



Psycho-emotional experiences of victims of obstetric violence: a scoping review

Experiências psicoemocionais de vítimas de violência obstétrica: revisão de escopo

Experiencias psicoemocionales de víctimas de violencia obstétrica: revisión de alcance

ABSTRACT

Objectives: To map the key concepts related to the psycho-emotional experiences of victims of obstetric violence during the intrapartum period. **Method:** This is a scoping review, conducted according to the Joanna Briggs Institute guidelines. The search was carried out in the following databases: LILACS, MEDLINE, WOS, CINAHL, PsycArticles, Embase, SciVerse Scopus, the Capes Catalog of Theses and Dissertations, and ProQuest Dissertations & Theses Global. Results: A total of 498 documents were identified, of which only 26 articles were included in the review. The search revealed that victims of obstetric violence harbor traumatic experiences. **Final considerations:** This study mapped the key concepts related to the psycho-emotional experiences of victims of obstetric violence, highlighting fear and trauma as the main consequences, which can lead to disorders such as postpartum depression and post-traumatic stress disorder. Furthermore, it emphasized the importance of further research on the subject and the need for educational interventions and improvements in care practices, especially in obstetric nursing, to prevent and combat obstetric violence.

Descriptors: Obstetric violence; Nursing; Emotions; Psychological stress experience.

RESUMO

Objetivos: Mapear os conceitos-chave relacionados às experiências psicoemocionais de vítimas de violência obstétrica no período intraparto. **Método:** Trata-se de uma revisão de escopo, segundo preceitos do Instituto Joanna Briggs. A busca foi realizada nas bases LILACS, MEDLINE, WOS, CINAHL, PsycArticles, Embase, SciVerse Scopus, Catálogo de teses e dissertações da Capes e ProQuest Dissertations & Theses Global. **Resultados:** Foram encontrados 498 documentos, restando apenas 26 artigos para compor a revisão. A busca evidenciou que as vítimas de violência obstétrica guardam experiências traumáticas. Considerações finais: Este estudo mapeou os conceitos-chave relacionados às experiências psicoemocionais de vítimas de violência obstétrica, destacando o medo e o trauma como principais consequências, que podem levar a distúrbios como depressão pós-parto e transtorno de estresse pós-traumático. Além disso, enfatizou a importância de mais pesquisas sobre o tema e a necessidade de intervenções educativas e melhorias nas práticas de atendimento, especialmente na enfermagem obstétrica, para prevenir e combater a violência obstétrica.

Descritores: Violência obstétrica; Enfermagem; Emoções; Experiência de estresse psicológico.

RESUMEN

Objetivos: Mapear los conceptos clave relacionados con las experiencias psicoemocionales de víctimas de violencia obstétrica durante el período intraparto. **Método:** Se trata de una revisión de alcance, según los principios del Instituto Joanna Briggs. La búsqueda se realizó en las bases de datos LILACS, MEDLINE, WOS, CINAHL, PsycArticles, Embase, SciVerse Scopus, el Catálogo de tesis y disertaciones de Capes y ProQuest Dissertations & Theses Global. **Resultados:** Se encontraron 498 documentos, de los cuales solo 26 artículos fueron seleccionados para componer la revisión. La búsqueda evidenció que las víctimas de violencia obstétrica conservan experiencias traumáticas. **Consideraciones finales:** Este estudio mapeó los conceptos clave relacionados con las experiencias psicoemocionales de víctimas de violencia obstétrica, destacando el miedo y el trauma como principales consecuencias, que pueden llevar a trastornos como la depresión posparto y el trastorno de estrés postraumático. Además, se enfatizó la importancia de realizar más investigaciones sobre el tema y la necesidad de intervenciones educativas y mejoras en las prácticas de atención, especialmente en la Enfermería Obstétrica, para prevenir y combatir la violencia obstétrica.

Descriptores: Violencia obstétrica; Enfermería; Emociones; Estrés psicológico.

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INTRODUCTION

Pregnancy is a natural process of human physiology in which fetal development occurs, and is divided into high-risk and low-risk pregnancies. Women with pathologies, comorbidities, and preexisting or acquired health problems during pregnancy are included in the high-risk group, while low-risk pregnancies are characterized by the absence of complications, in most cases⁽¹⁾.

The end of pregnancy is known as the moment of delivery, a moment that has marked women's lives since the beginning of time. That said, a woman's body develops physiologically in preparation for delivery, and certain mechanisms are inherent to this process, such as the reproductive system, as well as the hormonal and physical changes that occur from fertilization to conception. It is worth noting that pregnancy and delivery were intimate events, exclusively intertwined with women, receiving the attention of midwives, recognized as experienced women trained to conduct delivery in a physiological and respectful manner⁽²⁾.

Due to the rise of scientific knowledge, in the mid-20th century, the delivery process became institutionalized and performed in a hospital setting by healthcare professionals. This phase began to be considered a pathological event requiring health interventions, which were sometimes seen as unnecessary. According to the Ministry of Health (MH), this transition from delivery to the hospital environment contributed to improving maternal and infant morbidity and mortality rates. However, the mother-child pair was subject to increased rates of inappropriate interventions that disregarded the emotional, human, and cultural aspects involved in de-

livery^(3,4,5).

Thus, during discussions about the potential violence women were experiencing, the concept of obstetric violence (OV) emerged, gaining visibility through feminist movements in the 21st century. This term has several synonyms, such as institutional violence (IV), abuse, disrespect, mistreatment, among others⁽⁴⁻⁶⁾.

Obstetric violence is defined as the control of a woman's body and reproductive autonomy by healthcare professionals during pregnancy, pre-partum, delivery, postpartum, and abortion. It can be classified as violent acts of a physical, verbal, symbolic, sexual, and psychological nature. It also includes omission, commission, excessive, unnecessary, and unscientific behavior, which results in the abusive medicalization and "pathologization" of the natural processes of delivery⁽⁷⁾.

