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Obstetric violence and the role of nursing in promoting a humanized birth

Obstetric violence and the role of nursing in the promotion of humanized childbirth

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SUMMARY

Introduction: Obstetric violence is a phenomenon of significant social and scientific relevance, as it compromises the dignity, physical, and psychological integrity of women during childbirth, constituting a violation of human rights and ethical principles governing health practices. In this context, nursing plays a central role as an agent promoting humanized care, with the responsibility of preventing and addressing abusive or negligent behavior that may characterize forms of violence in the obstetric setting. **Objective:** To analyze the role of nursing in preventing obstetric violence by identifying care practices that promote the humanization of childbirth and ensure respect for women's autonomy. **Materials and methods:**

This is a narrative literature review with a qualitative approach, conducted through a systematic survey of indexed scientific databases, seeking to select recent publications relevant to the subject of study. The analysis will be conducted through thematic categorization, which will enable the synthesis and critical interpretation of the findings.
Results: The aim is to identify and systematize the main strategies adopted by nursing professionals to prevent obstetric violence, highlighting practices that value active listening, respect for the woman's choices, reduction of unnecessary interventions, and the provision of physical and emotional support throughout the childbirth process. Furthermore, the aim is to highlight the relevance of ethical, technical, and humanistic training for professionals in order to strengthen the quality of care. **Conclusions:** Obstetric nursing plays an essential role in promoting a humanized childbirth and is indispensable in confronting the institutional culture that still perpetuates violent practices in the obstetric setting. By contributing to the strengthening of public health policies aimed at protecting women, nursing asserts itself as a protagonist in defending the rights of women in labor and in consolidating care based on dignity and respect for female autonomy.

Keywords: obstetric nursing; childbirth; women's health; obstetric violence.

ABSTRACT

Introduction: Obstetric violence constitutes a phenomenon of significant social and scientific relevance, as it undermines the dignity and the physical and psychological integrity of women during the childbirth process, being configured as a violation of human rights and of the ethical principles that guide healthcare practices. In this context, nursing assumes a central role as a promoting agent of humanized care, bearing the responsibility to prevent and confront abusive or negligent behaviors that may constitute forms of violence in the obstetric environment.

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Objective: To analyze the role of nursing in the prevention of obstetric violence, based on the identification of care practices that foster the humanization of childbirth and ensure respect for women's autonomy. **Materials and method:** This is an integrative literature review, with a qualitative approach, carried out through a systematic search in indexed scientific databases, aiming to select recent and pertinent publications related to the subject. Data analysis will be conducted through thematic categorization, enabling synthesis and critical interpretation of the findings. **Results:** It is expected to identify and systematize the main strategies adopted by nursing professionals to prevent obstetric violence, highlighting practices that value active listening, respect for the parturient's choices, the reduction of unnecessary interventions, and the provision of physical and emotional support throughout the childbirth process. Furthermore, the relevance of ethical, technical, and humanistic training of professionals is expected to be evidenced, in order to strengthen the quality of care. **Conclusions:** It is considered that obstetric nursing plays an essential role in promoting humanized childbirth, being indispensable in confronting the institutional culture that still perpetuates violent practices in obstetric settings.
By contributing to the strengthening of public health policies aimed at protecting women, nursing affirms itself as a protagonist in the defense of parturients' rights and in the consolidation of care based on dignity and respect for female autonomy.
Keywords: nursing, obstetrics; obstetric violence; parturition; women's health.

INTRODUCTION

Obstetric violence constitutes a phenomenon that, although recently named in the scientific scene, dates back to historical practices of medicalization and intervention excessive in the parturition process (Trajano; Barreto, 2021).

In recent decades, the debate surrounding the topic has intensified, especially due to articulation of social movements and international organizations that denounce the naturalization of abusive behavior against women during labor and birth (Rodrigues, 2024).

Such practices, previously invisible in hospital routine, have become understood as an expression of gender inequalities and as a violation of rights humans, gaining recognition in the scientific literature and in health policies that aim to the humanization of obstetric care (Brito; Miguez; Neves, 2025).

The problematization of obstetric violence reveals that, beyond the clinical risks, it produces deep psychological and symbolic damage, negatively marking the experience of motherhood and compromising the relationship between women and the health system (Dias; Pacheco, 2020).

