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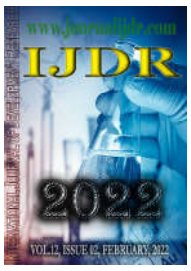

RESEARCH ARTICLE OPEN ACCESS

OBSTETRIC VIOLENCE: HIDDEN TERRITORY, SILENCE, ROARING AND FEAR IN TIME OF THE COVID-19 PANDEMIC

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ABSTRACT

In recent years, the emergence and reemergence of infectious diseases such as COVID-19 (Coronavirus Disease 2019) has been the subject of great global social concern, not only due to morbidity and mortality, but also due to its social and economic impact. The novel coronavirus (SARS-CoV-2), responsible for the current pandemic characterized COVID-19. According to data from the Ministry of Health, pregnant women are among the risk groups for the disease.In the new context, caused by the COVID-19 pandemic, during thegestation,childbirth and postpartum arises avobstetric violence wherethe woman's right to go through this period in a safe and dignified way is taken away. This is an integrative review of the literature on Obstetric violence hidden territory, silence, roar and fear in times of the covid-19 pandemic. The sample consisted of articles published in electronic media available in the Virtual Health Library (VHL) and available in full text in the databases: LILACS, Medline, SciELO and BDENF, in the period between 2020 and 2021. the continuous training of professionals so that they carry out all the assistance in a humanized way, thus reducing or even eliminating the complications that interventions can bring to women who are in a state of great vulnerability during childbirth. It is further emphasized.

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INTRODUCTION

In recent years, the emergence and reemergence of infectious diseases such as COVID-19 (Coronavirus Disease 2019) has been the subject of great global social concern, not only due to morbidity and mortality, but also due to the social and economic impact[1]. The novel coronavirus (SARS-CoV-2), responsible for the current pandemic characterized COVID-19[2]. After its identification in the Chinese city of Wuhan, with its rapid transmission causing numerous deaths, putting entire populations into social isolation, the World Health Organization (WHO) declared a state of international health emergency. According to data from the Ministry of Health, pregnant women are among the risk groups for the disease[3]. Pregnancy is a period of physical, psychological and social changes in the life of women and their families, permeated by numerous and different meanings, being considered a unique and complex phenomenon, as it does not come only from the care provided during the period, but from the context experienced. for the same[4]. Previously, childbirth was carried out within the family, in which women were cared for by midwives, and methods to expedite childbirth did not exist, that is, the entire birth process took place naturally[5]. Over time, changes took place, and these changes became important because ways of giving birth appeared, such as: cesarean, humanized, natural and so on[6]. As well, another important change is the availability of professionals such as doctor/nurse-obstetrician/physiotherapist to provide more assistance to women in labor[7]. In the new context, caused by the COVID-19 pandemic, during the gestation, childbirth and postpartum arises avobstetric violence where the woman's right to go through this period in a safe and dignified way is taken away[8]. Abuses suffered by women when seeking health services during pregnancy, childbirth, birth or postpartum as physical, verbal, psychological, and even real and unnecessary abuse, such as: use of the supine or lithotomous position at the time of delivery, routine venous infusion, rectal examination, administration of oxytocin without precise indication, encouragement of prolonged pulling, early amniotomy, Kristeller maneuver, repetitive vaginal examinations, water and food restriction, episiotomy, clamping cord early, others, are characterized obstetric violence[9]. In addition, obstetric violence occurs due to neglect of care, depriving the woman's right to have a companion during childbirth, as well as the practice of physical violence with the mother.Performing Kristeller's Maneuver and unnecessary interventions such as enema, fasting and/or among others[1,2]. In addition, there is also verbal violence, with the use of offensive comments, and psychological violence, with the use of words or behaviors that demean the woman, that is, obstetric violence is any conduct of the health professional that interferes with the physiological process[3,4]. Currently, obstetric violence is considered a public health problem, where it affects one in four women in Brazil, given the absence of laws that stop obstetric violence, the practice itself has no legal classification or specific sanction[10]. There are several practices of health services that violate the dignity and autonomy of women, characterizing obstetric violence[1,3].

