SEVEN
publicações acadêmicas

factors associated with violence against women during childbirth in Brazil: An integrative literature review

https://doi.org/10.56238/sevened2023.006-139

Thiago Miranda Soares Caram
Medical student at the Evangelical University of Goiás – UniEVANGÉLICA.

João Vitor de Andrade Borges
Medical student at the Evangelical University of Goiás – UniEVANGÉLICA.

Ana Luiza Pontes Costa Wolney
Medical student at the Evangelical University of Goiás – UniEVANGÉLICA.

ABSTRACT
Obstetric violence (VO) is understood as all physical, moral, patrimonial or psychological violence experienced by a parturient woman during childbirth, postpartum and puerperium. In the meantime, this integrative review was developed with the aim of identifying the factors associated with the persistence of this obstetric violence in Brazil in the scientific literature. It aims to describe the associated factors in different social contexts and the difficulty encountered by women in recognizing this type of violence. Fourteen original articles were used to answer the guiding question of this study: "what are the factors associated with the persistence of obstetric violence in Brazil?", found in the Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF) and Medical Literature Analysis and Retrieval System Online (MEDLINE) databases, using the health descriptors – DeCS: "Obstetric Violence'; "Parturition' and 'Brazil', as well as synonyms, which have been combined with the Boolean operator 'AND'. It was found that the analyzed studies pointed out that each experience of childbirth, postpartum and puerperium is particular, but that there are factors that associate this experience with a violence experienced, which are personal, interpersonal, institutional and care. Of the articles reviewed, the women participating in the studies reported their experiences as parturients suffered different types of obstetric violence. It is concluded that of the articles reviewed, the women participating in the studies reported their experiences as parturients who suffered different types of obstetric violence, and further studies are necessary in order to clarify in a more solid way the persistence of these reports of upper hand in Brazil.

Keywords: Obstetric Violence, Childbirth, Brazil.

1 INTRODUCTION

Women in Brazil, through a great historical past, are victims of various forms of violence and inequalities that are firmly intertwined, creating a root of social structure that perpetuates from the daily life and routine of women to the provision of health services, which includes the process of pregnancy, childbirth and the puerperium. Following this line of reasoning, it is notorious that, only in 1983, with the Program for Comprehensive Assistance to Women's Health, there was the inclusion of women in the country's health policies. (BRAZIL, 1983).

In view of the above, it is important to emphasize that among the forms of violence is obstetric, understood as all physical, moral, patrimonial or psychological violence practiced against women at the time of childbirth, in the postpartum period and in the puerperium (MARQUES, 2020), which is

affected by the lack of studies as a result of few instruments and little information, and which plagues so many Brazilian women. In addition, the lack of discussion, resulting from the negligence of the health professionals themselves, between the physician and the patient and within the multidisciplinary team, attenuates an act that brings difficulty in the effectiveness of public policies that combat this type of violence. (MELO *et al*., 2022)

The Stork Network is a strategy of the Ministry of Health that aims to implement a care network to ensure that women have the right to reproductive planning and humanized care during pregnancy, childbirth and the puerperium, as well as to ensure that children have the right to safe birth and healthy growth and development. This strategy aims to structure and organize maternal and child health care in the country and will be gradually implemented throughout the national territory, starting its implementation respecting the epidemiological criterion, infant mortality rate and maternal mortality ratio and population density. This policy, despite being a milestone in terms of women's health and reproductive rights, has also been ignored and poorly practiced, which further leads to the reproduction of obstetric violence in the national territory. (BRAZIL, 2011).

It is evident that this violence, even if it affects women from all over the country, is extremely marked by the theory of diversity and universality of cultural care, which is based on the fact that social structures and different territorial cultures influence women's health status, which culminates, mainly, in a higher prevalence within certain social groups that encompass Among others: women who declare themselves black or brown, women in prison, and women who suffer from any type of violence from their partners. This shows the fragility and vulnerability of certain groups that are marginalized and at the mercy of an exclusionary and unequal society (MELO *et al.,* 2022).

