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Obstetric violence and maternal mental health: an integrative review

Violência obstétrica e saúde mental materna: uma revisão integrativa
Violencia obstétrica y salud mental materna: una revisión integrativa

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Abstract:
Obstetric violence is an important public health problem, characterized by disrespectful, abusive or negligent practices that violate women's rights during the pregnancy-puerperal cycle and can cause significant impacts on maternal mental health. In this context, this study aimed to analyze the psychological impacts of obstetric violence on women assisted by the Unified Health System (SUS), highlighting the consequences for mental health and the role of nursing in preventing and mitigating these effects. This is a qualitative research, of a descriptive and exploratory nature, developed through a literature review. The analysis of the studies showed that obstetric violence is manifested by different forms of abuse, disrespect, negligence and interventions carried out without consent, being associated with psychological suffering, emotional trauma, postpartum depression and increased risk of suicidal ideation. The results also showed that nursing plays a fundamental role in the prevention of obstetric violence through the promotion of humanized care, health education, welcoming, effective communication and the defense of women's autonomy. It is concluded that the prevention of obstetric violence requires the qualification of health professionals, the strengthening of humanized practices and the implementation of strategies that promote ethical, safe and woman-centered care, contributing to the protection of maternal mental health.

Keywords:
Obstetric violence. Mental health. Nursing.

Resumo:
A violência obstétrica constitui um importante problema de saúde pública, caracterizado por práticas desrespeitosas, abusivas ou negligentes que violam os direitos das mulheres durante o ciclo gravídico-puerperal e podem ocasionar impactos significativos na saúde mental materna. Diante desse contexto, este estudo teve como objetivo analisar os impactos psicológicos da violência obstétrica em mulheres atendidas pelo Sistema Único de Saúde (SUS), destacando as consequências para a saúde mental e o papel da enfermagem na prevenção e mitigação desses efeitos. Trata-se de uma pesquisa de abordagem qualitativa, de caráter descritivo e exploratório, desenvolvida por meio de revisão da literatura. A análise dos estudos evidenciou que a violência obstétrica se manifesta por diferentes formas de abuso, desrespeito, negligência e intervenções realizadas sem consentimento, estando associada ao sofrimento psicológico, traumas emocionais, depressão pós-parto e aumento do risco de ideação suicida. Os resultados também demonstraram que a enfermagem desempenha papel fundamental na prevenção da violência obstétrica por meio da promoção da assistência humanizada, da educação em saúde, do acolhimento, da comunicação efetiva e da defesa da autonomia da mulher. Conclui-se que a prevenção da violência obstétrica requer a qualificação dos profissionais de saúde, o fortalecimento das práticas humanizadas e a implementação de estratégias que promovam uma assistência ética, segura e centrada na mulher, contribuindo para a proteção da saúde mental materna.

Palavras-chave:
Violência obstétrica. Saúde mental. Enfermagem.

Resumen:
La violencia obstétrica constituye un importante problema de salud pública, caracterizado por prácticas irrespetuosas, abusivas o negligentes que vulneran los derechos de las mujeres durante el ciclo gestacional y puerperal y pueden generar impactos significativos en la salud mental materna. En este contexto, el objetivo del estudio fue analizar los impactos psicológicos de la violencia obstétrica en mujeres atendidas por el Sistema Único de Salud (SUS), destacando las consecuencias para la salud mental y el papel de enfermería en la prevención y mitigación de estos efectos. Se trata de una investigación cualitativa, descriptiva y exploratoria, desarrollada mediante una revisión de la literatura. El análisis evidenció que la violencia obstétrica se manifiesta mediante diversas formas de abuso, falta de respeto, negligencia e intervenciones sin consentimiento, relacionadas con sufrimiento psicológico, traumas emocionales, depresión posparto y mayor riesgo de ideación suicida. Los resultados también mostraron el papel fundamental de enfermería en prevenir la violencia obstétrica mediante atención humanizada, educación sanitaria, acogida, comunicación efectiva y defensa de la autonomía de la mujer. Se concluye que la prevención requiere cualificar a los profesionales sanitarios, fortalecer las prácticas humanizadas e implementar estrategias para una atención ética, segura y centrada en la mujer, contribuyendo a proteger la salud mental materna.

Palabras clave:
Violencia obstétrica. Salud mental. Enfermería.

1. Introduction

Pregnancy, childbirth and the postpartum period represent significant and transformative stages in a woman's life. Beyond physical and physiological changes, these moments involve emotional, social and symbolic dimensions. The childbirth experience, in particular, should be lived with respect, dignity, autonomy and emotional support, as recommended by guidelines for humanized obstetric care (Brasil, 2005). However, in everyday healthcare practice, many women face situations of disrespect, neglect and abuse characterized as obstetric violence.

This form of violence consists of disrespectful practices and attitudes throughout the pregnancy–postpartum cycle, including pregnancy, childbirth, the postpartum period and, in some cases, abortion, which violate women's human rights (Zanardo et al., 2017; Pereira et al., 2024). Brazilian literature associates obstetric violence with serious consequences for maternal mental health, such as postpartum depression, post-traumatic stress disorder and breastfeeding difficulties (Leite et al., 2023).

