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ABSTRACT

Reflection on obstetric violence in public health in Brazil

Reflexión sobre la violencia obstétrica en salud pública en Brasil

Reflexão da violência obstétrica na saúde pública no Brasil

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Introduction: Brazil has public policies to improve the quality of care for women during prenatal care and childbirth, such as the National Program for the Humanization of Childbirth and Birth (2000), the Companion Law (2005), the Stork Network (2011) and the National Guideline for Care for Pregnant Women (2015/2016). Social movements, such as the Network for the Humanization of Childbirth and Birth (ReHuNa), have made the term "humanized childbirth" accessible to the public, contributing to the dissemination of information[1-3]. Common forms of obstetric violence include the Kristeller maneuver, lack of consent to perform procedures, episiotomy, refusal to administer analgesia, lack of privacy during labor, use of synthetic oxytocin to speed up labor, restriction on the choice and presence of a companion, restriction on the position of the pregnant woman, prevention of walking, limitation of water and food intake, excessive physical examinations, unnecessary and non-consensual cesarean sections, use of forceps, artificial rupture of the amniotic sac, prevention of immediate contact between mother and child, early clamping of the umbilical cord, and prevention of breastfeeding[2,4].

Objective: Reflect on the multidisciplinary team in the face of obstetric violence, identifying practices, challenges, and intervention strategies on obstetric violence in Brazil in the context of public health, which requires a reflective and critical approach by the academic community and health teams.

Methodology: The research has a descriptive and critical-reflexive character through an integrative review in LILACS, Google Scholar, SciELO, and MedLine databases. Of the 131 studies found, 100 were pre-selected and the title and abstract were read, then 42 were selected, totaling 23 studies chosen to compose this review.

Results and Discussion: The study demonstrated that several aspects related to obstetric violence in public health during normal childbirth were addressed. The concepts and types of obstetric violence, the phases of normal childbirth, current legislation and prevention, and coping strategies were discussed. The prevalence and impacts of obstetric violence in the context of public health were analyzed, as well as studies of emblematic cases. The summary of the main points addressed highlights the urgency of measures to raise awareness and train health professionals, as well as the implementation of reporting and support channels for victims, aiming to protect the dignity and rights of women in childbirth.

Conclusion: It is concluded that to effectively address obstetric violence, a coordinated effort is required that involves cultural changes, institutional reforms, and rigorous implementation of public policies that integrate the perspectives of the various studies analyzed. It was observed that obstetric violence is not an isolated problem, but rather a reflection of broader issues related to gender, culture, and institutional practices, and the eradication of obstetric violence depends on the combination of preventive measures, continuing education, support for victims, and comprehensive structural reforms.

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