Thus, Latin American countries were the first to adopt the term OV, and Venezuela, in particular, was the first country to legally define the term in 2007. In 2014, the World Health Organization (WHO) published the text "Prevention and elimination of abuse, disrespect, and mistreatment during delivery in health facilities", characterizing violent acts that violate women's rights during the intrapartum period^(2,8).

In this context, professional training is crucial to ensure humane and evidence-based practices. In Brazil, the Ministry of Health implemented the Multiprofessional Residency and Professional Health Area programs in 2009, establishing them as the primary means of improving professional qualifications^(8,9).

Meanwhile, the construction of theoretical and practical knowledge developed from psycho-emotional experiences

and feelings fosters the training of professionals capable of understanding and intervening in situations involving maternal and neonatal health, ethically, responsibly, and empathetically. However, there are gaps in mapping these subjective concepts among these women, hindering the implementation of significant changes in the care and training model. This would contribute to the prevention and combat of OV and the psychological and emotional consequences resulting from traumatic events caused by violent acts⁽¹⁰⁾.

Therefore, the objective of this research is to map key concepts related to the psycho-emotional experiences of victims of obstetric violence during the intrapartum period.

METHODS

This is a scoping review (SR) conducted based on the framework developed by the Joanna Briggs Institute (JBI). This methodology encompasses nine stages: a) identification of the research question; b) identification of studies; c) selection; d) search for evidence; e) collection, summary, and reporting of results; f) extraction of evidence; g) analysis of evidence; h) presentation of results; and i) summaries of evidence syntheses. During the step-by-step process, a systematic search was conducted to identify the main concepts, theories, sources, and gaps regarding the topic under study, in addition to identifying limitations in the literature through feasibility, significance, and characterization of healthcare practice⁽¹¹⁾.

It is also noteworthy that this review used the writing instructions contained in the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols – Extension for Scoping Review (PRISMA-

-ScR) checklist to check the stages⁽¹²⁾. To assist researchers in planning, organizing, and implementing the review, the protocol for this review was registered in the Open Science Framework (DOI: 10.17605/OSF.IO/Q72MP).

Therefore, the acronym PCC (Stage 1) was used, with P (participants) representing pregnant women subjected to obstetric violence; C (concept) representing women's experiences and psycho-emotional aspects; and C (context) representing delivery care services. This culminated in the review question: What are the experiences and psycho-emotional aspects of women subjected to obstetric violence in delivery care services, according to the scientific literature?

Controlled descriptors were used: Health Science Descriptors (DeCS), CINAHL Headings, and Medical Subject Headings (MeSH Terms), as well as uncontrolled keywords, when necessary, addressing the topic of interest according to the methodology employed. These descriptors were cross-referenced to develop the search strategy, aiming for a broader range of studies. The Boolean operators AND and OR were used to cross-reference descriptors and keywords.

The following databases were consulted: National Library of Medicine (PubMed), PsycArticles, Latin American and Caribbean Literature in Health Sciences (LILACS), Embase, Web of Science, SciVerse Scopus, and CINAHL. The retrieved documents (Stage 2) were exported to Rayyan® software for double-blind review by reading titles and abstracts, based on the selection criteria. The search strategy used in each of the databases is shown in Box 1.

Box 1 - Search strategies

Database	Search strategy
PubMed	((("Pregnant Women"[Mesh] OR "Pregnant Woman" OR "Women"[Mesh]) AND ("Emotions"[Mesh] OR "Feelings" OR "Feeling" OR "Obstetric Violence") AND ("Hospitals, Maternity"[Mesh] OR "Maternity"))
PsycArticles (APA)	((("Pregnant Women" OR "Pregnant Woman" OR "Women") AND ("Emotions" OR "Emotion" OR "Regret" OR "Regrets" OR "Feelings" OR "Feeling" OR "Obstetric Violence") AND ("Hospitals, Maternity" OR "Maternity Hospitals" OR "Hospital Maternity" OR "Maternity Hospital"))
Embase	((("Pregnant Women" OR "Pregnant Woman" OR "Women") AND ("Emotions" OR "Emotion" OR "Regret" OR "Regrets" OR "Feelings" OR "Feeling" OR "Obstetric Violence") AND ("Hospitals, Maternity" OR "Maternity Hospitals" OR "Hospital Maternity" OR "Maternity Hospital") OR "Obstetric Violence" AND "Woman" AND "Emotions"))
CINAHL	((("Expectant Mothers" OR "Obstetric Patients") AND ("Emotions" OR "Feeling" OR "Life Experiences" OR "Exposure to Violence" OR "Obstetric Violence") AND ("Hospitals"))
Web of Science	((("Pregnant Women" OR "Pregnant Woman" OR "Women") AND ("Emotions" OR "Emotion" OR "Regret" OR "Regrets" OR "Feelings" OR "Feeling" OR "Obstetric Violence") AND ("Hospitals, Maternity" OR "Maternity Hospitals" OR "Hospital Maternity" OR "Maternity Hospital"))
LILACS	((("Parturiente" OR "Gestante") AND (" Emoções" OR "Sentimentos" OR "Experiências" OR "Violência Obstétrica"))
SciVerse Scopus	((("Pregnant Women" OR "Pregnant Woman" OR "Women") AND ("Emotions" OR "Emotion" OR "Regret" OR "Regrets" OR "Feelings" OR "Feeling" OR "Obstetric Violence") AND ("Hospitals, Maternity" OR "Maternity Hospitals" OR "Hospital Maternity" OR "Maternity Hospital"))

Source: Research protocol, 2023.

The search for theses and monographs followed the instructions in Box 2.

