World Journal of Advanced Research and Reviews
eISSN: 2581-9615 CODEN (USA): WJARAI
Cross Ref DOI: 10.30574/wjarr
Journal homepage: https://wjarr.com/

(REVIEW ARTICLE)

THE REPERCUSSIONS OF OBSTETRIC VIOLENCE AND THEIR IMPACT ON THE QUALITY OF HEALTH CARE

Kaianne Mocelin, Katiussa Mayara Hertz *, Lucas Fernandes de Oliveira, Karolina de Moura Manso da Rocha and Sirlene de Fátima da S. Dela Torre

University of Paraná (UNIPAR), Nursing Program, Toledo, Paraná, Brazil.
* Corresponding Author

ORCID Details
Kaianne Mocelin: https://orcid.org/0009-0002-3643-9026
Katiussa Mayara Hertz: https://orcid.org/0009-0004-9256-3608
Lucas Fernandes de Oliveira: https://orcid.org/0000-0001-5295-8219
Karolina de Moura Manso da Rocha: https://orcid.org/0000-0002-5756-3571
Sirlene de Fátima da S. Dela Torre: https://orcid.org/0009-0007-9872-2018

World Journal of Advanced Research and Reviews, 2026, 32(02), 1388–1394

Publication history: Received on 10 October 2026; revised on 16 November 2026; accepted on 18 November 2026

Article DOI: https://doi.org/10.30574/wjarr.2026.32.2.2950

Copyright © 2026 Author(s) retain the copyright of this article. This article is published under the terms of the Creative Commons Attribution License 4.0

ABSTRACT

Objective: To identify the main forms and factors associated with obstetric violence described in the literature. Method: This is a literature review conducted through searches in the Scientific Electronic Library Online (SciELO) and the Virtual Health Library (BVS/LILACS) databases, using the search terms "obstetric violence," "humanized childbirth," "obstetric nursing," "childbirth care," and "women's reproductive rights." Studies available in full text, in Portuguese, and related to the proposed topic were considered; the abstracts and full texts of the selected studies were subsequently reviewed.

Results: A total of 60 studies were identified in the consulted databases. After applying the inclusion and exclusion criteria and analyzing the identified studies, four studies were selected for inclusion in the review. The studies showed that obstetric violence is primarily related to the excessive medicalization of childbirth, unnecessary interventions, disregard for women's autonomy, inadequate communication, social and gender inequalities, and shortcomings in professional care.

Conclusion: Obstetric violence constitutes a significant problem in women's health care, requiring nurses to play an active role in promoting a welcoming environment, skilled active listening, autonomy, and the rights of the woman in labor. Professional training and the adoption of humanized practices can contribute to reducing unnecessary interventions and to safer, more respectful, and more humanized obstetric care.

Keywords: Obstetric violence; Humanized childbirth; Obstetric nursing; Childbirth care; Women's reproductive rights.

1 INTRODUCTION

Obstetric violence constitutes a form of violation of women's rights during the pregnancy and postpartum period, manifesting itself through disrespectful practices, interventions without clinical indication or consent, humiliation, threats, discrimination, and negligence during care. These situations, which are often normalized in health care settings, reflect social and gender inequalities, as well as hierarchical power relations between health care professionals and patients [1].

Over the past few decades, childbirth care has undergone significant transformations, particularly as a result of its institutionalization and the incorporation of medical technologies and procedures. Although scientific advances have contributed to reducing maternal and neonatal risks and complications, the indiscriminate use of interventions can compromise women's autonomy and foster dehumanizing practices. Procedures such as the administration of oxytocin, amniotomy, and episiotomy should be performed based on clinical indications, adequate information, and respect for the woman's consent [2].

Obstetric violence should not be understood solely as the result of individual professional conduct but also as a consequence of structural and organizational factors present in health care services. Scientific studies indicate that the institutionalization of care, the normalization of disrespectful practices, and the imposition of professional decisions contribute to the perpetuation of this phenomenon, making it necessary to understand the social and institutional determinants that facilitate its occurrence, taking into account inequalities of gender, race, and social class [1,3].

