DOI 10.18471/rbe.v37.52958 Original Article

CREATION OF EDUCATIONAL TECHNOLOGY ON OBSTETRIC VIOLENCE FOR PREGNANT WOMEN

CONSTRUÇÃO DE UMA TECNOLOGIA EDUCATIVA SOBRE VIOLÊNCIA OBSTÉTRICA PARA AS GESTANTES

ELABORACIÓN DE TECNOLOGÍA EDUCATIVA SOBRE VIOLENCIA OBSTÉTRICA PARA EMBARAZADAS

Larissa Renata Bittencourt Pantoja[1]
Diego Pereira Rodrigues[2]
Valdecyr Herdy Alves[3]
Tatiana do Socorro dos Santos Calandrini[4]
Laena Costa dos Reis[5]
Letícia Diogo de Oliveira Moura[6]
Fabianne de Jesus Dias de Sousa[7]

How to cite this article: Pantoja LRB, Rodrigues DP, Alves VH, Calandrini TSS, Reis LC, Moura LDO, et al. Creation of educational technology about Obstetric Violence for pregnant women. Rev baiana enferm. 2023;37:e52958.

Objective: to create educational technology in the form of a booklet aimed at women on pregnant women's rights during labor and situations that characterize Obstetric Violence. Method: a methodological and qualitative research study; semi-structured interviews were conducted with 14 nurses from the Obstetric Nursing Residency program of the Federal University of Pará. Content analysis was used to identify meaning, followed by textual elaboration, selection of illustrations and finalization of the booklet. Results: Obstetric Violence is characterized as physical, psychological, negligence, and discrimination, and can take place during prenatal care, delivery, puerperium and miscarriage. Information as a foundation for women's knowledge through the booklet can effectively contribute to their empowerment and leading role. Final considerations: the process of building the booklet, developed in a participatory and dialogical way, was enriching and provided the opportunity to disseminate information with a scientific basis for action with the target population.

Descriptors: Pregnancy. Health Education. Obstetric Violence. Educational Technology. Internship and Residency.

Objetivo: construir uma tecnologia educativa na modalidade de cartilha direcionada às mulheres sobre os direitos da gestante durante o trabalho de parto e situações que caracterizam violência obstétrica. Método: *pesquisa metodológica, qualitativa, foram realizadas entrevistas semiestruturada com 14 enfermeiros residentes do programa de Residência de Enfermagem Obstétrica da Universidade Federal do Pará. A análise de conteúdo foi utilizada para identificar significado, seguida pela elaboração textual, seleção das ilustrações e finalização da cartilha. Resultados: a violência obstétrica caracteriza-se como física, psicológica, negligência, discriminação, podendo acontecer no pré-natal, parto, puerpério e abortamento. A informação como alicerce para o conhecimento de mulheres por meio*

Corresponding author: Diego Pereira Rodrigues, diego.pereira.rodrigues@gmail.com

[1] Universidade Federal do Pará. Belém, PA, Brasil. https://orcid.org/0000-0002-0650-132X.
[2] Universidade Federal do Pará. Belém, PA, Brasil. http://orcid.org/0000-0001-8383-7663.
[3] Universidade Federal Fluminense. Niterói, RJ, Brasil. http://orcid.org/0000-0001-8671-5063.
[4] Universidade Federal do Amapá. Macapá, AP, Brasil. https://orcid.org/0000-0003-2807-2682.
[5] Universidade Federal do Pará. Belém, PA, Brasil. http://orcid.org/0000-0001-5042-1370.
[6] Universidade Federal do Pará. Belém, PA, Brasil. https://orcid.org/ 0000-0003-3861-5353.
[7] Universidade Federal do Pará. Belém, PA, Brasil. http://orcid.org/ 0000-0002-8151-3507.

da cartilha pode contribuir de forma efetiva para o empoderamento e protagonismo de mulheres. Considerações finais: o processo de construção da cartilha, desenvolvida de forma participativa e dialógica, foi enriquecedor e oportunizou a disseminação de informação com embasamento científico para atuação junto à população-alvo.

Descritores: Gestação. Educação em Saúde. Violência Obstétrica. Tecnologia Educacional. Internato e Residência.

Objetivo: elaborar tecnología educativa en la modalidad de folleto destinada a las mujeres sobre los derechos de las embarazadas durante el trabajo de parto y situaciones que caracterizan Violencia Obstétrica. Método: *investigación metodológica y cualitativa en la que se realizaron entrevistas semiestructuradas con 14 enfermeros residentes del programa de Residencia de Enfermería Obstétrica de la Universidad Federal de Pará. Se empleó análisis de contenido para identificar significados, seguido por elaboración textual, selección de las ilustraciones y finalización del folleto. Resultados: la Violencia Obstétrica se caracteriza como física y psicológica, negligencia y discriminación, con la posibilidad de manifestarse en el período prenatal, el parto, el puerperio y en casos de aborto. Como base para mejorar el conocimiento de las mujeres, la información provista en el folleto puede contribuir en forma efectiva para el empoderamiento y protagonismo de las embarazadas. Consideraciones finales: el proceso para elaborar el folleto, que se desarrolló de manera participativa e dialógica, fue enriquecedor y permitió diseminar información con bases científicas para su aplicación junto con la población objetivo.*

Descriptores: Embarazo. Educación en Salud. Violencia Obstétrica. Tecnología Educativa.

Introduction

Before the seventeenth century, knowledge of the female body was directed to its reproductive capacity and deliveries were conducted by midwives. Throughout history, Medicine begins to appropriate delivery assistance with technical-scientific knowledge. From then on, health professionals take on women's leading role during delivery, in order to render this moment "safer" for the mother-child dyad. Therefore, what is physiological is treated as pathological, which, to some extent, can generate fear and discomfort during labor and result in inappropriate and outdated courses of action that violate pregnant women's rights and are characterized by Obstetric Violence situations[1-2].

Violence inflicted on women users of health services can be classified into some typologies, including negligence, discrimination, verbal, psychological, sexual, institutional and carelessness, among others. When they occur during prenatal care, pre-delivery care, delivery, puerperium and miscarriages, they are called Obstetric Violence, which is currently recognized as a public health issue and a violation of human rights [3-4].

Prenatal Nursing consultations carried out by nurses, whether in a Basic Health Unit or during high-risk prenatal care, should not be based only on the physical examination and investigation of the current state of the mother-child dyad, but on the guarantee of information about their rights and a healthy delivery[4].

