



Article

Obstetric violence in Latin America: a tradition of violating women's human rights

A Violência obstétrica no contexto latino-americano: uma tradição de violação aos direitos humanos das mulheres

Violencia obstétrica en el contexto latinoamericano: una tradición de violación de los derechos humanos de las mujeres

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Abstract

Objective: This article discusses obstetric violence through the lens of Brazilian legislation and the Inter-American System for the Protection of Human Rights. **Methodology:** The research involved a bibliographic review and employed case study methodology, focusing on the Inter-American Human Rights System. Additionally, legislative proposals in the Brazilian National Congress addressing access to healthcare for pregnant women, parturients, and postpartum women were analyzed. **Results:** The culture of violence and disregard for women's autonomy is deeply rooted in structural deficiencies within public services. These include overburdened healthcare professionals, insufficient hospital capacity, a lack of comprehensive medical teams, and inadequate equipment. **Conclusion:** Obstetric violence remains insufficiently addressed by the state, leading to violations of women's reproductive rights. These violations manifest as dehumanizing treatment, overmedication, non-consensual procedures, psychological abuse, and a disregard for individual contexts. We propose preventive and responsive measures to address this issue, incorporating a gender perspective into all public policies and programs that impact women's health.

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Keywords: Obstetric Violence; Violence Against Women; Parturition; Pregnancy; Violence.

Resumo

Objetivo: este artigo propõe uma discussão sobre a violência obstétrica sob a ótica do Legislativo brasileiro e do Sistema Interamericano de Proteção de Direitos Humanos. **Metodologia:** A pesquisa combinou revisão bibliográfica e estudo de caso, utilizando como referência o Sistema Interamericano de Direitos Humanos. Além disso, foram analisados projetos de lei em tramitação no Legislativo brasileiro que abordam "parto" e "violência obstétrica". O objetivo foi relacionar as categorias identificadas nos casos da Corte Interamericana de Direitos Humanos com a finalidade central desses projetos de lei. **Resultados:** a cultura de violência e desrespeito à autonomia das mulheres está ligada a falhas estruturais dos serviços públicos, sobrecarga de trabalho dos profissionais, falta de vagas em unidades hospitalares e ausência de equipes médicas completas e equipamentos adequados. **Conclusão:** a violência obstétrica não recebe a devida atenção do Estado, resultando em violações aos direitos reprodutivos das mulheres, como trato desumanizante, medicação excessiva, ausência de consentimento, maltrato psicológico e desconsideração de contextos específicos. Propõe-se a prevenção e enfrentamento da violência obstétrica no Brasil, incluindo a perspectiva de gênero em todas as políticas públicas e programas que afetam a saúde das mulheres.

Palavras-chave: Violência Obstétrica; Violência Contra a Mulher; Parto; Gravidez; Violência.

Resumen

Objetivo: este artículo propone una discusión sobre la violencia obstétrica desde la perspectiva de la legislación brasileña y del Sistema Interamericano de Protección a los Derechos Humanos. **Metodología:** la investigación incluyó una revisión bibliográfica y la metodología utilizada fue el estudio de casos, con base en el Sistema Interamericano de Derechos Humanos. También se analizaron los proyectos de ley del Congreso Nacional sobre el acceso a la atención sanitaria de las mujeres embarazadas, parturientas y púerperas. **Resultados:** la cultura de violencia e irrespeto a la autonomía de las mujeres está vinculada a fallas estructurales en los servicios públicos, sobrecarga de trabajo de los profesionales, falta de vacantes en las unidades hospitalarias y ausencia de equipos médicos completos y equipamientos adecuados. **Conclusión:** la violencia obstétrica no recibe la debida atención por parte del Estado, lo que se traduce en violaciones de los derechos reproductivos de las mujeres, como el trato deshumanizado, la medicación excesiva, la falta de consentimiento, el maltrato psicológico y la desatención a contextos específicos. Proponemos prevenir y enfrentar la violencia obstétrica en Brasil mediante la inclusión de la perspectiva de género en todas las políticas y programas públicos que afectan a la salud de las mujeres.

Palabras clave: Violencia Obstétrica; Violencia Contra la Mujer; Parto; Embarazo; Violencia.