Box 2 - Gray literature search

Capes Theses and Dissertations Catalog	"Parturiente" AND "Emoções" OR "Sentimentos" OR "Experiências" AND "Violência Obstétrica"
	"Violência Obstétrica"
ProQuest Dissertations & Theses Global	"Obstetric violence" AND "Emotions"

The article selection and analysis process (Stages 3 and 4) was independently conducted by two reviewers. Original studies, literature reviews, editorials, and technical materials, such as guidelines, reports, and expert opinions in English, Portuguese, and Spanish, published in the last five years, and addressing the topic under study, were included. Documents that bordered on the topic or led

to interpretations based on the title and abstract were excluded. In case of disagreement between the reviewers, a third reviewer was contacted to assist in the decision.

Eligible studies were fully evaluated and had their data extracted for summarization and mapping of the essential elements found. A validated instrument adapted for a Microsoft Excel spreadsheet

was used, using a reference search(13): bibliographic data, year, country, sample characteristics, treatments received, and information about the concept (Stages 5 and 6).

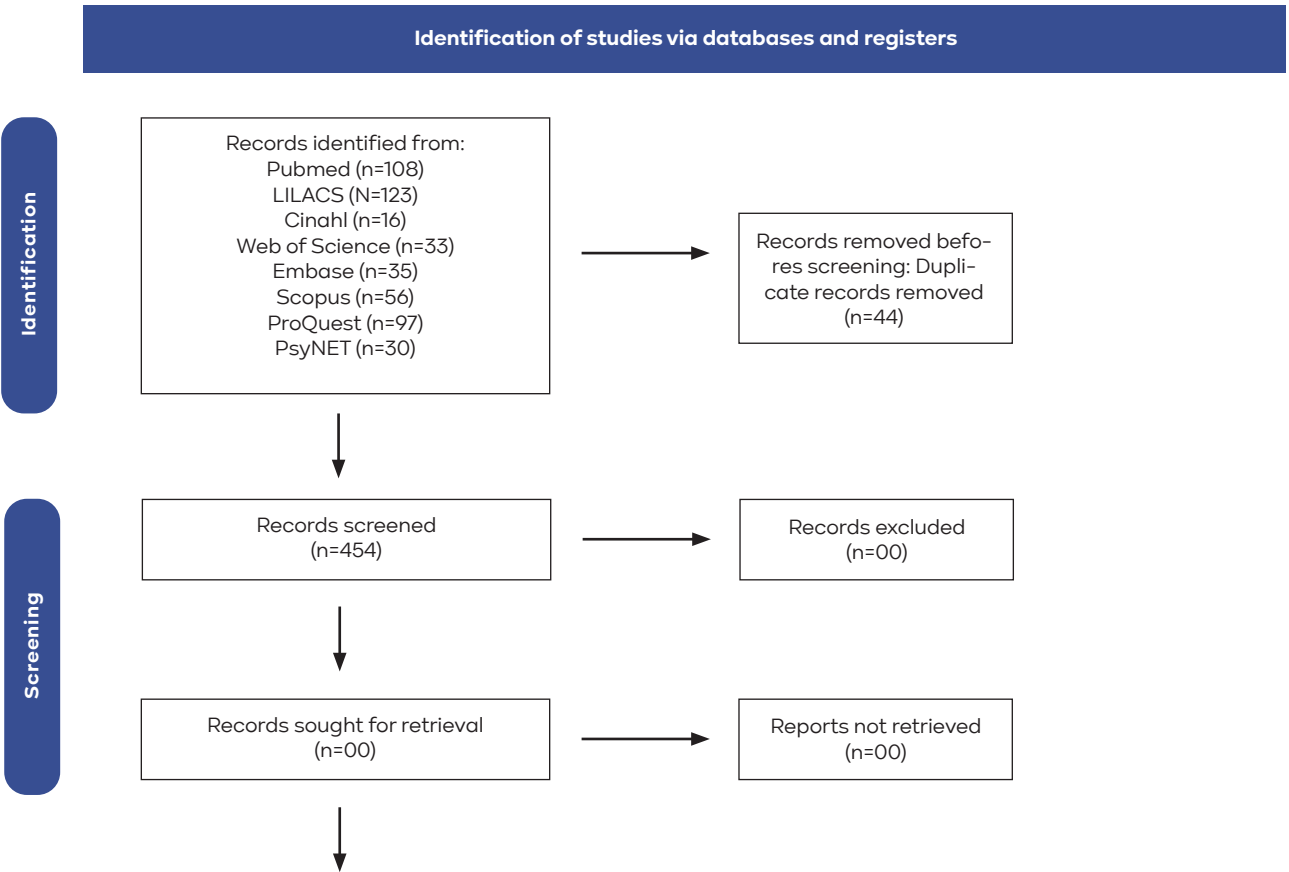
The SPISPACE® Artificial Intelligence tool was used to index the sample articles in a table format (Stage 7). The extraction underwent initial validation by the principal investigator and a second validation by two nurses and obstetric researchers with over five years of experience. The data are presented descriptively and narratively in summaries that group studies presenting the concept by degree of similarity, combined with tabular presentation and figures using the IRAMUTEQ software (version 0.7), specifically similarity analysis (Stages

8 and 9).

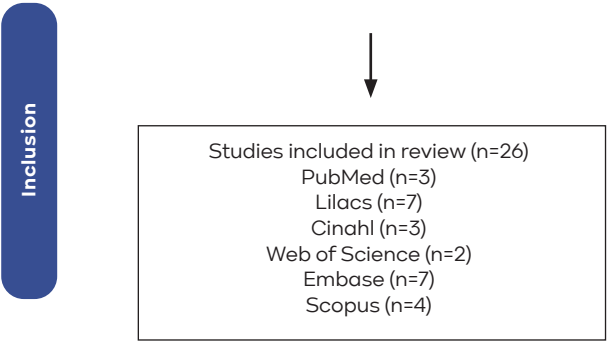
RESULTS

A total of 498 articles were identified in the databases and gray literature, of which 44 were excluded due to duplicates. Of these, 454 were eligible for selection using the Rayyan® software, 400 were excluded after reading the title and abstract because they did not meet the inclusion criteria, leaving 54 for full reading. Thus, 28 articles were excluded because they did not meet the research objectives. Ultimately, 26 articles were included in this review (Figure 1). It should be noted that no relevant documents were found during the gray literature search, therefore, studies from these databases were not included.