Thus, the health education practice is of paramount importance throughout prenatal care and mainly in the last Nursing consultation, so that these women are guided both about their rights as pregnant women during pre-partum, delivery and puerperium and the courses of action that characterize Obstetric Violence, so that these parturients can experience childbirth in a positive way, as well as reduce the risks of complications in the puerperium, with a focus on their role in parturition[5].

Consequently, the presence of humanized care, the establishment of a bond between nurses and women, and clarification of information through health education actions are important. Therefore, this educational process becomes an indispensable instrument, as it is a moment of listening, sharing and construction with the pregnant woman and her companion, being one of the main actions, without discarding the medical techniques and advances. When it is carried out along the use of educational

technologies, it can provide positive and significant effects on the routine of those who participate[6].

Educational technologies are used to intervene in teaching and learning processes[7]. They have as their purpose a systematic way of organizing the teaching-learning process, combining various resources for knowledge construction, and are mediators between the subjects and the educational context[7-8].

The use of educational technologies aimed at clarifying Obstetric Violence and pregnant women's rights, becoming an important instrument during Nursing consultations. Therefore, nurses who provide prenatal care are constantly challenged to develop and use technologies to ease and promote the health education process of pregnant women, partners and family members[9].

Among the modalities of educational technologies, booklets stand out, which can be used to support professionals and pregnant women, so that they overcome doubts and difficulties during delivery, in order to provide necessary information, sensitize and empower women about their rights and what can and cannot be done during labor assistance, and can be used in health services to guarantee their rights to access information[7].

The use of educational technologies is a common practice among some professionals in the Unified Health System. Booklets enable the promotion of significant results for those who participate in health education if used properly during the Nursing consultations, as they can influence decision-making with the professional responsible for delivery regarding the care directed to them during parturition, preserving their autonomy and leading role[7].

Thus, this study aims at creating educational technology in the form of a booklet, aimed at women on pregnant women's rights during labor and situations that characterize Obstetric Violence.

Method

This is a methodological research study with a qualitative approach, as it consists of the development of an educational booklet through the meanings of Obstetric Nursing residents and a survey of the theme. The study was developed with the following stages: bibliographic survey on the theme; semi-structured interviews; content analysis, which aimed at obtaining the meanings of the topic with the participants; textual elaboration; selection of illustrations of the topic; and creation of the booklet. The research was guided by the *Consolidated Criteria for Reporting Qualitative Research* (COREQ) instrument to confer quality to the methodological process of the research stages.

In the first stage, Content systematization, a theoretical survey was carried out in the Virtual Health Library, using the following keywords: right, obstetric violence, prenatal care, and delivery. This survey had the purpose of guaranteeing the scientific foundation and assertively defining the concepts found in the booklet.

This study is part of the research project entitled *The Expressed Meanings of Obstetric Nursing in the State of Pará: Strategy for the Visibility of Violence against Women in the Field of Delivery and Birth*, developed with the Obstetric Nursing Residency (*Residência de Enfermagem Obstétrica*, REO) program of the Health Sciences Institute belonging to the Federal University of Pará (*Universidade Federal do Pará*, UFPA). REO is a professional training modality and offers 12 vacancies annually for obstetric nurses with activity fields in hospitals, delivery centers and basic health units.

Fourteen nurses from the REO/UFPA residency program participated in the study, who met the following inclusion criteria: being REO residents attending 1st or 2nd year; and having undergone practices in delivery and prenatal care. Those who met these criteria were invited by the researcher through the WhatsApp app group, which includes the residents of the program, to voluntarily participate in the

research. The following exclusion criteria were established: residents who drop out of the course or are on sick leave and/or vacation. To ensure the participants' privacy and secrecy, they were identified by the letters REO followed by an Arabic numeral (REO1, REO2... REO14), according to the in which the interviews were conducted. The process of closing the data collection and defining the study sample was by saturation[10], when there was significance in relation to data collection, with no new phenomena evidenced.

In the second stage, data collection was carried out through individual semi-structured interviews between April and August 2022, in face-to-face format and with directed questions, namely: Tell me about women's and pregnant women's rights in the pregnancy-puerperal cycle. Which is your perception about Obstetric Violence? Which points cannot be missing in a booklet on obstetric rights and violence? These questions guided the meanings and creation of the booklet based on the specialized literature on the topic. All study participants signed the Free and Informed Consent Form (FICF) at the beginning of the interviews. They were always conducted on Mondays, the theoretical class day of the residency program, in a reserved room with the main interviewer and the participant and without the presence of third parties, ensuring the participants' privacy. Each interview lasted a mean of 35 minutes. There were no refusals to participate in the study.

For data analysis, all the statements of the interviewed residents were transcribed according to the interview script, and were subsequently sent to each participant for verification after 7 days, at the time of their theoretical activity. Subsequently, the testimonies were analyzed using the content analysis technique, as it provides understanding, use and application of the content obtained[11].

In the third stage, the pre-analysis was carried out with floating reading and text recognition; the material or coding was explored, aiming to reach the nuclei of meaning based on the clipping of fragments from the research participants' testimonies, transforming the unprocessed data into the text comprehension nuclei[11]. At this stage, a number of nuclei of meanings emerged, namely: violence during pregnancy, neglect and mistreatment; physical, verbal and psychological violence; violence against evidence; women's rights; right to a companion; right to information; and women's autonomy and. In the last stage, the results were processed and inferences and interpretations were made, where the meanings assigned by the residents were identified in relation to Obstetric Violence and pregnant women's right with formulation of the following categories: The meanings of Obstetric Violence: subsidies for creating the educational technology; Women's rights as a health indicator for coping with Obstetric Violence.

These meanings assigned by the residents and the specialized literature enabled creating the booklet, built in the fourth stage of the study. This technology was built with the textual elaboration of 21 sheets, directed to women in prenatal care as target audience. The topics were listed after data analysis with the interviews and supported in the thematic literature. The booklet is entitled *Obstetric Violence and Pregnant Women's Rights: What you need to know* and consists of 13 topics: 1) Presentation; 2) What is Obstetric Violence?; 3) Physical violence; 4) Verbal and psychological violence; 5) Institutional violence; 6) Patrimonial violence[12]; 7) Right to a companion; 8) Right to know the maternity hospital; 9) How to cope with Obstetric Violence?; 10) How to report Obstetric Violence?; 11) References; 12) Call and report; and 13) Authors and collaborators[13].

During this stage to create the booklet, there was an adaptation with the textual and language review, regarding the technical terms used in the literature, adapting them to more popular and accessible language in order to ease understanding of the booklet by pregnant women, parturients and companions. The use of technical terms was restricted to what was necessary and, when employed, examples were cited to clarify the topic presented. The support services available to these women, which also make up the booklet content, were consulted and

confirmed through publications and consultation with the services, by telephone or email.

