Obstetric violence experienced during child birth in Taif city, Saudi Arabia

Bayan A. Alnemari (1)
Nisreen A. albizrah (2)
Farzan R. Arain (2)
Halah A. Alotaib (1)
Hadeel M. Assalmi (1)
Anhar A. Alqurashi (1)

(1) Medical student, College of medicine, Taif university, Saudi Arabia
(2) Professor of Obstetrics and gynecology department, College of medicine Taif university, Saudi Arabia

Corresponding author:
Dr. Bayan Abdullah Alnemri
College of medicine, Taif university
Taif city, Saudi Arabia
Tel.:0544008207
Email: Bayani_1995@hotmail.com

Received: November 2019; Accepted: December 2019; Published: January 1, 2020.
Citation: Bayan A. Alnemari et al. Obstetric violence experienced during child birth in Taif city, Saudi Arabia. World Family Medicine. 2020; 18(1): 81-90. DOI: 10.5742MEWFM.2020.93733

Abstract

Background: Mistreatment during child birth leads to adverse maternal and obstetric outcomes.
Objectives: The aim of the present study was to evaluate obstetric violence in Saudi maternal health-care settings.

Materials and methods: A cross-sectional study was conducted at the post-natal clinics of maternity hospital of King Faisal medical complex and Al-Hada armed forces hospital, Taif city, Saudi Arabia. Participants were recruited after thorough non-probability consecutive sampling technique. Data on socio demographic and maternal characteristics, obstetric violence and experience of last delivery were collected.

Results: The data of three hundred and fifty eight participants were analysed. The mean (SD) age of women who participated in this study was 33.14 (7.17) years. Around forty seven percent of the study participants responded that staff members did not allow the presence of any relative during child birth. The most predominant physical abuse reported were staff members were not gentle/ painful vaginal examination during child birth (24.9%), followed by staff members who pressed abdomen forcefully during child birth (21.8%), and those who stitched the episiotomy without anesthesia (13.4%). Related to non-confidential care, staff members discussed their private health information in public (11.5%) and to others/ relatives (10.1%). There were sixty-eight (19%) of women who responded that staff members did episiotomy without consent. Around seventy percent of the study participants rated their experience of their last delivery as excellent or good.

Conclusion: Non-dignified care was experienced by women during pregnancy as an invasive procedure and medication was not necessarily used, confidentiality was breached, they faced physical violence to a considerable extent and pregnant women's needs were neglected.

Key words: Obstetric, violence, child, birth, Taif, Saudi Arabia

Introduction

Access to secure and high quality sexual and reproductive health service is an essential right of every women as provision of these services with quality standards can make a significant contribution in reducing maternal morbidity and mortality [1]. Thus, all women have the right of access to high quality healthcare, which should be respectful, dignified, and free of any violence and discrimination. During child birth any abuse, negligence and disrespectful behavior is a serious violation of fundamental human rights and is recognized globally as such [2].

Since the last decade, numerous research has been conducted to identify mistreatment during facility-based child birth, considering it a significant and urgent issue that affects women globally [3]. Different phrases for mistreatment during child birth had been used i.e. "disrespect and abuse", "mistreatment of women during the facility-based child birth" and "obstetric violence" [4]. Obstetric violence is a more commonly used term with Venezuela being the first country to employ this terminology in the year 2007; within its "Organic Law on the Right of Women to a Life Free of Violence [5]. It was defined as violence being faced by women during pregnancy, child birth and the post-partum period [5]. The World Health Organisation (WHO) has stated obstetric violence as "abuse, neglect or disrespect during child birth can amount to a violation of a woman's fundamental right" [6].

A wide array of violent practices have been identified through comprehensive review of evidence that included; physical abuse, verbal abuse or humiliation, non-consented care, non-confidential care, non-dignified care, discrimination due to a specific patient's attributes, abandoning care due to failure to pay, detention of facilities, forced to use unnecessary medication or invasive procedure and lack of informed consent for examinations/ treatment/ invasive procedure [7].

Obstetric violence has severe consequences. It could lead to both physical and psychological harm to women as well as their child [8]. The adverse outcomes extend from gynecological and obstetric consequences i.e. unwanted pregnancies, prenatal retardation, abortion, low birth weight or prematurity, pre-term labor and fetal loss [9-12].