In this context, nursing practice is essential to promoting humanized childbirth and preventing obstetric violence. Through direct contact with pregnant and postpartum women,

nursing professionals can identify risk situations, provide emotional support, offer guidance on rights and adopt practices based on welcoming care, attentive listening and respect for patient autonomy (Dodou et al., 2014; Brasil; Craveiro; Gama, 2025).

In Brazil, Federal Law No. 11,108 of 2005 guarantees pregnant women the right to a companion of their choice during labor, childbirth and the immediate postpartum period within the Unified Health System (SUS) (Brasil, 2005). This presence is recognized as essential to good obstetric care practices, reinforced by Ordinance No. 1,459/2011, which established Rede Cegonha, a strategy aimed at restructuring and organizing maternal and child healthcare (Brasil, 2011). Studies indicate that choosing a companion provides physical and emotional support, offering greater safety and comfort to women, strengthening emotional bonds and contributing to a more positive childbirth experience (Dodou et al., 2014; Brasil, 2017; Paiva et al., 2023).

The Program for the Humanization of Childbirth and Birth (PHPN), created in 2000, opened an important debate on the need for a more welcoming, respectful and woman-centered childbirth model that guarantees women's rights and promotes their active role in the birth process (Brasil, 2000). In this regard, the Companion Law reinforces pregnant women's safety and emotional comfort by ensuring the presence of someone they trust, which is essential to physical and psychological well-being (Brasil, 2005). However, even after more than a decade in force, many women remain unaware of this right, especially in public and private healthcare services. Access to information from prenatal care onward, provided at Basic Health Units (UBS), is therefore important so that all women can understand and consciously exercise this right (Rodrigues et al., 2017).

Against this background, this integrative review seeks to analyze the psychological impacts of obstetric violence on women receiving care through SUS, examining its different manifestations, its effects on postpartum women's mental health and nursing intervention strategies that can mitigate this harm. It also proposes discussing improvements in obstetric practices to promote more humanized, ethical care grounded in women's rights, contributing both to scientific production and to improving healthcare quality.

2. Rationale

The choice of topic is justified by the need to make the impacts of obstetric violence visible, understood as the violation of women's human and reproductive rights during the pregnancy–postpartum cycle, particularly during childbirth (Zanardo et al., 2017; Pereira et al., 2024). This problem remains present in Brazilian healthcare services and is frequently

normalized in care practices, perpetuating disrespectful and interventionist conduct that disregards women's autonomy and active role.

Evidence indicates that negative childbirth experiences are associated with significant repercussions for maternal mental health, including anxiety symptoms, postpartum depression and post-traumatic stress disorder (PTSD) (Leite et al., 2023). These conditions interfere not only with women's emotional well-being but also with their ability to establish an emotional bond and fully care for their newborn, compromising breastfeeding and a healthy postpartum experience.

In this context, nursing's central role in obstetric mental healthcare stands out. Nursing care grounded in the principles of humanization, welcoming care and attentive listening is an essential strategy for preventing obstetric violence and identifying signs of psychological distress early (Dodou et al., 2014). Nurses' close contact with pregnant and postpartum women, from prenatal care through the postpartum period, enables educational activities, clarification of rights and the promotion of a safe, respectful environment.

Within Brazilian public policy, Federal Law No. 11,108/2005 guarantees pregnant women the right to a companion during labor, childbirth and the immediate postpartum period in the Unified Health System (SUS) (Brasil, 2005). Likewise, the Program for the Humanization of Childbirth and Birth (PHPN) (Brasil, 2000) and Ordinance No. 1,459/2011, which created Rede Cegonha (Brasil, 2011), reinforce the need for obstetric care centered on women, respect, dignity and comprehensive care.

However, despite regulatory advances, many women remain unaware of their rights and continue to be exposed to practices that may constitute obstetric violence, particularly within SUS (Rodrigues et al., 2017). It is therefore essential to strengthen nursing as an agent promoting mental health in obstetrics, broadening access to information from prenatal care onward and consolidating ethical, humanized and evidence-based care practices.

3. Theoretical framework

3.1 Maternal mental health

According to the World Health Organization (OMS, 2022), mental health is defined as a state of well-being in which individuals recognize their own abilities, can cope with life's normal stresses, work productively and contribute to their community. In the context of motherhood, this concept takes on broader dimensions, involving not only women's

psychological balance but also their ability to experience pregnancy, childbirth and the postpartum period in a healthy, safe and emotionally supportive manner (Silva; Oliveira; Nascimento, 2024).