In the fifth stage, the illustrations referring to the booklet topic were selected, with the objective of stimulating easy understanding of the material and emphasizing a given subject matter, in line with the concepts presented. Ready-made illustrations were included, made available and selected on the Canva® and Freepik® electronic pages. The first image search resulted in the selection of 57 illustrations that were related to the content covered in the text and image quality. Illustrations corresponding to the following themes were selected: feeding; pregnancy; massage during labor; positions during labor and delivery; normal delivery; episiotomy; Kristeller maneuver; gymnastics; exercises during labor; companion; doula; breathing and yoga; pregnant women›s rights; medical record; maternity; telephone; note; floral themes; and dialog balloons. Some subject matters required the selection of more than one illustration.

At this stage, after screening, the images were inserted in the booklet together with the texts and in accordance with the subject matter addressed, resulting in the final selection of 26 illustrations. For the final composition of the booklet, contact was made with a professional in the design and communication areas, who was responsible for editing the material. All illustrative and conceptual content was delivered to this professional to finalize the booklet. The visual presentation of the material was prepared by a design professional, as well as adjustments to the content, prioritizing the relevant information. Finally, the structural and shape organization of the material was made.

Successive attempts were made until reaching the final product, with texts in accessible language for most of the people who comprise the booklet's target audience (pregnant women), regardless of their training level, and a visual presentation with the use of fonts with good definition and without color contrast, clear illustrations and that have a direct relationship with the topic, short and objective phrases and paragraphs, capable of instigating the reader as to the need and importance of reading the material. Finally, the last stage, where the educational booklet on rights and Obstetric Violence was finalized.

The research was sent to the Research Ethics Committee (*Comitê de* Ética *em Pesquisa*, CEP) of the Health Science Institute (*Instituto de Ciência da Saúde*, ICS) at UFPA, and was approved according to Protocol No. 5,194,877 dated January 6th, 2022, and Certificate of Presentation for Ethical Appraisal (CAAE): 52810321.8.0000.0018.

Results

Among the 14 Obstetric Nursing residents, there was predominance of females [12] and 2 males. In relation to age, 9 residents were between 20 and 25 years old, and 5 were between 26 and 30 years old.

Regarding the undergraduate Nursing course, nine attended public institutions and five, private ones. As for the end of the undergraduate studies, six finished in 2020, five in 2019 and four in 2021.

Referring to the specializations, six have specialization courses and eight had not attended any specialization courses. The specialization courses taken by the six participants were the following: Pediatrics and Neonatology; Neonatal and Adult ICU; Neonatal and Pediatric ICU; Health Audit; Women's and Maternal-Child Health; Health Management; and one with an Academic MSc Degree in Tropical Medicine.

Category 1: The meanings of Obstetric Violence: subsidies for creating the educational technology

In this category, it was possible to observe that the Obstetric Nursing residents' testimonies state that information is a central point to favor the main mechanism for changing women's everyday lives in relation to Obstetric Violence since, when there is no knowledge, Obstetric Violence acts and situations are perpetuated.

> *Information itself I think is the main thing, because taking the information to this woman she knows what violence is or not, I think that information is the main thing, but also talk to that woman.* (REO6).

Some attitudes, where the woman isn't explained the procedure that will be done, that is, whenever there's someone doing the touch, to have several successively on the same woman. (REO11).

The meanings assigned by the residents understand that Obstetric Violence takes place both in the context of delivery and birth as well as in prenatal care and assistance neglect, in addition to lack of adequate care.

I notice that Obstetric Violence, it [pregnant woman] is what hurts the pregnant woman, the woman from the prenatal period, can occur in the prenatal period [...] *I perceive that not much is said about this. It can occur in the sense that this pregnant woman is neglected in some aspect of her life. It can be in the sense that she feels hurt in the treatment she's receiving, both in prenatal care and in a hospitalization due to some complication, as well as at the time in the delivery room. She* [pregnant woman] *suffers from this lack of adequate care. Care that is based on good practices and is well-recommended. (REO1).*

I think that Obstetric Violence starts from prenatal care, in poor assistance, it's not knowing how to say women's rights, what they should do, what she [pregnant women] *looks for, mainly not using a birth plan for this woman. And in the institution, to deny care, that is, to refer this woman, and I could also assist this woman in the institution*. (REO8).

Obstetric Violence is also based on health professionals' treatment behaviors, such as verbal violence and insults against women, also for any physical violence instance in this relationship between health professionals and women.

Until the delivery moment due to verbal violence, physical violence, among other types of violence that can happen during labor. Mainly, it's certain aggressions that some people don't believe are verbal aggressions to women in labor, that is, mainly when they [pregnant women] *begin to complain about pain. (REO2).*

Sometimes the professionals themselves commit this, with words, with attitudes and not explaining, that is, what is delivery for that woman, and doing both with her and with the baby. For me it's Obstetric Violence, it's verbal violence, not verbal, because sometimes it's not with the attitude, but with words they end up, that is, hurting or infringing or, it is sometimes neglecting that woman. (REO6).

One of the points related to Obstetric Violence in this category is disrespect for women, especially their rights and autonomy, according to the following testimonies:

For me it's a matter of disrespect even for the woman throughout the pregnancy-puerperal cycle and mainly at the time of delivery [...] *it can be the most humanized team possible, but if there is a professional who goes there and says no, this is my way of doing it, he'll commit violence and simply, she'll practically not be able to prevent it* [...] *Because, not to mention the professional himself, but some professionals do commit violence in front of us. So, for me it's disrespect for women, for women's autonomy, for their rights*. (REO3).

I understand violence as any violation of the woman's right, that is, in relation to what she [pregnant woman] *feels, if she feels violated* [...] *That's why I consider violence. I think that, really, some of the main types of violence found are verbal and physical*. (REO10).

Obstetric Violence is related to any action by health professionals on the woman's body, with the use of disrespectful practices and without any scientific basis.

I know if this woman, is she informed about episiotomy? Abusive oxytocin use. Yes, the Kristeller maneuver, which unfortunately we see. The Valsava maneuver, which I've already seen, I've witnessed it. Many actions, maneuvers, that is, inadequate practices and treatments, ways of treatment. (REO1).