Women victimized by obstetric violence could suffer from chronic pelvic pain, headache, depression, anxiety, suicide attempt and post-traumatic stress disorder [13,14]. More serious consequences have been reported such as bleeding and interruption of pregnancy [14].

Obstetric violence had been predominantly researched in developing countries i.e. Ecuador, India and Sri Lanka with scarce health resources, gender inequalities, and ethical protocols not followed [15-17]. However, obstetric violence is not an underlined phenomenon and is a relevant problem in developed countries [18,19]. There is a paucity of information related to obstetric violence in Saudi maternal health clinics. Considering the significance of the problem, it was deemed essential to identify obstetric violence, disrespectful maternity care and physical abuse, negligence of patient privacy and non-consented care, and inappropriate use of medication and invasive procedures.

Materials and methods

Study design and time frame: A descriptive cross-sectional study was conducted from September 2018 to March 2019.

Study setting: The study was carried out at the post-natal clinics of Maternity Hospital of King Faisal Medical Complex and Alhada Armed Forces Hospital, Taif city, Saudi Arabia.

Sampling and data collection: Married women aged greater than 18 years and having at least one child were invited to participate in this research through non-probability consecutive sampling technique. Participants having psychiatric illness, speech defects, medical/surgical illness and non-willingness to give written informed consent were excluded.

Study instrument: Primary data was collected using a structured questionnaire from study participants recruited in this research through face to face interview. The structured closed ended questionnaire consisted of three parts; the first part collected information on socio demographic and maternal characteristics of the study participants, the second part enquired about obstetric violence and the third part enquired about study participant's experience of last delivery. The pilot testing of the questionnaire was performed by recruiting thirty participants and the results of the pilot study were discarded and were not used in original study.

The socio demographic information collected was age in years, nationality (Saudi and Non-Saudi), residence (rural or urban), household income and education. The maternal characteristics enquired of were number of children and age at marriage in years.

The second part of the questionnaire enquired about obstetric violence. The questionnaire used was developed by three researchers considering Saudi and American guidelines for obstetric violence. The face validity of the questionnaire was checked. The questionnaire was initially translated to Arabic and then back translation to English was performed. The Arabic version of the questionnaire was used in this current research. The Obstetric Violence part of the questionnaire collected information on nine domains related to non-dignified care, unnecessary invasive procedure, unnecessary use of medication, neglecting women's needs, physical abuse, confidentiality, neglecting patient privacy, non-consented care and inappropriate demands for payments. The items in each domain were as follows; non-dignified care (7 questions), unnecessary invasive procedure (3 questions), unnecessary use of medication (1 question), neglecting women's needs (6 questions), physical abuse

(6 questions), confidentiality (2 questions), neglecting patient privacy (2 questions), non consented care (5 questions) and inappropriate demands for payments (2 questions). Thus, the total number of questions was 34. All questions had a binary response option as Yes or No. Finally, the last part of the questionnaire enquired about experience of last delivery; with response option as Excellent, Good, Acceptable and Bad.

Ethical Considerations: The study was conducted according to the ethical guidelines of the Helsinki declaration. Written informed consent was obtained from all the participants prior to enrolling in this research. The study participants were comprehensively briefed about research objective, process involved, and potential risks and benefits of enrolling in this research. The participation in this research was voluntary with participants having the right to withdraw at any point during the research as well as the right not to respond to any question. The anonymity and confidentiality of the study participant's responses was maintained throughout the research. No personal details (i.e. name and contact number) were collected. The study was initiated after the ethical approval was granted by the Institutional Review Board (IRB) committee of the College of Medicine, Taif University, Saudi Arabia.

Data analysis: The data analysis was performed using the Statistical Software, SPSS version 22 (IBM). The data was entered into the software and was checked twice to correct for incorrect entries. Descriptive statistics was performed. Quantitative data was presented as Mean ± Standard deviation while the qualitative data was presented as frequency/percentage.

Results

The present study recruited four hundred participants, but forty-two questionnaires were excluded due to missing data and incomplete information. The data of three hundred and fifty-eight participants were analysed and the response distribution was 89.5%.