Thus, due to the importance of the theme in relation to care at the time of delivery, in the postpartum period and in the puerperium, to the growing number of women who suffer, in silence and without any kind of help, from obstetric violence, to the limited research and studies that cover the subject and to the neglect of health professionals in relation to this important debate, This integrative literature review aims to characterize this type of violence, describe the factors associated with it, show the perception of different social contexts and the difficulty of recognizing violence by the woman herself.

2 METHODOLOGY

An integrative literature review was conducted, with the following guiding question: "what are the factors associated with the persistence of obstetric violence in Brazil?".

The research was carried out in the Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF) and *Medical Literature Analysis and Retrieval System Online*

(MEDLINE) databases, through the Virtual Health Library (VHL) search engine, using the descriptors in health sciences – DeCS "*Obstetric Violence*'; '*Parturition' and* 'Brazil*', as* well as synonyms, which have been combined with the Boolean operator "AND". The date of the search for the articles was in September 2022.

The inclusion criterion was full articles in English and Portuguese, published in the last 5 years, and with the descriptors in the title of the article. Thus, when searching for articles in the medical literature that fit the theme of this integrative review, a total of 44 articles were found in the selected database, and from these, systematic reviews and articles that did not refer to the proposed theme were excluded, and 14 studies were selected according to the inclusion criteria for the specific description.

3 RESULTS

The data presented in **Chart 1** elucidate articles included in the analysis of the integrative literature review, as well as the study design and its main findings about the results, organized into categories such as: personal, interpersonal, institutional, and care.

Thus, given the study of the articles presented, it was noticed that obstetric violence has different types and prevalence, since each pregnancy and childbirth experience is a unique and individual process, with its particularities.

Chart 1: Articles included in the analysis of the integrative literature review.

Categories	Authorship (year)	Study design	Key findings
Institutional	DORNELAS *et al.* (2022)	This is an observational study with a descriptive approach.	Most of the women reported suffering some type of obstetric violence during childbirth care, while a minority reported the opposite.
	OLIVEIRA *et al.* (2022)	This was a retrospective cohort study with an observational aspect.	All women interviewed reported having suffered at least one form of obstetric violence, making it necessary to find a way to optimize the training of health professionals.
	LAMY *et al.* (2021)	This is a prognostic study with a qualitative approach.	Changes were evidenced in relation to the good practices of the Stork Network, but there are still many challenges due to the hierarchical management model.
	COSTA *et al.* (2021)	This is a prognostic study with a qualitative approach.	It is concluded that obstetric nurses experience disorder in relation to their autonomy and, as a consequence, experience negative feelings in their work.
	ANDRADE *et al.* (2018)	Qualitative, descriptive and exploratory research.	It was noticed that the problems exist throughout the obstetric care chain, allowing us to understand how health institutions are organized to care for severe maternal complications.

	BATISTA *et al.* (2017)	Cross-sectional prevalence study.	It was concluded that the attitudes of health professionals influence the satisfaction of companions, since they experience the entire parturitive process.
	SOUZA *et al.* (2017)	This is a descriptive, cross-sectional study.	A high prevalence of postpartum depression was identified, associated with several indicators of psychological violence during childbirth, which characterizes obstetric violence.
	ZANCHETTA *et al.* (2021)	Qualitative research, using the reflective method.	Actions such as resistance to the subject in the hospital network, negligence and distorted questioning were found.
Assistance	NASCIMENTO *et al.* (2022)	This is an exploratory and descriptive study with a qualitative approach.	There is a need to discuss the role of nurses in childbirth care and prevention of obstetric violence. tools that can improve customer service.
	SUPIMPA (2021)	Case report with a qualitative approach.	The research showed that immigrant women experience the childbirth process with expectation, but cultural challenges were perceived in the training and performance of nursing.
	LANSKY *et al.* (2019)	This is a cross-sectional study with a quantitative and qualitative component.	It was concluded that participation in the exhibition Senses of Birth increased the level of knowledge about obstetric violence among pregnant women.
Interpersonal	DALENOGARE *et al.* (2022)	Qualitative research of the exploratory descriptive type.	Findings of psychological violence, precarious living conditions and hostile attitudes during childbirth were observed, which leaves women in a vulnerable state in prison.
	LIMA *et al.* (2021)	Qualitative research.	It was observed that structural racism hinders black women's access to their rights as parturients, reinforcing practices of violence in childbirth care.
Staff	MELO *et al.* (2022)	This is a cross-sectional study with a qualitative approach.	There was a lack of knowledge about delivery/labor, resulting from lack of communication and access to information.