In this sense, it is a challenge that transcends the biomedical field, requiring ethical and political reflection, as well as the reformulation of institutional practices that still reproduce hierarchical models centered on the authority of the professional to the detriment of female autonomy (Brito; Miguez; Neves, 2025).

In the context of nursing, the topic gains special relevance, since the profession occupies a strategic position in childbirth assistance and monitoring of pregnant women, configuring itself as a fundamental agent for the promotion of care guided by integrality, through acceptance and humanization (Rodrigues; Ferreira; Silva, 2023).

The literature indicates that obstetric nurses, when adopting practices based on respect for the choices of the woman in labor, in reducing unnecessary interventions and in providing support continuous physical and emotional, contribute significantly to the prevention of conduct violent and for the construction of positive experiences in the process of being born (Trajano; Barreto, 2021; Oliveira; Cruz, 2025).

Therefore, the present study is justified by the need to expand the understanding of nursing strategies aimed at preventing obstetric violence, collaborating to strengthen public policies and ethical and humanistic training of professionals.

Thus, the objective of this work is to analyze the role of nursing in the prevention of obstetric violence, identifying care practices that favor the humanization of childbirth and ensure respect for women's autonomy.

METHODOLOGY

The present study was conducted through a narrative review of the literature, outlined to produce a critical and interpretative synthesis of knowledge on obstetric violence and the role of nursing in promoting humanized childbirth, articulating evidence of different methodological designs and care contexts.

The guiding question was structured by the PICO strategy, in order to guide in a explicit the search, selection and extraction of findings:

P (Population) = pregnant/parturient women attended to in health services and obstetric nursing professionals involved in your care;

I (Intervention/Exposure) = evidence-based nursing practices and guided by humanization (qualified listening, respect for autonomy, presence of companion, information and consent, freedom of movement, non-management pharmacological treatment of pain, reduction of non-indicated interventions and continuous support);

C (Comparison) = conventional procedure-centered care models and/or contexts without systematic implementation of humanizing practices;

O (Outcomes) = clinical and experiential indicators related to the prevention of obstetric violence (reduction of unnecessary interventions; increased respect for autonomy and maternal satisfaction; safety of care; effective communication and protection of rights).

Data collection was carried out from secondary sources, through a survey systematized in the databases Latin American and Caribbean Literature in Sciences Health (LILACS), Virtual Health Library (BVS) and *Scientific Electronic Library Online* (SciELO).

The search was conducted using descriptors indexed to the Science Descriptors of Health (DeCS), namely: [obstetric violence], [obstetric nursing], [humanization of assistance] and [childbirth], combined with the Boolean operator “AND”, ensuring both expansion and refinement of results. The searches covered the period 2017–2025, for including the most recent and relevant production, and were restricted to texts in Portuguese, English or Spanish, available in full.

Original quantitative and qualitative articles, scoped reviews were included clearly defined and studies that directly addressed obstetric violence in scope of nursing care and humanization practices of childbirth. Excluded were editorials, letters, event abstracts, non-peer reviewed documents, unrelated studies substantive with the question PICO or unavailable for free.

The screening process took place in two stages: reading titles and abstracts to eligibility check and then full reading to confirm relevance thematic and methodological.

Data extraction was guided by an analytical roadmap aligned with PICO, recording: bibliographic characteristics, study setting and design, population profile (P), description detailed description of humanized nursing practices (I), presence or absence of condition explicit comparative (C) recognizing that, in observational and qualitative studies, the comparison may be implicit to “usual care” and clinical and experiential outcomes (O) linked to the prevention of obstetric violence and the qualification of care.

The synthesis was conducted by thematic analysis in an iterative cycle, identifying convergences and tensions between the findings, explaining implications for professional practice and for policy formulation. Where relevant, methodological nuances were discussed that could influence the interpretation of the results (heterogeneity of definitions of obstetric violence, variability of institutional contexts and differences in markers of outcome).

These procedures ensured traceability, transparency and coherence.
between the PICO question, the eligibility criteria, the extraction and the critical synthesis, compatible with the objectives proposed by the study.