(Table 1) gives details about the socio demographic and maternal characteristics of the study participants. The mean (SD) age of women who participated in this study was 33.14 (7.17) years. The majority of study participants were less than or equal to 30 years (40.8%), followed by 31-35 years (24.6%) and the least great group more than thirty five years (34.6%). Furthermore, slightly less than ninety seven percent of the study participants were Saudi nationals. Moreover, two hundred and ninety-eight women (83.2%) belonged to rural areas.

Around ninety percent had a household income of 5,000 to 10,000 SAR, twenty-five (7%) had household income of less than 5,000 SAR and only ten study participants (2.8%) reported household income greater than 10,000 SAR. Predominantly, the majority (53.4%) of the study participants were graduates, followed by high school (23.7%), middle (8.9%), primary (5%), illiterate (4.5%) and master/ doctoral (4.5%).

The mean (SD) number of children was 2.97 (1.79), with the majority having 2 to 4 children (54.5%). Around one quarter (25.4%) had one child and one fifth (20.1%) had more than four children. The mean (SD) age at marriage was 22.88 (4.14) years. The majority, one hundred and forty (39.1%) of the study participants had marriage at age 21 to 25 years, around thirty five percent had marriage at age less than or equal to 20 years and around one quarter (25.7%) had age greater than twenty-six years.

Table 2 gives details of study participant's responses on non-dignified care and unnecessary use of invasive procedure and medication by staff members. When asked about non-dignified care, there were seventy-six (21.2%) who reported having faced shouting or scolding from staff members during child birth, seventy three (20.4%) faced any negative or threatening comments from staff members during their child birth, sixty five (18.2%) responded that staff members blamed them during child birth. Moreover, around one fifth (20.9%) of the women responded that staff members refused to give pain killers during child birth and more than one quarter (26.3%) of women replied that staff members made them wait for a long time until getting medical care. However, only nineteen study participants (5.3%) responded to having faced any threat to withhold treatment from staff members during their child birth and thirteen (3.6%) reported being treated by staff members with racism due to social/ economic/ health status or race and religion.

Importantly, when asked about unnecessary invasive procedure; eighty two (22.9%) reported that staff members did episiotomy without medical need, eighteen (5%) of the participants responded that staff members used forceps delivery/vacuum extractor without medical needs, while only eight (2.2%) of the study participants were of the view that staff members did cesarean section without medical need. Moreover, there were forty-one (11.5%) study participants who reported that staff members gave labor induction medication without medical need.

Table 3 entails details about study participant response on neglecting women's needs and physical abuse by staff members. There were one hundred and sixty seven (46.6%) of the study participants who responded that staff members refused the presence of any relative during child birth, followed by sixty six women (18.4%) who believed they faced ignorance for assistance requests from staff members during child birth; staff members ignored their choice of delivery position (15.1%), staff members deprived them of food and drink (11.2%), they were not attended to during child birth by a staff member (10.9%) and being treated by a staff member as a passive participant during child birth (6.4%).

The study participants were also asked about the physical abuse; the most predominant were staff members who did not-gentle/painful vaginal examination during child birth (24.9%), followed by staff members who pressed abdomen 'forcefully' during child birth (21.8%), who stitched the episiotomy without anesthesia (13.4%), who faced hitting,

slapping, pushing or pinching from staff members during child birth (4.5%) and only nine (2.5%) responded that staff members used any kind of mouth muzzle or restricted them in bed during child birth. Importantly, there was only one (0.3%) of the study participants who faced any kind of sexual abuse from staff members during child birth.

Table 4 gives details about the study participant's responses on confidentiality, privacy, informed consent and inappropriate payment demand by the staff members.

According to the non-confidential care, there were forty-one (11.5%) of women who responded that staff members discussed their private health information in public and thirty six (10.1%) were of the view that staff members shared their health information to others/relatives. When asked about neglecting patient privacy, there were forty (11.2%) who responded that their body was seen by others (non-staff members) during child birth and twenty (5.6%) were in the delivery room without curtains between beds. Of the women enrolled in this research when asked about non consented care; there were sixty eight (19%) of women who responded that staff members did episiotomy without consent, (4.5%), staff members used forceps delivery/ vacuum extractor without consent caesarean section was performed by staff member during child birth with consent (3.6%) and staff members did tubal ligation during child birth without consent (1.4%). Importantly, there was one women (0.3%) who reported that hysterectomy was performed by a staff member during caesarean section without consent.

