

Obstetric violence and consequences of episiotomy in the late postpartum period: repercussions on the female universe

Violencia obstétrica y consecuencias de la episiotomía en el posparto tardío: repercusiones en el universo femenino

Violência obstétrica e consequências da episiotomia no puerpério tardio: repercussões no universo feminino

Carolina Pontes Alves¹

ORCID: 0000-0002-5121-1102

Wanderson Telemaco Antunes¹

ORCID: 0000-0001-7269-2956

Leticia Loss de Oliveira²

ORCID: 0000-0002-7779-692X

Rodrigo Rocha de Souza³

ORCID: 0000-0002-9399-8046

¹Instituto Brasileiro de Medicina de Reabilitação. Rio de Janeiro, Brazil.

²Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Brazil.

³Universidade Federal Fluminense. Rio de Janeiro, Brazil.

How to cite this article:

Alves CP, Antunes WT, Oliveira LL, Souza RR. Obstetric violence and consequences of episiotomy in the late postpartum period: repercussions on the female universe. Glob Acad Nurs. 2021;2(Spe.1):e101. <https://dx.doi.org/10.5935/2675-5602.20200101>

Corresponding author:

Carolina Pontes Alves

E-mail:

carolina_alves60@yahoo.com.br

Editor in Chief: Caroliny dos Santos Guimarães da Fonseca
Executive Editor: Kátia dos Santos Armada de Oliveira

Submission: 03-18-2021

Approval: 04-08-2021

Abstract

The present paper consists of an integrative and bibliographic review research, whose guiding question is: what consequences can unnecessary episiotomy cause in women in late postpartum period? This study aims to show the real importance of the subject mentioned, considering that many women suffer some type of obstetric violence without knowing the subject. We sought, through the analysis of scientific productions, to analyze cases of obstetric violence through unnecessary episiotomy, without the woman's consent and whether such conduct caused damage in the late postpartum period. Thus, it was possible to observe that this type of violence negatively influences, even in the late postpartum period, psychologically and physically the women who suffered it, with this it was possible to expand knowledge on the subject, being useful not only for health professionals, but also for women and their partners.

Descriptors: Obstetric Violence; Puerperium; Episiotomy; Violence Against Women; Natural Childbirth.

Resumén

El presente trabajo consiste en una investigación integradora y de revisión bibliográfica, cuya pregunta orientadora es: ¿qué consecuencias puede causar la episiotomía innecesaria en mujeres en el posparto tardío? Este estudio tiene como objetivo mostrar la importancia real del tema mencionado, considerando que muchas mujeres sufren algún tipo de violencia obstétrica sin conocer el tema. Se buscó, a través del análisis de producciones científicas, analizar casos de violencia obstétrica por episiotomía innecesaria, sin el consentimiento de la mujer, y si dicha conducta ocasionó daños en el posparto tardío. Así, se pudo observar que este tipo de violencia influye negativamente, incluso en el posparto tardío, psicológica y físicamente a las mujeres que lo padecieron, con esto se logró ampliar conocimientos sobre el tema, siendo de utilidad no solo para los profesionales de la salud, sino también para las mujeres y sus parejas.

Descriptores: Violencia Obstétrica; Puerperio; Episiotomía; Violencia Contra las Mujeres; Parto Natural.

Resumo

O presente trabalho consiste em uma pesquisa de revisão integrativa e bibliográfica, que tem como questão norteadora: quais as consequências a episiotomia desnecessária pode causar nas mulheres no puerpério tardio? Este estudo tem como objetivo mostrar a real importância sobre o assunto citado, tendo em vista que muitas mulheres sofrem algum tipo de violência obstétrica sem conhecer o assunto. Buscamos, através da análise das produções científicas, analisar casos de violência obstétrica através da episiotomia não necessária, sem consentimento da mulher e se tal conduto gerou danos no puerpério tardio. Assim, foi possível observar que este tipo de violência influencia negativamente, mesmo que no puerpério tardio, psicológica e fisicamente as mulheres que a sofreram, com isso foi possível ampliar o conhecimento sobre o tema, sendo útil não só para profissionais de saúde, mas também para as mulheres e seus parceiros.