LITERATURE REVIEW

Obstetric violence is recognized as a phenomenon with multiple dimensions, which involves abusive, negligent or disrespectful practices directed at women during process of pregnancy and childbirth, and which manifests itself in hospital contexts marked by hierarchical structures and standardized procedures (Rodrigues; Ferreira; Silva, 2023).

Unlike other forms of violence, it is characterized by occurring exclusively within the scope of health institutions and be perpetrated, in large part, by professionals responsible for assistance during pregnancy, childbirth or abortion (Leite *et* al., 2024).

This type of violence involves everything from invasive physical practices without support scientific, to verbal, psychological and sexual aggression, being equally marked by negligence, disrespect and the imposition of unnecessary behaviors that weaken the female protagonism in childbirth (Souza *et* al., 2019).

The historical path of childbirth care reveals a transition in the environment domestic, traditionally conducted by midwives, for hospital medicalization, initiated especially since the 20th century.

This process, instead of ensuring better health outcomes, resulted in practices interventionists lacking scientific evidence, such as the routine use of episiotomies, trichotomies and enemas, in addition to high rates of cesarean sections, which far exceed the international recommendations (Zanardo *et* al., 2017).

In this scenario, women were gradually removed from their leading role, becoming the object of technical interventions that naturalize the submission of their body to a hierarchical medical knowledge (Zanardo *et* al., 2017).

Although the term “obstetric violence” is widely used in Brazil, there is no international consensus regarding its definition. In Brazil, despite the lack of legislation specific national, there are local initiatives that typify such behaviors (Souza *et* al., 2019).

Bohren *et al.* (2015) expanded the definition, including categories such as stigma, inadequate health practices and communication failures. However, the term “violence

obstetric" was consolidated in social and legal discourse by making explicit the violation of rights human and sexual aspects of women (Leite *et* al., 2024).

Nationwide research highlights the severity of the phenomenon. The research "Born in Brazil" (2011/2012) revealed that only 5.6% of low-risk parturients had vaginal births without any intervention, while 45% reported at least one episode of obstetric violence (Lino; Bezerril, 2021).

The study conducted by Leite *et al.* (2024) offers a consistent overview of of the epidemiological profile of obstetric violence in Brazil, revealing not only the high prevalence of the phenomenon, but also the complexity of its social and institutional.

The literature reviewed by the authors shows that obstetric violence presents significant incidence in different regions of the country, although with variations resulting from the socioeconomic, racial and territorial inequalities that mark the Brazilian reality. The survey by the Perseu Abramo Foundation indicated a prevalence of 25% of women who reported some type of violence during childbirth. (Leite *et* al., 2024).

Locally based studies have confirmed that 18.3% of women have experienced abuse at birth. This variation in estimates is due to the lack of validated measurement instruments, still under construction in Brazil (Leite *et* al., 2024).

According to the summarized findings, the prevalence of obstetric violence reaches, in average, a quarter of women of reproductive age, reaching higher rates in most vulnerable populations, such as black women, indigenous women, adolescents and users exclusive to the public health system (Leite *et* al., 2024).

This unequal distribution suggests that obstetric violence is not a random event. isolated or episodic, but an expression of structural inequalities, in which discrimination gender is intertwined with institutional racism and the precariousness of the health system (Leite *et* al., 2024).

The data also indicate that most of the practices identified as violence obstetric is related to unnecessary interventions or interventions performed without consent informed, such as routine episiotomy, the Kristeller maneuver and restriction of companion during childbirth. In parallel, psychological forms, such as shouting, humiliation and threats, are often trivialized, remaining invisible both within the institutional and in the discourse of professionals (Leite et al., 2024).

Other studies indicate that there are multiple manifestations of obstetric violence. Among the most reported are: verbal abuse, humiliation and threats, often

trivialized by health professionals (Souza *et* al., 2019); invasive practices without consent, such as routine episiotomies and Kristeller maneuver (Zanardo *et* al., 2017); deprivation of a companion, in violation of Law No. 11,108/2005 (Lino; Bezerril, 2021); and symbolic violence, such as the denial of information or the expropriation of the female body in the name of procedures considered routine (Souza *et* al., 2019).

Such forms translate into violations of women's autonomy and into treatments dehumanized, which have repercussions not only on the birth experience, but also on health physical and psychological of the mother and newborn.