Finally, when inappropriate demands for payments were enquired about there were nine (2.5%) women who responded that staff members requested bribes/informal payments during child birth and five (1.4%) women reported that the baby was held at the facility due to failure to pay after child birth.

Figure 1 gives details of the study participant's responses on experience of last delivery. There were one hundred and twenty-seven (35.5%) women who rated their experience of last delivery as excellent, followed by one hundred and twenty-three (34.4%) who considered it good and sixty nine women (19.3%) who reported it as being acceptable. Importantly, there were thirty-nine (10.9%) of the study participants who rated their experience of last delivery as bad.

Figure 1: Study Participants Response on Experience of Last Delivery (N = 358)

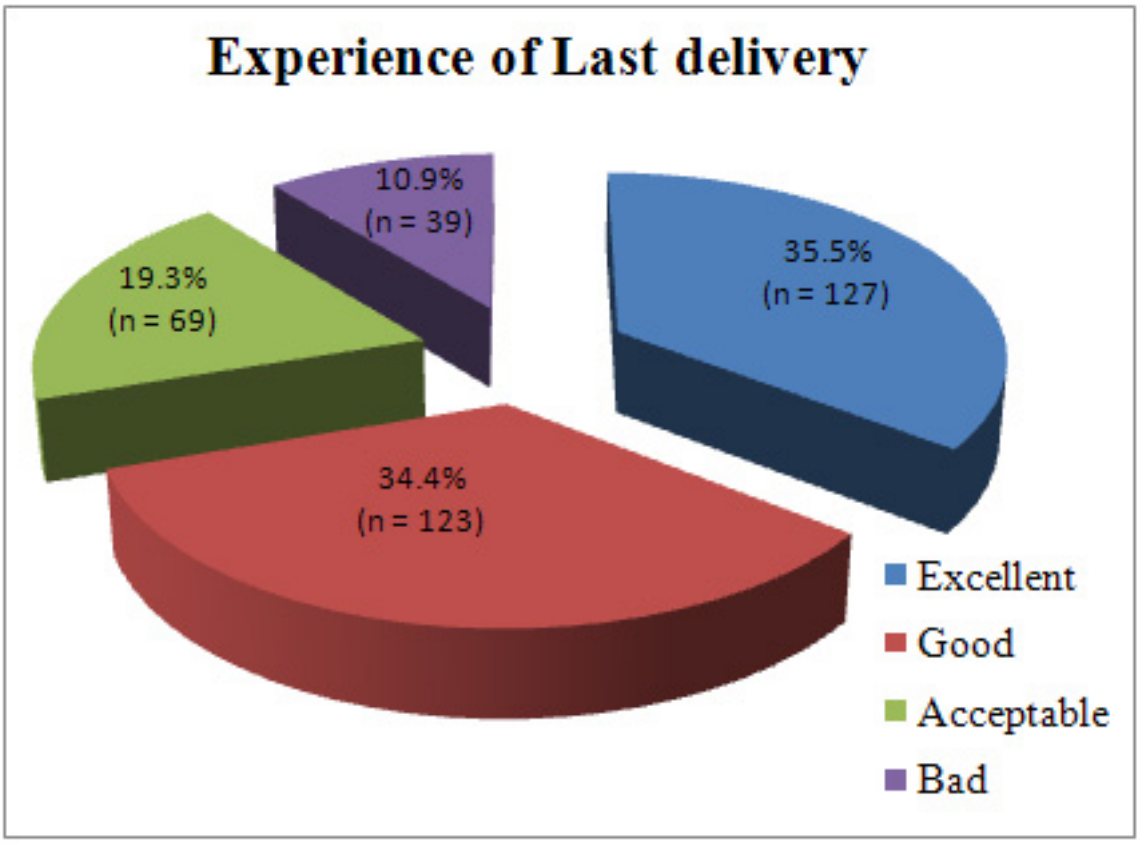

Table 1: Socio demographic and Maternal Characteristics of the Study Participants (N = 358)

