



Addressing Obstetric Violence: A Critical Analysis of the Delivery Room as a Vulnerable Space for Women

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Article History	Abstract
Received: 06 June 2023 Revised: 05 Sept 2023 Accepted: 11 Sept 2023	<p>Aim: Many women are affected by gender violence, becoming a problem and constituting a clear violation of their fundamental rights. Since 1996, the World Health Organization (WHO) has recognized this issue as an important public health issue, with significant implications for society. Material and method: The purpose of this research is to identify and analyze the type of abuse that occurs in health centers that have a delivery room. To carry out this study, a documentary approach methodology has been used, using both primary and secondary sources as a sample to collect relevant information. The results obtained reveal that it is common for women to experience psychological abuse by health personnel during the delivery process. Statistics and Result: This mistreatment materializes in offensive and discriminatory words, which are often linked to characteristics such as age, economic or academic level, race or any pre-existing health condition of the woman. These attitudes and behaviors on the part of health personnel are unacceptable since they go against medical ethics and the principles of respect and dignity towards patients.</p>
CC License CC-BY-NC-SA 4.0	Keywords: Delivery Room, Women, Pregnancy, Obstetrics, Childbirth, Analgesics, Health Centers

1. Introduction

Violence against women is the history of civilization, there is no known evidence of a society where misogyny and systematic violence against women has not existed. The only thing we can do in these ambiguous situations, where archaeological and historical reminiscences are weak, is to go towards what we can identify - scientifically speaking - and that is intimately related to violence against women. We speak of patriarchy as a system and structure of power. Even so, establishing a date or a time of beginning of this political system is complex, since the different communities of hominids and humans did not develop at the same time. The lack of univocality regarding the dating of the origin of patriarchy is debated between economic and political currents and archaeological and anthropological ones (Silva et al., 2019).

In 1969, a feminist activism emerged that fought for the defense of respected childbirth and the rights of women during their perinatal care. One of its objectives was to publicize the term obstetric violence, understanding it as a type of gender violence. That denounces the excessive medicalization and interventionism that characterize current obstetric care. Venezuela, followed by other Latin

American countries, was the first country to legally recognize this type of violence. However, in Spain it has not yet been legislated. Analyzing current obstetric care, it has been shown that many interventions performed routinely are not justified by scientific evidence, for example, the significant increase in cesarean sections, episiotomies and other practices experienced in recent years.

The studies consulted show that there is a significant lack of knowledge, both on the part of professionals and women, about the rights of parturients, which increases vulnerability to their violation. This research aims to identify some research that has been done on the abuse of pregnant women in labour. However, there is currently no international consensus on how to scientifically define and measure abuse and disrespect (Silva et al., 2019). Its prevalence and impact on women's health, well-being and choices is unknown. So, we can infer that by not publicly acknowledging that this is happening, it gives an advantage for these actions to continue to be executed.

According to the World Health Organization, all women have the right to receive the highest standard of health care, which includes the right to dignified and respectful care during pregnancy and childbirth, and the right to be free from violence and discrimination. Mistreatment, neglect or lack of respect during the care of pregnant women constitute a violation of women's fundamental human rights, as described in international human rights norms and principles (Guevara, 2022; Salgado & Diaz, 2017). To achieve a high level of respectful care at birth, health systems must be organized and conducted in such a way as to ensure respect for human rights. When investigating, it is common for them to refer physical, verbal, medical procedures without consent or coercive here we can include episiotomy, then episiorrhaphy and sterilization is included.

In consideration of the above, we could frame obstetric violence as another type of gender violence rooted in the institutional practices of the health system, a situation that is often practiced even by the same sex people, nurses and health team personnel.

Obstetric violence was born as a product of the intersection of structural gender violence and institutional violence in health, it is a type of violation of sexual and reproductive rights until now very little problematized and invisible (Galván et al., 2021).

Obstetric violence is subcategorized into: Nonconformity with health care received during labor. Similarly, violence against women should be understood as "Any action or conduct, based on their gender, that causes death, harm or physical, sexual or psychological suffering to women, both in the public and private spheres" (Soto & Octavio, 2017).

During childbirth, the mechanism of ignoring mothers and prioritizing the results of examinations and medical technologies applied to childbirth is particularly evident, as staff constantly take readings from monitors without even interacting with the patient (Jojoa et al., 2019; Madrid et al., 2019).

All these situations generate anxiety, feelings of helplessness and a lot of discomfort in women: "I broke water from the fountain and spent many hours in the clinic, they performed many touches, the doctor and a lot of interns who came and went from my room, I felt very uncomfortable, but I remained silent" (Alvarez & Russo, 2016).