The causes of obstetric violence are multifactorial. A first element refers to to the technocratic model of childbirth care, which associates the female body with imperfection and need for constant medical intervention. Added to this is the authoritarianism of relationships hierarchical structures in the health team, in which the medical figure prevails over other professionals and on the voice of the parturient (Souza *et* al., 2019).

Several structural and social factors condition the incidence of obstetric violence. Research shows greater vulnerability among adolescent women, over 35 years old, black, with low levels of education and users of the public health system (Leite et al., 2024).

The lack of professionals, the precariousness of the hospital infrastructure and the overcrowding in maternity wards are equally decisive, reinforcing practices dehumanized and disrespectful (Leite *et* al., 2024).

From a cultural point of view, the naturalization of female pain and the trivialization of suffering during childbirth constitute symbolic conditions that perpetuate this violence (Souza *et* al., 2019).

In this scenario, the role of obstetric nursing is positioned in a fundamental, since the nurse not only monitors the pregnant woman continuously, but also also acts as a mediator of clinical decisions, an agent for the protection of women's rights and facilitator of humanized practices (Brito; Miguez; Neves, 2025).

Lemos *et al.* (2019) emphasize that the humanization of childbirth, when incorporated into care routine, constitutes a preventive strategy against abusive behavior, enabling that women maintain protagonism over their bodies and choices related to the process of birth.

According to Sousa *et al.* (2021), the triggering factors of obstetric violence include from unnecessary interventions, such as indiscriminate episiotomies, to the imposition of procedures without informed consent, including inhumane treatment and disrespect for the privacy of the woman in labor.

The prevention of these events depends directly on the conscious action of nursing, which should promote active listening, guide pregnant women regarding their rights reproductive and intercede with the multidisciplinary team whenever practices are identified potentially harmful, reflecting the ethical responsibility of the profession, which is based on principles of beneficence, autonomy and respect for human dignity (Ismael *et* al., 2020).

Oliveira and Cruz (2025) highlight that the nurse's intervention is particularly effective when a bond of trust is established with the pregnant woman, allowing her physical, emotional and psychological needs are perceived and met in a manner individualized.

In this sense, the continuous presence of the professional during labor reduces the anxiety and suffering of women and also acts as a mitigating factor for practices violent behaviors that could arise in contexts of clinical pressure or rigid institutional routines (Silva; Silva; Santos, 2024).

Zecca and Polido (2022) emphasize that the humanization of pregnancy and childbirth is not limited to reduction of invasive medical procedures, but encompasses ethical and cultural aspects, such as respect for women's beliefs, values and choices, including preferences regarding the position of childbirth, the presence of companions and transparent communication about each intervention.

With the integration of these practices into nursing care, the importance of training that combines technical skills, ethical sensitivity and communication skills, strengthening the professional's ability to prevent situations of obstetric violence proactively (Oliveira *et al.,* 2024).

Barboza *et al.* (2024) deepen the analysis on the construction of safe and welcoming, arguing that the humanization of childbirth represents a strategy of structural confrontation, capable of transforming the institutional culture that often normalizes coercive practices.

The authors also highlight that institutional policies of humanized protocols and continuous training for the nursing team is an essential measure, as it allows not only the prevention of violent events, but also the consolidation of assistance centered on the parturient and the promotion of gender equity (Barboza *et* al., 2024)

Rodrigues, Ferreira and Silva (2023) emphasize that early identification of risks of obstetric violence requires attention to the organizational conditions of the service, the workload of the team and pressure for productivity, factors that often generate behaviors standardized and dehumanized.

In this context, nurses, when acting as advocates for women, play an educational role, guiding colleagues, patients and family members on rights and respectful care practices (Silva; do Ó; Silva, 2023).

This preventive function is reinforced when the institution formally recognizes the responsibility of nursing in strengthening ethical and humanized practices, creating clear protocols for action in situations of abuse or neglect (Ismael *et* al., 2020; Silva; Silva; Santos, 2024; Brito; Miguez; Neves, 2025).

Lemos *et al.* (2019) add that humanization strategies include encouraging women's participation in decisions, respect for their physiological rhythm of birth and the reduction of unnecessary interventions.

Such measures, when systematized in nursing practice, promote effects positive about the pregnant woman's experience, as well as about clinical indicators, such as lower need for pharmacological analgesia, reduction of complications and increased satisfaction with childbirth (Rosa *et* al., 2025).