Figure 1. Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols – extension for Scoping Review (PRISMA-ScR)



Continua



Source: Prepared by the authors, 2024.

Of the 26 studies selected, 61% were in English; 31% in Portuguese; and 8% in Spanish. Regarding the countries in which the research was conducted, Brazil stands out with the majority (12 articles), followed by Sri Lanka, Argentina, and India with the same number of publications (two articles), as well as other African countries, such as Kenya, Nigeria, Ghana, Ethiopia, among others, and European countries, such as the Netherlands, Sweden, and

Spain, each with one article. The predominance of English in articles written in Brazil points to publication in international journals. Regarding the year of publication, 2021 stands out with 23% of publications, followed by 2022 with 19%. Table 1 shows that the other years have similar percentages; thus, there has been an equal number of publications on the topic in recent years.

Table 1. General characterization of the articles included in the research

Methodologies		
Qualitative study	14	55%
Quantitative study	3	11%
Cross-sectional study	5	17%
Others	4	17%
Total	26	100%
Year of publication		
2018	4	16%
2019	4	15%
2020	3	12%
2021	5	23%
2022	6	19%
2023	4	15%
Total	26	100%

Continued

Languages		
English	16	61%
Portuguese	8	31%
Spanish	2	8%
Total	26	100%

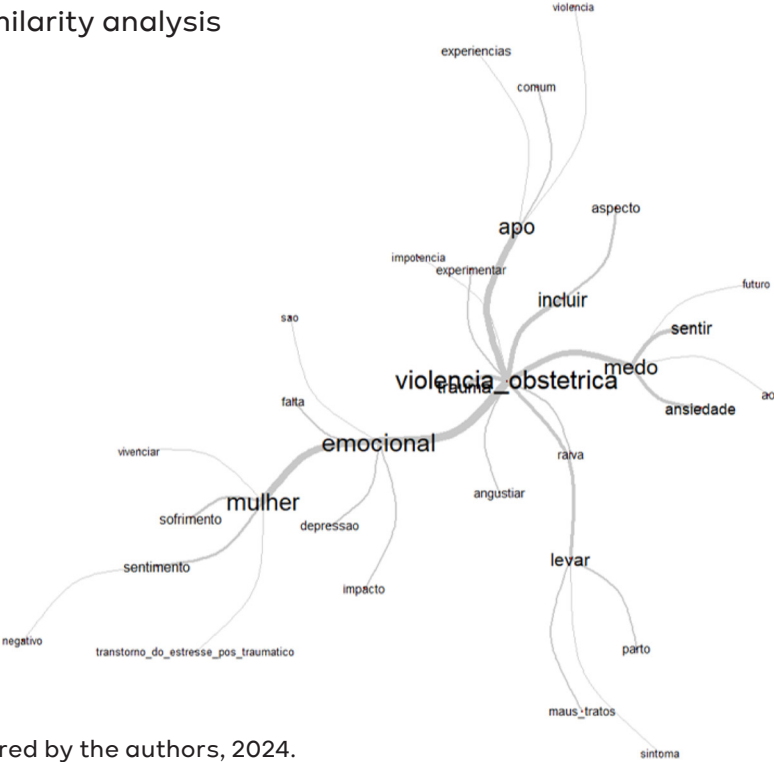
Source: Research data, 2024.

Among the methodologies used to conduct the research, qualitative articles (14) stand out, determining that the mapping of evidence will be eminently qualitative. Quantitative (3) and cross-sectional (5) studies were also published, as well as others, such as literature reviews, narrative analyses, field research, etc.

In Figure 2, resulting from the similarity analysis of the most frequently used terms, we see several branches linked to obstetric violence. One of the main ones is linked to the words “fear”, “feel”, “anxiety”, and “future”, suggesting that after

episodes of OV, women experience fear in future pregnancies, in addition to anxiety resulting from the violence. Another branch directly links the words “obstetric violence”, “trauma”, “emotional”, and “woman”, which are also linked to other terms such as “depression”, “suffering”, “impact”, “feeling”, “negative”, “depression”, among others. Because of this, it can be inferred that after the OV experience, the woman suffers an emotional trauma that directly impacts her feelings, causing suffering and even depression and mental disorders.

Figure 2. Similarity analysis



Source: Prepared by the authors, 2024.

Six articles did not provide participant characteristics. Therefore, of the 21 articles that did provide sociodemographic characteristics, the mean age ranged from 20 to 35 years old. Most identified themselves as Black or brown race, had completed high school, and had a mean family income of one to two minimum wages.

Box 3 summarizes the selected articles: title in the original language, year of publication, authors and country of publication, objectives, methodology, and conceptual aspects of each article. In the scoping review of subjective concepts, re-

viewers must master a limited understanding of the phenomena of interest. Therefore, the most evident and predominant psycho-emotional aspects were analyzed in each publication. The consensus among the research team indicated: "distressing feelings", "tokophobia", the interconnection between "lack of attachment and loss of autonomy", impacts on the "relationship with the newborn", and "psychological consequences". And resulting from the psycho-emotional aspects affected "combat-prevention" as implications for nursing practice, based on the mapped experiences.