The causes of obstetric violence are multifactorial and involve institutional and professional unpreparedness, the hierarchical nature of relationships among healthcare team members, the excessive medicalization of childbirth, and the devaluation of women's autonomy. Among the most frequent manifestations are the performance of procedures without explanation or consent, the unjustified restriction of freedom of movement, verbal and psychological violence, discrimination, and neglect of care. The forms of institutional violence identified in Brazilian maternity wards include psychological, physical, and structural manifestations, highlighting the need to transform care practices [3].

Nursing plays an important role in preventing and addressing obstetric violence. Obstetric nurses are essential in promoting high-quality, safe, and patient-centered care, providing a welcoming environment, actively listening, offering guidance, respecting women's choices, and utilizing evidence-based and scientific practices. The work of these professionals must prioritize women's agency, ensuring that women receive clear information about proposed procedures and participate in decisions regarding their bodies and the birth of their children [2].

Given this context, it is essential to strengthen strategies that promote the humanization of care, respect for women's autonomy, and the guarantee of sexual and reproductive rights. The World Health Organization and the Ministry of Health emphasize the importance of care based on scientific evidence, respect for women's choices, and the prevention of unnecessary interventions. Thus, this study aims to identify the main manifestations of obstetric violence and the associated factors described in the literature.

2 MATERIAL AND METHODS

This article is a literature review. The purpose of this type of study is to gather, analyze, and discuss existing knowledge on a specific topic, thereby providing an understanding of the current state of research and identifying gaps that may guide future investigations [4].

The review was based on scientific articles published in journals indexed in the Scientific Electronic Library Online (SciELO) and the Virtual Health Library (BVS/LILACS) databases. The time frame covered the period from 2016 to 2026, with the aim of including recent publications that reflect current discussions on the topic of obstetric violence and the role of nursing in addressing this practice. The rationale for this time frame is based on the expansion of the academic and social debate on the topic over the past ten years, a period marked by significant advances in public policies aimed at humanizing childbirth and in discussions regarding women's rights in the obstetric context.

Searches in the cited databases were conducted between January and September 2026, using the following search terms: "obstetric violence," "humanized childbirth," "obstetric nursing," "childbirth care," and "women's reproductive rights." The following were defined as inclusion criteria: full-text publications written in Portuguese, published between 2016 and 2026, and addressing obstetric violence and/or the role of nursing in the obstetric context. We excluded studies unrelated to the proposed theme, duplicate articles across databases, studies that, despite mentioning the topic in the title, did not effectively address content related to obstetric violence, theses, dissertations, final course projects, residency reports, and papers published in conference proceedings.

Following the initial selection phase, the material was further refined by reviewing the abstracts and, subsequently, by reading the full texts that aligned with the research objective.

The information obtained was organized into tables containing the title, authors, year and country of publication, study objective, type of publication, methodology, and main results related to the research objective.

The analysis was conducted using descriptive and interpretive methods, aiming to identify the main causes of obstetric violence, as well as the role of nursing in promoting humanized practices and addressing this form of institutional violence.

3 RESULTS AND DISCUSSION

The selection of studies was conducted systematically, following stages of identification, screening, and eligibility. Initially, 60 articles were identified in the databases consulted. After the initial application of the inclusion and exclusion criteria, 15 studies were deemed relevant and subjected to a preliminary review. Of these, nine were critically analyzed, and five were excluded for failing to meet the study's objective. Thus, four articles were selected because they were most closely related to the topic and met the proposed objective.

Subsequently, the selected articles were analyzed and organized into tables, detailing their main characteristics, objectives, results, and contributions to the understanding of obstetric violence. This process allowed us to compile and synthesize the available evidence, facilitating the identification of the key aspects related to the topic.

3.1 Stages of study selection

- Studies identified in the BVS/LILACS and SciELO databases: 60
- Studies deemed relevant after initial application of the criteria: 15
- Studies subjected to critical review: 9
- Studies excluded after critical review: 5
- Studies included in the review: 4

The four selected studies were published between 2019 and 2022 in health-related journals and address different perspectives on obstetric violence. The studies employ a variety of methodological approaches, including quantitative, qualitative, and exploratory studies, as well as a systematic review with a meta-synthesis.

Table 1: Characteristics of the selected studies.