Similarly, women have the right not to be subjected to torture or cruel, inhuman or degrading treatment or punishment (Strang, 2018; Fraiman, 2019; Vallana, 2019). In labour, insensitivity to the mother's pain, silence, infantilization, insults, humiliating comments and ill-treatment may be witnessed. All this can be defined as symbolic violence that translates into an attitude of submission, acquired by women as a means of protection against inadequate care, such as scolding or isolation (Lopez et al., 2021; Diaz et al., 2019).

Similarly, docility on the part of pregnant women results from the naturalization of violence in the labor and delivery processes, by internalizations resulting from previous experiences, by events they witnessed in care or by stories of other women. For this reason, there is a kind of acceptance of the parturients themselves as a position dependent on the system of authorized knowledge has been normalized (Lastra et al., 2021; Aviles et al., 2022). This story evidences the experience of a young woman who was a victim of symbolic violence.

So, we observed that obstetric violence (OV) is a problem in the health sector with inconsistent or no resolutions. It includes acts of physical and psychological violence, as well as omissions in timely treatment; These transgressive practices have been naturalized by patients and health personnel, being a problem for the physical and mental integrity of pregnant women (Hernández et al., 2021; Gómez et al., 2022).

After having gone through in a general way all the aspects related to the responsibilities of the health professional with respect to obstetric violence, it is important to emphasize that all these situations were already included in all the regulations that regulate professional practice, being the new legislation only a reminder, and why not a reaffirmation of the need to work hard in the relationship between health service and patient, Mainly in these areas where the person is healthy and can interact with professionals to achieve a better life experience.

2. Materials And Methods

The research carried out takes a rigorous and robust approach by combining qualitative and quantitative methods, thus providing a complete and enriching vision on the topic "The delivery room: another form of violence against women". The choice of cross-sectional, observational and retrospective design allows us to examine the situation from different perspectives, covering both the present and the historical trajectory.

The careful selection of search tools is a fundamental step in this study, as special emphasis has been placed on searching relevant research in renowned databases in the field of health, such as PubMed, Google Scholar, Scielo, Medline, LILACS and ELSEVIER. These platforms provide access to a wide range of scientific and academic publications that are critical to supporting the study's conclusions.

The selection and exclusion criteria demonstrate meticulous research planning. By including research published between 2017 and October 2022 and prioritizing full articles in Spanish or Portuguese, we have sought to ensure consistency and understanding in the analysis of the results.

The temporal analysis has also been carried out with criteria, selecting writings that cover a period prior to 2022, but not less than 2017, to ensure that the data obtained are updated and relevant to the current context.

The wide variety of documentary sources consulted, both physical and online, is a prominent aspect of this research. By covering first- and second-hand sources, a wide range of perspectives has been obtained that enrich the analysis and allow us to approach the problem from different perspectives.

The main objective of this study, which is to know and understand the situations of violence faced by pregnant women in the delivery room, reflects a commitment to the search for truth and the promotion of quality care in the hospital environment (Hernández et al., 2021; Gómez et al., 2022). The systematic and organized review of documentary sources provides a solid basis for analyzing both theoretical and empirical realities, allowing valuable information to be obtained for future research and to improve attention and care for women in one of the most transcendental moments of their lives, such as childbirth.

This research represents a comprehensive and rigorous effort to address the complex issue of violence against women in the context of the delivery room. Through the combination of qualitative and quantitative approaches, and careful consultation of various documentary sources, it has sought to shed light on this issue and contribute to a deeper understanding of the challenges and opportunities to improve obstetric care and ensure the respect and dignity of women at all times. The findings of this research have the potential to positively impact the quality of life of pregnant women and promote more empathetic and sensitive care practices in the delivery room.

3. Results and Discussion

The exhaustive review of documents and research has yielded solid and alarming evidence on the persistence of the problem of mistreatment of women during the birth process. The detection of this reality in a series of writings and quotes highlights the importance of addressing and understanding in all its complexity this sensitive and delicate issue that affects so many women at a crucial stage of their lives.

It is worrying to note how docility on the part of pregnant women has become a consequence of the naturalization of violence in the processes of labour and delivery. This docility, which can arise from previous experiences, experiences during medical care and even stories shared by other women, highlights the normalization of obstetric violence and how it has permeated to the point that parturient accept a position of dependence on the authorized knowledge system.

One of the testimonies collected in this research has been particularly shocking, since a young woman recounted how she was a victim of symbolic and physical violence during her birth experience. From the moment he arrived at the hospital, he did not receive timely care and was met by medical staff who, instead of providing him with the necessary support, mocked his age and condition. This lack of empathy and respect continued throughout the birthing process, where she was subjected to humiliating and degrading comments. The lack of sensitivity on the part of the medical staff was evident when repeated and unprofessional touches were carried out, without considering the profound emotional impact this had on the young mother.