4 DISCUSSION

4.1 STAFF

Among the main definitions in which the term "Obstetric Violence" (OV) fits, there is a line of reasoning that does not change: the fact that this type of violence affects countless women who do not even know that they are being violated. There is a range of meanings in which this violence is present, which includes: negligence (omission of care), psychological violence (hostile treatment, threats, screaming and intentional humiliation), physical violence (denying pain relief when technically indicated) and sexual violence (sexual harassment and rape). This is expressed in attitudes that include: lying to the patient about her health condition to induce an elective cesarean section or not informing

the patient about her health situation and necessary procedures. In addition, the excessive use of medications and interventions during childbirth, as well as the performance of practices considered unpleasant and often painful, not based on scientific evidence (e.g., shaving of pubic hair, routine episiotomies, edema, induction of labor and the prohibition of the right to the companion chosen by the woman during labor) also fall under the so-called obstetric violence.

According to Lansky *et al.* (2019), one of the major issues that directly affects the fight against VO is the difficulty that women have in recognizing it during the process. It is said that the power relationship between professionals and women in childbirth care interferes in the exercise of their autonomy and preservation of bodily and psychological integrity, for informed decisions and choices. To this end, the exhibition Senses at Birth, theorized by the studies, contributed to the increase in the knowledge of pregnant women about OR, which resulted in a more satisfactory labor and birth experience, in addition to having contributed to the increase of knowledge and empowerment of women in relation to recommended care practices.

According to the aforementioned author, among the main factors associated with OV are: Clinical practice that is far from scientific evidence, lack of transparency, and the concentration of power in decision-making in professional and institutional relationships with health users favors the trivialization of non-recommended procedures, which are now considered normal. Relating these factors to reality, the study by Dornelas *et al.* (2022), show that the majority of women participants report having suffered at least one type of situation that fits within the framework defined by the World Health Organization, which highlights five categories of violence: unnecessary routine interventions and medicalization; verbal abuse, humiliation, or physical aggression; lack of inadequate material and facilities; practices carried out by residents and professionals without the woman's permission; cultural discrimination, economic, religious, and ethnic.

However, only a small portion of them realized they were being violated. The study "Birth in Brazil", observed by the authors, shows - with the collaboration of a large number of women, that the procedures related to labor and delivery are increasingly violent, that good practices during labor were observed in less than half of them. In addition, several other studies were analyzed and it was evident that most of the women observed suffered from various types of OV, which includes, for example, the use of necessary interventions and the performance of medical procedures without prior consent. Other relevant situations reported were: the impossibility of eating/drinking during labor, having the belly squeezed to help in childbirth and the impossibility of choosing a companion; and, again, women's failure to perceive that they are being violated.

In consonance, Oliveira *et al.* (2022), reiterate the lack of information, the evaluation of other aspects directly related to the care received in teaching hospitals, which evidences situations considered as OV, as they disrespect scientific guidelines to ensure the quality of care, such as the impossibility of

the presence of a companion chosen by the parturient, performing procedures without the woman's authorization, health professionals screaming to communicate with the woman and lack of reception during the hospital experience. They used constitutional arguments to refer to the problems mentioned above, such as Law No. 11,108, which guarantees the presence of a companion (indicated by the woman) during labor, delivery and immediate postpartum within the scope of the Unified Health System.

