

The Impact of Obstetric Violence on Women's Health: Emotional Aspects and the Role of Nursing in Comprehensive Care

O Impacto da Violência Obstétrica na Saúde da Mulher: Aspectos Emocionais e a Atuação da Enfermagem na Assistência Integral

El Impacto de la Violencia Obstétrica en la Salud de la Mujer: Aspectos Emocionales y la Actuación de la Enfermería en la Atención Integral

RESUMO

A violência obstétrica representa uma grave violação dos direitos humanos das mulheres, caracterizada por práticas abusivas, desrespeitosas ou negligentes durante o ciclo gravídico-puerperal. Este estudo teve como objetivo analisar os impactos da violência obstétrica na saúde da mulher, com ênfase nos danos emocionais e psicológicos gerados por essas experiências e no papel da enfermagem na promoção de uma assistência obstétrica humanizada. Trata-se de uma revisão bibliográfica desenvolvida por meio de buscas nas bases SciELO, LILACS, PubMed e Google Scholar, utilizando descritores como "violência obstétrica", "saúde da mulher", "saúde mental" e "assistência humanizada", com foco em publicações dos últimos cinco anos. Os resultados apontam que a violência obstétrica ainda é recorrente no Brasil, especialmente entre mulheres negras, jovens e de baixa renda, revelando um cenário de desigualdade e vulnerabilidade. As consequências vão além dos danos físicos, atingindo a esfera emocional e podendo desencadear transtornos como depressão pós-parto, ansiedade e estresse pós-traumático, além de prejudicar o vínculo materno-infantil. Evidenciou-se também a importância da atuação do enfermeiro obstetra, que tem papel fundamental na prevenção da violência, por meio da escuta qualificada, respeito à autonomia da mulher e promoção de práticas humanizadas. Conclui-se que é necessário fortalecer políticas públicas, capacitação profissional contínua e o incentivo a estudos sobre o tema, visando à erradicação dessa forma de violência e à consolidação de uma atenção obstétrica baseada no respeito, na equidade e na dignidade da mulher.

DESCRIPTORES: Violência obstétrica, Saúde da mulher, Saúde mental, Enfermagem obstétrica, Assistência humanizada.

SUMMARY

Obstetric violence is a serious violation of women's human rights, characterized by abusive, disrespectful or negligent practices during the pregnancy-puerperium cycle. The aim of this study was to analyze the impact of obstetric violence on women's health, with an emphasis on the emotional and psychological damage caused by these experiences and the role of nursing in promoting humanized obstetric care. This is a bibliographic review developed by searching SciELO, LILACS, PubMed and Google Scholar, using descriptors such as "obstetric violence", "women's health", "mental health" and "humanized care", focusing on publications from the last five years. The results show that obstetric violence is still recurrent in Brazil, especially among black, young and low-income women, revealing a scenario of inequality and vulnerability. The consequences go beyond physical damage, reaching the emotional sphere and potentially triggering disorders such as postpartum depression, anxiety and post-traumatic stress, as well as damaging the mother-infant bond. It also highlighted the importance of obstetric nurses, who play a fundamental role in preventing violence, through qualified listening, respect for women's autonomy and the promotion of humanized practices. The conclusion is that there is a need to strengthen public policies, continuous professional training and the encouragement of studies on the subject, with a view to eradicating this form of violence and consolidating obstetric care based on respect, equity and women's dignity.

DESCRIPTORS: Obstetric violence, Women's health, Mental health, Obstetric nursing, Humanized care.

RESUMEN

La violencia obstétrica representa una grave violación de los derechos humanos de las mujeres, caracteri-