The World Health Organization-WHO recommends that assistance at birth should occur with as little intervention as possible[11]. Thus, it is expected that the health team at the time of childbirth will be able to rescue the physiology of childbirth, encourage the harmonious relationship between technological advances and the quality of human relationships, as well as highlight respect for citizenship rights[10.11]. Currently, with the ongoing COVID-19 pandemic, obstetric health services have required strict biosecurity measures, patient safety, infection control in health care, social isolation, quarantine and, with that, restrictions on escorts in delivery rooms[1,2,3]. The COVID-19 pandemic directly impacts the violation of human rights[4]. This is because health services, which have offered maternity care in recent years, are regressing during the COVID-19 pandemic, when it is impossible for women to have a companion during childbirth[11]. It is worth noting that Federal Law No 11,108/2005, better known as the Companion Law, determines that SUS health services, whether belonging to their own network or through an agreement, are obliged to allow pregnant women the right to have a companion during the entire period of labor, delivery and postpartum[1]. The Law determines that this companion will be indicated by the pregnant woman, and may be the baby's father, current partner, mother, a friend, or another person of her choice[6]. If she prefers, she can decide not to have a companion. According toSpecial Nucleus for the Defense of Women's Rights - NUDEM, the presence of a companion during childbirth remains a right of the pregnant woman, the right to the companion itself should not be restricted, only guide and make limitations in very specific cases[8.9]. The ban has no legal support either in the legislation in force or in the guidelines provided by the Ministry of Health itself[1.2]. With this, it is clear thatregarding obstetric violence, which violates sexual and reproductive rights, as it refers exactly to a violation of the body, dignity and autonomy of women during important stages of their reproductive life, with practices carried out without the consent of the pregnant or parturient woman[1]. The rights that a woman has during all stages of pregnancy, pregnancy, childbirth and postpartum need to be known so that she can demand compliance with them and have a positive experience[12]. Since, theThe main reason for the frequent occurrence of obstetric violence is the lack of information of the parturient regarding the procedures by which she will be submitted, the idea is to defend the parturient's right to choose, therefore, it is necessary that there is also clarification on the part of the care team about procedures performed throughout the process[13]. As it is essential for her to experience a peaceful pregnancy and a respectful delivery, guaranteeing the pregnant woman access to information so that she can know her rights allows her to be able to identify and prevent obstetric violence during childbirth, allowing her to elaborate already during the prenatal care, in a conscious and informed way, your birth plan, a space where you will present your intentions and desires for the moment of the baby's birth, indicating your choices such as the position you would like to give birth and if you want to receive anesthesia[13.14]. In addition, when the pregnant woman knows and demands that her right to a companion be respected, it also helps to prevent violence during childbirth, as it guarantees the pregnant woman to be accompanied by a person she trusts at a time of greater vulnerability, allowing the (a) the companion himself/herself can charge a dignified service on behalf of the parturient, if she is unable to do so[14]. Finally, the objective of this study is to identify, through the literature, a study that will also address, even if briefly, a recent issue that encompasses obstetric violence, related to the violation of the rights of pregnant women in the face of the Covid-19 pandemic.

METHODOLOGY

Typology: This is an integrative review of the literature on Obstetric violence hidden territory, silence, roar and fear in times of the covid-19 pandemic. The integrative review and an analysis of relevant research that support a decision and can lead to the improvement of practice, as well as in health policies, as it synthesizes knowledge on a given subject, this type of method allows for a synthesis of multiple published studies that pertain to a particular area. Its initial purpose is to obtain a deep understanding about a certain subject based on previous studies, with these syntheses, the uncertainties about practical recommendations are reduced, and it facilitates decision-making regarding interventions that could result in more effective and more efficient care. lower cost/benefit. The integrative review is a synthesis of methodological knowledge that provides significant results in the practical field, this review is considered the broadest of the reviews because it allows the inclusion of experimental and non-experimental studies to understand the analyzed phenomenon, in addition to combining data from the theoretical and empirical literature, due to the large sample and the multiplicity set, generates a consistent and understandable panorama of complex concepts, theories or relevant health problems facing women during the pregnancy-purerperal cycle. Its general purpose is to gather knowledge on a given topic, as it determines current knowledge on a specific topic as it is conducted in order to identify, analyze and synthesize results. In addition to the review assisting in policy development, Evidence-Based Practice (EBP) is a study of problem solving to take sides in search of evidence, competence, values and

Table 1. Description of the steps of the systematic review

Phases	Description	
First step	Identification of the theme and selection of the hypothesis or research question for the elaboration of the integrative review;	Definition of a problem, elaboration of objectives, formulation of a hypothesis or research question;
Second stage	Establishment of criteria for inclusion and exclusion of studies/sampling or literature search	Adjust inclusion and exclusion criteria, electronic access to the database;
third stage	Definition of information to be extracted from selected studies / categorization of studies	Organize and summarize information succinctly to form the database;
fourth stage	Evaluation of studies included in the integrative review	Inclusion and exclusion of studies, critical data analysis;
fifth stage	Interpretation of results	Discussion of the main results researched;
sixth stage	Presentation of the review/synthesis of knowledge	Creation of a document exposing the steps taken and the results found in the analysis of the articles;

preferences of the professional and the patient, within the subject of care. It covers the synonym of problem, the research and critical analysis of the available evidence, the practical realization of the evidence and the evaluation of the final product.