In addition, the importance of the presence of a companion in the delivery process was also highlighted, which includes: greater overall satisfaction of the woman with the experience of the birth process (promoting comfort and safety), less use of pain medications, relief and reduction in the rate of interventions such as cesarean section and episiotomy, and better Apgar scores for babies at birth. Thus, confirmed by Oliveira *et al.* (2022), that the companions are able to assess the way the woman was assisted and that, despite the proven benefits, their presence was not able to totally inhibit the attitudes of the professionals that characterize verbal, physical, and psychological violence. In the Birth in Brazil Survey, having a companion at all times was associated with a lower chance of women suffering violence and can encourage a more cordial relationship on the part of health professionals. It is also said by Oliveira *et al.* (2022), that the care provided to women in obstetrics is a way of preserving dignity, privacy and confidentiality and freeing them from mistreatment related to, for example, the informed choice of the type of delivery and the reception/support during childbirth.

4.2 INSTITUTIONAL

It is worth noting that studies show that among women who felt welcomed and supported during hospitalization, the health professional belonged to the nursing team in more than half of the cases. In addition, in a study carried out in a Prenatal/Childbirth/Postpartum (PPP) unit of a teaching hospital in Mato Grosso, with the aim of analyzing the care provided after the insertion of obstetric nurses, it was found that the practice of these professionals is associated with the principles of humanization of labor and birth, promoting the appreciation/qualification of their work process. Furthermore, according to the Pan American Health Organization (PAHO), the obstetric nurse is characterized by the uniqueness in the provision of care, which provides women with harm-free care, providing the promotion and prevention of diseases, with a focus on self-care, respecting human dignity and fully enjoying human rights, empowering them in choices, so that attempts at harmful cultural practices do not take away their protagonism in case of pregnancy and make them strengthened in the choices so that pregnancy can be considered a normal life event.

Dealing with the same subject mentioned above, Nascimento *et al.* (2022) highlights that parturients need the understanding of health professionals, which most of the time come from nurses, who are present providing humanized support, qualifying care, and bringing a better outcome with

regard to the experience of childbirth experienced by women. That said, it is observed that unnecessary measures are adopted by obstetricians, which trigger violence based on the fragility and lack of knowledge of parturients, often in order only to accelerate the birth process. The authors go on to say that nursing, in this process, has been active in discussions about women's health and, as a result, the Ministry of Health has created ordinances, mechanisms and tools that favor the performance of nurses in comprehensive care for women's health, recognizing childbirth as a natural process, making care humanized in order to mitigate significant interventions and risks.

Accordingly, Costa *et al.* (2021), mentions that nurses face difficulties in relation to technical autonomy in the conduct of habitual risk delivery, as they report that the indication of procedures, the prescription of conducts, and childbirth care are poorly developed by them. On the other hand, their experiences and values affect the daily routine of their professional practice, directly interfering with their autonomy. In addition, it is shown that the institutionalization of childbirth resulted from the development of medical knowledge and the processes of medicalization.

Thus, it is also observed that in situations of divergence of opinion between the professional and the parturient, medical knowledge is prioritized, which, together, makes the incorporation of good practices in childbirth insufficient in Brazil. Proving this, Batista *et al*. (2017), says that some health professionals do not perform welcoming, developing several other tasks simultaneously and technically, without reflecting on what they do. This hurts, for example, the Stork Network, failing to have humanized care, failing to have humanized care, with attention to women's health. This dehumanization of childbirth care, as well as obstetric violence and lack of care, is characterized by consensual violence, since women see themselves in a relationship of subordination and fear for the baby and the care.