Integrative Review

Reis JAA, Aprigio ABR, Duarte ASC

The Impact of Obstetric Violence on Women's Health: Emotional Aspects and the Role of Nursing in Comprehensive Care

zada por práticas abusivas, irrespetuosas o negligentes durante el ciclo gravídico-puerperal. Este estudio tuvo como objetivo analizar los impactos de la violencia obstétrica en la salud de la mujer, con énfasis en los daños emocionales y psicológicos generados por estas experiencias y en el papel de la enfermería en la promoción de una atención obstétrica humanizada. Se trata de una revisión bibliográfica desarrollada mediante búsquedas en las bases de datos SciELO, LILACS, PubMed y Google Scholar, utilizando descriptores como "violencia obstétrica", "salud de la mujer", "salud mental" y "atención humanizada", con enfoque en publicaciones de los últimos cinco años. Los resultados indican que la violencia obstétrica sigue siendo recurrente en Brasil, especialmente entre mujeres negras, jóvenes y de bajos ingresos, revelando un escenario de desigualdad y vulnerabilidad. Las consecuencias van más allá de los daños físicos, afectando el ámbito emocional y pudiendo desencadenar trastornos como depresión posparto, ansiedad y estrés postraumático, además de perjudicar el vínculo materno-infantil. También se evidenció la importancia de la actuación de la enfermera obstétrica, quien desempeña un papel fundamental en la prevención de la violencia, mediante la escucha calificada, el respeto a la autonomía de la mujer y la promoción de prácticas humanizadas. Se concluye que es necesario fortalecer las políticas públicas, la capacitación profesional continua y el incentivo a investigaciones sobre el tema, con el fin de erradicar esta forma de violencia y consolidar una atención obstétrica basada en el respeto, la equidad y la dignidad de la mujer.

DESCRIPTORES: Violencia obstétrica, Salud de la mujer, Salud mental, Enfermería obstétrica, Atención humanizada.

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INTRODUCTION

Women's health is a fundamental area of public health policy in Brazil, encompassing actions that go beyond reproductive health care, also covering physical, mental and social aspects throughout the female life cycle. The National Policy for Comprehensive Women's Health Care (PNAISM), instituted in 2004, broadened the scope of care, incorporating principles of equity, comprehensiveness and respect for gender diversity, race and sexual orientation. This approach aims to ensure that women have access to quality health services that meet their specific needs

and promote well-being at all stages of life.¹

Obstetrics, as a medical specialty, is dedicated to monitoring pregnancy, childbirth and the puerperium, and is essential for ensuring maternal and neonatal health. In this context, obstetric nurses play a crucial role, offering humanized care based on scientific evidence. Their work includes monitoring the health of pregnant women, carrying out normal deliveries and promoting practices that respect women's autonomy and rights. The presence of the obstetric nurse is fundamental to ensuring safe and welcoming care during the birth process.²

However, even with advances in

health policies, obstetric violence is still a worrying reality in Brazil. This term refers to disrespectful, abusive or negligent practices during the care of pregnant women, childbirth and the postpartum period. Common manifestations include performing procedures without consent, using offensive language, neglecting pain relief and disregarding the woman's preferences. Such practices violate human rights and compromise the quality of care provided.³

The impacts of obstetric violence on women's emotional health are significant. Studies indicate that traumatic experiences during childbirth can lead to the development of mental



disorders such as postpartum depression and post-traumatic stress disorder (PTSD). In addition, these experiences can negatively affect the mother-baby bond and discourage future pregnancies. Women's mental health is therefore profoundly influenced by the quality of obstetric care they receive.⁴

Comprehensive care for women's health, which takes into account their physical, emotional and social needs, is essential for preventing and combating obstetric violence. Nursing professionals play a central role in this process, promoting practices based on the humanization of childbirth, respect for the autonomy of pregnant women and active listening to their demands. The implementation of humanized care protocols and the continuous training of health teams are fundamental strategies for ensuring safe and respectful care.⁵

Epidemiological data reveals the magnitude of obstetric violence in the country. According to the survey "Birth in Brazil", carried out by the Oswaldo Cruz Foundation (Fiocruz), approximately 45% of women treated by the Unified Health System (SUS) reported having suffered some kind of obstetric violence. In private hospitals, this rate was 30%. These figures highlight the urgent need for effective action to eradicate such practices and promote a culture of respect and dignity in obstetric care.⁶

Given this scenario, this article aims to analyze the impact of obstetric violence on women's emotional health, highlighting the importance of comprehensive nursing care. Understanding the factors that contribute to the perpetuation of this violence and identifying effective intervention strategies are essential for promoting humanized obstetric care that is free from abuse.