Descritores: Violência Obstétrica; Puerpério; Episiotomia; Violência Contra Mulher; Parto Natural.

Introduction

Obstetric violence can be defined as the practice of disrespectful procedures and behaviors, which harm women in various aspects, both physically and psychologically. Often such acts are committed by health professionals, at any of the following times: during pregnancy, at the time of childbirth, at birth or postpartum. Such practices also lead women to be subjected to unnecessary procedures and routines, preventing them from having control over their own bodies¹.

During the party process, countless women are victims of abuse and disrespectful treatment within the scope of health institutions. This reality, which affects many countries around the world, in addition to violating women's rights to quality care, puts their physical and mental integrity at risk in a moment of extreme singularity. Thus, in addition to a public health problem, there is a human rights issue. Violence, whether physical, emotional, or symbolic, produces a high degree of suffering, and is sometimes presented in such a subtle way that it is difficult to see it and, consequently, give greater notoriety to the theme².

In this context, obstetric violence comprises any action that produces negative effects of a physical and psychological nature during the natural parturition process and cesarean section. Most of the time, its materialization occurs through a dehumanized treatment coming from health professionals. Given this reality, it is necessary to understand the meaning of obstetric violence, but this is not an easy task due to the numerous concepts that have emerged in recent years. One of them, present in legislation in Venezuela, a pioneer in Latin America, by making obstetric violence illegal, conceptualizes this type of violence. The appropriation of women's bodies and reproductive processes by the health team is still common, which is expressed in dehumanizing treatment, in an abuse of medicalization and pathologization of natural processes. It is understood that the identification of forms of violence is a way of recognizing the existence of the problem and how it manifests².

Thus, the results of this study may contribute to the development of strategies capable of mitigating the current problem, which is still present in the obstetric scenario. Furthermore, they will serve as parameters for the analysis of other realities that present a similar picture. That said, the objective was to identify the forms of obstetric violence experienced by postpartum women who had a normal birth.

In the context of episiotomy, one of the most used procedures since the 18th century, which aims to expand the birth canal, is one of the most practiced forms of obstetric violence today. The procedure must be performed only with the informed consent of the pregnant woman and in specific cases, but it has been used routinely and without concession, even if there is evidence of its harm. Episiotomy consists of a surgical incision in the vulva region, with obstetric indication, to prevent or reduce trauma to the tissues of the birth canal, favoring the release of the conceptus and avoiding unnecessary injuries to the cephalic pole submitted to the pressure suffered against the perineum. The incision is usually made when the fetal head is low enough to distend

the perineum, but before an exaggerated distension occurs. It cannot be done too soon either, as excessive bleeding must be prevented³.

In addition, this procedure is often performed without the pregnant woman's consent. Post-episiotomy, in turn, often affects women in many ways: embarrassment during sexual intercourse, feeling pain at the incision site, and causing inflammation at the episiotomy site¹.

In the puerperium, didactically time elapsed after childbirth can be divided into three periods: immediate (1st to 10th day), late (11th to 45th day) and remote (from the 45th day). In the puerperium, internal and external changes occur, configuring a period loaded with psychic transformations in which the woman continues to need care and protection. Considering the late postpartum period, in turn, professionals often treat the pregnancy-puerperal cycle in a non-integrated manner. It is rare for women to receive assistance during this entire period in the same institution and, in general, the referral and counter-referral mechanisms are non-existent or inefficient⁴.

The objective was to carry out an integrative review regarding the physical and psychological impacts that obstetric violence through unnecessary episiotomy and without consent causes on women in the late postpartum period.