4.3 ASSISTANCE

As a result, it was notable that from the twentieth century onwards there began to be a greater concern for women, even creating policies to prevent this type of violence, which was now remarkable, from happening. Soon, public policies were created to reduce this number, the most prominent among them being the Stork Network, which aimed to promote a qualified and humanized model of care. However, in many cases, women continued to suffer inequalities and were susceptible to obstetric violence. Moreover, as shown in the study by Villar *et al.* (2022), in the current scenario, the obstetric care model employed is of the interventionist type, which ends up culminating in an expanded use and without criteria for interventions during pregnancy, childbirth, and the puerperium, which demonstrates this opposition to the Ministry of Health.

An example of this, shown by the paper by Lamy *et al.* (2021) would be in medical schools, where professionals are taught that parturients do not have the right to choose and that the need for

education is more important than their autonomy or integrity, trivializing the violation of women's rights. Another situation reported in the article would be the lack of structure and human resources, as well as overcrowding, issues pointed out by the professionals as responsible for the violation of rights, which generate dissatisfaction among women in relation to the professional, which can be taken to the scope of violence.

Thus, it can be noted that many maternity hospitals throughout Brazil, due to several factors, go against the concepts of the national policy of the Stork Network, and this ends up generating a prevalence of OR. In addition to this factor, the article by Leite *et al.* (2020) evidenced that the term VO is very little studied, generating several gaps on this topic. This lack of studies is due to the lack of consensus regarding the terminology and definition of this theoretical field and, mainly, the lack of a validated instrument to capture this construct more accurately. This lack of study makes it difficult for the State to promote public policies to prevent this type of violence, contributing to the preservation of oral disease in the medical environment.

4.4 INTERPERSONAL

From another point of view, it is evident that obstetric violence is directly linked to social issues, so that minorities such as black women, poor women, without schooling. prisoners or immigrants are considerably more affected by it. The study carried out by Mourão (2020) deals specifically with violence against black women, who often also have little schooling, bringing data from the research "born in Brazil" that find that the greatest victims of obstetric violence are them: "The percentages of women who reported verbal, physical or psychological violence were higher for brown or black women, with less schooling, aged between 20 and 34 years, from the Northeast Region, with vaginal delivery, who did not have a companion during hospitalization, who were treated in the public sector or who had labor.

Therefore, the percentages of women who evaluated the various aspects of the relationship with health professionals as 'excellent' were higher for white women, from class A/B, with complete higher education, from the South Region, who underwent cesarean section, who had a companion during hospitalization, who were treated in the private sector, and who did not go through labor." In this racial approach, Lima *et al.* (2021) also deals with institutional absence as a form of violence - so that women do not receive guidance, often not even knowing where their birth will take place - and how this lack of guidance and bonding with the reference maternity hospital is considerably greater with black women, generating a greater risk of violence at the time of childbirth.

From another point of view on social minorities, the author Melo *et al.* (2022) highlights the example of poor and low-educated women, who are placed in a position of inequality in relation to health professionals, who hold the scientific knowledge and prestige of their condition, and

transforming women into only an object of treatment and not the protagonist of their own care. In addition, immigrant women are also affected, as stated by Supimpa *et al.* (2021) with a study in São Paulo that verified the profile of immigrant mothers who have their children in the city and found that the largest group of multiparous women also had a higher rate of late prenatal care initiation and a higher incidence of cesarean sections, factors that configure obstetric violence. The article also addresses the neglect of the system in relation to the pain of these women, who do not receive adequate methods to relieve this pain or support or social support from health professionals at such an exhausting time, associating this with the fact that the incidence of postpartum depression is reported to be twice as high in immigrant women than in natives. evidently reflecting a precarious assistance in childbirth.