OBJECTIVES

General Objective

To analyze the impact of obstetric

violence on women's health, with an emphasis on the emotional and psychological consequences of these practices and on the role of nursing in promoting humanized obstetric care free from abuse.

Specific objectives

Understand the concept of obstetric violence and its main manifestations in health services.

To identify the emotional and psychological effects of obstetric violence on women, women's health and obstetric care in Brazil.

To investigate the role of obstetric nurses in preventing and dealing with obstetric violence.

To point out barriers and possibilities for the consolidation of humanized childbirth care practices.

To gather scientific evidence to support the construction of women-centered obstetric care strategies.

METHODOLOGY

This study is characterized as a narrative bibliographic review, whose purpose is to gather, analyze and critically interpret recent scientific production on the impacts of obstetric violence on women's health, with an emphasis on emotional aspects and the role of nursing in promoting humanized obstetric care. The choice of this type of research is justified by the possibility of integrating different theoretical and empirical perspectives already consolidated in the literature, allowing for a comprehensive and grounded understanding of the subject.

Data was collected through a systematic search of the following databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences Literature (LILACS), PubMed and Google Scholar. These platforms were selected for their relevance and scope in the field of health, for providing access to

qualified scientific articles and for allowing the use of filters that facilitate the selection of relevant publications.

During the search, the controlled descriptors from DeCS (Descriptors in Health Sciences) were used: "obstetric violence", "women's health", "obstetric nursing", "mental health" and "humanized care", combined with each other using the Boolean operators AND and OR, in order to refine the results and guarantee the retrieval of articles directly related to the object of study.

The inclusion criteria were: scientific articles published in Portuguese, available in full and with free access, which specifically dealt with obstetric violence from the perspective of nursing, mental health or public policies for the humanization of childbirth, published between 2019 and 2024, with a view to the timeliness of the information.

The exclusion criteria involved: articles in other languages (English and Spanish), publications not available in full or with restricted access, theses, dissertations and monographs not published in scientific journals, as well as works that dealt with the subject in a superficial way or that were not directly related to the objectives of this study.

In all, 84 articles were identified in the four databases. After reading the titles and abstracts, 42 articles were selected for full reading. Of these, 30 were excluded because they did not fully meet the established criteria, resulting in 12 articles used in the final discussion.

After selection, the articles were read in full and critically analyzed, based on the objectives proposed by the study. The information extracted was organized thematically, allowing for an in-depth and well-founded discussion on obstetric violence, its emotional impacts and the strategic role of obstetric nursing in comprehensive women's health care.

RESULTS AND DISCUSSION

Obstetric violence: concept, types and manifestations

Obstetric violence is recognized as a form of gender-based violence that occurs during pregnancy, childbirth and the postpartum period, characterized by abusive, disrespectful, humiliating, coercive or negligent practices on the part of health professionals. According to the World Health Organization (WHO), this violence includes verbal abuse, restrictions on the presence of companions, non-consensual medical procedures, violation of privacy and refusal to administer painkillers, among others. In Brazil, the Ministry of Health recognizes obstetric violence as a violation of women's human rights, negatively affecting their physical and emotional health⁷.

The manifestations of obstetric violence are diverse and can be classified into different types. Physical violence involves unnecessary interventions or those carried out without consent, such as routine episiotomies, excessive use of oxytocin to speed up childbirth, painful maneuvers and caesarean sections without medical indication. Verbal violence includes offensive comments, humiliation, shouting and reprimands that disrespect a woman's dignity. Psychological violence refers to attitudes that cause fear, insecurity and a sense of powerlessness, such as threats, intimidation and misinformation about procedures. Negligence occurs when essential care is omitted, such as refusing to administer analgesia or delaying care. In addition, carrying out procedures without scientific evidence or without the woman's informed consent also constitutes obstetric violence⁸.

Institutional violence is a form of obstetric violence that manifests itself in the hospital environment, often in a naturalized way. It occurs when disrespectful practices are incorporated

into institutional routines, becoming part of everyday life in health services. Examples include the imposition of rules that limit women's autonomy, the lack of privacy, the ban on the presence of companions and the standardization of procedures without considering individual needs. This naturalization makes it difficult for both women and health professionals to recognize the violence, perpetuating a cycle of disrespect and neglect⁹.