Socio demographic and Maternal Characteristics	Mean ± SD/ n (%)
Age in years	33.14 ± 7.17
Age Categories (Years)	
≤ 30 years	146 (40.8)
31 – 35 years	88 (24.6)
> 35 years	124 (34.6)
Nationality	
Saudi	346 (96.6)
Non-Saudi	12 (3.4)
Residence	
Rural	298 (83.2)
Urban	60 (16.8)
Household Income	
Less than 5,000 Saudi Riyal	25 (7)
5,000 to 10,000 Saudi Riyal	323 (90.2)
More than 10,000 Saudi Riyal	10 (2.8)
Education	
Illiterate	16 (4.5)
Primary	18 (5)
Middle	32 (8.9)
High School	85 (23.7)
Graduate	191 (53.4)
Master/ Doctoral	16 (4.5)
Number of children	2.97 ± 1.79
Number of children categories	
1	91 (25.4)
2- 4	195 (54.5)
> 4	72 (20.1)
Age at marriage (years)	22.88 ± 4.14
Marriage Age categories (years)	
≤ 20 years	126 (35.2)
21 – 25	140 (39.1)
> 26 years	92 (25.7)

Table 2: Study Participants Response on Non-dignified care, Use of Unnecessary Invasive Procedure and Medication by Staff Members (N = 358)

Non-dignified care, Use of Unnecessary Invasive Procedure and Medication	n (%)
Non-dignified Care	
Faced any shouting or scolding from staff members during your child birth	
Yes	76 (21.2)
No	282 (78.8)
Faced any threat to withhold treatment from staff members during your child birth	
Yes	19 (5.3)
No	339 (94.7)
Faced any negative or threatening comments from staff members during your child birth	
Yes	73 (20.4)
No	285 (79.6)
Staff members blamed you during your child birth	
Yes	65 (18.2)
No	293 (81.8)
Staff members refused to give you pain killers during your child birth	
Yes	75 (20.9)
No	283 (79.1)
Staff members let you wait for a long time until you got the medical care	
Yes	94 (26.3)
No	264 (73.7)
Staff members treated you with racism for your Social status/economic status/Health status/Race or religion	
Yes	13 (3.6)
No	345 (96.4)
Unnecessary Invasive Procedure	
Staff members did episiotomy without medical need	
Yes	82 (22.9)
No	276 (77.1)
Staff members did cesarean without medical need	
Yes	8 (2.2)
No	350 (97.8)
Staff members used forceps delivery/vacuum extractor without medical needs	
Yes	18 (5)
No	350 (95)
Unnecessary Use of Medication	
Staff members gave you labor induction medication without medical need	
Yes	41 (11.5)
No	317 (88.5)

Table 3: Study Participants Response on Neglecting Women Needs and Physical Abuse by Staff Members (N = 358)

Neglecting Women Needs and Physical Abuse	n (%)
Neglecting Women Needs	
Faced any ignorance for your assistance requests from staff members during your child birth	
Yes	66 (18.4)
No	292 (81.6)
Staff member not attended you during child birth	
Yes	39 (10.9)
No	319 (89.1)
Staff members ignored your choice in delivery position	
Yes	54 (15.1)
No	304 (84.9)
Staff members refused the presence of any relative during your child birth	
Yes	167 (46.6)
No	191 (53.4)
Staff members deprived you of food and drinks	
Yes	40 (11.2)
No	318 (88.8)
Staff members treated you as passive participant during your child birth	
Yes	23 (6.4)
No	335 (93.6)
Physical Abuse	
Faced any hitting, slapping, pushing or pinching from staff members during your child birth	
Yes	16 (4.5)
No	342 (95.5)
Faced any kind of sexual abuse from staff members during your child birth	
Yes	1 (0.3)
No	357 (99.7)
Staff members stitching your episiotomy without anesthesia	
Yes	48 (13.4)
No	310 (86.6)
Staff members used any kind of mouth muzzle or restricted you in bed during your child birth	
Yes	9 (2.5)
No	349 (97.5)
Staff members pressed your abdomen forcefully during your child birth?	
Yes	78 (21.8)
No	280 (78.2)
Staff members did non-gentle/ painful vaginal examination during your child birth?	
Yes	89 (24.9)
No	269 (75.1)