Study	Authors/year	Title	Journal	Study type
1	Lansky et al. [5]	Obstetric violence: the influence of the "Sentidos do Nascer" program on the experiences of pregnant women	Science & Public Health	Quantitative observational
2	Trajano and Barreto [6]	Obstetric violence from the perspective of health professionals: the gender issue as a defining factor in childbirth care	Interface – Communication, Health, Education	Exploratory qualitative
3	Sousa et al. [7]	Obstetric violence: triggering factors and preventive nursing measures	Nursing – Brazilian Edition	Systematic review with meta-synthesis
4	Bitencourt, Oliveira, and Rennó [8]	Obstetric violence against professionals who assist in childbirth	Brazilian Journal of Maternal and Child Health	Qualitative, descriptive, and exploratory

The four studies show that obstetric violence takes various forms, including physical, psychological, and verbal abuse, neglect, and restrictions on women's autonomy during childbirth. The results also indicate that factors such as gender

inequality, an interventionist model, professional unpreparedness, and institutional challenges contribute to the occurrence of these practices.

Table 2: Objectives and main outcomes identified.

Study	Objective	Main findings	Summary/Contribution
1	To analyze the influence of the "Sentidos do Nascer" program on the experiences and knowledge of pregnant women.	Among 555 women, 70 (12.6%) reported experiencing violence; knowledge about the topic increased after exposure to the program.	This demonstrates the importance of information and education for recognizing violence and empowering women.
2	To analyze obstetric violence from a gender perspective based on professionals' narratives.	Physical, psychological, and verbal abuse, as well as restrictions on posture and movement; relationship with gender, the interventionist model, and hierarchy.	This highlights the multifactorial nature of the issue and the need for training and continuing education.
3	To characterize factors related to obstetric violence and preventive nursing measures.	Misconceptions, painful procedures, negligence, and abusive practices were identified; emphasis is placed on training and best practices.	Reinforces the role of nursing in prevention through humanized care, education, and respect for rights.
4	To understand professionals' perceptions of obstetric violence.	Recurrent verbal abuse; factors related to the interaction between the laboring woman and the team, lack of preparation, and institutional problems.	Indicates a need for training, changes in care, and guidance for women regarding their rights.

Analysis of the four selected studies shows that obstetric violence is a complex, multifactorial phenomenon, manifesting itself in various forms of disrespect, abuse, and violation of women's rights during the pregnancy and postpartum period. The analyzed studies employ different methodological approaches, including a quantitative observational study, qualitative studies, and a systematic review with a meta-synthesis, allowing for an understanding of the issue based on both women's experiences and the perceptions of healthcare professionals and the organization of health services.

The magnitude of this problem can also be observed in Brazilian epidemiological data. Henriques et al. [9] identified prevalences of disrespect and abuse during childbirth of 44.3% and 18.3%, respectively. The authors emphasize, however, that these results should not be directly compared, since different criteria and measurement instruments were used. Furthermore, the national survey "Nascer no Brasil," conducted between 2011 and 2012, revealed a high frequency of obstetric interventions: 36.4% of women received oxytocin, 39.1% underwent amniotomy, 36.1% reported undergoing the Kristeller maneuver, and 53.5% underwent episiotomy among those who had a vaginal delivery. These data demonstrate the need to improve the model of obstetric care, considering that performing interventions without proper indication, information, or consent may constitute a violation of women's rights [10].

Martins and Barros [11] identified different forms of obstetric violence, including institutional, moral, physical, sexual, psychological, and verbal violence. The authors emphasize that these manifestations are not always easily recognized, even by the professionals themselves, and that certain behaviors may be presented as necessary for patient care. This aspect demonstrates that obstetric violence should not be understood solely as an individual action by a professional, but also as a phenomenon related to the model of care, power relations, and the organization of health services.

This understanding is reinforced by Zanardo et al. [12], who pointed out the lack of consensus regarding the definition of obstetric violence in the Brazilian context, although the evidence analyzed indicates the occurrence of disrespectful practices and violations of women's rights. The study also links violence to excessive interventions and the reduction of women's autonomy, highlighting the need for changes in care practices and greater recognition of women as protagonists in the childbirth process.

Table 2 shows that, among the forms identified in the studies, the following stand out: physical, verbal, and psychological violence; institutional violence; unnecessary interventions; restriction of autonomy; lack of support and information; and dehumanized care. These findings demonstrate that obstetric violence can occur both through direct actions and through the omission of care, the absence of adequate information, or the limitation of women's participation in decisions regarding their own bodies.