Mental health risk factors during pregnancy and the postpartum period involve biological, psychological, social and environmental dimensions, including unfavorable socioeconomic conditions, lack of a support network, a history of domestic violence, unplanned pregnancies and obstetric complications (Marques et al., 2016; Grillo et al., 2024). Throughout the pregnancy–postpartum cycle, women experience physiological changes that directly affect their emotional state and identity, requiring psychological and social adaptations (Souza; Fernandes; Paula, 2022). Furthermore, an overload of responsibilities and social expectations imposed on mothers can generate guilt, insecurity and emotional exhaustion. Conversely, family and partner support, together with public policies for humanized childbirth and birth care, promote mental health and strengthen women's autonomy (Brasil, 2017; Silva et al., 2024).

The main mental disorders during the pregnancy–postpartum cycle include perinatal and postpartum depression, anxiety and panic disorders, and childbirth-related post-traumatic stress disorder (PTSD). Postpartum depression is one of the most prevalent conditions, affecting between 10% and 20% of women, and is associated with persistent sadness, irritability, hopelessness and difficulty bonding with the baby (Leite et al., 2023). Anxiety and panic disorders may arise from fear of childbirth, uncertainty about maternal performance and the hormonal changes typical of this period (Grillo et al., 2024). In some cases, traumatic experiences, such as childbirth involving unnecessary interventions or obstetric violence, can trigger PTSD, characterized by flashbacks, insomnia, hypervigilance and avoidance of event-related memories (Zanardo et al., 2017).

Maternal mental health extends beyond women's individual well-being, directly affecting child development and family balance. Studies indicate that children of mothers with untreated mental disorders may experience difficulties in cognitive, emotional and social development, as well as greater vulnerability to behavioral problems (Alvarenga et al., 2018; Ferreira; Braga; Santos, 2024). Mothers' psychological well-being facilitates emotional bonding with their babies, an essential element for healthy development and the establishment of children's emotional foundations (Mozzaquatro; Arpini; Polli, 2015). Promoting maternal mental health should therefore be a priority in public policies and healthcare practices, particularly in primary care and obstetric care.

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3.2 Obstetric violence: general aspects

Obstetric violence is defined as any action, conduct or omission during the pregnancy–postpartum cycle, including pregnancy, childbirth, the postpartum period and, in some cases, abortion, that causes women physical, psychological or emotional suffering and violates their human and reproductive rights (Zanardo et al., 2017; Pereira et al., 2024). The World Health Organization (OMS, 2018) recognizes obstetric violence as a global public health problem, highlighting its importance both for women's health and for child development. It involves disrespectful practices, neglect, verbal or physical abuse, procedures imposed without consent and disregard for patient autonomy, compromising the childbirth experience and maternal well-being. Types of obstetric violence can be classified into different dimensions (Table 1).

Table 1. Classification of types of obstetric violence.

Type of violence	**Definition**	**Examples of occurrence**
Physical	Inappropriate use of force, medical interventions or bodily aggression during childbirth.	Forced restraint, episiotomy without indication, excessive or repeated vaginal examinations, unnecessary cesarean delivery.
Psychological	Actions causing emotional or psychological suffering to pregnant women.	Humiliation, threats, belittling women, criticism of behavior or choices during childbirth.
Verbal	Use of offensive or derogatory words directed at pregnant women.	Insults, shouting, sarcasm, disrespectful comments about the patient's pain or behavior.
Institutional	Healthcare service failures or omissions that violate pregnant women's rights.	Neglect, restrictions on companions, inadequate infrastructure, long waits, refusal of care.
Symbolic	Practices that devalue women's experiences and reproduce abusive cultural or social patterns.	Imposition of rigid rules regarding posture, food or breastfeeding; disregard for women's wishes.

Source: Adapted from Brasil (2000), Dodou et al. (2014), Zanardo et al. (2017), OMS (2018) and Paiva et al. (2023).

The historical and social context of obstetric violence in Brazil is intrinsically related to a traditional hospital care model centered on medical control and the technical management of childbirth, often neglecting pregnant women's autonomy, comfort and psychological safety (Dodou et al., 2014; Brasil, 2000). Studies indicate that abusive practices have become normalized over time, often being perceived as a “necessary routine” or “technical standard” (Zanardo et al., 2017).

Against this background, effectively implementing public policies, institutional protocols and humanized care practices is essential to ensure respect for women's rights,

promote autonomy and reduce negative impacts on maternal physical and mental health (Brasil, 2005; Paiva et al., 2023).

3.3 Public policies for maternal healthcare

Public policies for maternal healthcare in Brazil aim to ensure comprehensive care throughout the pregnancy–postpartum cycle, promoting humanized childbirth and preventing obstetric violence. The development of these policies was marked by important legal and institutional advances that established women's right to dignified, safe and welcoming care in the Unified Health System (SUS).

Among the main legal and regulatory milestones is the creation of the Program for the Humanization of Prenatal Care and Birth (PHPN), established by Ministry of Health Ordinance No. 569/2000 to improve prenatal, childbirth and postpartum care through expanded access, welcoming care and the adoption of good practices based on respect and women's autonomy (Brasil, 2000). The program consolidated the understanding that childbirth should be seen not merely as a biological event but as a human, social and subjective experience.

Another significant advance was Law No. 11,108/2005, known as the Companion Law, which guarantees pregnant women the right to have a person of their choice present during labor, childbirth and the immediate postpartum period in both public and private institutions (Brasil, 2005).