Box 3 – Summary of selected studies

Title	Authors/year/country	Objective	Type of Study	Identified concept(s)/ aspects of the concept
Adolescents' experience of mistreatment and abuse during delivery: a cross-sectional community survey in a low-income informal settlement in Nairobi, Kenya	Ajayi AI, et al. 2023 Kenya	To estimate the prevalence of mistreatment and its impact on adolescents' satisfaction with care. Analyze the association between mistreatment and satisfaction with care, recommendations, and future intentions.	Quantitative	The emotional aspects of obstetric violence include trauma, fear, and anguish. Abuse can lead to reluctance to deliver babies in future facilities, a lack of bonding, and a loss of autonomy.
Mistreatment of women during delivery and postpartum depression: secondary analysis of WHO community survey across four countries	Guure C, et al. 2023. Ghana, Guinea, Myanmar, Nigeria	To determine the impact of mistreatment on the prevalence of postpartum depression in four countries. To identify factors associated with postpartum depression after delivery abuse in institutions.	Secondary data analysis	Delivery abuse leads to postpartum depression in women. The emotional impact includes feelings of depression, loneliness, and bad mood. Delivery abuse increases the risk of severe symptoms of postpartum depression. Lack of connection and loss of autonomy are psychological consequences.

Continua

Title	Authors/year/country	Objective	Type of Study	Identified concept(s)/ aspects of the concept
"When helpers hurt": women's and midwives' stories of obstetric violence in state health institutions, Colombo district, Sri Lanka	Perera D, et al. 2018 Sri Lanka	To explore the implications of obstetric violence in state health institutions in Sri Lanka. To break the silence on obstetric violence and its impact on care.	Qualitative	Emotional distress following obstetric violence includes fear, humiliation, and loss of dignity. Women may feel emotionally and physically violated by healthcare professionals. These feelings are distressing.
Mistreatment of women during delivery and postpartum depression: secondary analysis of WHO community survey across four countries	Sala VVV. 2019 Colombia	To analyze experiences of obstetric violence during delivery from a feminist perspective. Highlight various forms of obstetric violence and suggest ways to change it.	Qualitative	Women experience trauma, fear, and distrust after obstetric violence. Emotional distress, anxiety, and depression are common outcomes for women. This leads to a lack of connection and a loss of autonomy.
The knowledge of postpartum women about obstetric violence	Silva FC, et al. 2019 Brazil	To analyze postpartum women's knowledge about obstetric violence through qualitative exploration. To investigate postpartum women's awareness in order to propose preventive interventions against obstetric violence.	Qualitative	Obstetric violence leads to emotional repercussions and dissatisfaction with natural delivery. Women may experience emotional fragility and negative feelings after incidents of violence. These feelings are distressing.
Obstetric violence as perceived by postpartum women in a public maternity hospital in northern Brazil	Castro NRS, et al. 2023 Brazil	To verify the occurrence of obstetric violence in a Brazilian maternity hospital. Explore women's postpartum perceptions of obstetric violence.	Quantitative, descriptive-exploratory	The emotional aspects of obstetric violence include trauma, fear, and disempowerment. Women may experience anxiety, depression, and feelings of helplessness. These are distressing feelings.
Association between mistreatment of women during	Paiz JC, et al. 2022 Brazil	To investigate the association between mistreatment during delivery	Cross-sectional study	Delivery mistreatment associated with increased symptoms of postpartum depression. Negative experiences

Continua

Title	Authors/year/country	Objective	Type of Study	Identified concept(s)/ aspects of the concept
delivery and symptoms suggestive of postpartum depression		and symptoms of postpartum depression. To examine the prevalence of postpartum depression in mistreated women.		during delivery can lead to psychiatric problems. Psychological consequences.
Experiences of postpartum women regarding obstetric violence from a phenomenological perspective	Carer AMS, et al. 2021 Brazil	To understand the experiences of postpartum women regarding obstetric violence in public maternity hospitals. Understand obstetric violence through a phenomenological lens in health institutions.	Phenomenological research	Women experience insecurity and satisfaction after obstetric violence. Ambiguities in perceptions lead to emotional turmoil after obstetric violence. Distressing feelings.
Separation of the woman and her companion during cesarean section: a violation of their rights	Almeida AF, et al. 2018 Brazil	To explore women's and companions' experiences during cesarean delivery. Reveal violations of rights regarding the presence of companions in the operating room.	Qualitative, exploratory and descriptive study	Negative feelings include fear, insecurity, anxiety, and tension after the violence. Women felt vulnerable and unsupported due to the lack of companions. Disappointment and sadness were common emotions among women after the violence. These feelings were distressing.
A cut in the soul: how women in labor and doulas describe the obstetric violence they experience	Sampaio J, Tavares TLA, Herculano TB. 2019 Brazil	To understand how women perceive obstetric violence in maternity settings. Analyze the narratives of women in labor and delivery and doulas about their delivery experiences. To investigate the impact of information and empowerment on obstetric violence.	Qualitative	Women experience invisibility and objectification after obstetric violence. The emotional impact includes feelings of violation, powerlessness, and objectification. Violations lead to psychological suffering, trauma, and disempowerment. They also experience a lack of connection and a loss of autonomy.