In the study by Lansky et al. [5], experiences of obstetric violence were identified among women interviewed in the context of childbirth care. The study also demonstrated that exposure to information on the topic helped expand pregnant women's knowledge of obstetric violence. However, even after being exposed to the topic, some harmful practices continued to be poorly recognized as forms of violence. This finding reinforces the importance of health education and access to information during prenatal care, enabling women to understand their rights and participate in decisions related to their care.

The issue of autonomy also features prominently in the study by Trajano and Barreto [6], who, based on the perceptions of health professionals, identified categories related to physical, psychological, and verbal abuse, as well as restrictions on a woman's movement and position during childbirth. The results show that the relationships established between healthcare professionals and women in labor are influenced by issues of gender, hierarchy, and the model of care adopted.

In this regard, the results presented in Table 2 reveal that obstetric violence is related not only to procedures performed during childbirth but also to the way women are treated and included in the care process. A lack of adequate communication, the use of inappropriate language, the dismissal of a woman's complaints, and decision-making without her participation can compromise her autonomy and transform a physiological experience into one marked by fear, embarrassment, and insecurity.

Bitencourt, Oliveira, and Rennó [8], in their investigation of the perceptions of professionals who assist with childbirth, identified verbal abuse as one of the recurring manifestations and highlighted factors related to the interaction between the laboring woman and the team, professional training, and institutional conditions. These results demonstrate that addressing obstetric violence requires actions directed not only at women but also at healthcare professionals and institutions.

The role of the multidisciplinary team is also highlighted by Garcia et al. [13], who emphasize the importance of professional training and knowledge about obstetric violence for its identification and prevention. The study points to the need for care that is committed to respecting the physiology of childbirth, avoiding mechanized routines and interventions performed solely to facilitate the professionals' daily work.

In this context, nursing plays a significant role in the prevention of obstetric violence, especially because nurses remain close to women throughout different stages of care. The studies by Sousa et al. [7] and Mesquita et al. [14] highlight the importance of nurses' role in health education, welcoming care, guidance, defending autonomy, and promoting humanized practices. In this way, nursing professionals can help women understand the procedures performed, participate in decision-making, and have their rights respected.

Another important aspect identified in the analysis is the influence of social and institutional conditions on the occurrence of obstetric violence. Leite et al. [15] demonstrate that the prevalence found in Brazilian studies varies widely, related, among other factors, to methodological differences used to measure the phenomenon. The review also highlights that individual, relational, socioeconomic, cultural, and environmental factors may be involved in the occurrence of obstetric violence.

Leite et al. [15] also identify four key areas for addressing obstetric violence: the empowerment of women through quality information; the education and training of healthcare professionals; surveillance and reporting mechanisms; and legal protection. The authors further emphasize the importance of more respectful and non-hierarchical relationships between professionals and women, with a focus on shared decision-making.

Based on a joint analysis of the studies, it is therefore evident that the prevention of obstetric violence does not depend on a single intervention. It is necessary to take an integrated approach to women's education, the training of professionals, the organization of services, and institutional mechanisms for monitoring and reporting. Humanized care must view women as active participants in their own care, respecting their autonomy, their choices, their dignity, and their rights.

Finally, the analyzed studies demonstrate the need to expand scientific research on the topic, especially regarding the consequences of obstetric violence and the evaluation of prevention strategies. Leite et al. [15] highlight gaps related to the lack of terminological consensus, measurement difficulties, and the need for further research on interventions capable of reducing the occurrence of these practices.

4 CONCLUSION

Analysis of the selected studies revealed that obstetric violence is a multifactorial phenomenon that can occur at different stages of a woman's care, manifesting itself through physical, verbal, psychological, and institutional violence, as well as unnecessary interventions, lack of information, negligence, and disrespect for women's autonomy. The results show that these practices are related both to the individual behaviors of healthcare professionals and to hierarchical relationships, institutional conditions, and the model of obstetric care adopted, reinforcing the need for changes in care practices.