The creation of Rede Cegonha through Ordinance No. 1,459/2011 represented an advance in reorganizing maternal and child healthcare within SUS. The initiative proposed an integrated care network spanning reproductive planning through monitoring children's growth and development (Brasil, 2011). This strategy seeks to guarantee women's right to safe, welcoming childbirth free from unnecessary interventions, integrating obstetric and neonatal care with the principles of humanization.

By integrating policies such as Rede Cegonha, the National Mental Health Policy and Primary Healthcare, SUS seeks to promote not only physical health but also the psychological and social well-being of pregnant and postpartum women (Brasil, 2017; Silva et al., 2024). This integration is essential to identify emotional distress symptoms early, prevent mental disorders and strengthen the bond between mother, baby and family.

However, studies indicate that applying and implementing these public policies face obstacles such as shortages of human and material resources, discontinuation of programs, service users' lack of awareness of their rights and resistance among some healthcare

professionals (Rodrigues et al., 2017; Paiva et al., 2023). Regional inequalities and overloaded public services also hinder universal access to humanized childbirth and birth practices. Although Brazil has a solid regulatory basis for promoting maternal health, much remains to be done to consolidate comprehensive, equitable and woman-centered care.

3.4 Nursing in obstetrics

Obstetric nursing plays an essential role in caring for women throughout the pregnancy–postpartum cycle, based on principles of comprehensive care, humanization and respect for women's rights. According to the Federal Nursing Council (COFEN, 2016), obstetric nurses have the technical and legal competence to care for pregnant, laboring and postpartum women, continuously monitoring both women and newborns. This practice aims to ensure safe, welcoming and woman-centered childbirth in accordance with Ministry of Health guidelines (Brasil, 2017).

According to Dias, Quirino and Damasceno (2022), obstetric nursing is decisive for humanizing labor and birth, promoting evidence-based practices and valuing women's active role. Obstetric nurses can also prevent obstetric violence by ensuring respect for laboring women's autonomy and dignity (Zanardo et al., 2017). According to Zanardo et al. (2017), professionals who are sensitive to the emotional and ethical dimensions of childbirth help prevent coercive and abusive practices. Obstetric nursing thus establishes itself as an essential agent in transforming childbirth care models, promoting humanized care, clinical safety and the defense of women's reproductive rights in the Brazilian healthcare system.

Regarding mental health, alongside clinical care and the guarantee of rights, obstetric nursing can contribute to psychoeducation, particularly during prenatal care and the postpartum period. Psychoeducation consists of structured interventions providing clear information about emotional changes during the pregnancy–postpartum period, the signs and symptoms of mental disorders such as postpartum depression and post-traumatic stress disorder, and possibilities for care and referral (Leite et al., 2023).

By providing clear information and opportunities for attentive listening, guidance and clarification of concerns, nurses contribute to early symptom recognition, reduce the stigma surrounding maternal mental health and strengthen women's autonomy in caring for themselves and their newborns.

Integrating obstetric care with psychoeducational activities thus consolidates nursing's leading role in promoting maternal mental health, helping prevent psychological harm

associated with obstetric violence and ensuring comprehensive, ethical and humanized care (Dodou et al., 2014; Brasil, 2017).

4. Objectives

4.1 General objective

To analyze, through an integrative literature review, the psychological impacts of obstetric violence on women receiving care through the Unified Health System (SUS), highlighting the consequences for mental health and nursing's role in preventing and mitigating these effects.

4.2 Specific objectives

- To identify the different manifestations of obstetric violence throughout the pregnancy –postpartum cycle;
- To analyze the effects of obstetric violence on postpartum women's mental health;
- To analyze nurses' role in preventing obstetric violence and promoting humanized, ethical care focused on mental health.

5. Methodology

5.1 Research characterization

The research is conducted through an integrative literature review, a method that allows gathering, examining and interpreting the findings of published studies on a given topic, providing a broad and up-to-date view of available scientific knowledge (Souza; Silva; Carvalho, 2010). It also follows a qualitative approach intended to represent reality in context, allowing a deeper and more interpretive analysis of the phenomena investigated (Lüdke; André, 2013).

Accordingly, the research adopts a qualitative approach to understand the psychological impacts of obstetric violence on women receiving care through SUS, examining its different manifestations, its effects on postpartum women's mental health and nursing intervention strategies that can mitigate this harm.

5.2 Research question

The research question was constructed using the PICo strategy, essential for defining the study objective. PICo focuses on experiences, perceptions and meanings rather than controlled clinical interventions, and is used to formulate research questions and guide database searches, particularly in integrative and qualitative reviews (Lockwood; Munn; Porritt, 2017).

Table 2 presents the PICo strategy.

Table 2. PICo strategy.

Element	**Description**	**Application**
P (Population/Problem)	Population or group of interest	Nursing professionals
I (Interest)	Phenomenon or intervention of interest	Experiences of obstetric violence and their psychological effects
Co (Context)	Context in which the phenomenon occurs	Hospital settings and healthcare units providing childbirth care within SUS

Source: Author (2026).