Methodology

This is an integrative and bibliographic review research, whose guiding question is: what consequences can unnecessary episiotomy cause in women who suffer this type of obstetric violence, including physical and psychological damage, in the late postpartum period? Articles published between 2015 and 2020 were selected. The criterion for delimiting the period was performed to obtain more recent articles. Articles with full text, available on online platforms in English, Portuguese and Spanish (Google Academic, SciELO and BVS) were included. The exclusion criterion was based on articles that were found to be out of line with the delimited theme or outside the selected publication time range. As a search strategy, we used the following descriptors in the search bases, some using the Boolean operator "and": "Obstetric violence"; "episiotomy"; "obstetric violence and episiotomy"; "episiotomy and puerperium"; "late puerperium".

Results and Discussion

Based on the above search criteria, 96 articles were found, and among them, 14 were selected that corresponded to the topic addressed.

Obstetric violence is defined as the use of at least one of the practices considered unnecessary, harmful, ineffective or without scientific evidence according to the WHO, such as the use of the supine position or lithotomy at the time of delivery, the administration of oxytocin without a precise indication, repetitive vaginal touches, episiotomy, among others. In Brazil, 1 out of 4 women suffer violence during childbirth, with disrespectful and rude behavior being the most frequent complaints among puerperal women⁵.



Thus, obstetric violence is mainly expressed by negligence in care, social discrimination, verbal, physical and psychological violence, among other conducts. It is noted that it often occurs in a veiled way, even with the promotion of dialogue and awareness of forms of violence. Studies show that the internet can have a positive influence, considering that obstetric violence is still an invisible practice for many. Thus, using the internet as a tool to promote awareness, discussion and breaking the invisibility of obstetric violence, showing the different ways that it can occur and showing its harms, can be useful in this process of collective awareness. Therefore, authors⁵ propose as improvements to implement programs that make violence visible in the health field, promoting research related to obstetric violence with the objective of achieving interventions for such.

Therefore, obstetric violence is understood as practices and behaviors performed by health professionals to women during pregnancy, childbirth, and the puerperium, both in the public and private spheres. This includes inappropriate or non-consensual acts, such as episiotomy without consent or painful interventions without anesthetics. Violence can also be psychological. In Brazil, in 2010, it is estimated that 25% of women who have already had children suffered obstetric violence⁶.

Added to this, the relationship between health professionals and patients from underprivileged socioeconomic strata is marked by mistrust, disrespect, conflict, and mistreatment, which are identified as important factors in the use of unnecessary interventions, especially regarding episiotomy in black women, poor, northeastern and foreign⁵.

According to the WHO, episiotomy should be of prophylactic use, being recommended for only up to 15% of normal deliveries. It is noted that most women are not informed about performing an episiotomy, many of them find out only after childbirth⁷.

Thus, the subject in question should be further developed, in order to explain the procedure to, as well as the possible postpartum consequences, elucidating the incidences and main complications after the episiotomy, including that its unnecessary performance can cause damage to women in the exercise of motherhood, such as breastfeeding, bathing the newborn, walking, among others, causing important physical, psychological and emotional problems, contributing to negative childbirth experiences⁷.

In convergence with study⁷, researchers³ point out that episiotomy brings many negative consequences in the puerperium; many women feel ashamed due to the scar, and even in the late postpartum period, they still feel pain, are affected by dyspareunia, bleeding, among other physical symptoms. However, their study also shows that most women are not informed about the procedure, others are unaware of it and some have the procedure performed without any type of analgesia. It is noted that the explanation and application of invasive procedures and techniques have been progressive in the extension of obstetrics, despite oppositions in its acceptance. There are no proposals in the literature to discontinue the use of

episiotomy, but to define it in extreme cases. The technique should be increasingly debated by professionals, making its use more conscious, seeking women's health based on scientific evidence.

Thus, its routine use is configured as obstetric violence, aggravated when there is omission of information to the woman. However, there is no concrete research on this effect, only some evidence of benefits and absence of complications for women³.