Introduction

Obstetric violence is a specific form of institutional violence that occurs during the pregnancy-puerperium cycle and reflects abusive, dehumanizing and discriminatory practices in health care settings. Ranging from invasive and non-consensual medical procedures to negligence, verbal abuse and authoritarian attitudes, this type of violence severely compromises women's dignity, human rights and physical and mental health⁽¹⁾. In Latin America, and particularly in Brazil, obstetric violence has been widely denounced, highlighting structural inequalities that disproportionately affect black, indigenous and poor women and other vulnerable groups⁽²⁾. This scenario reveals the intersection between social inequalities and biomedical hegemony, perpetuating oppressive practices that have become naturalized throughout history.

Types of obstetric violence include unnecessary interventions, such as routine episiotomies and cesarean sections without medical indication, as well as authoritarian conduct, such as denial of information or lack of informed consent. Dehumanizing practices are also common, such as verbal humiliation, isolation of the parturient and negligence in care⁽³⁾. These problems are part of a context of excessive medicalization of childbirth and inadequacies in public and private health systems, which often disregard women's individual needs⁽²⁾. In Latin America, obstetric violence is aggravated by social markers such as race, class, territoriality and sexual orientation, which determine differentiated access to health services and the type of treatment received⁽³⁾. In Brazil, where the rates of unnecessary interventions are alarming, the problem reflects not only gaps in health systems, but also power dynamics that perpetuate the subordination of women in institutional spaces^(2,4).

Violent practices and abuses that leave physical and emotional sequelae have therefore been normalized throughout history, camouflaged by the artifice of medical "technique". In this sense, international organizations have been working to define, regulate, prevent and combat this type of violence. The document "Prevention and elimination of abuse, disrespect and mistreatment during childbirth in health institutions"⁽⁵⁾, published by the World Health Organization (WHO) in 2014, defines such abuse as a violation of women's human rights, emphasizing that women have the right to dignity, information, non-discrimination and the highest standard of physical and mental health, including sexual and reproductive health⁽⁶⁾.

According to a survey carried out in 2010 by the Perseu Abramo Foundation⁽⁴⁾, one in four women interviewed reported having suffered some kind of violence during childbirth. This problem is more frequent among black and brown women, according to the report "Nascer No Brasil: Inquérito nacional sobre parto e nascimento (2011 a 2012)"⁽⁴⁾, published by Fiocruz in 2014, which highlighted that women assisted by the public health system are the ones who suffer the most physical, verbal or psychological violence⁽²⁾. The results of this research showed that labor is the most sensitive time for women to suffer obstetric violence, possibly due to gender, race and social class prejudices, as well as a technocratic view of health on the part of some professionals. The research recommends that universities and research institutions invest in the training of health professionals, focusing on the physiological aspects of pregnancy and childbirth, and the use of technologies based on scientific evidence, as well as promoting interdisciplinary and collaborative work between health professionals⁽²⁾.

In this article, we propose a reflection on the ways in which obstetric violence manifests itself, through an analysis of two emblematic cases judged by the Inter-American Court of Human Rights (IACHR). Based on these cases, we discussed the types of obstetric violence identified by the Court and the reparation measures. We then analyzed the bills currently before the Chamber of Deputies and the Federal Senate, in order to understand the extent to which what is being discussed in the legislative sphere corresponds to what has been typified by the international courts. The aim is to make an exploratory analysis of the public policies being formulated by the Brazilian legislature, and to what extent these policies are guided by elements similar to those that guide the documents of the Inter-American Human Rights System (IACHR).

Methodology

In view of the urgency of the issue, the Gender, Race and Ethnicity Research Group - NUPEGRE of the Rio de Janeiro State School of Magistrates (EMERJ) carried out the research

project "*If you keep screaming, you'll have the baby alone!*": *obstetric violence in the light of Brazilian law and the Inter-American System for the Protection of Human Rights* ⁽²⁾. The initiative is the result of EMERJ's Permanent Forum on Domestic, Family and Gender Violence and brings attention to this issue which, while on the one hand has been on the agenda of the feminist movement for decades, attracts a great deal of resistance from health professionals when it comes to recognizing the term "obstetric violence".