The guiding question is: What are the impacts of obstetric violence on women receiving care through the Unified Health System (SUS), and how can nursing contribute to preventing and mitigating these effects?

5.3 Methodological procedures

Initially, an integrative bibliographic search was conducted in scientific databases such as Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences Literature (LILACS), PubMed and Periódicos CAPES, using the descriptors: Mental health; Obstetric violence; Nursing. In all databases, the descriptors were combined with Boolean operators AND and OR in English and Portuguese: ((obstetric violence) AND (mental health) AND (nursing OR nurse)) OR ((violência obstétrica) AND (saúde mental) AND (enfermagem OR enfermeiro)).

Material selection followed previously defined inclusion and exclusion criteria. Inclusion criteria: studies directly addressing the topic; original research articles; publication window from 2020 to July 2026; English and Brazilian Portuguese. Exclusion criteria: review articles; duplicate publications; works not addressing the impacts of obstetric violence and nurses' role.

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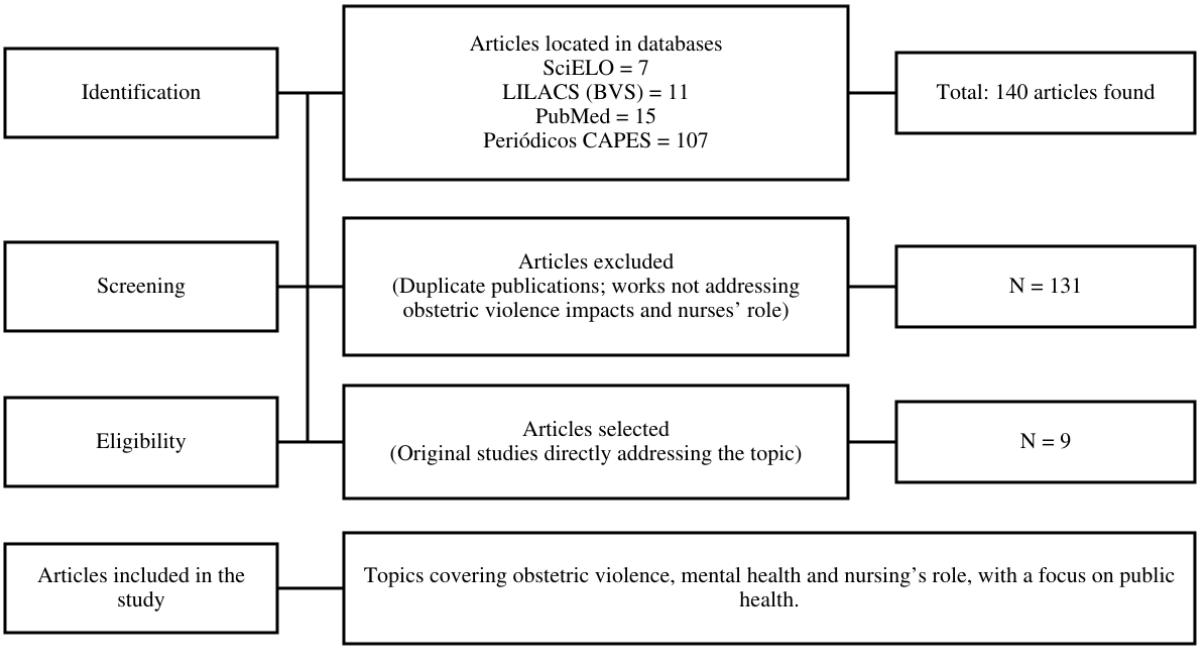
Following data collection and selection, analysis followed the recommended stages for an integrative literature review: categorization of selected studies, critical assessment of findings, interpretation of results and synthesis of the knowledge produced (Souza; Silva; Carvalho, 2010).

After selecting the studies, exploratory, selective and analytical reading was undertaken to extract relevant information, including author, year, objective, main results and conclusions. Exploratory reading aims to provide an overview of the data, allowing an initial understanding of the content (Marconi; Lakatos, 2017). The selective stage identifies the most relevant content aligned with the research objectives, filtering information essential to discussing the topic (Severino, 2017). Analytical reading enables critical and interpretive reflection, relating the data obtained and highlighting agreements and differences between authors (Gil, 2008).

Analytical reading was performed in the final stage, which will consist of critically interpreting the findings in light of the adopted theoretical framework and public health policies for obstetric care and mental health, enabling an integrative synthesis that contributes to improving nursing practice within the Unified Health System (SUS).

Figure 1 below represents the bibliographic search process.

Figure 1. Flowchart of the bibliographic search process in databases.



Source: Author (2026).

6. Results and discussion

Table 3 presents the articles selected for this study.

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Table 3. Mapping of article search results.