Therefore, the role of nursing in preventing obstetric violence is consolidated from intentional humanization practices, whose effectiveness depends on the integration between technical-scientific knowledge, ethical sensitivity and communication skills (Sousa *et al.,* 2021).

With regard to health professionals, the need for them to receive systematic training and ongoing education, guided by practices sustained in scientific evidence and knowledge of human and reproductive rights. This preparation must also include diverse strategies for preventing multiple forms of violence that can manifest itself in health services (Teixeira, 2022).

Furthermore, it is essential that the relationships established between the team care and the parturient are built on horizontal and respectful bases, moving away of hierarchical and authoritarian models. Considering that, currently, clinical decisions demand to be taken in light of the patient's life context, her opinions and her cultural references, it is essential to value shared decision-making processes, in which the women actively participate in choices regarding their care (Teixeira, 2022).

Among the strategies highlighted in the literature, active listening to the pregnant woman and recognition of their physical and emotional needs takes on a central role, allowing that the woman participate in decisions about procedures, birthing position and presence of companions, ensuring respect for their autonomy (Zecca; Polido, 2022).

Lemos *et al.* (2019) emphasize that establishing bonds of trust between professional and patient significantly reduces the occurrence of coercive behavior, fostering a safe, welcoming environment conducive to the expression of female protagonism.

Ismael *et al.* (2020) reinforce that nurses must act preventively, monitoring signs of abusive practices by the multidisciplinary team and intervening whenever a risk to the woman's integrity is identified, in a position that requires knowledge in-depth study of the concepts of obstetric violence, its triggering factors and its manifestations, as well as familiarity with institutional protocols and ethical standards that regulate obstetric care.

In this sense, continuous training in professional ethics, reproductive rights and humanization of childbirth is considered essential, ensuring that nurses can act assertively, even in contexts of high pressure and hospital demand (Oliveira; Cruz, 2025).

Rodrigues, Ferreira and Silva (2023) also emphasize that humanization practices should include minimizing unnecessary interventions, offering physical support and constant emotional support and the promotion of a welcoming, safe and private environment, elements that are essential to prevent traumatic experiences.

Barboza *et al.* (2024) add that the implementation of institutional protocols that reinforce humanization, combined with the continuous training of the nursing team, contributes to consolidate an organizational culture committed to the dignity of parturient and with the reduction of incidents of obstetric violence.

The nurse's role as an articulator between the pregnant woman and others is emphasized. healthcare professionals, ensuring that medical decisions are communicated clearly, understandable and respectful. This mediation prevents coercive behavior and strengthens the female protagonism, providing a positive and safe childbirth experience (Silva; Silva; Santos, 2024)

Subsidiarily, humanized nursing practice contributes to the strengthening of family and social ties, since women's participation in decision-making process expands your perception of control and satisfaction with the experience of birth (Sousa *et* al., 2021).

Lemos *et al.* (2019) categorize humanization strategies into three dimensions complementary: ethical attention, including respect for women's autonomy and dignity; relational care, involving empathic communication, active listening and emotional support; and

organization of the environment, which includes privacy, freedom of movement and reduction of invasive interventions.

The articulated application of these dimensions allows nursing to act preventively against abusive and negligent practices, while promoting birth experiences safer, more respectful and satisfactory (Lemos *et* al., 2019)

Zecca and Polido (2022) emphasize that the continuing education of the team is a strategic component, since awareness about obstetric violence, its impacts and forms of prevention are essential to transform the institutional culture.

The literature shows that public policies aimed at humanization, when accompanied by clear protocols and constant training, reinforce the ethical commitment of nursing, expanding the protection of women's rights during pregnancy and childbirth (Barboza *et* al., 2024; Oliveira; Cruz, 2025).

The integrated analysis shows that the role of nursing in preventing violence obstetrics goes beyond the simple observation or execution of clinical procedures; it is about a strategic, ethical and pedagogical function, which directly influences the quality of childbirth experience and respect for women's rights (Rodrigues; Ferreira; Silva, 2023).

Ismael *et al.* (2020) highlight that the continuous presence of the nurse during work of childbirth acts as a protection mechanism, as it allows the early identification of practices abusive or disrespectful, reducing the incidence of unnecessary interventions and contributing to the consolidation of a safe and welcoming environment.