It is therefore essential to recognize and combat the various forms of obstetric violence, promoting care based on respect for women's rights, the humanization of childbirth and valuing women's autonomy. Raising awareness among health professionals and implementing public policies that guarantee respectful obstetric practices are essential for eradicating this form of violence¹⁰.

Emotional and psychological consequences of obstetric violence

Obstetric violence is a form of aggression that transcends the physical, leaving deep scars on women's emotional and psychological health. Experiences of disrespect, neglect or abuse during childbirth can trigger a range of mental disorders, including postpartum depression, post-traumatic stress disorder (PTSD) and anxiety. Studies indicate that women subjected to violent obstetric practices are more likely to develop these disorders, negatively affecting their quality of life and emotional well-being¹¹.

In addition to mental disorders, victims of obstetric violence often report feelings of fear, shame and helplessness. These emotions can hinder the establishment of an emotional bond between mother and baby, compromising the child's healthy development and the maternal experience. The feeling of having been disrespected or neglected during such a significant moment can lead women to feel guilty or inadequate, impacting on their self-

esteem and confidence in their maternal abilities¹¹.

The repercussions of obstetric violence can extend beyond the immediate aftermath of childbirth, negatively influencing future pregnancies. Women who have experienced traumatic experiences during their previous childbirth may develop an intense fear of becoming pregnant again or opt for elective caesarean sections in subsequent pregnancies, even in the absence of a medical indication. This behavior is often motivated by the desire to avoid repeating painful and traumatic experiences, highlighting the lasting impact of obstetric violence on women's mental health and reproductive decisions¹¹.

Given these impacts, it is essential that health professionals are alert to signs of emotional distress in women who have had traumatic obstetric experiences. Offering adequate psychological support, promoting humanized obstetric practices and respecting the autonomy and rights of parturients are essential measures to prevent and mitigate the effects of obstetric violence on women's mental health. The implementation of public policies that guarantee the humanization of childbirth and the continuous training of health professionals are crucial steps towards eradicating this form of violence and promoting maternal and child well-being¹¹.

The role of nurses in preventing and dealing with obstetric violence

Nursing plays a fundamental role in promoting humanized care during the pregnancy-puerperium cycle, and is essential in preventing and dealing with obstetric violence. Through a woman-centered approach, obstetric nurses seek to establish a bond of trust, providing a welcoming and safe environment. This therapeutic relationship is built on respect for individuality, active listening and empathy,

elements that contribute to reducing unnecessary interventionist practices and valuing women's role in the childbirth process. Nursing action is therefore crucial to ensuring that childbirth is a positive and respectful experience, in line with the principles of humanizing healthcare¹¹.

Among the specific actions carried out by nurses are welcoming, qualified listening and respect for the parturient woman's autonomy. Welcoming involves warmly welcoming the pregnant woman, providing an environment where she feels safe and respected. Qualified listening makes it possible to understand the woman's needs and expectations, promoting effective and empathetic communication. Respect for the parturient woman's autonomy is evidenced by the guarantee of informed consent for any procedure, the freedom to choose the position for childbirth and the presence of a companion of her choice. These practices strengthen the woman's confidence in her ability to give birth and contribute to building a positive childbirth experience¹².

Continuing education and raising awareness among health professionals are essential strategies for preventing obstetric violence. Through ongoing training programs, nurses can update their knowledge, reflect on their practices and develop skills that promote evidence-based care and respect for women's rights. In addition, sensitizing the multi-professional team to gender and human rights issues contributes to building an institutional culture that values the humanization of childbirth and combats abusive practices. The implementation of protocols and guidelines to guide the work of professionals is also fundamental to ensuring safe, ethical and respectful obstetric care¹³.

In short, obstetric nurses are key players in promoting violence-free obstetric care, acting at the forefront of women's care and playing a crucial role

in transforming institutional practices. Through a humanized, woman-centered approach based on ethical and scientific principles, nurses make a significant contribution to improving the quality of childbirth care and guaranteeing women's rights in the context of reproductive health¹⁴.