Obstetric Violence, I believe that it's everything that doesn't have a scientific basis to be carried out within the Obstetrics techniques and that drifts away from what we know as care humanization, or even the care that you don't have control over how you'll do it, is, you're not aware of how you'll apply that to that woman, who may generate a risk for her [...] *Mainly they're no longer recommended, it is, for example, the Kristeller maneuver that is no longer recommended because there's no scientific evidence that it contributes benefits, it is only bad consequences for the woman and the baby* [...] *Episiotomy that, when performed without criteria, represents Obstetric Violence. (REO4).*

Thus, the meanings assigned by the Obstetric Nursing residents dialogue with the concepts of the topic, relating Obstetric Violence in the pregnancy-puerperal period, both through interventions on the female body as well as via physical, verbal, psychological violence, neglect and annulment of women's autonomy.

Category 2: Women's rights as a health indicator for coping with Obstetric Violence

In this category, it was possible to conclude that pregnant women's rights are configured as an articulated process for human rights, which should be respected by each health professional.

Pregnant women's rights, mainly, it's that we can take mainly human rights, the right to health. (REO2).

We know that pregnant women's tights are fundamental, but it's a very big struggle for them to be really respected

> *in fact, as I see it, their main right is to be cared for, for her* [pregnant woman] *to have care anywhere she needs and to be the protagonist, at the time of her labor, during her pregnancy to be very well informed.* (REO14).

One of the rights gained over the years was the right to a free-choice companion throughout the gestational and parturition process, as reported in the following testimony:

> *But also rights that she* [pregnant woman] *should have, it is, constitutionally, not only by municipal laws, state laws, but by federal law itself, such as, for example, the companion law. It's a federal law, it's a law that's in force in some health institutions, in certain institutions it'll not be in force, it's a form of Obstetric Violence to this woman's right and also to the rights that women can have in matters of work and study, which has certain places that also don't comply because it's not a federal law, and sometimes has laws that support it in certain municipalities, in certain cities, but not in other states and municipalities.* (REO2).

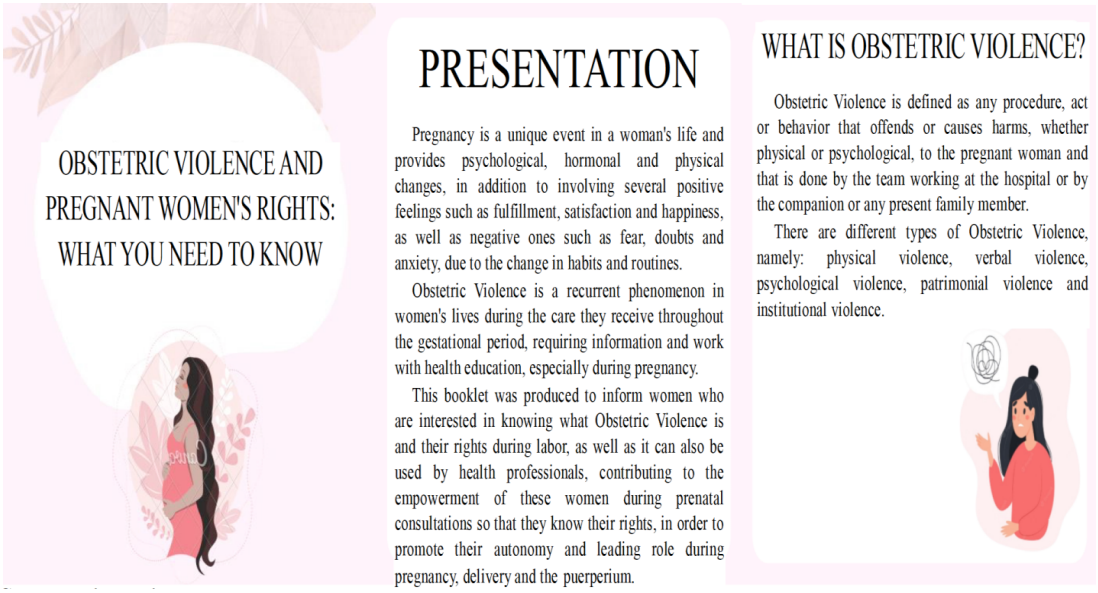
The Obstetric Nursing residents' testimonies establish that information promotes the autonomy of choice and leading role in childbirth, which allows pregnant women to establish their rights, especially over their bodies and unnecessary interventions promoted by the health professionals.

> *It's precisely this, if she* [pregnant woman] *knows her rights, then she can act as the protagonist of that moment, if she doesn't know her rights she simply does what she's told to do, and it turns out that it oftentimes ends up being a bad experience precisely for this reason, she doesn't know the rights and ends up doing things with which she isn't comfortable, or she doesn't know how to defend herself from a situation that should not be happening and she totally loses her leading role in a moment that should be unique in life.* (REO12).

> *Not every pregnant woman, for example, knows that she can choose in which position she wants to give birth, that is, not all have this information, and I think so, that the professionals themselves oftentimes end up forgetting in fact, it is that normal delivery, who leads, the one doing it is the woman, it's the woman and her baby, so precisely when there are many interventions in this delivery, unnecessary interventions in the case, because of course we know that some interventions are necessary, but this woman's leading role is removed in a way.* (REO13).

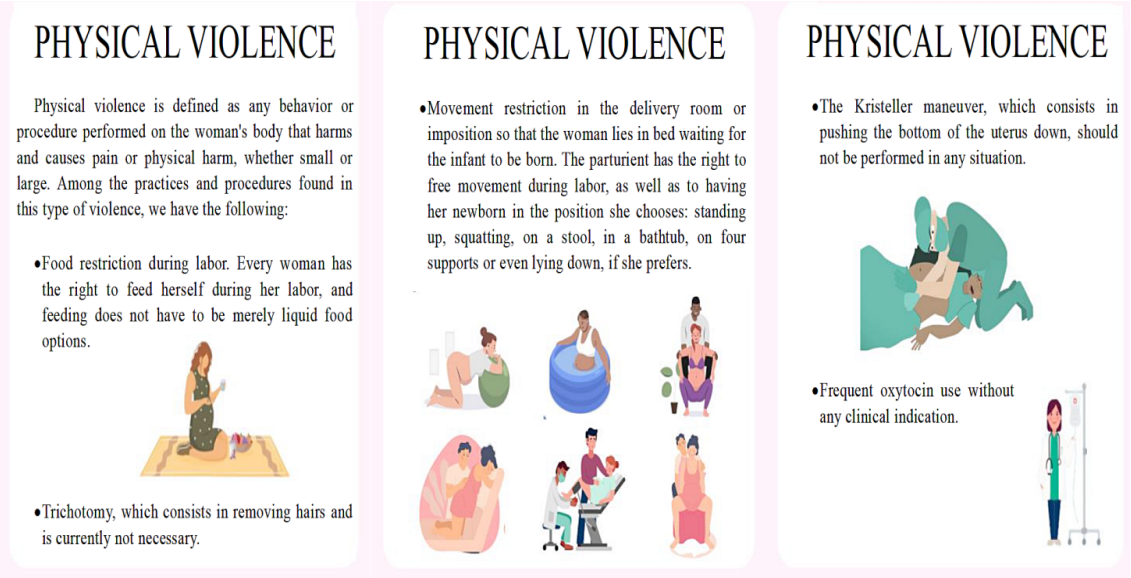
Thus, the meanings brought to light women's fundamental right, a human right, the right to autonomy, to a companion, to information and to guarantee pregnant women's autonomy and empowerment. Thus, the process contributed to creating the booklet, observed in Figures 1 and 2, and 3, 4, 5 and 6, as follows:

Figure 1 – Contents of the Educational Booklet on Obstetric Violence and pregnant women's rights. Belém, Pará, Brazil



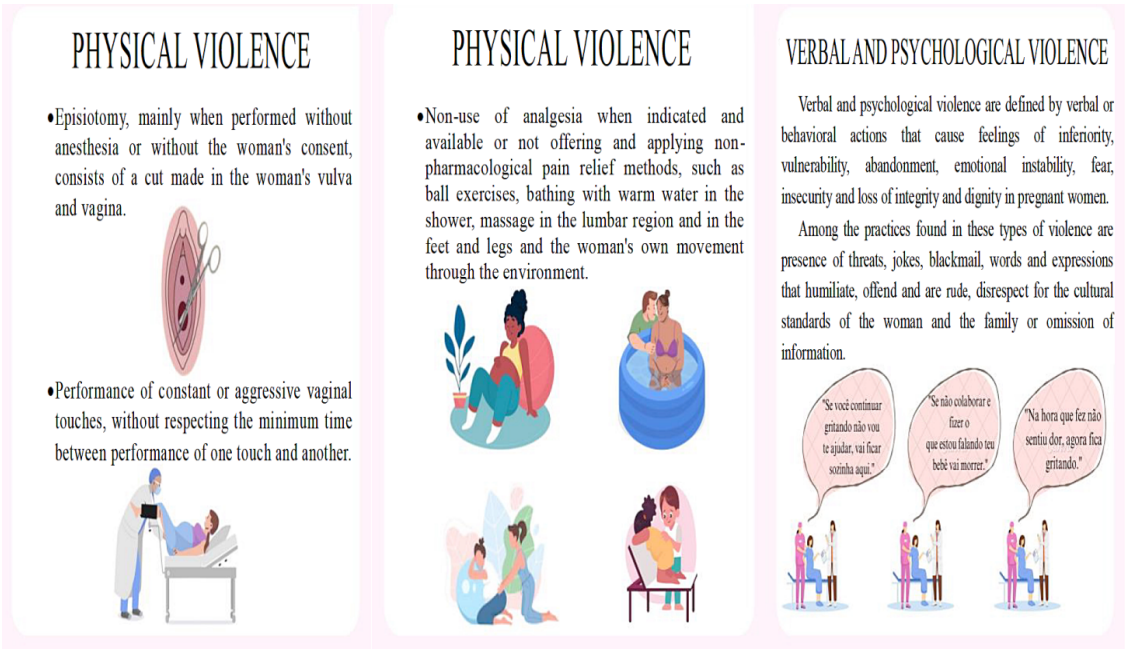
Source: created by the authors.

Figure 2 – Contents of the Educational Booklet on Obstetric Violence and pregnant women's rights. Belém, Pará, Brazil



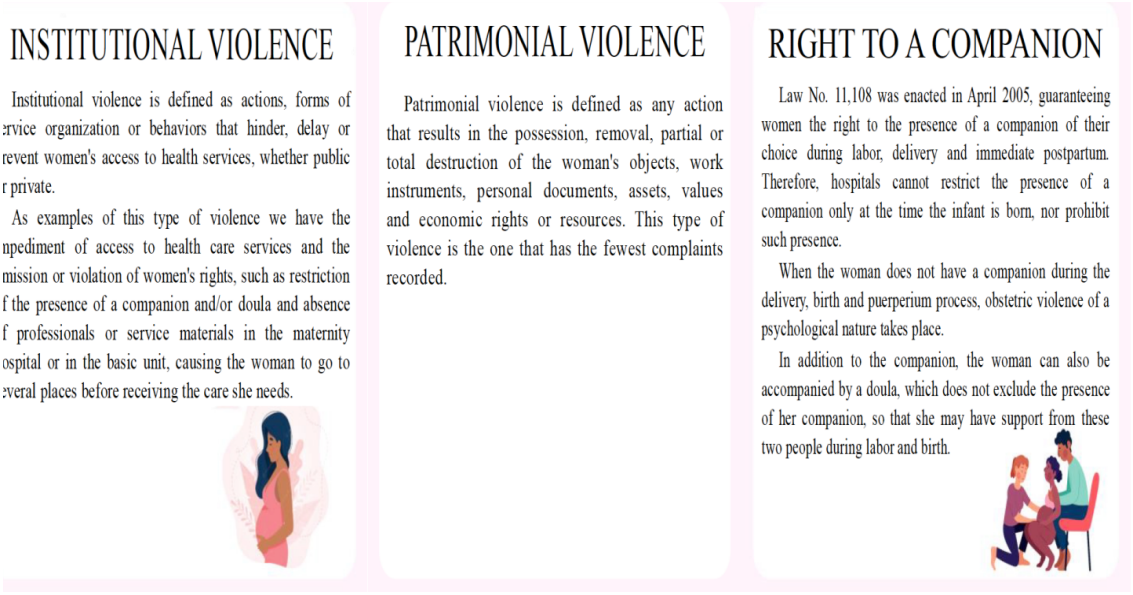
Source: created by the authors.