The research consisted of analyzing documents from the Inter-American Court of Human Rights (IACHR) on the subject of gender, as well as researching documentary sources, with judgments and reports on cases that have been processed in the Inter-American Human Rights System (IACHR). Thus, the first axis of analysis dealt with the standards used in the Inter-American Human Rights System, using three main sources: (i) the thematic reports of the IACHR; (ii) documents from other human rights protection bodies referenced in the reports and (iii) the analysis of 13 cases that directly or indirectly address obstetric violence (Table 1).

As there is no system for searching for IACHR precedents by topic, nor is there a thematic report on obstetric violence in these institutions, the strategy adopted to identify the cases of obstetric violence analyzed by the Court was to review the main thematic reports on gender. Five thematic reports were reviewed: 1) *Las mujeres indígenas y sus derechos humanos en las Américas*; 2) *Mujeres privadas de libertad en las Américas*; 3) *Violencia y discriminación contra mujeres, niñas y adolescentes*; 4) *Violencia y discriminación contra mujeres, niñas y adolescentes* and its annex 1: *Estándares y recomendaciones*; 5) *Violencia y discriminación contra mujeres, niñas y adolescentes* and its annex 2: *Impacto de casos*. Sixteen other secondary documents authored by other human rights bodies and institutions and referenced in the five thematic reports were also reviewed.

Box 1. Cases judged at the IACHR that directly or indirectly address obstetric violence

Case	Start year	Merit	Phase of the procedure
Maria Mamérita vs. Peru	1999	Non-consensual hysterectomy followed by death	Friendly solution
Brítez Arce and others v. Argentina	2001	Death of a pregnant woman during childbirth	Condemnation of the State by the IA Court
Xákmok Kásek Indigenous Community v. Paraguay	2001	Death of a pregnant woman during childbirth occurred in a broader context of violation of the rights of an indigenous community	Condemnation of the State by the IA Court
Balbina Rodriguez Pacheco e outra vs. Venezuela	2002	Serious injuries caused during cesarean section	Condemnation of the State by the IA Court
Cuscul Pivaral and others v. Guatemala	2003	Lack of specialized medical care for 5 pregnant women who are seropositive for HIV in a broader context of	Condemnation of the State by the IA Court

		discrimination against HIV-positive people.	
I.V vs. Bolivia	2007	Non-consensual hysterectomy	Condemnation of the State by the IA Court
F.S. vs. Chile	2009	Non-consensual hysterectomy	Friendly solution
Eulogia Guzman and her son vs. Peru	2009	Indigenous pregnant woman forced to give birth supine. Newborn falls with serious skull injury.	IACHR admissibility report
Manuela and others vs. El Salvador	2012	Criminalization of women after obstetric emergencies.	Conviction of the State before the IA Court
Beatriz and others v. El Salvador	2013	Denial of termination of pregnancy of anencephalic fetus and risk to the pregnant woman	Condemnation of the State by the IA Court
M.T.R. and others v. El Salvador	2015	9 women criminalized after suffering obstetric emergency	IACHR admissibility report
Carmen Helena Pardo Noboa v. Ecuador	2015	Mistreatment of a woman deprived of her liberty during labor and delivery	IACHR admissibility report
Jacqueline Grosso Nuñez vs. Uruguay	2016	Lack of quality care in obstetric emergencies	IACHR admissibility report

Source: Inter-American Court of Human Rights (IACHR). Prepared by NUPEGRE

Using the content analysis method⁽⁷⁾, central categories of analysis were identified in these documents. Content analysis is a technique widely used in the social sciences to interpret and systematize qualitative data based on previously defined criteria. We therefore sought to identify patterns, categories and meanings in the documents and rulings of the ISHR, allowing us to extract relevant information for understanding obstetric violence in Latin American countries. Initially, the *corpus of analysis* was defined, and then the themes were categorized, guided by the analyzed material itself, in an inductive way.

For this article, two cases were selected based on the ideal type criterion⁽⁸⁾, a methodological strategy that aims to identify and analyze examples that best represent the theoretical or empirical characteristics of the phenomenon being studied. Based on the Weberian notion of type, this approach does not look for "pure" or perfect cases, but rather examples that clearly encapsulate the central elements of a specific theory or problem. This selection will make it possible to investigate the internal dynamics of obstetric violence, offering elements that can be extrapolated to understand similar cases or broaden the theoretical discussion.