Women's health and obstetric care in Brazil

The trajectory of public policies aimed at women's health in Brazil reflects a significant evolution over the decades. Initially, in the first decades of the 20th century, health actions were predominantly focused on pregnancy and childbirth, with the aim of preparing women for motherhood, which was considered their main social function. In the 1980s, with the promulgation of the 1988 Constitution and the creation of the Unified Health System (SUS), there was a broadening of the concept of women's health, incorporating aspects such as sexual and reproductive health and social rights. In 2004, the National Policy for Comprehensive Women's Health Care (PNAISM) was instituted, which consolidated this more comprehensive approach, promoting equity, comprehensiveness and respect for gender, race and sexual orientation diversity¹⁵.

Despite advances in public policies, obstetric care in Brazil still faces challenges related to the excessive medicalization of childbirth. The country has one of the highest rates of caesarean sections in the world, with rates exceeding 55% of deliveries, while the World Health Organization (WHO) recommends a rate of up to 15%. This medicalization is characterized by the indiscriminate use of medical interventions, often unnecessary, which can pose risks to the health of mother and baby. In addition, practices such as routine episiotomy, the use of oxytocin to speed up labor and the restriction of the parturient's movements are com-

mon, reflecting a culture of intervention that disregards the natural physiology of childbirth¹⁶.

In this context, obstetrics and obstetric nursing play key roles in promoting more humanized, woman-centred childbirth care. Obstetrics, as a medical specialty, is responsible for monitoring pregnancy, childbirth and the puerperium, ensuring the safety and well-being of the mother and newborn. In turn, obstetric nursing, regulated by Law No. 7.498/86 and Decree No. 94.406/87, allows obstetric nurses to perform normal deliveries and provide care during prenatal and postpartum periods. These professionals are trained to provide care based on scientific evidence, respecting women's autonomy and promoting practices that value natural childbirth and minimize unnecessary interventions¹⁶.

The work of obstetric nurses has been shown to be effective in reducing caesarean section rates and improving the childbirth experience for women. Studies indicate that the presence of these professionals during labor is associated with lower rates of medical interventions and greater satisfaction among parturients. In addition, obstetric nurses play a crucial role in identifying and preventing obstetric violence, promoting a care environment that prioritizes respect, empathy and women's dignity. Valuing obstetric nursing is therefore essential for consolidating more humanized obstetric care in line with the principles of the SUS¹⁶.

Barriers and possibilities for humanized care

The implementation of humanized childbirth care practices faces several barriers in the Brazilian context. Among the obstacles identified are professional training centered on biomedical models, an institutional culture resistant to change, a lack of adequate resources and infrastructure, and the absence of evidence-based

Integrative Review

Reis JAA, Aprigio ABR, Duarte ASC

The Impact of Obstetric Violence on Women's Health: Emotional Aspects and the Role of Nursing in Comprehensive Care

protocols. In addition, social representations that associate childbirth with pain and women's submission hinder the adoption of more respectful and parturient-centered approaches.

Despite these challenges, progress has been made in promoting humanized care. Initiatives such as the continuous training of health professionals, the implementation of national guidelines for normal childbirth and valuing women's autonomy are important steps towards transforming the obstetric care model. Actively listening to women's needs and promoting public policies that prioritize respect and dignity in childbirth is fundamental to eradicating obstetric violence.

This literature review was based on the analysis of scientific articles taken from the SciELO, LILACS, PubMed and Google Scholar platforms. The selection was based on previously defined criteria to ensure the quality and relevance of the material analyzed. The inclusion criteria were only articles published in Portuguese, available in full, with free access and which directly addressed the issue of obstetric violence, its repercussions on women's emotional health and the role of obstetric nursing. In addition, only studies published between 2019 and 2024 were included, in order to ensure that the discussion was up-to-date. The exclusion criteria involved articles in other languages (such as English and Spanish), studies that dealt superficially with the subject, theses and dissertations not published in indexed journals, and duplicate publications between platforms.

During the initial search, a total of 84 articles were identified across the four databases. After reading the titles and abstracts, 42 were selected for full reading. Of these, 30 were excluded because they did not meet the inclusion criteria, resulting in 12 articles being used in the analysis and construction of the final discussion. The selection process is described in Table 1 below.