This painful and traumatic experience reflects a reality that unfortunately many women face in the delivery room. The violation of human rights, especially in the case of young women and adolescents, is a matter of great concern and requires urgent action to improve obstetric care and ensure dignified and respectful treatment of all women.

The testimonies collected, including this one, illustrate the urgent need to sensitize and train medical and health personnel on obstetric violence. It is essential to promote a culture of respect and empathy in maternal care services, so that women can feel safe and protected during one of the most momentous moments of their lives, such as the birth process.

The results obtained in this research highlight the alarming presence of violence against women in the delivery room. It is essential to address this problem from multiple perspectives, through awareness-raising, training and promotion of policies that guarantee respect for the human rights of all women, especially in the context of childbirth. Only through joint and committed efforts can we eradicate obstetric violence and ensure dignified, safe maternal care free of any form of abuse. It is everyone's responsibility – health professionals, policymakers and society as a whole – to contribute to the creation of a respectful and empathetic care environment for all women, with the aim of protecting their physical and emotional well-being during the birth experience.

The concern related to abuse, lack of respect or violence exercised by health institutions towards women during childbirth care has generated a debate as to the appropriate terminology to define this problem. The term "obstetric violence" has become a political issue and power relations, which reflects a dynamic in which obedience and submission to female bodies are sought, evidencing how the experience of motherhood is subjugated under biopolitics.

To get health professionals to accept and understand the relevance of the term "obstetric violence", it is crucial to recognize that health practices take place in a social context in which internal beliefs, rules and practices that perpetuate gender ideologies within the health professions have been intertwined (Santamaria et al., 2021).

It is imperative to address from professional training classrooms, whether for nurses or doctors, the importance of professional integrity in the treatment of the patient, as required by laws and humanitarian ethics. It is essential to instill in future professionals the commitment to provide respectful, compassionate and violence-free care, which guarantees the dignity and rights of each individual.

It is essential that health personnel do not feel their work is threatened by laws, but that they understand the relevance and positive impact of fully fulfilling their functions as guarantors of the health and well-being of patients. Professional responsibility must go hand in hand with respect for women's autonomy in the birth process and their ability to make informed decisions about their own bodies and motherhood.

Promoting a culture of respect and empathy in health care is essential to eradicate obstetric violence and ensure that all women receive dignified care free of abuse during the birth process. It is an ethical

and human duty to ensure the well-being and physical and emotional integrity of women in one of the most important and transcendental moments of their lives.

It is essential to advocate for the eradication of obstetric violence and the promotion of quality and respectful care for women during childbirth. This work begins in professional training classrooms, where professional integrity and respect for the dignity and rights of patients must be emphasized. Only in this way can we move towards a more just and empathetic society, where all women can live a safe, respected and violence-free maternity experience in health institutions.

4. Conclusion

Within the scope of public and private institutions, it is essential to emphasize the importance of continuing to design and promote state policies with a gender perspective. These policies must prioritize actions that improve the integral health of women and promote respectful and humanized care in both the public and private sectors, in all regions of the world. The main objective of these initiatives should be the reduction of maternal morbidity and mortality and the protection of the rights and dignity of women in childbirth. Supporting the creation of strategies and protocols to measure and evaluate situations of obstetric violence is essential to effectively address and work on this problem. Data collection and analysis on these situations will provide a solid basis for implementing interventions and policies that address underlying causes and promote respectful and violence-free care. At all times, it is essential to focus on a woman's right to receive dignified and respectful health care during childbirth, supported by national and international human rights treaties. In the framework of our study, it is of vital importance to highlight the crucial role of local and international regulations that defend women's rights in all circumstances, with special emphasis on fair and adequate care during childbirth and when obstetric medical assistance is required. During the development of this work, the emergency context of the concept of obstetric violence and its growing relevance has been analyzed in depth, not only from a legal perspective, but also from a perspective in the social sciences that analyze the dynamics of power within the medical field and its consequences for the life and health of women during the birth process. In order to address this problem, it is crucial to give visibility to the expectations of women who have experienced obstetric violence during their childbirth. These expectations are in line with the principles of respected childbirth and the recommendations of the World Health Organization (WHO) to provide care in conditions of safety and dignity during labour and birth. It is valid to consider obstetric violence as another category of violence against women, given its seriousness and impact on the physical and psychological health of the person affected and on society in general. To eradicate this problem, it is essential to thoroughly investigate its particular characteristics and the interests and motivations that perpetuate it. This article is an attempt to summarize experiences and reflections on obstetric violence from the perspective of a woman and professional committed to finding solutions to this important public health issue.

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