



KNOWLEDGE OF PUERPERALS ON INTERVENTIONS THAT CAUSE OBSTETRIC VIOLENCE

¹Amanda Cristina Machado, ²Layane Teresa Ferreira de Sousa, ^{3,*}Sandra Beatriz Pedra Branca Dourado, ⁴Guilherme Gomes Carvalho, ⁵Maria de Fatima Almeida e Sousa, ⁶José Francisco Ribeiro, ⁷Elizabeth Soares Oliveira de Holanda Monteiro, ⁸Suely Martins da Silva, ⁹Milena France Alves Cavalcante and ¹⁰Verbenia Cipriano Feitosa

^{1,2}Nurse, Egress, Teresina Estacio College (PI), Brasil

³Nurse, Professor, Master, Teresina Estacio College (PI), Brasil

⁴Nurse, Egress, Teresina Estacio College (PI), Brasil

⁵Nurse, Professor, Specialist, Teresina Estacio College (PI), Brasil

^{6,8,9,10}Nurse, Professor, Master, Teresina Estacio College, Teresina (PI), Brasil

⁷Nurse, Professor, Master, Teresina (PI), Brasil

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ABSTRACT

Objective: to describe interventions during normal birth understood by puerperal women as obstetric violence. **Method:** a descriptive study with a quantitative approach, consisting of 74 puerperal assistants in a public reference maternity hospital for the state located in Teresina-PI, data collection took place between October and November 2016, through a previously tested form, for the treatment of the data was used the software Statistical Package for the Social Science version 20.0 and descriptive analysis of the data. **Results:** the most frequently performed interventions in the parturients were the Kristeller maneuver (16.2%), episiotomy (4%), and repetitive vaginal touches performed by different people (22.9%) and 44, 5% were not submitted to any intervention **Conclusion:** Although the policy of comprehensive health care for women is conjugated in all tenses in Brazilian maternity hospitals, women continue to be welcomed by a Cartesian, Newtonian delivery in which holism presents itself in a fragmented way.

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INTRODUCTION

Throughout history, women are seen as victims of potential violence, an act that can occur even within health institutions, and one of these environments is that of maternity hospitals, thus representing obstetric violence, which is an act practiced by professionals evidenced through of a dehumanized assistance, with abusive acts, interventionist actions with consequent pathological transformation of the processes that is strictly physiological that is the parturition (Juárez, 2012). Regarding institutional violence at the time of childbirth, it started from the moment it ceased to occur in the home environment and was transferred to the hospital, resulting in

loss of autonomy and decision-making power on the part of the parturient, it is emphasized that in the hospital scope, the physician becomes the protagonist of the parturition process, being responsible for deciding what should be done (Diniz, 2015). Obstetric violence is still little recognized as a violent act, since women have a vision that professionals are holders of knowledge, in addition to experiencing a significant moment in their lives, thus becoming passive to this process. This indicates that the woman presents contradictory feelings at the moment of the birth, oscillating between happiness and fear (Andrade and Aggio, 2014). Some factors are related to the violence suffered by women within the institutions, such as: unfavorable conditions of work to which the professionals are subjected, overload of the demand for care, lack of respect for women's sexual and reproductive rights, and the imposition of norms and standards. depreciative moral values.

*Corresponding author: Sandra Beatriz Pedra Branca Dourado,

³Nurse, Professor, Master, Teresina Estacio College (PI), Brasil.

Table 1. Distribution of the frequency of interventions in postpartum vaginal women in a reference maternity hospital. Teresina (PI), Brazil, 2017

Variables	n	%
Repeated vaginal touches performed by the same professional	4	5.4
Kristeller's maneuver	12	16.2
Episiotomy	03	4
Immediate umbilical cord cutting	4	5.4
Immobilization during childbirth	01	1.6
Repeated touches, done by different people	17	22.9
Associated occurring interventions	33	44.5
Total	74	100.0

Table 2. Distribution of the frequency of interventions characterized as obstetric violence during the expulsive period of vaginal delivery. Teresina (PI), Brazil, 2017

Variables	n	%
Professionals interfered with freedom of position	4	5.6
Directed pulls by the health professional	13	17.5
They prevented freedom of position and encouraged directed pulls	17	22.9
Others	07	9.5
Did not suffer these interventions	33	44.5
Total	74	100.0

And this is expressed from negligence in care, social discrimination, verbal and physical violence (including not using analgesic medication when technically indicated), inappropriate use of technology, with interventions and procedures, often unnecessary (Aguiar and Lucas, 2011). Among the interventions mentioned as unnecessary we can mention the Kristeller maneuver, which consists of the expression of the woman's uterine base, performed by professionals, in order to facilitate the baby's exit. In addition to the episiotomy that is described as a cut performed on the parturient vulva in order to enlarge the birth canal. As well as the artificial rupture of the amniotic sac (amniotomy) and the accomplishment of protracted and directed by professionals (Valsalva maneuver) (Minas Gerais, 2011; Rezende, 2012). The experience in maternity rooms showed that many women victims of this type of violence are "inert" to these processes, from this uneasiness the following guiding question emerged: which interventions in the maternity of the study that are considered obstetric violence?. In this context, the present study aimed to discuss which interventions during normal delivery of the puerperae under study were considered as obstetric violence according to the scientific evidence.