Figure 3 – Contents of the Educational Booklet on Obstetric Violence and pregnant women's rights. Belém, Pará, Brazil



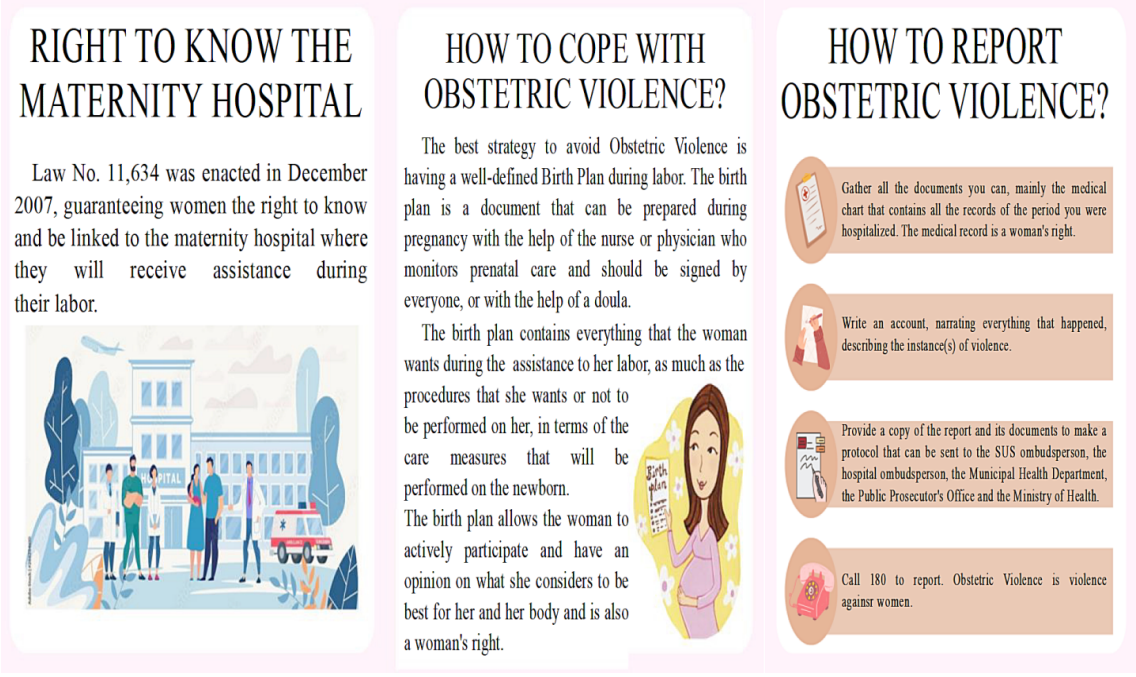
Source: created by the authors.

Figure 4 – Contents of the Educational Booklet on Obstetric Violence and pregnant women's rights. Belém, Pará, Brazil



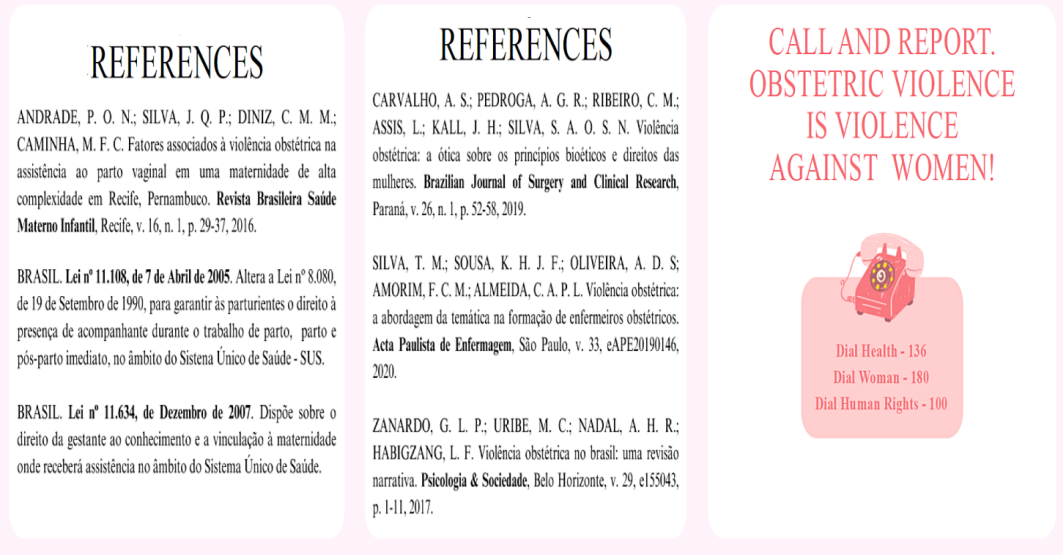
Source: created by the authors.

Figure 5 – Contents of the Educational Booklet on Obstetric Violence and pregnant women's rights. Belém, Pará, Brazil



Source: created by the authors

Figure 6 – Contents of the Educational Booklet on Obstetric Violence and pregnant women's rights. Belém, Pará, Brazil



Source: created by the authors.

The meanings assigned by the residents guided the creation of this booklet targeted at women in prenatal care, together with the survey of the literature on women's rights and Obstetric Violence, contributing to female empowerment.

Discussion

Violence in services that serve pregnant and parturient women, whether from the public or private network, oftentimes takes place due to the way in which these services are organized, mainly with regard to the care practices, where it is possible to witness deficient accessibility, such as delay in initiating care, refusal of hospitalizations in the service, negligent care, actions and behaviors that characterize physical, verbal or psychological mistreatment, and disrespect for women's privacy and freedom of choice[14].

This oftentimes entails performing procedures and actions that were not consented by the pregnant or parturient woman, as well as the common practice of unnecessary procedures, which contribute to the fact that it is not possible to establish the development of comprehensive care for these women[14]. This fact is proven by the meanings assigned by the residents included in the study and by the specialized literature.

Lack of information is the main factor that allows Obstetric Violence to occur since, when women do not have access to information, there is no knowledge construction and, much less, their empowerment, so that acts and situations of violence are not found in their care. Basic Health Units (BHUs) and Family Health Strategy (FHS) units are pregnant women's the first and main access to the health network through prenatal consultations, whether performed by a physician or a nurse, and constitute a primary strategy to provide information to women[15].

According to Law No. 7,498/86, which provides for the Professional Practice, nurses have the professional competence to monitor pregnant women in prenatal consultations[16]. Nurses are the professionals who accompany pregnant women during most prenatal consultations, offering humanized and good quality care to each pregnant woman and her companion, as well as providing guidelines in order to empower her about her rights, mainly with regard to dignified care throughout the pregnancy[16], which corroborates that Obstetric Violence begins during prenatal care.

Thus, instructing pregnant women and their companions about their rights and what constitutes Obstetric Violence can directly contribute to reducing morbidity and mortality and reducing the number of cases, through good care and humanization practices that prioritize the natural parturition process. Some authors[17] assert that 92.6% of the women had never heard of Obstetric Violence during their pregnancies, or even before. Thus, the presence of a companion favors a reduction in the number of Obstetric Violence episodes[18].

For being supported by courses of action carried out by health professionals, Obstetric Violence can also manifest itself through verbal violence, such as insults directed at these pregnant women. It can also emerge through acts that characterize physical violence on the part of the professionals, not only characterized by aggressions, but also through actions that should not be performed. It is possible to observe them when obstetricians or obstetric nurses choose repetitive vaginal touches, cause these women to restrict their feeding, or do not allow them to choose their companion or the position in which they wish to have their newborn, removing their autonomy and leading role at that moment[4,19]. Thus, the meanings assigned by the residents and the scientific literature on the topic of rights and Obstetric Violence allowed this understanding and a subsidy for creating the booklet.