Table 1 - Articles identified, excluded and used by database

Database	Found articles	Selected for Full Reading	Excluded	Used in the Discussion
SciELO	20	10	7	7
LILACS	18	9	6	6
PubMed	22	12	9	9
Google Scholar	24	11	8	8
Total	84	42	30	30

Most of the articles excluded were removed because they were in other languages (especially English and Spanish), because they were not freely available in full or because they did not address the issue in sufficient depth to meet the objectives of this review. The careful selection allowed the 12 articles included to make a significant contribution to the critical analysis of the impacts of obstetric violence on women's health, with a focus on emotional damage and the role of nursing.

These articles provided the basis for an in-depth discussion, as follows, highlighting the main scientific findings related to the phenomenon of obstetric violence in Brazil, its emotional and psychological repercussions and the strategic role of obstetric nursing in promoting humanized care.

Obstetric violence is a form of human rights violation that occurs with alarming frequency in Brazilian health services, both public and private. It is characterized by actions or omissions by health professionals that cause physical, psychological or mor-

al suffering to women during pregnancy, childbirth or the puerperium. This violence can manifest itself in various ways, such as unnecessary and non-consensual procedures, inappropriate use of force, negligence, verbal humiliation and lack of privacy.

According to the "Birth in Brazil" survey conducted by the Oswaldo Cruz Foundation (Fiocruz), around 45% of women treated in public hospitals reported having experienced some kind of obstetric violence. In the private network, this rate was 30%, which shows that the problem is not restricted to just one type of institution, although it is more frequent in contexts of greater social vulnerability¹⁷. Also according to the survey, procedures such as episiotomy without consent, preventing the presence of a companion and the excessive use of oxytocin were widely reported.

The profile of the victims reveals a worrying pattern of inequality. Black, indigenous and brown women, those with low levels of education, young people and those from poorer social strata are the ones who most often re-

port experiences of obstetric violence. This pattern of victimization is directly related to contexts of intersectional discrimination, in which racism, classism and sexism converge and increase the vulnerability of these women to health services. A study published in the journal *Cadernos de Saúde Pública* found that black women are up to 70% more likely to suffer obstetric violence than white women in Brazil¹⁸.

These statistics reveal the perpetuation of institutional practices that disregard women as active subjects in their reproductive process. The lack of effective policies to combat this, coupled with the weakness of reporting and punishment mechanisms, contributes to the naturalization of this violence. In addition, many women do not recognize that they have been victims of obstetric violence, since certain behaviors are socially normalized within the hospital environment, which makes it difficult to produce more accurate data on the phenomenon.

It is important to note that obstetric violence is also strongly related to the excessive medicalization of childbirth in Brazil, especially in private settings. The country has one of the highest rates of caesarean sections in the world, with around 57% of all births carried out by this route, rising to over 80% in the private network, when the recommendation of the World Health Organization (WHO) is up to 15% of births¹⁹. Often, these caesarean sections are not carried out for legitimate medical indication, but for institutional convenience or professional agenda, which is yet another form of unnecessary and possibly violent intervention for the woman and her baby.

Given this scenario, the need for effective public policies that tackle obstetric violence as a public health and social justice issue is evident. It is essential to invest in monitoring mechanisms, ethical and humanized

training for professionals, strengthening SUS ombudsmen, information campaigns and empowering women to know their rights at the time of delivery. Only through integrated and intersectoral actions will it be possible to change this reality and guarantee dignified, safe and respectful care for all women.

Obstetric violence is not limited to visible physical consequences; it often leaves deep and lasting emotional marks on women. Such traumatic experiences during childbirth - a time of extreme physical and psychological vulnerability - can seriously compromise a woman's emotional well-being, influencing her perception of herself, the reproductive process and the role of motherhood. Studies have shown that there is a strong correlation between experiencing situations of disrespect and mistreatment during childbirth and the development of psychological disorders such as postpartum depression, post-traumatic stress disorder (PTSD), generalized anxiety and even maternal-infant bonding disorders.