Author (year)	**Title**	**Objective**	**Methodology**
Menezes et al. (2020)	Obstetric nursing residents' views on the context of obstetric violence in institutions	To understand obstetric nursing residents' perceptions of obstetric violence in a maternity hospital.	Descriptive and exploratory study with a qualitative approach. Data collected through a focus group and analyzed using Bardin's content analysis.
Costa et al. (2022)	Obstetric violence and humanization of childbirth: perceptions of undergraduate medical and nursing students	To examine perceptions of obstetric violence and humanization of childbirth care among medical interns and nursing students undertaking supervised placements at Universidade de Vassouras.	Cross-sectional quantitative research. Data collected via Google Forms using a structured questionnaire with 10 questions. Non-probability convenience sample of 102 students: 72 medical and 30 nursing students.
Araújo et al. (2024)	Obstetric nurses' perceptions of obstetric violence in everyday maternal care	To understand obstetric nurses' perceptions of obstetric violence in their everyday labor and birth practice.	Descriptive qualitative study with 25 obstetric nurses from the Pará branch of the Brazilian Association of Midwives and Obstetric and Neonatal Nurses. Semi-structured interviews conducted from September 2020 to March 2021, recorded, transcribed in full and subjected to content analysis.
Gomes et al. (2024)	Social representations of nursing students about obstetric violence: study with a structural approach	To understand the structure of nursing students' social representations of obstetric violence.	Qualitative study with 117 nursing students at a Brazilian state university, from July to October 2022. Data collected in person using free word association and processed with Evoc software to create a four-box diagram through prototypical analysis.
Dewes et al. (2025)	Nursing's role in the impacts of obstetric violence on women's mental health	To investigate obstetric violence and its impact on women's mental health, highlighting potential emotional and psychological trauma arising from procedures without consent and neglect.	Qualitative analysis based on interviews with 20 participants, including pregnant women and mothers of children up to five years old, addressing sociodemographic aspects and experiences of physical and verbal violence.
Martínez-Galiano et al. (2025)	Risk of suicide and postpartum depression in women who feel they were treated inadequately during childbirth	To determine whether inadequate treatment and/or abuse during childbirth is associated with postpartum depression (PPD) risk and suicidal ideation risk during the perinatal period.	Observational study of postpartum women in Spain. Sociodemographic and obstetric information, among other variables, was collected. The Edinburgh Postnatal Depression Scale and the Childbirth Abuse and Respect Evaluation Maternal Questionnaire (CARE-MQ) were used.

Author (year)	Title	Objective	Methodology
Rosa et al. (2025)	Nursing in humanized childbirth and the reduction of obstetric violence	To demonstrate the importance of nursing services in humanizing childbirth and thereby reducing obstetric violence.	Quantitative–qualitative research with 15 pregnant women in the city of São Fidélis.
Westergard et al. (2025)	Obstetric violence in Finland: analyzing the actions of healthcare staff in birthing narratives	To describe laboring women's experiences of healthcare staff actions in situations perceived as obstetric violence, providing information to support ethical, patient-centered care.	Descriptive qualitative approach with an inductive method. Narratives underwent inductive content analysis, then coding and categorization to identify how healthcare staff actions were perceived.
Calpbinici et al. (2026)	A traumatic path to the profession: obstetric violence through the eyes of student nurses: a qualitative study	To explore nursing students' experiences and perceptions of obstetric violence.	Exploratory qualitative approach. Fourteen nursing students who had completed the obstetrics and gynecology nursing course and clinical placement were selected through purposive sampling. Data collected through in-depth semi-structured interviews.

Source: Authors (2026).

The selected studies address different perspectives on obstetric violence, its impacts on maternal mental health and nursing's role in promoting humanized care. The analysis enabled results to be organized into three thematic categories based on this study's objectives: manifestations of obstetric violence; impacts of obstetric violence on postpartum women's mental health; and nursing's role in preventing obstetric violence.

6.1 Manifestations of obstetric violence

Investigating women's childbirth experiences, Westergard et al. (2025) found that several actions by healthcare staff were perceived as forms of obstetric violence, particularly inadequate communication, lack of clear information, procedures performed without consent, disregard for laboring women's preferences and women's exclusion from decision-making. The authors emphasize that these practices violate fundamental ethical principles, such as respect for autonomy and informed consent, demonstrating that clinical experience alone does not guarantee quality care; compassionate, respectful and woman-centered care is indispensable (Westergard et al., 2025).

This perception was also identified among professionals in training. Menezes et al. (2020) observed that obstetric nursing residents recognize obstetric violence during training

and in routine healthcare services, reporting neglect, authoritarianism, disrespect, inadequate communication and interventionist practices performed without dialogue with the laboring woman. According to the authors, the persistence of these behaviors shows that obstetric violence is related not only to individual professionals' conduct but also to institutional culture and the technical model of childbirth care.

Supporting these findings, Araújo et al. (2024) indicated that obstetric nurses understand obstetric violence as a consequence of an excessively medicalized and interventionist care model, in which technical procedures frequently override women's needs, wishes and individual characteristics. Future professionals' perceptions were also investigated by Gomes et al. (2024), whose results showed that nursing students' social representations revolve around the terms “disrespect,” “violation” and “suffering.” These elements demonstrate that students recognize obstetric violence as a violation of women's human rights and associate it with experiences marked by pain, humiliation and the loss of women's active role during childbirth.