Data source: According to Gil (2010), the data source must provide content with adequate answers about the problems proposed in the research and information for the researcher (GIL, 2010). The sample consisted of articles published in electronic media available in the Virtual Health Library (VHL) and available in full text in the databases: Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (Medline), SciELO (Scientific Electronic Library Online) and in the Nursing Database (BDENF), in the period between 2020 and 2021. Focusing on the detection of articles the following descriptors in health sciences (DeCS): coronavirus; Severe Acute Respiratory Syndrome; violence against women; obstetric violence.

Selection of articles

Sample inclusion criteria: Within the scope of the integrative review, the following inclusion criteria were adopted: articles from online journals indexed in the databases, full texts available in the period between 2020 and 2021; full articles published in Portuguese, English and Spanish; and related to the theme, excluding any external source.

Sample exclusion criteria: Among the exclusion criteria, the following were adopted: articles in other languages that did not cover the proposed period and the theme, that did not respond to the object of study Letters, editorials, theses, dissertations, book chapters and other non-scientific texts.

Data collect: After searching the databases, 30 published articles were identified. After the analysis of titles, 11 of these were selected for reading abstracts and/or full text, of which 07 did not meet the readability criteria. At the end, 04 articles were included in the study to carry out this study. Table 2 presents the summary of the selection of articles.

Table 2. Flowchart of identification and selection of articles in the databases on obstetric violence in times of the COVID-19 pandemic from 2020 to 2021

Data base	Articles found
LILACS, Medline, SciELO and BDENF	No. 30
Articles excluded after application of the exclusion criteria	No. 07
Articles included in the review	No. 04

The articles analyzed were distributed according to the databases indexed, as shown in Table 1:

Table 1. Distribution of selected articles according to indexed databases

Data base	Total
lilacs	10
Medline	08
SciELO	04
BDENF	08
Total	30

The analyzed articles were distributed according to the year of publication, as provided in Table 2:

Table 2. Distribution of selected articles by year of publication

Year of Publication	Total
2020	01
2021	03

Data analysis: The data were analyzed and arranged in a systematic way, through synoptic tables, figures and later categorized. For data analysis, the recommendations of Mendes, Silveira, Galvão (2008) were adopted. The articles selected to compose the sample were identified with codes for synthesizing the results, the codes are represented by the letter "A" followed by the cardinal number, example: A1, A2, A3, A4, as can be seen in Table 1. As for the methodological design, the articles were distributed/classified by: code, author/year and journal, as shown in Table 2.

Table 3. Distribution of articles on obstetric violence ashidden territory, silence, roar and fear in times of covid-19 pandemic, according to coding, author/year and journal

Code	Author/year	periodical
TO 1	BARBOSA, Jeanine *et al.* / 2020	SciELO - Scientific Electronic Library Online.
A2	VILLAVERDE, Jorge O. Alarcón / 2021	Rev Peru Ginecol Obstet
A3	SADLER, Michelle *et al.* / 2021	reproductive health matters
A4	DE SOUZA, Kleyde Ventura *et al.* / 2021	consider nursing

Then the articles were distributed according to the title and object of study (Chart 3), to facilitate the systematic reading of the material and the prior categorization of data.

Table 3 It presents the distribution of articles on obstetric violence as hidden territory, silence, roar and fear in times of covid-19 pandemic, according to the coding, title and objective of the study. The articles were analyzed in full by the authors, and arranged according to the code and the results found (Chart 4).

From the critical and detailed analysis of the articles, the following categories emerged: Obstetric Violence: Hidden Territory, Silence, roaring and fear; and A look at the COVID-19 pandemic and its interfaces in the maternal and child sector.