In conclusion, the study by Dalenogare *et al.* (2022) deals with the obstetric violence suffered by women prisoners, who are often also part of other minorities as well, as stated in the sociodemographic profile of the study: of the Brazilian women who carry in prisons, 70% declare themselves black, 56% are single, 48% have 1 to 7 years of schooling, and 62% are imprisoned due to their involvement in drug trafficking. The article shows how power relations - with police officers and prison officials having authority over incarcerated women - enable attitudes of abuse towards pregnant women, ranging from physical violence, with means of torture such as threats and suffocation, to other forms expressed by exposure to psychological violence and negligence. In this way, it is evident that there is, in addition to gender violence per se, that which comes from social exclusion, perpetuating the marginalization of certain social minorities even at times that should be safe for women: pregnancy, childbirth and the puerperium.

Finally, the prevalence of obstetric violence according to Souza *et al.* (2017), impacts on an increase in the rate of postpartum depression with a focus on ethnic-racial differences, such as in black women and adolescents, which will continue if professional negligence is perpetuated.

5 CONCLUSION

Thus, in view of the discussion about the articles presented, it can be observed that women still suffer from Brazilian health, which includes, within this, obstetric violence. This term still has a very fluid definition, due to the fact that women can feel violated in different ways and, in addition, not know that they are being violated in a certain action, which makes it difficult to advocate what will be obstetric violence. In addition, it can be noted that, in fact, VO still persists in Brazilian society, which is due to the lack of studies on the subject, its lack of knowledge (which is superficially addressed in medical schools) and, among others, the lack of compliance by hospitals with what is recommended by public policies such as the Stork Network.

It is important to emphasize that the articles also emphasized that in addition to obstetric violence persisting in Brazil, it has a higher incidence in some groups of social classes. This is evident

in the articles, which showed this higher incidence in: women who declare themselves black or brown, with a lower level of education, aged between 20 and 34 years, and women in prison. In addition, the women prisoners reported a power relationship, in which police officers and prison staff commit some abuses with pregnant women, who are exposed to some types of violence, ranging from physical violence to psychological violence against these pregnant women.

6 FINAL THOUGHTS

In addition, the idea of humanization guarantees improvement in care, where it seeks to go against violent practices, thus replacing mechanical and hostile techniques with a model more centered on women as individual beings, through a healthy dialogue between users and health professionals. Nascimento et al say that, in the context of education and the evolution of soft technologies for care, some examples of good practices to be exercised can be cited, namely: detailed explanation of the procedures adopted; attentive listening to the woman; extinction of invasive procedures, contraindicated and that cause pain and/or physical and moral discomfort; guarantee of the legal right to the participation of the family and companion; non-pharmacological measures for the relief of pain during childbirth; first skin-to-skin contact; late cutting of the umbilical cord; guarantee of the woman's choice regarding the route and form of delivery, among others.

These actions, together, should be implemented in order to promote health and reduce the risk of the existence of violence, and the professional who has such knowledge about the care offered will provide better care for women, resulting in a unique change of scenario, where what was previously seen as a moment of distress, becomes a welcoming space, without trauma and/or damage in the short and long term.

REFERENCES

ANDRADE, M. S. V. *et al.* Itinerários terapêuticos de mulheres com morbidade materna grave. Cadernos de Saúde Pública (online), v. 34, n. 7, 2018.

BATISTA, B. D. *et al. Factors associated with the birth companion's satisfaction with the care provided to the parturient woman.* Cogit. Eferm. (online), v. 22, n. 3, p. 01-09, 2017.

BRASIL, Lei n° 11.108, de 7 de abril de 2005. Os serviços de saúde do Sistema Único de Saúde - SUS, da rede própria ou conveniada, ficam obrigados a permitir a presença, junto à parturiente, de 1 (um) acompanhante durante todo o período de trabalho de parto, parto e pós-parto imediato. Diário Oficial da União, Brasília, DF, 2005.

BRASIL, Portaria n° 1.459, de 24 de junho de 2011. A Rede Cegonha, instituída no âmbito do Sistema Único de Saúde, consiste numa rede de cuidados que visa assegurar à mulher o direito ao planejamento reprodutivo e à atenção humanizada à gravidez, ao parto e ao puerpério, bem como à criança o direito ao nascimento seguro e ao crescimento e ao desenvolvimento saudáveis, denominada Rede Cegonha. Diário Oficial da União, Brasília, DF, 2011.