In addition to direct care, nursing plays an educational and rights advocacy role, guiding pregnant women and their families about reproductive rights, explaining procedures and promoting the active participation of women in decisions about their bodies and childbirth (Silva; Silva; Santos, 2024).

Lemos *et al.* (2019) reinforce that this preventive action extends to the team multidisciplinary, since the nurse can intercede when he notices behaviors that are not respect the principles of dignity, autonomy and professional ethics, functioning as a agent of transformation of institutional culture.

Oliveira and Cruz (2025) emphasize that continuous training, which combines knowledge technicians to ethical and humanistic sensitivity, constitutes a determining factor for the success of prevention interventions.

For Menezes *et al.* (2019), training professionals to understand violence obstetrics in its multiple dimensions, physical, psychological and symbolic, enables interventions

more effective, contributing to the reduction of adverse events and the promotion of a care centered on the parturient.

Barboza *et al.* (2024) reinforce that institutionalized training programs and Humanized care protocols are essential tools for structuring practices consistent prevention practices and ensure the replicability of safe care.

The literature also highlights the clinical and social impacts of humanized action. nursing. Zecca and Polido (2022) highlight that the reduction of invasive procedures unnecessary and respect for women's choices are associated with a decrease in obstetric complications, less use of pharmacological analgesia and greater maternal satisfaction.

At the same time, humanization strengthens family and social bonds, expanding perception of the pregnant woman's protagonism and promoting positive experiences that influence directly affect the mother's mental and emotional health (Brito; Miguez; Neves, 2025).

Sousa *et al.* (2021) emphasize that, institutionally, the systematization of practice humanized contributes to transforming the organizational culture, reducing tolerance to abusive behavior and establishing clear ethical and care standards. The role of nursing, in this context, is twofold: acting directly in the prevention of obstetric violence and serve as an agent of change, influencing internal policies and health protocols.

Lemos *et al.* (2019) point out that, with the adoption of a structured and based on evidence, nurses strengthen childbirth safety and consolidate practices of care that respect women's autonomy and dignity.

Finally, the review shows that strengthening nursing as a protagonist in the prevention of obstetric violence requires integration between clinical practice, continuing education and institutional humanization policies.

Rodrigues, Ferreira and Silva (2023) highlight that individual performance alone is not sufficient; it is essential that there is institutional commitment, clear protocols and constant monitoring of care practices.

In this way, nursing becomes a vector of ethical, social and professional, contributing to obstetric care that respects rights, values woman and consolidates humanized childbirth as a standard of excellence in health care (Barboza *et* al., 2024; Oliveira; Cruz, 2025).

CONCLUSIONS

This study shows that obstetric violence constitutes an ethical and social challenge and professional, demanding the role of nursing as a central element in the promotion of humanized practices during childbirth, revealing that the nurse plays a preventive and protective, based on ethics, respect for women's autonomy and the preservation of their dignity.

Strategies such as active listening, guidance on reproductive rights, mediation with multidisciplinary team and establishment of a bond of trust with the pregnant woman are essential to prevent abusive behavior and ensure childbirth experiences respectful and safe.

The humanization of obstetric care, as a structuring axis of the practice of nursing, integrates ethical, technical and relational dimensions that promote protagonism of women, the reduction of unnecessary interventions and continuous physical and emotional support.

The effectiveness of these measures depends on continuous training, staff awareness, implementation of institutional protocols and consolidation of an organizational culture committed to the dignity of the woman in labor.

The strengthening of the role of nursing in the prevention of obstetric violence reveals-essential for the implementation of public policies that promote humanized childbirth and gender equity in maternal care.

The professional's ethical, pedagogical and relational performance contributes to experiences of safer and more satisfactory childbirth, while acting as an instrument of institutional transformation, challenging historically normalized practices that disrespect the woman.

It is concluded that obstetric nursing, by integrating direct care, education and advocacy of rights, consolidates itself as a protagonist in the prevention of obstetric violence and in the promotion of humanized childbirth.

For future research, it is recommended that studies be carried out to evaluate the effectiveness of training programs, humanization protocols and perceptions of pregnant women, with a view to improving care practices and institutional policies.

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