DISCUSSION AND RESULTS

The year 2020 started unfavorably, especially for pregnant women due to all the uncertainties caused by the new coronavirus and how it had been drawing, where in a few days it expanded in several countries of the world, becoming a COVID-19 pandemic. Concurrent with this scenario, therepercussion of obstetric violence on health care, especially public health,aimed at pregnant women is also worrying, as it can affect women's experiences of childbirth and the

Table 4. It presents the distribution of articles on obstetric violence as hidden territory, silence, roar and fear in times of covid-19 pandemic, according to the coding, title and objective of the study

Code	Study title	Study objective
TO 1	Intersectionality and other perspectives on violence against women in times of a pandemic by COVID 19.	Problematize the increase in violence household during social isolation in times of a pandemic.
A2	The COVID-19 pandemic and the investigation in gynecology and obstetrics	Reflect on the COVID-19 pandemic and research in gynecology and obstetrics.
A3	Moving beyond disrespect and abuse: addressing the structural dimensions of obstetric violence.	To analyze the excess of medical interventions during childbirth, even in physiological and uncomplicated deliveries, along with a worrying spread of abuse and disrespectful practices towards women during childbirth.
A4	Human rights of women in childbirth in the face of the covid-19 pandemic: what to do in obstetric nursing.	Provoke the reflection of obstetric nurses to follow in the fight to guarantee the rights of women and their babies, in the midst of the COVID-19 pandemic.

Table 5. Distribution of articles on obstetric violence as hidden territory, silence, roar and fear in times of covid-19 pandemic, and main results found in the study

Code	Results Found
TO 1	The social isolation required by the COVID-19 pandemic can bring insecurities to some women, however, it is also necessary to denaturalize the view that generalizes and realize that the same event, in different contexts, can also affect women in different ways, generating fear and pain. Especially in the field of obstetrics, during this period there was a very large increase in obstetric violence, reaching 75% in the United Kingdom, 65% in Australia.
A2	It was evidenced that the pregnant woman is not free of these infections, although until now, the incidence of COVID-19 in women is lower than in men and that the most affected age is not the reproductive age, there is concern about the level of vulnerability of the pregnant woman, both because of her physiological and social status, especially in countries with insufficient health services. It is also observed that the conditions of confinement can have negative consequences for them, due to the less access to prenatal care services and newborn care, and the negative effect that this situation can have on their mental health during pregnancy. postpartum period, and its direct effects on obstetric violence.
A3	The first reports of cases of COVID-19 infection in pregnant women came from China. The first articles published, all babies were born by cesarean section, without giving reasons for such an intervention. In the context of the pandemic, it is evident that the measures applied to women during labor, delivery and the puerperium are not strictly necessary and are not based on evidence. They disrespect human dignity by denying women's rights. Worse, they are causing harm, stress and fear. The COVID19 scenario reminds us of the fragility of the advancement in the rights of these groups. Rather than being an effective response to COVID-19, these harmful practices are a violation of women's human rights rules and a covert manifestation of structural gender discrimination.
A4	Women have the right to receive qualified care in a health care network, whose arrangements must guarantee access, considering the integrality and humanization of care, especially in the maternal and child sector. In the context of the pandemic, women may find it more difficult for their choices to be heard, welcomed and respected by health services and professionals, related to the limitations that the health crisis imposes on the entire system. "[...] Every woman has the right to information, to give her consent, to refuse to consent and to have her choices respected and defended. This includes the right to have the companion of her choice with her during labor and birth [...]".

experience of childbirth during the COVID-19 pandemic, which can affect their cultures and beliefs, taking away from women their autonomy and credibility of choices and the idealization of a humanized birth. Through the studies, it was possible to observe that the pregnant women somehow had their rights violated, both in the prenatal period and during childbirth. According to the Ministry of Health, women who had children in public or private networks have already suffered abuse, that is, one in fourBrazilian women are victims of violenceobstetric. In the study by Souza (2019) it can be seen howViolenceobstetrics, any act of disrespect that health professionals do against the pregnant woman, having aggressive and intimidating postures. In the studies by Katz (2020) he brings the interventions of cesarean section without justification, routine use of episiotomy, Kristeller maneuver, use of oxytocin released without medical indication, denial of pain relief, prohibition of food and drink intake, restriction of positions during childbirth, bed restraint, constant vaginal touch and with different people, this is how obstetric violence is characterized. As for the World Health Organization recommends that the rates of cesarean surgeries are between 10% and 15% as a safety measure to control and reduce maternal and neonatal morbidity. Research shows that Brazil is the world champion of cesarean surgeries. This number refers to the total number of births, and increases to 88% if observed only in the private health system. We understand that obstetric violence can be revealed in several ways, such as during prenatal care, labor and postpartum, as well as in technical procedures without indications, but we consider that obstetric violence is also poorly recognized. even as it progresses, due to the fact that it is not notified, it ends up becoming invisible and routine in health services. In the study by Amorim and Oliveira (2019) obstetric violence was characterized as a public health problem due to the proportion and severity of the organic and emotional sequelae it causes to women.