In the second section, the bills currently before the National Congress on access to health care for pregnant women, parturients and puerperal women were systematized and analyzed, with the aim of understanding from what perspective legislative production addresses obstetric violence (whether the initiatives deal with issues such as criminalization, prevention, whether they have an intersectional approach, such as in cases of atypical mothers, those deprived of their liberty, those

living in rural areas, etc.) and identifying the legislative strategies used, such as the creation of special laws, changes to existing laws and proposals to modify judicial decisions. In order to do this, an active search was made of the bills in progress in the Chamber of Deputies and the Federal Senate using the terms "childbirth" and "obstetric violence". Duplicates and Bills that dealt with "childbirth" without designating issues related to obstetric violence were then excluded. Finally, we identified 20 bills, divided into two categories: the humanization of childbirth and the creation of a criminal code for obstetric violence.

Results and discussion

Obstetric violence is a multifaceted phenomenon that reveals profound social, historical and institutional inequalities, especially in Latin America. This problem, which affects women in the pregnancy-puerperium cycle, requires an interdisciplinary approach capable of articulating perspectives from anthropology, history, public health and political philosophy. This makes it possible to understand the complex dynamics involved in the phenomenon, placing it in the broader context of the process of medicalization of the female body and the political disputes surrounding reproductive rights.

The medicalization of life, especially the female body, is rooted in Western practices and values ⁽⁹⁾. This process turns the body into an object of biomedical control and intervention, legitimizing practices that often disregard female subjectivities and reproduce power hierarchies. In Latin America, where the process of consolidating biomedicine is still underway, obstetric violence reflects both structural inequalities and the hegemony of medical knowledge. Therefore, women's experience during childbirth is shaped by historical and political aspects of this process ⁽¹⁰⁾.

Black, indigenous, gypsy, lesbian, transgender women, immigrants, drug users and other marginalized populations face forms of institutional violence that transcend the experience of white women from the urban middle classes, showing that obstetric violence is experienced differently according to social markers^(11,12). To account for the ways in which markers of inequality are intertwined, producing different types of subjection, Crenshaw coined the term intersectionality, which describes how different forms of oppression - such as racism, sexism, classism and other structural inequalities - interact and overlap, creating unique experiences of discrimination and marginalization⁽¹³⁾.

The intensification of the debate on obstetric violence in the last decade reflects both local mobilizations and the influences of global political disputes. In this sense, Tempesta and França argue that a counter-hegemonic reproductive pedagogy is necessary to question and transform these structures ⁽¹⁴⁾.

Although the inclusion of a gender perspective in public policies and in the training of health professionals is fundamental, as they propose⁽¹⁵⁾, this measure may not be enough to tackle the deep roots of the problem. The critical approach therefore questions the naturalization of medicalization and promotes the valorization of alternative knowledge and practices. In this way, Quattrocchi and Magnone⁽¹⁶⁾ stress the importance of integrated strategies that combine *advocacy*, education and public policy monitoring.

Obstetric violence in Latin America cannot be analyzed in isolation, but rather as part of a broader process of medicalization and disputes over sexual and reproductive rights. An interdisciplinary and critical approach, informed by historical, social and political perspectives, is

indispensable for broadening understanding and proposing more effective interventions. Studies such as those by Diniz et al.⁽¹⁷⁾ and Teixeira et al.⁽¹⁸⁾ provide valuable input for rethinking the role of health institutions and public policies in promoting safe and dignified motherhood.

The topic is approached from two theoretical perspectives in feminist thought: institutional obstetric violence and gender stereotypes and intersectionality^(13,19). Institutional obstetric violence results from the expropriation of knowledge and the construction of a technical paradigm authorized to decide for women about their bodies, in opposition to authorized knowledge and female autonomy⁽²⁰⁾. Modern medicine, characterized by the role of the state in public health, normalizes the medical profession and subordinates professionals to single guidelines, working to control bodies in capitalist societies, according to Foucault: "the body is a biopolitical reality. Medicine is a biopolitical strategy"⁽⁶⁾.