Similarly, Calpbinici et al. (2026) found that nursing students who witnessed obstetric violence during clinical placements reported significant psychological impacts, expressed as helplessness, suffering, ethical conflict and frustration. The authors emphasize that these experiences directly influence professional identity development, reinforcing the need to include obstetric violence in nursing education to develop competencies related to empathy, human rights and woman-centered care.

Regarding academic training, Costa et al. (2022) identified important differences between medical and nursing students in recognizing practices characterized as obstetric violence. The authors found that virtually all participants stated that they knew the concept of obstetric violence. Both groups agreed in identifying denial of a companion, routine episiotomy without consent, encouragement of cesarean delivery without clinical indication and encouragement of early weaning as forms of obstetric violence.

Conversely, the same study found disagreements mainly concerning the Kristeller maneuver, encouragement of infant formula without indication and understanding other frequently normalized care practices. The authors attribute this finding to the greater emphasis on childbirth humanization and women's health in nursing education, whereas medical undergraduate education remains strongly centered on technical and procedural skills. They therefore advocate curriculum revision and broader discussion of humanization, reproductive rights, ethics and obstetric violence in healthcare professionals' education (Costa et al., 2022).

Taken together, the literature consulted shows that obstetric violence manifests through different forms of abuse, neglect and disrespect, ranging from procedures performed without

consent to communication failures, restricted autonomy, unnecessary interventions and attitudes that disregard women's emotional and subjective dimensions. It also shows that these practices persist in direct relation to the interventionist model and weaknesses in professional education, reinforcing the need for continuing education, humanized care and respect for women's rights throughout the pregnancy–postpartum cycle.

6.2 Impacts of obstetric violence on postpartum women's mental health

Dewes et al. (2025) emphasized that women subjected to obstetric violence reported experiences marked by intense psychological distress, emotional trauma, fear, feelings of abandonment, helplessness and insecurity. According to the authors, these feelings were mainly related to procedures performed without consent, neglect during care, inadequate communication and the healthcare team's lack of welcoming support. Participants described how these experiences transformed childbirth, anticipated as a welcoming and happy moment, into a traumatic experience whose effects continued after hospital discharge, negatively influencing self-esteem, trust in healthcare professionals and their understanding of motherhood.

Martínez-Galiano et al. (2025) provided some of the most consistent evidence concerning the relationship between obstetric violence and psychological illness. Through an observational study of postpartum women, the authors found that women who perceived inadequate, disrespectful or abusive treatment during childbirth were more likely to develop postpartum depression symptoms than those reporting respectful care. The results also revealed a significantly increased risk of suicidal ideation among women who experienced negative childbirth experiences, reinforcing that obstetric care quality is an important determinant of maternal mental health.

These findings demonstrate that obstetric violence constitutes not only a violation of women's rights but also an important risk factor for severe psychological disorders in the perinatal period.

Although Gomes et al. (2024) investigated nursing students, their findings also help explain obstetric violence's emotional impacts on women. The authors found that students' social representations revolve around “suffering,” “disrespect” and “violation,” indicating that obstetric violence is understood as an experience deeply marked by emotional pain, humiliation, vulnerability and the loss of women's active role. This perception shows that violence's impacts

extend beyond physical repercussions, affecting subjective aspects related to women's identity, self-esteem, trust and sense of safety during childbirth.

Westergard et al. (2025) complement this discussion by demonstrating that ineffective communication, women's lack of participation in decisions about their own childbirth and disrespect for their choices intensify fear, insecurity and loss of control over the birth experience. According to the authors, when women cease to take an active role in childbirth and become passive recipients of the team's decisions, childbirth is more likely to be experienced as traumatic, with emotional repercussions that may persist throughout the postpartum period.

Another relevant aspect identified in the studies is obstetric violence's indirect impact on the mother–child relationship. Emotional suffering resulting from traumatic experiences may compromise maternal–infant bonding, hinder breastfeeding, reduce women's confidence in their ability to care for their newborn and foster guilt, anxiety and feelings of inadequacy (Gomes et al., 2024; Dewes et al., 2025; Martínez-Galiano et al., 2025; Westergard et al., 2025).

Overall, traumatic childbirth experiences may trigger persistent psychological suffering, postpartum depression, symptoms compatible with post-traumatic stress disorder, anxiety, reduced self-esteem and, in the most severe cases, an increased risk of suicidal ideation. These repercussions also compromise women's quality of life, weaken newborn bonding, reduce trust in healthcare services and may negatively influence future pregnancies and reproductive choices.

6.3 Nursing's role in preventing obstetric violence

The articles evaluated show agreement in recognizing nursing as one of the main professional groups promoting humanized obstetric care and preventing obstetric violence.