Table 4: Study Participants Response on Confidentiality, Privacy, Informed Consent and Inappropriate Payment Demands by Staff Members (N = 358)

Confidentiality, Privacy, Informed Consent and Inappropriate Payment Demands	n (%)
Non Confidential Care	
Staff members discussed your private health information in public	
Yes	41 (11.5)
No	317 (88.5)
Staff members shared your health information to others/relatives	
Yes	36 (10.1)
No	322 (89.9)
Neglect Patient Privacy	
Was your body seen by others (not staff members) during your child birth	
Yes	40 (11.2)
No	318 (88.8)
Were you in delivery room without curtains between beds	
Yes	20 (5.6)
No	338 (94.4)
Non Consented Care	
Staff members did tubal ligation during child birth without consent	
Yes	5 (1.4)
No	353 (98.6)
Staff members did caesarean during your child birth without consent	
Yes	13 (3.6)
No	345 (96.4)
Staff members did hysterectomy during caesarean section without consent	
Yes	1 (0.3)
No	357 (99.7)
Staff members did episiotomy without consent	
Yes	68 (19)
No	290 (81)
Staff members used forceps delivery /vacuum extractor without consent	
Yes	16 (4.5)
No	342 (95.5)
Inappropriate Demands for Payments	
Staff members requested bribes/informal payments from you during your child birth	
Yes	9 (2.5)
No	349 (97.5)
Were you or your baby held at facility due to failure to pay after your child birth?	
Yes	5 (1.4)
No	353 (98.6)

Discussion

The present descriptive cross-sectional study was conducted to identify obstetric violence, disrespectful maternity care and physical abuse, negligence of patient privacy and non-consented care, and inappropriate use of medication and invasive procedure during child birth in two medical facilities of Taif city, Saudi Arabia. The results of the present study were of extreme importance to design educational programs and public awareness regarding women's rights of access to considerate and respectful care during child birth.

The results of the present study highlighted that more than one quarter (26.3%) of women had to wait a long time before getting medical care by staff members. Moreover, around twenty one percent of women faced shouting and scolding and around one fifth (20.2%) faced threatening comments by staff members during child birth. The findings highlighted the non-dignified care being experienced by the study participants. The physical abuse was also found to be prevalent as staff members did not-gentle/ painful vaginal examination during child birth (24.9%), followed by staff members who pressed abdomen forcefully during child birth (21.8%) and stitched the episiotomy without anesthesia (13.4%).

The study findings are consistent with the evidence in the literature. The study findings also reported that episiotomy was done without medical need among twenty three percent of participants and around twelve percent of participants received labor induction medication without medical need. The findings highlighted the unnecessary use of invasive procedure and medication. A cross-sectional population based study that recruited 4,275 women was conducted in Pelotas, Brazil and reported that at least one type of disrespect was experienced by 18.3% of mothers; verbal abuse (10%), denial of care as 6%, undesirable and inappropriate procedure (6%) and physical abuse as 5% [20]. A study from Kenya reported that every one fifth (20%) of the women experienced abuse by the healthcare professional during labor [21].

The study findings reported non-confidential care (8.5%), non-dignified care (18%), neglect or abandonment (14.3%), non-consensual care (4.3%) physical abuse (4.2%) and detainment for non-payment of fees as (8.1%) [21]. A cross-sectional study from Nigeria reported that non-consented services (54.5%) and physical abuse (35.7%) were the most common types of disrespectful behavior being faced during child birth [22]. A study from Venezuela reported that 49.4% women giving birth experienced some form of mistreatment from healthcare professionals [23]. A survey conducted at three Mexican hospitals reported that 11% of mothers experienced obstetric violence [24]. A study from Brazil that recruited participants from both public and private sector hospitals reported the prevalence of obstetric violence experienced by pregnant mothers as 25%. A study reported that among 120 women who delivered for the first time, more than half (51.7%) had an episiotomy while at the second stage of labor, and uterine fundus pressure was performed among 20% of women [25]. However, a recent study reported that unlike routine episiotomy, selective episiotomy is far more unlikely to cause charges of obstetric violence against operators, but its indication is far from consistent and efforts are required for a more clearly defined indication by scientific societies [26].