Of particular note is the fundamental role of the multidisciplinary team—and especially nursing staff—in preventing and addressing obstetric violence through a welcoming approach, health education, ongoing training, and respect for women's rights. Thus, the development of humanized obstetric care requires the strengthening of women's autonomy, the professional development of healthcare providers, and institutions' commitment to ethical, safe, and respectful practices. Furthermore, the importance of new research that broadens our understanding of the consequences of obstetric violence and evaluates effective prevention strategies across different women's healthcare settings is emphasized.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

Acknowledgments

The authors would like to express their sincere gratitude to Professor Lucas Fernandes de Oliveira for his guidance, support, and valuable contributions throughout the development of this study. We also thank Universidade Paranaense (UNIPAR) for the academic support and the opportunity to develop this research. Finally, we extend our heartfelt gratitude to our families for their encouragement, understanding, and unwavering support throughout our academic journey.

The authors received no external funding for the research, authorship, and publication of this article.

Disclosure of conflict of interest

The authors declare that there are no conflicts of interest related to the preparation and publication of this article.

REFERENCES

[1] Aguiar JM, D'Oliveira AFPL. Institutional violence in public maternity hospitals from the users' perspective. Interface (Botucatu). 2011;15(36):79-91. doi:10.1590/S1414-32832010005000035.

[2] Jardim DMB, Modena CM. Obstetric violence in daily care and its characteristics. Rev Lat Am Enfermagem. 2018;26:e3069. doi:10.1590/1518-8345.2450.3069.

[3] Marrero L, Brüggemann OM. Institutional violence during the labor process in Brazil: an integrative review. Rev Bras Enferm. 2018;71(3):1152-61. doi:10.1590/0034-7167-2017-0238.

[4] Souza MT, Silva MD, Carvalho R. Integrative review: what it is and how to conduct one. Einstein (São Paulo). 2010;8(1):102-6. doi:10.1590/S1679-45082010RW1134.

[5] Lansky S, et al. Obstetric violence: the influence of the "Exposição Sentidos do Nascer" program on the experiences of pregnant women. Cien Saude Colet. 2019;24(8):2811-24. doi:10.1590/1413-81232018248.30102017.

[6] Trajano AR, Barreto EA. Obstetric violence from the perspective of health professionals: the gender issue as a defining factor in childbirth care. Interface (Botucatu). 2021;25:e200689. doi:10.1590/interface.200689.

[7] Sousa MPV, et al. Obstetric violence: triggering factors and preventive nursing measures. Nursing (São Paulo). 2021;24(279):6015-24. doi:10.36489/nursing.2021v24i279p6015-6024.

[8] Bitencourt AC, Oliveira SL, Rennó GM. Obstetric violence against healthcare professionals assisting with childbirth. Rev Bras Saude Mater Infant. 2022;22(4):953-61. doi:10.1590/1806-9304202200040012.

[9] Henriques TL, et al. Disrespect, abuse, mistreatment, and obstetric violence: a challenge for epidemiology and public health in Brazil. Cien Saude Colet. 2022;27(2):483-91. doi:10.1590/1413-81232022272.38592020.

[10] Leal MC, et al. Obstetric interventions during labor and delivery in Brazilian women with uncomplicated pregnancies. Cad Saude Publica. 2014;30(Suppl 1):S17-S32. doi:10.1590/0102-311X00151513.

[11] Martins AC, Barros GM. Will You Give Birth in Pain? An integrative review of obstetric violence in Brazilian public healthcare facilities. Rev Dor. 2016;17(3):215-8. doi:10.5935/1806-0013.20160074.

[12] Zanardo GLP, et al. Obstetric violence in Brazil: a narrative review. Psicol Soc. 2017;29:e155043. doi:10.1590/1807-0310/2017v29155043.

[13] Garcia RR, et al. The role of the multidisciplinary team in preventing obstetric violence. J Health Sci Inst. 2023;41(2):117-22.

[14] Mesquita EP, et al. Humanized childbirth: the role of nursing in the prevention of obstetric violence. Nursing (São Paulo). 2024;28(315):9411-5. doi:10.36489/nursing.2024v28i315p9411-9415.

[15] Leite TH, Marques ES, Corrêa RG, Leal MC, Olegário BCD, Costa RM, Mesenburg MA. Epidemiology of obstetric violence: a narrative review of the Brazilian context. Cien Saude Colet. 2024;29(9):e12222023. doi:10.1590/1413-81232024299.12222023.