In agreement with several previously mentioned authors, episiotomy, when used routinely, is considered by the WHO as a form of obstetric violence. It is even considered a form of genital mutilation⁸.

The postpartum period, also known as puerperium, is the period after childbirth in which the woman experiences physical and psychological changes and adaptations, with a view to returning to the pre-pregnancy condition. Although defined as an interval of six weeks, it extends from the baby's birth to physiological normalization, and may therefore have a variable duration. It can be classified into three phases: immediate puerperium, which goes from birth to the 10th day after delivery; late puerperium, which extends from the 11th to the 42nd day, and remote puerperium, which goes from the 43rd day to one year postpartum. Although most postpartum changes are physiological, postpartum women live with changes, fears, challenges, anxieties, and risk situations that can negatively affect the mother-child binomial¹.

Episiotomy performed unnecessarily can interfere in the late postpartum period, bringing consequences for the woman, such as physical, psychological, or even emotional consequences. Many women undergo episiotomy without their authorization, one of the cases of obstetric violence¹.

The stereotyped view of health professionals that women are devoid of knowledge and, above all, incapable of understanding what is happening with their own bodies, combined with the routine use of questionable obstetric behaviors since the 20th century, ended up legitimizing the technologization of childbirth and the empowerment of the female body through obstetrics. That said, assistance to women at the port has become impersonal, interventionist and technician, with women seen as a supporting role and the physician as the protagonist. Among these interventions incorporated into the health care of pregnant women is the episiotomy. Therefore, this reality invites us to reflect on childbirth care from the perspective of women and health professionals^{9,10}.

Even though the main justification of episiotomy is the prevention of spontaneous laceration of the perineum, in no study there was scientific evidence that it was associated with a lower laceration rate, so its routine use is not justified, especially in primiparae¹¹.

According study¹², with analyzes report that evidence-based obstetric care is that which, with the minimum of procedures, aids, support and protection, thus avoiding unpreparedness, malpractice and negligence in the practice of professionals, whether physicians, obstetric nurses, nurses, technicians or nursing assistants. nursing.



Entering the field of case reports, a study carried out in a maternity hospital in Mexico recognizes the mistreatment and disrespect towards pregnant women. They claim that there is great difficulty in recognizing violence in health care by professionals, and that their actions would cause a greater severity of the act, causing physical or emotional damage. However, ironic, and prejudiced sentences, often uttered in a joking tone, are understood by these professionals as a form of humor, and not as a form of violence⁴.

Thus, care practices in obstetric care, such as episiotomy, Kristeller maneuver, prohibition of a companion during labor and postpartum, and any action or procedure performed without the woman's consent are considered obstetric violence⁴.

A survey conducted by the Perseu Abramo Foundation showed that 25% of women who had normal births, whether in the public or private network, report having suffered mistreatment and disrespect during labor or immediate postpartum. Until then, these practices were considered forms of institutional violence, but after a social movement of women, more specifically women mothers,

which persists, the issue began to collectively problematize the issue on a scale not seen before. That is when for the first time in the country the use of the expression "obstetric violence" began¹³.

Conclusion

From this bibliographical review, we can conclude that obstetric violence is a subject that is still little discussed among the population, thus favoring its practice without the knowledge of women who are victims of it. It is therefore necessary to go deeper into the subject, specifically about episiotomy, so that women, their partners and companions are better informed about the subject, thus avoiding procedures carried out without her consent or need.

It was possible to elucidate that episiotomy is a form of obstetric violence, still little talked about, but often performed and unnecessary, leading to a late postpartum period with some complications, not only physical, such as pain and bleeding, but also psychological and emotional, such as shame of the scar, dyspareunia, among others. All of this can lead women to build an extremely negative perception about motherhood.