Institutional obstetric violence treats childbirth as an exclusively medical event, ignoring the subjectivity and autonomy of women, who are seen as objects of intervention. Silvia Federicci⁽²⁰⁾ describes the persecution of midwives and doulas in the Middle Ages, which expropriated women's knowledge, turning reproduction into a matter for the state and criminalizing birth control practices or non-procreative sexuality. Foucault⁽⁶⁾ identifies birth control as one of the first targets of biopolitics. Preciado⁽²¹⁾ analyzes the replacement of women's popular knowledge by "official" and "scientific" knowledge.

Obstetric violence must also be analyzed in the light of gender stereotypes and intersectionality, considering the social markers of difference that cause inequalities in the treatment and sexual and reproductive rights of women. Hill Collins⁽¹⁹⁾ addresses negative stereotypes through "images of control", which disadvantage black women. In Brazilian literature, it is necessary to compare sexism and racism because, according to Lélia Gonzalez⁽²²⁾ and Sueli Carneiro⁽²³⁾, racism, sexism, poverty and other social injustices are seen as natural, normal and inevitable, imposing unfavorable treatment on black, indigenous and quilombola women.

The Inter-American System for Women's Human Rights and obstetric violence

Within the framework of the Inter-American Human Rights System (IACHR), states parties are obliged to combat obstetric violence and guarantee sexual and reproductive rights. Obstetric violence is defined as such within the framework of the IACHR⁽²⁴⁾:

It encompasses all situations of disrespectful, abusive, negligent treatment or denial of treatment, during pregnancy and the preceding phase, during childbirth or postpartum, in public or private health centers. This violence can manifest itself at any time during the provision of maternal health services to a woman, through actions such as the denial of complete information about her health and the applicable treatments; indifference to pain; verbal humiliation; forced or coerced medical interventions; forms of physical, psychological and sexual violence; invasive practices; and the unnecessary use of medication, among other manifestations.⁽²⁴⁾

Analyzing 13 cases brought before the IACHR, the report published by NUPEGRE⁽²⁾ listed the most striking expressions of obstetric violence:

Box 2. Expressions of obstetric violence according to the IACHR

- | |
|---|
| 1) Dehumanizing treatment, embodied in indifference to pain, long waits for childbirth, immobilization of the body, births without anesthesia and lack of confidentiality. |
| 2) Excessive medication or pathologization of physiological processes, characterized by invasive practices, unjustified medication, use of unnecessary labor acceleration techniques. |
| 3) Psychological abuse, such as jokes, verbal humiliation, omission of information and infantilization. |
| 4) Absence of the woman's consent, such as in situations where a cesarean section is performed without consent when there are conditions for natural childbirth, sterilization or "husband's point". |
| 5) Failure to observe sociocultural or contextual specificities, with disregard for indigenous women's ancestral ways of giving birth, mistreatment of women deprived of their liberty or women with HIV. |

Source: Inter-American Court of Human Rights (IACHR). Prepared by NUPEGRE.

The IACHR has shown that obstetric violence is a phenomenon that has occurred systematically in Latin America. The Court has responded to such cases with three types of measures. Firstly, the (i) rehabilitation measures, which consist of paying for psychological and psychiatric treatment for the victims (direct and family members) and guaranteeing full access to health, with the provision of medication and medical treatment in sexual health. This is followed by (ii) measures of satisfaction, such as public acts of recognition of the state's responsibility and publicity of the sentence in widely circulated national media. Finally, (iii) measures of non-repetition, such as access to information, training of professionals, expansion of the structure, amendment of legislation, adoption of protocols and an intersectional approach. In addition, three dimensions of obstacles imposed on access to maternal health services are identified: structural factors of the services, laws and policies that regulate the service and cultural factors that limit women's autonomy.

In the next section, we propose two case studies of two episodes of violence in childbirth that led to sentences at the IACHR, with the aim of proposing some reflections on this phenomenon in Latin America and on the urgency of public prevention policies and reparation measures for this type of occurrence.

Case studies: "Brítez Arce and others vs. Argentina"

Cristina Brítez Arce, a 38-year-old Paraguayan, was pregnant with her third child. During her high-risk pregnancy, she went to various health facilities, but did not receive adequate care. In June 1992, she was admitted to the Ramón Sardá Public Hospital with back pain, fever and loss of fluid. The fetus died and, after four hours of labor, Cristina died of cardiopulmonary arrest. The criminal cases against the doctors and experts resulted in acquittals, and the civil case was dismissed^(25,26).