The aforementioned violence consists of interventions that are harmful to the physical and mental integrity of women in health institutions and by professionals who provide assistance to them, in addition, they disrespect their autonomy, a situation that occurs when the health team determines the use of medications without the woman's consent, modifying the physiological process of childbirth in medical events in order to accelerate the expulsion of the baby. Hospital delivery cannot be a tool to violate or oppress the woman's desires regarding humanized care, therefore, it is necessary to produce changes in the ways of managing and caring to build collective processes to face power relations and minimize the cesarean surgeries without indication, as well as attitudes and practices that produce dehumanizing behavior that inhibit the autonomy and co-responsibility of health professionals in their work and of users in self-care. Thus, it was possible to observe how important it is for care to be humanized and based on legal privileges for health professionals to change their practices and reformulate the care provided, since traditional practices trigger obstetric violence. They also emphasize that the care team needs to let the protagonists of childbirth express and understand what they think about the experience, which is one of the most reliable instruments to approach this reality and identify the weaknesses and possible potentialities of the care offered by health services. It is also highlighted, that for the professional-patient relationship to be of trust, it is essential that the professional inform all the procedures and purposes of the same to the patient in order to reduce possible errors for the patient. As was also seen in our study, on the other hand, it is emphasized that there are still many obstacles to be faced, including the lack of integrity and clarity of the guidelines passed on to pregnant, parturient and postpartum women, leading to a feeling of insecurity, vulnerability. Therefore, this study aims to help health managers to formulate effective actions to eliminate and prevent obstetric violence.

Furthermore, Melo et al. (2020) mention that the team that provides assistance needs to support the woman so that she feels comfortable, in addition, it must encourage her throughout the moment of labor, offering all the possibilities in order to provide a peaceful delivery, such as: baths with warm water, bed divisions for the parturient's privacy and letting her choose the most comfortable position. In this way, we hope that this article can help not only health managers, but also health professionals who provide care to the parturient, as it is of paramount importance to humanize the professional and patient relationship, and for that, deep changes in training and recognition of new knowledge so that they can create opportunities forand approach the different contexts and prepare her for decision-making regarding her body and her parturition. Finally, it is emphasized that the exercise of humanization in the education of health professionals is the basis for preventing and reducing the rate of obstetric violence cases, given that it provides listening, reception and allows the woman to be the protagonist throughout the entire life. time of childbirth.

FINAL CONSIDERATIONS

Obstetric violence has been denounced by women not only in Brazil but in several countries. The term has been used fundamentally to designate experiences in which women felt invaded, disrespected and/or alienated from their own bodies in a moment of vulnerability, where health professionals should only be facilitators of the birth process, being able to use their knowledge to assist in the physiology of birth and act when there is any intercurrence, understanding that the protagonist of this unique moment is the woman.Obstetric violence has become a routine act in the lives of Brazilian women, in which dehumanization, disrespect, humiliation, differentiation of race, color and social class reigns. In this way, violence must be eradicated by health professionals and by the places that provide care to women and their babies. And thus guaranteeing their rights to quality health.Another important point in this study is the approach to the humanization of childbirth, a tool that is extremely important to break the culture of obstetric violence. In this sense, the continuous training of health professionals in the humanized practice of childbirth care is a need for many health institutions, whether public or private.We conclude that the continuous training of professionals is of fundamental importance so that they carry out all the assistance in a humanized way, thus reducing or even eliminating the complications that interventions can bring to women who are in a state of great vulnerability during childbirth. It is also emphasized that the care team needs to distinguish the necessary procedures from violent acts so that they can intervene without violating the parturient's wishes and rights.In this way, the study plays the importance of minimizing until absolutely extinguishing the harmful methods to the health of the binomial committed by health professionals through the ideas, tactics for carrying out programs and public policies worldwide and national aimed at absolute assistance throughout the puerperium. In this way, stricter laws and supervision should be in place for programs aimed at women, such as Good Practices in Childbirth Care, Birth of the Program for Humanization in Prenatal and Birth (PHPN), Federal Law No. April 2005 - Law of the companion so that they are effective in such a way as to eradicate obstetric violence.

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