BRASIL, Programa de Assistência Integral à Saúde da Mulher. Ministério da Saúde (1983). Brasília, DF: Centro Gráfico, 1983.

COSTA, M. C. M. *et al. Living disorders in the practice of obstetric nurse care: the complex look at the phenomenon.* Rev. Pesqui. (Univeridade Federal do Estado do Rio de Janeiro, Online), v. 13, p. 490-496, 2021.

DALENOGARE, G. *et al. Childbirth and pregnancy in prison: social belonging and vulnerabilities.* Ciênc. Saúde Colet. (Impr.), v.1, n. 25, p. 263-272, 2022.

DORNELAS, A. C. V. R. *et al.* Abuso, desrespeito e maltrato na assistência ao parto: contribuição das Coortes de Ribeirão Preto, Brasil. Ciência & Saúde Coletiva (online), v. 27, n. 02, p. 535-544, 2022.

LAMY, Z. C. *et al.* Atenção ao parto e nascimento em maternidades do Norte e Nordeste brasileiros: percepção de avaliadores da Rede Cegonha. Ciência & Saúde Coletiva (online), v. 26, n. 3, p. 951-960, 2021.

LANSKY, S. *et al.* Violência obstétrica: influência da Exposição Sentidos do Nascer na vivência das gestantes. Ciência & Saúde Coletiva (online), v. 24, n. 8, p. 2811-2824, 2019.

LEITE, T. H. *et al.* Desrespeitos e abusos, maus tratos e violência obstétrica: um desafio para a epidemiologia e a saúde pública no Brasil. Ciência & Saúde Coletiva (Impr.), v. 24, n. 2, p. 483-491, 2022.

LIMA, K. D. *et al.* Disparidades raciais: uma análise da violência obstétrica em mulheres negras. Ciência & Saúde Coletiva (online), v. 26, p. 4909-4918, 2021.

MARQUES, S. B. Violência obstétrica no Brasil: um conceito em construção para a garantia do direito integral à saúde das mulheres. Cadernos Ibero-Americanos de Direito Sanitário, v. 9, n. 1, p. 97–119, 2020.

MELO, B. L. P. L. *et al.* Violência obstétrica à luz da Teoria da Diversidade e Universalidade do Cuidado Cultural. rev.cuid. (Bucaramanga.2010), v. 1, n. 13, p. 1-16, 2022.

NASCIMENTO, D. E. M. *et al. Experiences in obstetric violence: Good nursing practices in birth assistance*. Nursing (São Paulo), v. 25, n. 291, p. 8242-8253, 2022.

OLIVEIRA, L. L. F. *et al. Characterization of obstetric care developed in teaching hospitals in a capital of northeast Brazil.* Rev. bras. enferm., v. 1, n. 75, 2022.

SOUZA, K. J. *et al. Institutional violence and quality of service in obstetrics are associated with postpartum depression*. Revista de Saúde Pública (online), v. 51, p. 69, 2017.

SUPIMPA, L. S. Experiência de mulheres imigrantes no processo de parto e nascimento. Biblioteca de Ciências da Saúde, p. 144, 2021.

VILLAR, V. C. F. L. *et al.* Segurança do paciente na assistência ao parto: o que é debatido nos grupos de Facebook? Cadernos de Saúde Pública (online), v. 38, n. 7, 2022.

ZANCHETTA, M. S. *et al.* Reflexão metodológica sobre o trabalho de campo de pesquisa internacional multicêntrica Brasil-Canadá. Esc. Anna Nery Rev. Enferm, v. 25, n. 2, 2021.

MOURÃO, L. M. A. Por que mulheres negras são as que mais sofrem violência obstétrica? Monografia (Bacharelado em Direito) - Faculdade de Ciências Jurídicas e Sociais, Centro Universitário de Brasília, Brasília, 2020.