Importantly, the current study reported that slightly less than fifty percent (46.6%) of the study participants were refused the presence of any relative during child birth by staff members thereby neglecting important pregnant women's needs. A qualitative study reported that women greatly value companionship and social support in labor [27]. A study from Turkey reported that women who could not receive the necessary support needed more spousal support [28]. The meta-analysis result also demonstrated that women preferred someone they were familiar and comfortable with and continuous support during child birth was most valued by women [29].

The present study also reported that related to non-confidential care, around twelve percent of women responded that staff members discussed their private health information in public and slightly less than ten percent were of the view that staff members shared their health information to others/relatives. The study from Nigeria also highlighted a higher prevalence of non-dignified care which was reported by slightly less than 30% of women, abandonment/neglect during childbirth by around 29%, non-confidential care by 26%, detention in the health facility by 22%, and discrimination by one fifth as around 20% [22]. However, in the meta-analysis recently published from another African country, Ethiopia reported that the non-confidential care during child birth and maternity care was 14.1% only, with 95% confidence interval in the range of 7.3 to 25.4 [30].

Limitations

The present study conducted had certain limitations. Firstly, the study was conducted at only two maternal care facilities of Taif city, Saudi Arabia. Secondly, the small sample size. Thirdly, the use of the cross-sectional study could have a recall bias. Fourthly, the findings should be interpreted with caution as study participants could have over-reported or under-reported for various questions related to obstetric violence. Finally, being a quantitative research, future qualitative research through open ended questions and focus group discussion could give more detailed insight about obstetric violence.

Conclusion

There were around seventy percent of the study participants who rated their experience of their last delivery as excellent or good, however slightly less than twenty percent (19.3%) considered it acceptable and around eleven percent (10.9%) reported it as bad. The obstetric violence and disrespect/ abuse during child birth were found to be considerably high, therefore special attention and focus is desirable from the Ministry for Health (MOH), Saudi Arabia. The staff should be trained through Continuing Medical Education (CME) to avoid mistreatment during pregnancy and maintain highest ethical standards. More strict laws with implementation against mistreatment should be formulated. There is a need for more public awareness through media campaigns, placing brochures at maternal health clinics and informing pregnant women about their rights to receive high quality care.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Acknowledgement:
The authors acknowledge the support provided from the directors of the study settings. Special thanks to all participants for sharing in the study.