References

1. Paula E, Alves VH, Rodrigues DP, Felício FC, Araújo RCB, Chamilco RASI, Almeida VLM. Violência obstétrica e o atual modelo obstétrico, na percepção dos gestores de saúde. *Texto contexto enferm.* 2020;29. <https://doi.org/10.1590/1980-265X-TCE-2019-0248>
2. Pompeu KC, Scarton J, Cremonese L, Flores RG, Landerdhal MC, Ressel LB. Prática da episiotomia no parto: desafios para a enfermagem. *RECOM.* 2017;7:e1142. DOI: 10.19175/recom.v7i0.1142
3. Oliveira SMJV, Miquilini EC. Frequência e critérios para indicar a episiotomia. *Rev esc enferm USP.* 2005;39(3). <https://doi.org/10.1590/S0080-62342005000300006>
4. Rodrigues DP, Alves VH, Vieira RS, Leão DCMR, Paula E, Pimentel MM. A violência obstétrica no contexto do parto e nascimento. *Rev enferm UFPE on line [Internet].* 2018 jan [acesso em 30 mai 2021];12(1):236-246. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-947052>
5. Andrade PON, Silva JQP, Diniz CMM, Caminha MFC. Fatores associados à violência obstétrica na assistência ao parto vaginal em uma maternidade de alta complexidade em Recife, Pernambuco. *Rev bras saúde matern infant.* 2016 jan/mar;16(1):29-37. <http://dx.doi.org/10.1590/1806-93042016000100004>
6. Jardim DMB, Modena CM. A violência obstétrica no cotidiano assistencial e suas características. *Rev Latino-Am Enfermagem.* 2018;26. <https://doi.org/10.1590/1518-8345.2450.3069>
7. Costa ML, Pinheiro NM, Santos LFP, Costa SAA, Fernandes AMG. Episiotomia no parto normal: incidência e complicações. *UNIFACEX [Internet].* 2015 [acesso em 30 mai 2021]. Disponível em: <https://periodicos.unifacex.com.br/Revista/article/view/655>
8. Marambaia CG, Vieira BDG, Alves VH, Rodrigues DP, Almeida VLA, Calvão TF. Sexualidade da mulher no puerpério: reflexos da episiotomia. *Cogitare enferm.* 2020;25:e67195. <http://dx.doi.org/10.5380/ce.v25i0.67195>
9. Zaami S, Stark M, Beck R, Malvasi A, Marinelli E. Does episiotomy always equate violence in obstetrics? Routine and selective episiotomy in obstetric practice and legal questions. *Euope PMC.* 2019;23(5):1847-1854. DOI: 10.26355/eurrev_201903_17219
10. Oliveira AL, Carvalho FMR, Melo JS, Ximenes IB. Violência obstétrica e a responsabilidade médica: uma análise acerca do uso desnecessário da episiotomia e o posicionamento nos tribunais pátrios. *Revista da ESMAM.* 2018 jul/dez;12(14).
11. Carniel F, Vital DS, Souza TDP. Episiotomia de rotina: necessidade versus violência obstétrica. *J. nurs. health.* 2019;9(2):e199204. <https://doi.org/10.15210/jonah.v9i2.14425>
12. Souza JG, Azevedo MFBD, Silva MRB, Souza DRS, Silva HCDA, Cunha AL, Prado LDSR. Conhecimento das mulheres sobre violência obstétrica em uma Unidade Básica de Saúde na Zona Oeste-RJ. *Glob Acad Nurs.* 2021;2(1):e76. <https://doi.org/10.5935/2675-5602.20200076>
13. Silva TC, Bisognin P, Prates LA, Wilhelm LA, Bortoli CFC, Ressel LB. As boas práticas de atenção ao parto e nascimento sob a ótica de enfermeiros. *Biblioteca Lascasas [Internet].* 2016 [acesso em 30 mai 2021];12(1). Disponível em: <http://www.indexf.com/lascasas/documentos/lc0886.php> Sena LM, Tesser CD. Violência obstétrica no Brasil e o ciberativismo de mulheres mães: relato de suas experiências. *Interface.* 2017 jan/mar;21(60). <https://doi.org/10.1590/1807-57622015.0896>