The hospital-based *Nascer no Brasil* (Being Born in Brazil) survey consisted of puerperal women and their newborns, was carried out from February 2011 to October 2012 and identified that 40% of the women had repeated vaginal touches with the application of synthetic oxytocin and amniotomy, with 37% and 56% including the Kristeller maneuver and episiotomy, respectively[20]. These interventions are considered Obstetric Violence and enter their typology which, in addition to such procedures, there were insults or humiliations during the care provided and lack of explanations and information about the procedures that were performed.

When carried out correctly during prenatal care, health education provides clarification of doubts, creation of a bond and dialogue between nurses, pregnant women and their companions and family members, enabling the establishment of the teaching-learning process in a critical way, so that they can face the adversities that may arise during pregnancy, in addition to strengthening their rights and duties as citizens[16,20].

Inequality of rights between men and women is historical and exerts an impact on the health conditions of the population even today, mainly in the female population throughout their life cycle. The 1988 Federal Constitution brought the principles for health and human dignity protection, when policies targeted at women's health were created, seeking integrality and problematization of the living conditions, violence and inequalities suffered by women[12]. Obstetric Violence reports are less prevalent in pregnant women who had active and participative companions, thus evidencing the importance of companions being of the pregnant women's free choice, so that they can provide safety, protection and assistance in decision-making[18].

In addition to monitoring childbirth, the importance of the presence of a companion during prenatal care is also observed, exerting positive effects in the pregnancy-puerperal period, in addition to providing a better childbirth and puerperium experience[18]. It is necessary to improve the strategies for instructing pregnant women and their companions regarding women's human rights in delivery and childbirth care, informing them about good practices, about Obstetric Violence and the right to the companion of the woman's choice in the parturition process[22].

It is important that the assistance provided by professional nurses, physicians or any professional who assists women, offers not only comfort and relief guidelines for their labor, but mainly to empower them, thus favoring their autonomy regarding their rights[23]. One of the ways to reduce Obstetric Violence practices is through these women's bond with professional nurses, in addition to carrying out educational

actions to promote autonomy and change of behavior in the professionals who work directly in delivery care, aiming at breaking paradigms and emphasizing the use of evidence-based practices[24].

It is necessary to present ideas with accessible discourses, to generate autonomy and the power of refusal in pregnant women. They must be aware that they can count on the preservation of their bodily identity, their right to a companion, that their delivery assistance modality must be respected and that their childbirth will be recognized as a unique and individual experience[12,24]. Thus, understanding of the theme by the literature and the meanings attributed to this problem effectively ensured the creation of the educational booklet targeted at women during prenatal care.

The study limitations were due to the scarcity of theoretical studies on guidelines, Obstetric Violence and pregnant women's rights referring exclusively to the delivery context, with the need to be worked on in prenatal care and miscarriage.

Educational technologies have construction and applicability ease and represent a fundamental point for their choice in educational activities, as they represent an accessible and easy-to-understand strategy, allowing the approach of complex subject matters in a simplified way, assisting in the development of criticality and autonomy in the target audience[25]. Thus, the booklet developed effectively contributes to women's knowledge and to their leading role and empowerment, easing the reduction in the number of Obstetric Violence episodes and their assistance indicators.

Final Considerations

The experience of creating this educational booklet on Obstetric Violence and pregnant women's rights showed that development of this process is feasible and can be applied in the elaboration of other educational materials, through appreciation of the subjects during the work process.

This study allowed creating an educational technology of the booklet type about pregnant women's rights and behaviors that characterize Obstetric Violence, fulfilling the objective that was outlined at the beginning of the research. Thus, the next study stage will be to validate the booklet aiming at its use in health services.

Through the data and literature presented, it was possible to highlight the importance of the presence of health education and the use of educational materials during prenatal care, in order to empower these pregnant women and their support network with information and knowledge to prevent such practices and affirm their rights. Using educational technologies such as the booklet during the health education practice enables the presence of autonomy and leading role in these women during pregnancy and labor, in order to promote a reduction of maternal and fetal morbidity and mortality and avoid negative experiences and outcomes for the dyads and their companion.

We emphasize the need to develop new intervention studies that use educational technology aimed at preventing Obstetric Violence and guaranteeing pregnant women's rights during labor, taking into account the sociodemographic and epidemiological reality in which these pregnant women are inserted, both now and in the future.

Collaborations:

1 – Conception and planning of the project: Larissa Renata Bittencourt Pantoja, Diego Pereira Rodrigues, Valdecyr Herdy Alves, Tatiana do Socorro dos Santos Calandrini, Laena Costa dos Reis, Letícia Diogo de Oliveira Moura and Fabianne de Jesus Dias de Sousa;

2 – Data analysis and interpretation: Larissa Renata Bittencourt Pantoja, Diego Pereira Rodrigues and Tatiana do Socorro dos Santos Calandrini;

3 – Writing and/or critical review: Larissa Renata Bittencourt Pantoja, Diego Pereira Rodrigues, Valdecyr Herdy Alves, Tatiana do Socorro dos Santos Calandrini, Laena Costa dos Reis, Letícia Diogo de Oliveira Moura and Fabianne de Jesus Dias de Sousa;

4 – Approval of the final version: Larissa Renata Bittencourt Pantoja, Diego Pereira

Rodrigues, Valdecyr Herdy Alves, Tatiana do Socorro dos Santos Calandrini, Laena Costa dos Reis, Letícia Diogo de Oliveira Moura and Fabianne de Jesus Dias de Sousa.

Conflicts of interests

There is no conflict of interests.

