães and Carneiro (2021)	Revista Psicologia: Ciência e Profissão	Investigating the experience of obstetric violence as reported by mothers	A wide-ranging qualitative study of fathers' and mothers' experiences of childbirth, based on a collective case study in which 30 childbirth stories were analyzed.

Chart 1: List of articles whose content indicated the impact of obstetric violence on women’s mental health, Anápolis, 2024.

Source: BOTELHO, Isabella Alves; VIEIRA, Ana Gabrielly Rodrigues, 2024.

- Level 1: Evidence resulting from meta-analysis of randomized studies;
- Level 2: Evidence from individual studies with an experimental design;
- Level 3: Evidence from quasi-experimental studies;
- Level 4: Evidence resulting from descriptive studies and/or a qualitative approach;
- Level 5: Evidence resulting from experience reports or case reports;
- Level 6: Experiences based on expert opinion.

Table 1 - Level of evidence

Source: STETLER, C.B. *et al.*, (1998) - adapted.

Article Code	Level of Evidence
A1, A2, A3	4
A4	4 e 5

Chart 2 - Level of evidence of the articles selected for the study

Source: Prepared by the authors, 2024.

According to research by Blainey and Slade (2015) and Simpson and Catling (2016), births experienced as traumatic by parturients can lead to difficulties in establishing the mother-baby bond. In this sense, we can assume that women who have gone through traumatic childbirth experiences, in which they felt violated by the team responsible for providing them with support in a moment of vulnerability, have more difficulty in continuing to surrender to this state of deep identification with the baby.

Women's failure to recognize the experience of obstetric violence (OV) is a complex issue, affected by many aspects, just as it is in situations of domestic violence. There is a difference between reporting the aggression, recognizing it and labeling it as violence or mistreatment. Clarification of women's privileges to informed choice and refusal, as well as not submitting to interventions without consent, is something recent and is not yet part of the culture, both among health professionals and among victims themselves. In addition to adequate information, the power dynamic between professionals and pregnant women during childbirth influences the exercise of autonomy and the protection of physical and psychological integrity, significantly impacting their decisions and choices. (Lansky, et al., 2019)

Intersubjective and comprehensive care has gradually been replaced by complex technologies aimed at treating a defective body from a perspective in which pregnancy is no longer understood as a physiological event in life, but as requiring excessive controls and a cure. In this care context, the woman becomes a secondary element in the birth scenario, subject to a controlled environment, surrounded by institutional orders and protocols that segregate her from her social and cultural context, as well as making her disbelieve in her physiological ability to give birth (Jardim, et al., 2018).

Obstetric violence encompasses a series of harmful practices, including delays in care, refusal to administer painkillers, refusal of hospital admissions and inadequate care. It also manifests itself through physical, verbal and psychological abuse, and there is disrespect for women's privacy and autonomy, as well as carrying out procedures without consent and increasing the length of stay of mothers and their babies in health institutions. In 2014, the World Health Organization identified this type of violence as a major public health concern, which directly affects the lives of pregnant women and all those around them. In addition, it is essential to promote respectful and humanized care that considers and respects the needs and choices of pregnant women (Andrade, et al., 2024).

Reflecting on care during childbirth and the postpartum period, A2 makes it clear that professionals' decisions must be based on scientific criteria. They must use their knowledge for the benefit of the woman and her child, helping to provide humanized and dignified care for these patients. Women's physical integrity and emotional well-being are essential, but do not seem to be associated with significant results for maternal public health. The information available on women's satisfaction with the experience of pregnancy is still scarce. In addition, from another perspective, the disrespect and abuse committed by health professionals against women during pregnancy and childbirth has generated dissatisfaction with the quality of medical and hospital care received upon the arrival of a child (Silva, et al., 2014).

The importance of and respect for autonomy and women's rights are fundamental for health professionals to recognize the importance of ensuring that pregnant women have the ability to decide about their bodies and their births, without being subjected to interventions that are unnecessary or against

their will. Professionals must consider the emotions and well-being of pregnant women throughout the process, from prenatal care to the postpartum period. It is essential that these professionals take into account the woman's experience during childbirth and are prepared to deal with possible complications in a respectful manner. In addition, it is worth noting that obstetric violence is a form of gender-based violence that occurs specifically in the context of pregnancy and childbirth. (Piffer, et al.,2023)

In this sense, health professionals need to understand and combat violence against women in all contexts. The study of obstetric violence is crucial in the medical training process, as it allows professionals to develop a critical and humanized approach to obstetric care. This involves not only technical and clinical knowledge, but also valuing dialogue, empathy and respect for women's rights. In this way, it is possible to provide safer, more humane and dignified obstetric care, minimizing the risks of complications and trauma for the woman and her baby. (Piffer, et al.,2023)

OV is becoming an issue of great relevance for public health policy for pregnant women and newborns in Brazil, as well as for the education and training of health professionals and managers, considering the need for transformation in care practices and in the delivery, birth and postpartum care system. There is a strong educational influence on society's understanding of birth, associated with the high frequency of medical procedures (Santos et al.,2024).

By taking away a woman's autonomy, restricting her preferences about how and when to give birth, and decreeing a form of childbirth without choices. Women have the right to be part of their own history, to determine their own bodies and to choose the way and position they want to give birth. For this to happen, it is essential that she receives qua-

lity care that is safe, qualified, respectful and humanized. However, the reality of maternity hospitals, evidenced by research and obstetric violence, often denies these rights, offering oppressive and disrespectful care. Health professionals can contribute to changing this scenario, promoting more welcoming care, respecting women's choices and ensuring a safer and more dignified birth. (Amaral, et al.,2021)

It is important to highlight the need for psychological support, which must exist at all times during childbirth, and this goes beyond being empathetic, as care must follow the principles and guidelines of the SUS, and the institutional legality of the system, also based on the ethical principles of beneficence and non-maleficence, obeying the rhythm and specific needs of each woman's body and psyche. As Silva et al. (2014) emphasize, each birth brings with it a unique experience, which must be respected and treated in the best possible way. The impact of the events of childbirth will be perpetuated in each woman's memory, and health professionals can and should ensure that this moment becomes a healthy memory, rather than a traumatic one. It is well known that childbirth is a physiological process, with a natural beginning and evolution; therefore, this process should happen spontaneously, without unnecessary and/or contraindicated interventions.

FINAL CONSIDERATIONS

The literature review presented here shows that obstetric violence is currently a serious problem, with major implications for the mental health of puerperal women. It can be seen that there is a growing number of women who have been violated in some way through OV, which triggers a psychological state that is as traumatic as it is.

The research carried out reveals that obstetric violence directly affects the mental health of puerperal women. The data confirms

that dehumanizing and disrespectful practices are not only detrimental to women's physical well-being, but also leave continuous emotional marks, requiring a more humanized approach and adequate psychological support to improve the childbirth experience and promote dignified mental health for women at this long-awaited moment.

Considering the above facts, it is clear that obstetric violence has a profound impact on women's mental health and is a major cause of psychological trauma during and after childbirth. Abusive and disrespectful practices, such as medical interventions without consent, dehumanization and emotional neglect,

favour the development of disorders such as PTSD, postpartum depression and anxiety. The feeling of violation, loss of control and lack of emotional support not only intensify women's immediate suffering in the postpartum period, but also have lasting effects on their mental health, impairing their ability to establish bonds with the baby and affecting their quality of life as a whole. Humanizing obstetric care and offering psychological support are fundamental to mitigating this damage and ensuring a safer and more respectful childbirth experience.

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