Continua

Title	Authors/year/country	Objective	Type of Study	Identified concept(s)/ aspects of the concept
delivery and symptoms suggestive of postpartum depression		and symptoms of postpartum depression. To examine the prevalence of postpartum depression in mistreated women.		during delivery can lead to psychiatric problems. Psychological consequences.
Experiences of postpartum women regarding obstetric violence from a phenomenological perspective	Carer AMS, et al. 2021 Brazil	To understand the experiences of postpartum women regarding obstetric violence in public maternity hospitals. Understand obstetric violence through a phenomenological lens in health institutions.	Phenomenological research	Women experience insecurity and satisfaction after obstetric violence. Ambiguities in perceptions lead to emotional turmoil after obstetric violence. Distressing feelings.
Development of an instrument to measure mistreatment of women during delivery through item response theory	Paiz JC, et al. 2022 Brazil	To develop an instrument to accurately measure mistreatment of women during delivery. Use Item Response Theory to structure a proposal to measure mistreatment.	Cross-sectional study	The emotional aspects of obstetric violence include trauma and psychological distress. Abuse can lead to feelings of fear and disempowerment. Women may experience anger, anxiety, and depression after obstetric violence. These feelings are distressing.
Traumatic delivery experiences: practice-based implications for maternity care professionals from the woman's perspective	Koster D, et al. 2019 The Netherlands	To explore women's traumatic delivery experiences to raise awareness of maternity care professionals. Generate theory for relevant intrapartum care recommendations for professionals.	Qualitative-exploratory	Obstetric violence leads to emotional distress and post-traumatic stress disorder. Women may fear delivery, avoiding future pregnancies. Traumatic delivery can disrupt relationships with partners and children. This can lead to a lack of connection and a loss of autonomy.

Continua

Title	Authors/year/country	Objective	Type of Study	Identified concept(s)/ aspects of the concept
Obstetric Violence Is Prevalent in Routine Maternity Care: A Cross-Sectional Study of Obstetric Violence and Associated Factors among Pregnant Women in Sri Lanka's Colombo District	Perera D, et al. 2022 Sri Lanka	To examine the prevalence of obstetric violence in the Colombo district of Sri Lanka. Identify factors associated with obstetric violence among pregnant women.	Cross-sectional study	Emotional obstetric violence is prevalent among women after caregiving experiences. Most reported emotional violence, followed by physical and sexual violence. Distressing feelings.
Women's experiences of fear of delivery: a metasynthesis of qualitative studies	Wigert H, et al. 2020 Sweden	To synthesize the qualitative literature on women's experiences of fear of delivery. Deepen the understanding of women's fear of delivery through metasynthesis.	Systematic literature research and metasynthesis	Women face emotional distress after obstetric violence. The emotional impact affects their bond with their children. Feelings of guilt and fear for the baby are expressed. Tokophobia.
Obstetric violence: influence of the Senses of Birth Exhibition on the experiences of pregnant women	Lansky S, et al. 2018 Brazil	To analyze delivery experiences and perceptions of obstetric violence among pregnant women. Assess the impact of an interactive exhibition on women's perceptions. Identify factors associated with obstetric violence through regression analysis.	Quantitative	The emotional aspects of obstetric violence include trauma and distress. Women may experience fear, anxiety, and a sense of powerlessness. Combat-prevention.
Reflexivity, autonomy and consent. An analysis of the experiences of women in the search for a physiological delivery in the City of Buenos Aires	Mantilla MJ, Marco MHD. 2020 Argentina	To analyze informed consent during delivery to empower women in healthcare. Explore women's strategies for autonomy and decision-making	Qualitative	Women experience emotional distress after obstetric violence. Feelings of trauma, anger, and disempowerment are common. Combat and prevention.

Continua

Title	Authors/year/country	Objective	Type of Study	Identified concept(s)/ aspects of the concept
		in obstetric care. Investigate how women deal with medical decisions regarding physiological delivery.		
Social belonging and vulnerabilities in experiences of delivery and pregnancy in prison	Dalenogare G, et al. 2020 Brazil	To understand pregnancy and delivery experiences in prison settings. Exploring the vulnerabilities and social belonging of pregnant women in prison.	Qualitative, exploratory and descriptive	Emotional trauma following obstetric violence includes fear, helplessness, and anguish. Women may experience symptoms of anxiety, depression, and post-traumatic stress disorder. These feelings are distressing.
Perception of parturients about the delivery experience in a public maternity hospital in Bahia	Gazar TN, Cordeiro GO, Souza JM. 2021 Brasil	To assess the delivery experience in a public maternity hospital in Bahia. Assess the satisfaction levels and perceptions of women in labor.	Descriptive	Fear, respect, and safety were common emotional experiences after delivery. Most participants felt respected and safe after delivery. Distressing feelings.
Women's expectations and (dis) satisfaction with care during normal hospital delivery: perspectives for quality	Gonçalves DS. 2021 Brazil	To describe women's expectations regarding hospital delivery care. Analyze their satisfaction and dissatisfaction with the care received during delivery.	Qualitative, descriptive and exploratory	The emotional aspects of obstetric violence include withdrawal, neglect, tension, and worry. A lack of emotional support leads to undignified, precarious, and unfavorable conditions. Combat-prevention.
Expectations and experiences in the delivery process from the perspective of symbolic interactionism	Lopes MR, Silveira EAA. 2021 Brazil	To understand the expectations and experiences of delivery among first-time mothers. Analyze the meanings developed during interactions with professionals and social networks.	Qualitative-descriptive	The emotional aspects of obstetric violence include trauma, fear, and anxiety. Traumatic experiences can lead to stress and fear of future pregnancies. Tokophobia: combat and prevention.