In 2001, Cristina's children filed a petition with the Inter-American Commission on Human Rights, alleging a lack of adequate prenatal care and an insufficient investigation by state bodies. In 2019, the Commission recommended that the state: 1) provide material and immaterial reparation; 2) provide mental health care to the victim's children; and 3) train health professionals to provide quality care to pregnant women. In 2021, the IA Court found the Argentine state responsible for the violation of the rights of Cristina and her children.

The Court used the *Xákmok Kásek* case as a precedent and cited Advisory Opinion 29/22. Cristina wandered through the health system until she died on June 1, 1992, along with her unborn child. The state, aware of her high-risk pregnancy, denied her adequate treatment. Full reparation included rehabilitation measures, such as psychological treatment for her children, publication of the judgment, awareness campaigns on obstetric violence and compensation for material and immaterial damages ⁽²⁷⁾.

"Jacqueline Grosso Nuñez v. Uruguay"

Jacqueline, who was 20 weeks pregnant, was kicked in the stomach by her neighbor, causing bleeding and contractions. Despite witnessing the assault, the neighbors didn't intervene. When they called the emergency services, the police made jokes instead of helping. Jacqueline was taken to a health unit without a gynecological emergency and then kept in the police unit without communication, waiting for a specialist. During the examination, she was embarrassed by being naked in front of a police officer. Diagnosed with "genyorrhagia", she was released without adequate treatment. An ultrasound later revealed "displacement of the inferior ovular pole and opening of the cervix" ⁽²⁸⁾.

Four days after her hospitalization, Jacqueline was discharged with no additional test results or medication for the uterine infection. The next day, she returned to the medical center with strong contractions and was medicated with Misoprostol without consent, resulting in an abortion. Jacqueline requested the body of the fetus for burial, but the hospital refused, treating it as "pathological waste" ⁽²⁸⁾.

Jacqueline filed three lawsuits: against her attacker, against the police and to obtain the body of the fetus. The first two were dismissed, but the third resulted in the delivery of the fetus' body. She also filed an administrative claim against the police officers, who received a minimum sentence. Jacqueline filed three civil lawsuits: against the Ministry of the Interior and the police officers, resulting in compensation of U\$10,000.00; against the aggressor's neighbor, resulting in U\$5,400.00; and against the Casmú Clinic for medical malpractice, which is still ongoing ²⁸.

The petition before the IACHR alleges a violation of judicial guarantees and judicial protection due to the lack of an adequate investigation. The Commission considered the unjustified delay in the domestic proceedings, determining the admissibility of the petition regarding the lack of investigation into the physical violence and judicial protection. The violations of the rights to personal integrity, personal liberty, judicial guarantees, honour and dignity, equality before the law, judicial protection, progressive development of economic and socio-cultural rights, and Article 7 of the Belém do Pará Convention were recognized. The complaints of violations of the right to life, personal liberty, and freedom of conscience and religion were dismissed for lack of sufficient evidence ⁽²⁸⁾.

In both cases, the centrality of institutional violence in the care of these women was identified. The presence of dehumanizing treatment, embodied in indifference to pain, the long wait for childbirth, invasive practices, unjustified medication (which in one of the cases amounted to a non-consensual abortion), psychological mistreatment, such as jokes, verbal humiliation, omission of information, absence of the woman's consent. In other words, a large part of the violations identified in the IACHR's decisions are present in just two cases, which points to another characteristic of obstetric violence: different forms of violations are intertwined, creating a context of heightened vulnerability for women. Furthermore, in both cases, after suffering violence, the women were not adequately cared for by the state apparatus, including the justice system. This data reinforces the need to create public policies to deal with the issue. The next section discusses the bills currently before Congress and the Senate.