According to studies, women who have been subjected to obstetric violence are two to three times more likely to develop PTSD in the postpartum period, compared to those who have had respectful childbirth experiences. The trauma is aggravated when women have no space to report or understand what happened during childbirth, which intensifies the suffering and makes it difficult to come to terms with the experience. The emotional pain caused by a lack of respect, verbal aggression, the absence of consent and the feeling of powerlessness tends to persist for months or even years, directly affecting the woman's quality of life.

In addition to diagnosable clinical disorders, many women report intense emotions of fear, shame, humiliation, anger and frustration after suffering obstetric violence. These feelings not

only weaken the immediate emotional state of the puerperal woman, but also contribute to difficulties in establishing an affective bond with the newborn, hindering breastfeeding, early interaction and the development of a secure attachment, which is so essential for the baby's emotional health. The woman may also internalize the idea of maternal failure, nurturing dysfunctional beliefs of guilt for not having been able to experience childbirth as she had hoped or for not having been able to protect her own body during the process.

Another relevant aspect observed in the literature concerns the impact that these experiences have on future reproductive decisions. There are reports of women who, after experiencing obstetric violence, avoid new pregnancies for fear of reliving the same traumas. In other cases, they opt for elective caesarean sections in subsequent pregnancies, even when there is no contraindication for normal childbirth, motivated by the fear of losing control of their own bodies again in a vaginal delivery. This shows how institutionalized violence can negatively influence women's reproductive autonomy in the long term.

Understanding these emotional and psychological impacts is fundamental for planning psychological care actions in the postpartum period, as well as for creating humanized care protocols aimed at preventing obstetric violence in health services. The work of multidisciplinary teams, including psychologists, obstetric nurses and social workers, is essential to promote qualified listening, recognize signs of mental suffering and ensure the appropriate referral of women who need psychotherapeutic care. In addition, educational campaigns, conversation circles and support groups among pregnant women can strengthen awareness of rights in childbirth and offer tools for preventing and overcoming trauma.

Therefore, the psychological damage caused by obstetric violence represents a serious public health problem and requires urgent attention from the authorities, educational institutions, health professionals and managers.

“Promoting respectful and humanized childbirth is not just a technical or care issue, but also an ethical and humanitarian imperative.”

FINAL CONSIDERATIONS

The aim of this study was to analyze the impact of obstetric violence on women's health, with an emphasis on the emotional and psychological consequences caused by these practices, as well as to highlight the role of nursing in promoting humanized obstetric care that is free from abuse. Based on the analysis of the selected scientific literature, it was possible to conclude that obstetric violence continues to be a frequent reality in Brazil, affecting mainly women in situations of social vulnerability - notably black women, young women, women with low levels of education and women belonging to the poorest socio-economic strata.

The impacts identified go beyond physical damage and include, above all, the impairment of women's emotional and psychological health. Experiences of disrespect, neglect, coercion and humiliation during childbirth were associated with the development of disorders such as postpartum depression, post-traumatic stress disorder (PTSD), generalized anxiety, as well as damage to the mother-baby bond, breastfeeding difficulties, low self-esteem and fear of future pregnancies. These emotional repercussions reveal a serious state of psychological distress that can last for months or years after the birth.

Given this scenario, the essential role of obstetric nursing in preventing and dealing with obstetric violence has been highlighted. Through practices based on qualified listening, respect for women's autonomy and empathetic reception, obstetric nurses are able to promote care centered on the needs of pregnant women, contributing to a safer, more respectful and positive childbirth. Their work is decisive in breaking with institutionalized patterns of violence and transforming the experience of childbirth into a moment of dignity and female protagonism.

“Analysis of the data also points to the urgent need to strengthen public policies aimed at women's health, with a focus on humanizing obstetric care, providing permanent training for health professionals and tackling racial, social and institutional inequalities.”

It is essential to expand the mechanisms for reporting, monitoring and holding accountable abusive practices in health services, ensuring that women's rights are respected at all stages of the pregnancy-puerperium cycle.

Finally, it is recommended that further research be carried out on the subject, especially through qualitative studies that give women a voice and explore the effects of evidence-based, humanized interventions. Overcoming obstetric violence requires a collective and intersectoral commitment involving managers, professionals, educators and legislators, but above all it must be based on valuing women's experience and active listening. Only in this way will it be possible to guarantee truly comprehensive, fair and humanized obstetric care.

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