Continua

Title	Authors/year/country	Objective	Type of Study	Identified concept(s)/ aspects of the concept
Silent voices: institutional disrespect and abuse during delivery among women of Varanasi district, northern India	Bhattacharya S, Ravindran TKS, 2018 India	To explore the prevalence and nature of disrespect and abuse during delivery. Identify factors associated with abuse during or after delivery.	Cross-sectional study	Emotional aspects following obstetric violence include fear, trauma, and mistrust. Relationship with the newborn.
Factors Associated with Postpartum Post-Traumatic Stress Disorder (PTSD) Following Obstetric Violence: A Cross-Sectional Study	Martinez-Vázquez S, et al. 2021 Spain	To determine the association between obstetric violence and the incidence of postpartum posttraumatic stress disorder. Raise awareness among healthcare professionals about the risks of posttraumatic stress disorder during pregnancy and delivery.	Cross-sectional study	Women may experience post-traumatic stress disorder, disconnection from the baby, and nightmares. Obstetric violence can lead to rejection of new motherhood. The emotional impact includes fear of pregnancy and delivery (tokophobia). Psychological consequences.
Observations and reports of incidents of how birthing persons are treated during delivery in two public facilities in Argentina	Correa M, et al. 2022 Argentina	To estimate the frequency of mistreatment during delivery and explore the opinions of health professionals. To systematically assess mistreatment during delivery and the postpartum period in Argentina.	Qualitative	The emotional aspects of obstetric violence include fear, trauma, and anxiety. Women may experience distress, anger, and distrust of healthcare professionals. Combat-prevention.
Obstetric violence and disability overlaps: obstetric violence during delivery among women with disabilities: a qualitative study	Wudneh A, et al. 2022 Ethiopia	To explore the experiences of obstetric violence among women with disabilities during delivery. Investigate obstetric violence among women with	Qualitative	Women felt bad and blamed their families for the cruel treatment. Fear of discrimination led to a preference for home delivery. Psychological consequences.

Continua

Title	Authors/year/country	Objective	Type of Study	Identified concept(s)/ aspects of the concept
		disabilities in southern Ethiopia. Provide qualitative evidence of obstetric violence among women with disabilities in Ethiopia.		
Breaking the silence about obstetric violence: Body mapping women's narratives of respect, disrespect and abuse during delivery in Bihar, India	Mayra K, et al. 2022 Indiat	To understand women's experiences of respect, disrespect, and abuse during delivery. Document women's expectations regarding respectful care during delivery.	Qualitative	Women may experience post-traumatic stress disorder, disconnection from the baby, and nightmares. Obstetric violence can lead to rejection of new motherhood. The emotional impact includes fear of pregnancy and delivery (tokophobia). Psychological consequences.
"Giving birth is like going to war": obstetric violence in public maternity centers in Niger	Alio AP, et al. 2023 Nigeria	To explore obstetric violence in public maternity hospitals in Niger. Identify the factors, manifestations, and consequences of mistreatment of women during delivery. To inform prevention interventions and training for maternity care providers in Niger.	Qualitative	Women experienced anguish, shame, anger, and helplessness due to obstetric violence. Physical pain caused by procedures, bleeding, infections, and loss of the uterus. Anguished feelings.

Source: Survey data, 2024

DISCUSSION

The mapping of key concepts of the Scoping Review highlighted that the experiences lived by victims of obstetric violence during delivery are traumatic and lead to psychological consequences, such as post-traumatic stress disorder, anxiety and postpartum depression. Among the emotional aspects highlighted in the stu-

dies are: fear, trauma, anguish, anxiety, anger, shame, tension, and worry, which impact the mental health of these women.

Distressing Feelings

A study conducted in Sri Lanka reported that pregnant women felt upset, insulted, ashamed, and stupid during delivery, as the healthcare professionals as-

sisting them constantly insulted them. Research conducted in Brazil highlights reports of postpartum women who suffered mistreatment in the form of disrespect, impatience, and verbal abuse, resulting in fear and insecurity during delivery, as well as a feeling of ambiguity, even though the women felt happy about the baby's arrival^(14,15,16,17).

Other types of OV are reported, such as physical and psychological violence, preventing the presence of a companion, stigma, and discrimination based on race/color, education, and income, which confirm the lack of women's empowerment during labor. Studies conducted in Brazil indicate that young, low-income and low-educated women, Black women, and those in prison are more likely to experience mistreatment during delivery and to feel vulnerable and fearful^(18,19,20).

The presence of a companion of their choice during labor and delivery is a woman's right. However, studies show that this is frequently denied to them, both during vaginal and surgical deliveries. This makes them feel less secure, fearful, and tense, as the person they trust is not present, making them more vulnerable to inappropriate behavior^(21,22,23).

Tokophobia

A study conducted in Sweden highlights that women with traumatic experiences in previous deliveries develop a fear of delivery, also called tokophobia. This article emphasizes that women who have experienced physical and emotional violence in previous deliveries try to maintain strategies such as avoiding reliving the memories, seeking guidance from midwives, and, as a last resort, requesting a surgical delivery, believing this to be a safer

method⁽²⁴⁾.

A study carried out in Brazil mentions pain as the main response of postpartum women regarding feelings and traumatic experiences during delivery, making it an obstacle during the process, since this feeling is commonly associated with unpleasant situations, increasing the fear and anxiety of pregnant women in relation to the moment of birth, and can, therefore, cause tokophobia during a second pregnancy and, consequently, the choice of cesarean delivery⁽²⁵⁾.

Lack of Bonding and Loss of Autonomy

Studies involving interviews report OVs based primarily on verbal abuse, in which women in labor experience numerous insults from healthcare professionals accompanying the delivery process. This leaves the moment marked by deep trauma, hindering the creation of bonds and trust between patient and provider, coupled with feelings of distrust between them^(26,27).

Reports from a Dutch study indicate that women began to have a passive voice during delivery, as they were not given information about the interventions performed by professionals, nor was their prior consent requested. This highlights the lack of communication between the provider and the woman in labor, leading to a lack of bonding and trust and excluding the woman from the delivery process⁽²⁸⁾.

The invisibility and objectification of women during labor and delivery were cited as forms of OV, as upon admission, they are required to be standardized as patients, wearing hospital gowns, restricted to companionship, and organized in beds. They are subjected to hospital rules and routines, making them feel diminished

and just one of many. Another study shows that women are at the mercy of professionals, subjected to various invasive examinations for the teaching and learning process, denied access to information, and feel unheard, thus depriving them of autonomy during delivery^(28,29).