Objective: Describe interventions during normal birth understood by puerperal women as obstetric violence.

METHODS

Descriptive research, with a quantitative approach, carried out in a public maternity hospital of reference in medium and high complexity in Piauí. It is located in Teresina-PI, due to its specificity, it has a great demand for care. The research population consisted of a sample of 74 puerperal women who had normal deliveries at the maternity hospital during the period of data collection. Regarding the size of the sample, the simple random sampling technique was chosen. Inclusion criteria were postpartum women of greater age who had their labor and delivery in the maternity hospital in question. Being excluded from the study postpartum women under the age of 18. The collection was carried out from October to November 2016, having as a data collection tool a form elaborated by the authors, consisting of open and closed questions regarding obstetric violence situations.

The application of the form was performed when the puerperae were in the infirmary. In order to guarantee the secrecy and privacy of the participants there was no identification that could reveal the identity of the participants. The data, after being collected, was digitized and analyzed according to descriptive statistics, using the Statistical Package for the Social Science (SPSS), version 20.0, which calculated the descriptive statistics as absolute frequency appropriate to the studied variables. The most significant findings were represented in tables constructed in SPSS and converted to the Microsoft word program and later analyzed based on the scientific production on the subject. In order to carry out the research, it was submitted to the evaluation of the Maternity Research Ethics Committee through the request for institutional authorization through the Instrument of Consent and then registered in the Brazil Platform. It was then forwarded to the FACID Research Ethics Committee (REC) (opinion 1,188,213 / 2016), as suggested by Plataforma Brasil, generating CAAE number 48027915.1.0000.5211. All ethical precepts contained in Resolution No. 466/12 of the National Health Council were approved, which approve guidelines and norms regulating research involving human beings. All participants who agreed to participate in the study signed a Free and Informed Consent Form in two equal paths, which included the objectives of the research, as well as the existence of minimum risks, the participant was also assured of the confidentiality of the information provided and possibility of withdrawing participation without loss. The risks were minimal because they were only questions about the procedures that were performed in puerperal women during labor, in order to identify possible obstetric violence. It is emphasized that the researchers were careful to apply the form at the most comfortable time for the participants, ensuring the privacy of the information provided. This research did not provide direct benefits to the participants at the time. But, it served as a subsidy for the improvement of maternal health care, as well as for a reflection on the humanized care of parturients.

RESULTS

The results presented in table 01 describe the interventions performed during normal labor, where the majority of the

women (44.5%) underwent interventions performed in an associated way, that is, they received episiotomy, Kristeller maneuver, amniotomy, were prohibited from ingesting water and food, and had early clamping of the umbilical cord, while the other puerperae reported having undergone the interventions in isolation, as described in the table below. Table 02 shows that 44.5% of the puerperas reported that they did not suffer from the interventions contained in the form, but 9.5% of the cases reported having suffered interventions that were not addressed in the study. form, which justifies the appearance of the term "others" in the table description. While 22.9% had interference in the freedom of position and professional-directed pulls, 17.5% of the cases reported that they had professional-directed pulls and in 5.6% of the sample the professionals interfered in the freedom of position.