Araújo et al. (2024) highlight that scientific knowledge combined with ethical and humanistic education enables obstetric nurses to provide care centered on women's needs, respecting their choices, autonomy and active role during childbirth. The research showed that obstetric nurses recognize obstetric violence as a consequence of an excessively interventionist care model and argue that professional qualification helps reshape care practices. According to participants, evidence-based conduct combined with attentive listening, welcoming support and respectful communication helps reduce unnecessary interventions and strengthen safer, more ethical and humanized care. In agreement, Rosa et al. (2025) demonstrated that nurses play an essential role at every stage of maternal care, beginning with prenatal care and extending

through labor, childbirth and the postpartum period. The authors emphasize that humanized childbirth depends on continuous follow-up, in which professionals provide health education, clarify concerns, encourage pregnant women's active role, respond to emotional needs and offer guidance on women's rights throughout the process. The study also shows that nursing care should be integrated with other multidisciplinary team professionals, strengthening woman-centered care and reducing unnecessary or potentially violent practices.

In this regard, Menezes et al. (2020) observed that obstetric nursing residents recognize obstetric violence during their own education and identify many disrespectful practices that remain normalized in healthcare services. According to the authors, this reality shows the need for institutional spaces dedicated to critical reflection on caregiving, enabling the revision of conduct historically incorporated into the interventionist medical model and encouraging care grounded in humanization and women's rights. Similar results were identified by Calpbinici et al. (2026), who demonstrated that nursing students witnessing obstetric violence during clinical placements reported emotional suffering, helplessness and ethical conflicts regarding the observed practices. The authors emphasize that these experiences affect professional identity development and reinforce the need to systematically incorporate obstetric violence content into nursing curricula. Discussing reproductive rights, therapeutic communication, empathy, professional ethics and woman-centered care during undergraduate education therefore helps prepare professionals to provide respectful care free from violence.

Likewise, Costa et al. (2022) demonstrated that academic training directly influences understanding of obstetric violence and humanization practices. The authors therefore advocate curriculum revision and broader discussion of obstetric violence, humanization, reproductive rights and interpersonal communication during healthcare professional education.

The studies analyzed converge in showing that preventing obstetric violence requires changes beyond individual professionals' actions. Menezes et al. (2020) demonstrate the need for institutional spaces for discussion and critical reflection on obstetric practices, while Calpbinici et al. (2026) and Costa et al. (2022) advocate stronger professional education and inclusion of the topic in undergraduate curricula. Araújo et al. (2024) emphasize that scientific qualification favors evidence-based care practices, and Westergard et al. (2025) reinforce that respect for autonomy, informed consent and shared decision-making is essential to preventing obstetric violence.

Nursing thus assumes a strategic role in transforming the obstetric care model, leading the development of safe, ethical, welcoming and woman-centered care. By promoting practices grounded in respect for autonomy, effective communication, emotional support and humanized

care, nurses contribute not only to preventing obstetric violence but also to reducing the resulting physical and psychological harm, promoting maternal mental health and improving childbirth and birth care quality.

7. Final considerations

This review enabled analysis of obstetric violence's psychological impacts on women receiving care through the Unified Health System (SUS), showing that this practice remains an important challenge for maternal care and the guarantee of women's rights. The selected articles demonstrated that obstetric violence manifests in different forms throughout the pregnancy–postpartum cycle, including disrespectful practices, interventions without consent, inadequate communication, neglect, verbal abuse and restricted women's autonomy during labor and birth.

The results showed that these experiences produce significant repercussions for maternal mental health, associated with emotional suffering, psychological trauma, fear, abandonment, anxiety, postpartum depression and, in more severe situations, increased suicidal ideation risk. Addressing the research's guiding question: What are the impacts of obstetric violence on women receiving care through the Unified Health System (SUS), and how can nursing contribute to preventing and mitigating these effects?

Obstetric violence should therefore be understood not only as a violation of women's human and reproductive rights but also as a relevant public health problem whose consequences extend beyond childbirth and may compromise postpartum women's physical, emotional and social well-being.

Regarding the proposed specific objectives, manifestations of obstetric violence were found to be strongly related to the persistence of an excessively interventionist care model, in which technical procedures are often prioritized over women's autonomy, needs and active role. The psychological impacts resulting from these experiences also reinforce the need to recognize mental health as an essential component of obstetric care, requiring greater attention during prenatal care, childbirth and the postpartum period.

The review also highlighted nursing's importance in preventing obstetric violence and promoting humanized care. Studies demonstrated that nurses play a strategic role in health education, welcoming support, attentive listening, effective communication and advocacy for women's rights, strengthening scientifically grounded and person-centered practices. However, results also indicated the need to strengthen healthcare professionals' initial and continuing

education, broadening discussion of obstetric violence, ethics, reproductive rights and care humanization to support changes in institutional culture and care practices.

The findings further reinforce that addressing obstetric violence depends on coordinated actions among professionals, healthcare institutions, managers and policymakers. Investment in continuing education, stronger humanized practices, encouragement of respectful communication, recognition of women's autonomy and strategies promoting ethical and welcoming care environments are essential to reducing this form of violence and improving obstetric care.

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