A study conducted in Colombia states that psychological violence violates women's human, sexual, and reproductive rights and causes them to be considered objects that obstruct the professional's work. Their fears and opinions are rendered invisible, and they are forced to obey and remain silent, thus losing their role in delivery⁽³⁰⁾.

Relationship with the Newborn

Studies conducted in India point to the separation between mothers and babies and extortion as a common form of OV, in interviews with postpartum women about their delivery experiences. This research includes statements about the imposition of monetary payments so that the newborn could stay with the mother. Skin-to-skin contact is known to be crucial for establishing a bond between mother and baby, so the separation of both causes anxiety and sadness in parents, who eventually give in and pay the required amounts to be eligible for rooming-in care^(31,32).

Psychological Consequences

Research⁽³³⁾ indicates that women who experience OV during delivery have a higher prevalence of symptoms suggestive of postpartum depression, possibly resulting from frustrated expectations and discrepancies between expectations and the experience of violence, which form the trauma, combined with hormonal changes

during the postpartum period. A study⁽²⁷⁾ shows that women who have experienced OV are more likely to develop moderate to severe postpartum depression.

A study conducted in Spain indicates that 13 in every 100 women who have been victims of OV have a high risk of developing post-traumatic stress disorder (PTSD), with those who have experienced disrespect, verbal and psychological violence, or a cesarean section being more likely to develop PTSD⁽³⁴⁾.

Research⁽³⁵⁾ addresses the aspects of OV in deliveries of women with disabilities, particularly physical violence in the form of slapping, highlighting that they suffer a double violation, as in addition to obstetric violence, they also suffer stigma due to their disabilities. Women with visual impairments reported abandonment during and after delivery, while those with deafness reported a lack of communication with professionals, distancing, and lack of care for them and the newborn, directly impacting the victims' mental health and generating negative feelings in future pregnancies.

Implications for Nursing Practice: The "Combat-Prevention" Concept for OV Experiences

Based on the previously mapped concepts, preventive management or combat approaches are identified; further, the research team identified the "combat-prevention" concept underlying some studies. Prevention and combat of OV experiences were identified in an article⁽³²⁾ that features women's accounts of what an ideal delivery would be like, with effective communication between the healthcare professional and the woman, love, a quiet and clean environment, skin-to-skin con-

tact, and respect for women's choices. A study conducted in Argentina on aspects that would improve the psycho-emotional experiences of delivery highlighted hospital infrastructure, legislative changes, and the inclusion of training on women's rights during labor and delivery, in order to empower professionals to provide better quality care⁽³⁶⁾.

A study conducted in Brazil indicates that the knowledge and empowerment of women and their families about delivery and the support of professionals are essential factors in improving the delivery experience. Given that this knowledge is imparted by nursing professionals during prenatal care, which should also serve as mental preparation for the moment of birth, this mental preparation, combined with physical preparation, is reported as necessary for a good intrapartum experience^(25,37).

In addition, studies have highlighted good practices in birth care, such as free choice of positioning, requesting consent before performing interventions, applying non-pharmacological methods for pain relief, qualified listening, and evidence-based practices, such as not performing routine episiotomies and performing physical examinations every four hours, as allies in building good delivery experiences, as these ensure individualized, woman-centered care that strives to meet her expectations for delivery^(38,39).

FINAL CONSIDERATIONS

This study sought to map the key concepts related to the psycho-emotional experiences of victims of obstetric violence during the intrapartum period through a refined search for the most up-to-date articles on the subject. These articles in-

dicated that the main emotional aspects resulting from obstetric violence are fear and trauma, which can consequently lead to postpartum depression and post-traumatic stress disorder.

Regarding difficulties in bonding with children, the research showed that this occurs primarily due to the lack of skin-to-skin contact in the immediate postpartum period. It is asserted that health education is necessary for pregnant women, considering the key concepts identified an effective way to prevent and combat obstetric violence, as well as in the process of reframing traumatic experiences experienced in previous deliveries. Therefore, the low number of selected articles implies that more research on the topic is needed, coupled with the fact that most articles are Brazilian, leading to the belief that international literature is even scarcer.

Meanwhile, it is worth noting that the articles focus more on describing the types of violence suffered and the perceptions of women and healthcare professionals, giving less visibility to the feelings and emotions arising from the event and, subsequently, to the consequences for the postpartum woman's life. The profile of the research participants is also noteworthy, as the majority are young Black women with low levels of education and income, implying that knowledge about delivery, women's rights, and socioeconomic factors are crucial to combating this type of violation.

Therefore, research emphasizing the mental health of OV victims is essential to enrich the literature and increase the level of evidence on how harmful obstetric violence is to both women and public health in general, since the trauma impacts sub-

sequent pregnancies, trust in healthcare professionals, and the increased number of cesarean sections, as highlighted in this study.

Consequently, obstetric nursing is essential in reducing the culture of violence and reducing women's autonomy during delivery. That said, it is essential that actions to combat OV are disseminated in basic health units and hospitals, both for pregnant women and health professionals, emphasizing the consequences of this trauma for the physical and mental health of the victim, in addition to discussions in professional training spaces, such as health residencies, in order to train professionals who will confront these violent practices.

This review contributes to the literature by highlighting the consequences of OV on victims' mental health, based on a collection of studies that report abuse and mistreatment suffered by women in labor and the feelings and emotions that emerged after these events. This review differs from other studies because it seeks to highlight, in OV studies, the negative feelings, traumatic experiences, and repercussions on victims' mental health, such as postpartum depression, unlike others that seek only to highlight and describe the violence suffered.

This review is limited by the limited methodological variability of the studies, which are mostly qualitative. Furthermore, this type of review does not tolerate subjective interpretation, further limiting the number of articles selected. It is noteworthy that mapping the damage of OV on the emotional relationship between postpartum women and newborns was difficult due to the limited amount of research addressing this topic.

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