References

1. Velho MB, Santos EKA, Collaço VS. Parto normal e cesárea: representações sociais de mulheres que os vivenciaram. Rev Bras Enferm. 2014;67(2):282-9. DOI: 10.5935/0034-7167.20140038

2. Palharini LA, Figueirôa SFM. Gênero, história e medicalização do parto: a exposição "Mulheres e práticas de saúde". Hist cienc saude-Manguinhos. 2018;25(4):1039-61. DOI: 10.1590/S0104-59702018000500008

3. Anunciação PS, Lamy ZC, Pereira MUL, Madeira HGR, Loyola CD, Gonçalves LLM, et al. "Revés de um parto": relatos de mulheres que perderam o filho no período neonatal. Cad Saúde Pública. 2018;34(12):e00190517. DOI: 10.1590/0102-311X00190517

4. Carvalho AS, Pedroga AGR, Ribeiro CM, Assis L, Kall JH, Silva SAON. Violência obstétrica: a ótica sobre os princípios bioéticos e direitos das mulheres. Braz J Surg Clin Res [Internet]. 2019 [cited 2023 Feb 09]; 26(1):52-8 Available from: https://www.mastereditora.com.br/periodico/20190306_114936.pdf

5. Melo DF, Nogueira MAA, Ferro SMSF, Silva TR, Costa YL, França AMB, et al. Atuação educativa do profissional enfermeiro na assistência ao pré-natal. CBioS [Internet]. 2015 [cited 2023 Feb 09];2(3):57-66. Available from: https://periodicos.set.edu.br/fitsbiosaude/article/view/2048

6. Costa NY, Correa LRS, Pantoja GX, Penela AS, Santos SFD, Franco IM, et al. O pré-natal como estratégia de prevenção a violência obstétrica. REAS. 2020;12(12):e4929. DOI: https://doi.org/10.25248/reas.e4929.2020

7. Maniva SJCF, Carvalho ZMF, Gomes RKG, Carvalho REFL, Ximenes LB, Freitas CHA. Tecnologias educativas para educação em saúde no acidente vascular cerebral: revisão integrativa. Rev Bras Enferm. 2018;71(Suppl 4):1724-31. DOI: 10.1590/0034-7167-2017-0041

8. Nespoli G. Os domínios da Tecnologia Educacional no campo da Saúde. Interface (Botucatu). 2013;17(47):873-84. DOI: 10.1590/S1414-32832013005000028

9. Nascimento MHM, Teixeira E. Tecnologia educacional para mediar o acolhimento de "familiares cangurus" em unidade neonatal. Rev Bras Enferm. 2018;71(Suppl 3):1290-7. DOI: 10.1590/0034-7167-2017-0156

10. Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Saturação teórica em pesquisa qualitativa: relato de experiência na entrevista com escolares. Rev Bras Enferm. 2018;712(1):243-8. DOI: https://doi.org/10.1590/0034-7167-2016-0616

11. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2015.

12. Marques SB. Violência obstétrica no Brasil: um conceito em construção para a garantia do direito integral à saúde das mulheres. Cad Ibero AM Direito Sanit. 2020;9(1):97-119. DOI: https://doi.org/10.17566/ciads.v9i1.585

13. Pantoja LRB, Rodrigues DP, Calandrini TSS, Alves VH. Violência obstétrica e direitos da gestante: o que você precisa saber [Internet]. Cidade: EduCaps; ano. [cited 2023 set 21]. Available from: http://educapes.capes.gov.br/handle/capes/720134

14. Sens MM, Stamm AMN. Percepção dos médicos sobre a violência obstétrica na sutil dimensão da relação humana e médico-paciente. Interface (Botucatu). 2019;23:e180487. DOI: 10.1590/Interface.180487

15. Conceição RGS, Simões AV, Rodrigues VP, Machado JC, Penha JMN, Balbinote FS. Assistência qualificada no pré-natal como prevenção da violência obstétrica: Revisão integrativa. Res Soc Dev. 2021;10(8):e34910817505. DOI: 10.33448/rsd-v10i8.17505

16. Lima VKS, Hollanda GSE, Oliveira BMM, Oliveira IG, Santos LVF, Carvalho CML. Educação em saúde para gestantes: a busca pelo empoderamento materno no ciclo gravídico-puerperal [Internet]. Rev pesqui cuid fundam. 2019 [cited 2023 ago 21];11(4):968-75. Available from: https://seer.unirio.br/index.php/cuidadofundamental/article/view/6822/pdf_1

17. Pessoa LM, Barbosa ABA, Rodrigues ESRC, Lima TNFA. Conhecimento de puérpera acerca da violência obstétrica. Temas em Saúde [Internet]. 2016 [cited 2023 Feb 09];16(4):212-40. Available

from: https://temasemsaude.com/wp-content/uploads/2017/01/16415.pdf

18. Tomasi YT, Saraiva SS, Boing AC, Delziovo CR, Wagner KJP, Boing AF. Do pré-natal ao parto: um estudo transversal sobre a influência do acompanhante nas boas práticas obstétricas no Sistema Único de Saúde em Santa Catarina, 2019. Epidemiol Serv Saúde. 2021;30(1):e2020383. DOI: 10.1590/s1679-49742021000100014

19. Zanardo GLP, Uribe MC, Nadal AHR, Habigzang LF. Violência obstétrica no brasil: uma revisão narrativa. Psicol Soc. 2017;29:e155043. DOI: 10.1590/1807-0310/2017v29155043

20. Leal MC, Pereira APE, Domingues RMSM, Theme Filha MM, Dias MAB, Nakamura-Pereira M, et al. Obstetric interventions during labor and childbirth in Brazilian low-risk women. Cad Saúde Pública. 2014;30(Suppl 1):S17-32. DOI: https://doi.org/10.1590/0102-311X00151513

21. Blank EB, Soares MC, Cecagno S, Ribeiro JP, Oliveira SG, Ferreira JB. Práticas educativas para (re) significar o parto e o nascimento no olhar de puérperas. Rev Salusvita. 2019;38(3):581-95. Available from: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1051394

22. Mazzetto FMC, Mattos TB, Siqueira FPC, Ferreira MLSM. Presença do acompanhante na perspectiva da mulher durante o parto. Rev Enferm UFPE. 2022;16(1):e252582. DOI: 10.5205/1981-8963.2022.252582

23. Duarte MR, Alves VH, Rodrigues DP, Marchiori GRS, Guerra JVV, Pimentel MM. Percepção das enfermeiras obstétricas na assistência ao parto: resgate da autonomia e empoderamento da mulher. Rev Pesqui Cuid Fundam. 2020 [cited 2023 ago 21];12:903-8. Available from: https://seer.unirio.br/index.php/cuidadofundamental/article/view/7927/pdf_1

24. Pereira KTO, Wada P, Pim I, Barreto MMCG. O papel do enfermeiro no empoderamento das mulheres em situação de parto. Revista Recien. 2022;12(39):161-71. DOI: 10.24276/rrecien2022.12.39.161-171

25. Bragagnollo GR, Camargo RAA, Guimarães MN, Santos TS, Monteiro ELM, Ferreira BS. Development and validation of an interactive educational technology on spotted fever. Rev Latino-Am Enferm. 2020;28:e3375. DOI: https://doi.org/10.1590/1518-8345.3678.3375

Received: February 13, 2023

Approved: September 13, 2023

Published: November 1st, 2023