References

1. The prevention and elimination of disrespect and abuse during facility-based childbirth. World Health Organization Statement 2014. https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf?sequence=1
2. Declaration on the Elimination of Violence Against Women 1993. https://www.un.org/documents/ga/res/48/a48r104.htm
3. Jewkes R, Penn-Kekana L. Mistreatment of women in childbirth: time for action on this important dimension of violence against women. PLoS Med 2015; 30;12(6): e1001849
4. Savage V, Castro A. Measuring mistreatment of women during childbirth: A review of terminology and methodological approaches Prof. Suellen Miller. Reprod Health 2017 26;14(1):138-65
5. Pérez D'gregorio R. Obstetric violence: A new legal term introduced in Venezuela. Int J Gynecol Obstet 2010;111:201-2.
6. World Health Organization. The Prevention and Elimination of Disrespect and Abuse during Facility-based Childbirth 2014. Available at: https://www.who.int/reproductivehealth/topics/maternal_perinatal/statement-childbirth/en/
7. Bowser D, Hill K. Exploring evidence for disrespect and abuse in facility-based childbirth. Boston: USAID-TRAction Project, Harvard School of Public Health. 2010.
8. Bessa MMM, Drezett J, Rolim M, De Abreu LC. Violence against women during pregnancy: Sistematized revision. Reprod Climaterio 2014;29:71-9.
9. Audi CAF, Segall-Corrêa AM, Santiago SM, Andrade Md GG, Pèrez-Escamilla R. Violence against pregnant women: Prevalence and associated factors. Rev Saude Publica 2008;42:877-85.
10. Taft AJ, Watson LF. Depression and termination of pregnancy (induced abortion) in a national cohort of young Australian women: The confounding effect of women's experience of violence. BMC Public Health 2008;8:75-83.
11. Modiba LM, Baliki O, Mmalasa R, Reineke P, Nsiki C. Pilot survey of domestic abuse amongst pregnant women attending an antenatal clinic in a public hospital in Gauteng Province in South Africa. Midwifery 2011;27:872-9.
12. Drezett J, Blake MDT, De Lira KSF, Pimentel RM, Adami F, Bessa MMM, et al. Sexually transmitted diseases in women who suffer sexual crimes. Reprod Climaterio 2012;27:109-16.
13. Stöckl H, Watts C, Kilonzo Mbwambo JK. Physical violence by a partner during pregnancy in Tanzania: Prevalence and risk factors. Reprod Health Matters 2010;18:171-80.
14. Menezes TC, Amorim MMR, Santos LC, Faúndes A. Violência física doméstica e gestação: Resultados de um inquérito no puerpério. Rev Bras Ginecol Obstet 2003;25:309-16.
15. Brandão T, Cañadas S, Galvis A, de los Ríos MM, Meijer M, Falcon K. Childbirth experiences related to obstetric violence in public health units in Quito, Ecuador. Int J Gynecol Obstet 2018;143:84-8.
16. Chattopadhyay S, Mishra A, Jacob S. 'Safe', yet violent? Women's experiences with obstetric violence during hospital births in rural Northeast India. Cult Health Sexual 2018;20:815-29.
17. Perera D, Lund R, Swahnberg K, Schei B, Infanti JJ, Darj E, et al. 'When helpers hurt': Women's and midwives' stories of obstetric violence in state health institutions, Colombo district, Sri Lanka. BMC Pregnancy Childbirth 2018;18.
18. Diaz-Tello F. Invisible wounds: obstetric violence in the United States. Reprod Health Matters 2016;24:56-64.
19. Ravaldi C, Skoko E, Battisti A, Cericco M, Vannacci A. Sociodemographic characteristics of women participating to the LOVE-THEM (Listening to Obstetric Violence Experiences THrough Enunciations and Measurement) investigation in Italy. Data Brief 2018;19:226-9.
20. Mesenburg MA, Victora CG, Jacob Serruya S, Ponce De León R, Damaso AH, Domingues MR, et al. Disrespect and abuse of women during the process of childbirth in the 2015 Pelotas birth cohort Prof. Suellen Miller. Reprod Health 2018;15:54-62
21. Abuya T, Warren CE, Miller N, Njuki R, Ndwiga C, Maranga A, et al. Exploring the prevalence of disrespect and abuse during childbirth in Kenya. PLoS ONE 2015; 10(4): e0123606.
22. Okafor II, Ugwu EO, Obi SN. Disrespect and abuse during facility-based childbirth in a low-income country. Int J Gynecol Obstet 2015;128:110-3.
23. Terán P, Castellanos C, Blanco MG, Ramos D. Obstetric violence: perception of users. Rev Obstet Ginecol Venez 2013;73:171-80.
24. Santiago RV, Del Carmen Hidalgo-Solórzano E, Mojarro-Iñiguez M, Arenas Monreal L. Nueva evidencia a un viejo problema: el abuso de las mu-jeres en las salas de parto. CONAMED 2013;18:14-20.
25. Venturi G, Godinho T. Mulheres Brasileiras E Gênero Nos Espaços Público E Privado. Mulheres brasileiras e gênero nos espaços público e privado: Uma década de mudanças na opinião pública 2013.
26. 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. Eur Rev Med Pharmacol Sci 2019;23:1847-54.
27. Price S, Noseworthy J, Thornton J. Women's experience with social presence during childbirth. MCN Am J Mater Child Nurs 2007;32:184-91.
28. Timur Taşhan S, Duru Y. Views on spousal support during delivery: A Turkey experience. BMC Pregnancy Childbirth 2018;18:142-48.
29. Lunda P, Minnie CS, Benadé P. Women's experiences of continuous support during childbirth: A meta-synthesis. BMC Pregnancy Childbirth 2018; 15;18(1):167-78.
30. Kassa ZY, Husen S. Disrespectful and abusive behavior during childbirth and maternity care in Ethiopia: A systematic review and meta-analysis. BMC Res Notes 2019;12:83-9.