DISCUSSION

WHO has classified the recommendations of practices developed during childbirth and listed the practices clearly harmful and that should be abolished, one of these is Valsava maneuver. In addition, it cites practices that do not present evidence to justify its application, such as amniotomy and Kristeller maneuver, and should be carried out with caution until more research clarifies its effectiveness. Other inappropriate behaviors include episiotomy, water and food restriction and successive vaginal touches (Brasil, 2017). As for the last mentioned above, in this study the repeated vaginal touch, performed by a single professional had a percentage of 5.4% of the women, and the repeated touches performed by different professionals was a percentage of 22.9% of the cases. The studies show that this is a procedure that allows to verify the degree of dilatation, erasure and position of the uterine cervix, including the fetal presentation with identification of the fontanelles, but too many of these examinations are linked to infectious morbidity, rupture of the ovary membranes, touch must be performed with the consent of the parturient, in order to obtain their collaboration, preferably done by the same examiner. Regarding the frequency of the examination, it should be performed at intervals of at least two hours. In case of a broken bag it can be spaced at intervals of three to four hours (Barros, 2009; Prefeitura de Recife, 2008). According to the statistical analysis, 16.2% received the Kristeller maneuver, the use of uterine fundus pressure is contraindicated and there is insufficient evidence to verify its effectiveness, the risks of uterine rupture, anal sphincter damage, fractures and brain injury in the newborn and severe perineal lacerations, outweigh the supposed benefit that would be to abbreviate childbirth (Carvalho, 2014). Episiotomy was performed separately in 4% of the women, while in 13.5% it was performed in association with other interventions. This conduct is routinely performed in maternity wards, with the argument that it helps in perineal protection, but the practice of this practice should not be a habit, since it does not present considerable evidence to justify its use, being associated with the increase of injury and puerperal infections (Carroli and Mignini, 2009; Carvalho *et al.*, 2010; Oliveira and Miquilini, 2005; World Health Organization, 2013). Regarding the early clamping of the umbilical cord, this occurred in 5.4% of the cases. The WHO recommends that the umbilical cord be cut late, with an average time of one to three minutes after delivery, allowing the placental blood to pass continuously to the baby, favoring an increase in the baby's iron reserves by up to 50%, in addition to the reduction of intraventricular hemorrhage, necrotizing enterocolitis and infant sepsis (Silva

et al., 2007). Regarding the position during labor, 5.4% of the interviews reported that they were prevented from assuming a position one they thought was more comfortable, another relevant situation that happened during the research was the fact that 1.6% of women have been immobilized during childbirth, the numbers appear small, but demonstrate a lack of professional commitment to parturient rights. Evidence shows that vertical positions (squatting, sitting, four-position positioning), as well as walking, are favorable for the acceleration of labor, since they rely on gravity because the baby's own weight contributes to the dilation of the uterine cervix, and should therefore be stimulated (Brasil, 2000).

Another unnecessary intervention was amniotomy, which was present in 8.1% of the cases; however, scientific evidence suggests that the practice should be avoided, and it should be performed only in cases where it is necessary, as in some distractions, since it may occur some unpleasant effects with the execution of this practice such as increased risk of ovular and puerperal infection and appearance of bossa serosanguínea (Barros, 2009). Restriction of water and food intake associated with other interventions occurred in 6.7% of puerperae. It is recommended that the intake of liquids and food should be stimulated, since the act of giving birth demands great energy expenditure, it should be replaced by food and liquids, avoiding states of hypoglycemia and dehydration, this supply of liquid must be about 150 ml orally every two hours (Chaves Neto and Sá, 2015). The Valsava maneuver was a usual procedure during the expulsive period of labor of 17.5% of the women in this study. In this maneuver, the parturient has a forced expiration keeping the lips closed, receiving pulls directed by health professionals, even though there is no evidence that this practice may cause hypotension, increased varicose veins, increased pressure in the perineal region, and a decrease in uteroplacental blood flow, in addition to not respecting the rhythm of parturientes (Lemos, 2011; Andrade *et al.*, 2016). Despite the worrying picture shown above, 44.5% of the women said they had not undergone interventions during the expulsion period, which characterize obstetric violence. This result raises an evaluation, Studies show that many women perceive several violent acts as own of the procedure, being thus natural of the parturitivo process. Therefore, little or no knowledge is known of what obstetric violence is (Guimarães *et al.*, 2018).

Conclusion

This research made it possible to describe the situation of obstetric violence in a reference maternity hospital in the state of Piauí, showing that this type of violence is still a reality, where many women are submitted to interventions without scientific basis, especially the Kristeller maneuver. However, maternity care has shown itself in a contrasting way, while some women are victims of technical assistance, disrespectful and permeated by unfounded beliefs. Others have experienced an assistance model that has been gaining space in maternity hospitals, the humanist model, which sees it in a holistic way, respecting their rights and encouraging their autonomy and protagonism in childbirth and birth, this is visible because the party indicated that they did not suffer violence. It was identified the need to work more on obstetric violence, especially during Prenatal, in order to make women empowered during childbirth. In addition, there should be an awareness on the part of the team of professionals to extinguish the obstetric violence in the maternity in question.

Therefore, it is believed that the study was of great value, since after the application of the form, some guidelines were given for the puerperas, about the good practices that should be performed during childbirth, as well as clarifying their rights, in order to have greater knowledge for future pregnancies, or even to pass this information on to people in their convivial cycle. The fear of puerperae in expressing their real feelings was visible, although the confidentiality of the information has been explained, so it is likely that this may be a limitation of the study, since women may not have expressed their deepest feelings or lack of information has significantly influenced their visibility in relation to obstetric violence.

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