The bills currently before the Brazilian National Congress

Monitoring the legislature is fundamental to understanding social phenomena and legal-normative trends. The analysis of bills (PLs) reveals demands from society, indicating changes in legislation and reflecting democratic consolidation. The content of the bills and their proponents signal emerging directions in the legal system, pointing to new interpretations of the law and regulations. This examination is essential for legal professionals, academics and those interested in regulatory developments. In addition, the analysis of Bills of Law makes it possible to assess the effectiveness of public policies and their suitability to social needs. The study of legislative justifications makes it possible to anticipate impacts and contributes to more informed decisions. In the context of the study, the aim is to identify the extent to which legislative production is in line with what has been decided by the Inter-American Court of Human Rights, with reference to the Court's definitions of obstetric violence and its recommendations to States parties.

In March 2023, the Chamber of Deputies set up the "Special Commission to Study the Reasons for the Increase in Reports of Obstetric Violence and the High Rate of Maternal Death in Brazil" to discuss the issue ⁽²⁹⁾. This Commission, chaired by Congresswoman Soraya Santos (PL/RJ), rapporteur by Congresswoman Any Ortiz (Cidadania/RS), and made up of 36 federal deputies, was the first temporary body set up by the House to specifically debate obstetric violence. The focus was on investigating and proposing solutions to two critical public health issues in the country: "obstetric violence" and maternal mortality.

Since its creation, the Commission has dedicated itself to a series of activities, such as public hearings and technical visits, in order to gather information and discuss the problem comprehensively, as well as as understanding the causes of the increase in complaints of "obstetric violence". It also examined the high maternal mortality rate in Brazil, which is alarming compared to global averages, considering data from the Pan American Health Organization and the World Health Organization^(5,29,30).

From April to October 2023, there were 13 public hearings⁽²⁹⁾ - attended by experts on the subject, politicians, public officials and victims of "obstetric violence", to identify good practices and propose effective public policies. The topics covered were: (i) the panorama of the health system; (ii) the importance of the concept of obstetric violence and the protection of women; (iii) ways of tackling obstetric violence and maternal death in Brazil; (iv) the autonomy of pregnant women related to the pregnancy-puerperium cycle; (v) obstetric violence in early childhood and the increase

in prematurity; (vi) the importance of quality prenatal care for the prevention of obstetric violence and maternal mortality; (vii) the role of public bodies and civil society in combating obstetric violence and preventing maternal mortality; (viii) the importance of changing curricula and continuing education; (ix) multidisciplinary care for women in the pregnancy-puerperium cycle; (x) modalities of childbirth care in non-hospital environments; (xi) the Legal Framework for Early Childhood and (xii) humanized care for women and International Contraception Day.

When evaluating the bills, 18 ordinary bills were identified in the Chamber of Deputies, which seek to improve current legislation and strengthen the protection of women against obstetric violence, and two ordinary bills in the Federal Senate. They are:

Chamber of Deputies: 18 proposals.

Humanization of childbirth: PL 6567/2013, PL 6888/2013, PL 7633/2014, PL 7867/2017, PL 878/2019, PL 422/2023, PL 989/2023, PL 1056/2023, PL 1381/2023, PL 4131/2023, PL 5321/2023, PL 5673/2023, PL 243/2024 and PL 1720/2024.

Creation of criminal types: PL 2589/2015, PL 8219/2017, PL 190/2023 and PL 3710/2023.

Federal Senate: two bills

Humanizing childbirth: PL 84/2023

Creation of criminal types: PL 2082/2022

When analyzing the framework of the projects within the five dimensions of obstacles to access to maternal health and confronting obstetric violence, according to the IACHR (Chart 2), it was observed that the majority address humanized childbirth while including, in the same text, various practices classified as expressions of obstetric violence by the IACHR. These include dehumanizing treatment, indifference to pain, excessive medication and carrying out procedures without the pregnant woman's consent.

Given the role of the Legislative Branch, most of these bills deal with the regulation of public services, establishing guidelines and principles for the care of pregnant and postpartum women. In this way, they act directly on the structuring of health services, helping to overcome deep-rooted practices that limit women's autonomy. These bills demonstrate the Legislative branch's efforts to tackle obstetric violence in Brazil, promoting policies that ensure women's dignity, respect and autonomy during the pregnancy-puerperium cycle. The approval and implementation of these laws are fundamental steps towards combating abusive practices and guaranteeing safe, humanized care for women.

Conclusion

The conclusion is that obstetric violence in Brazil has not received the attention it deserves from the state, with various violations of women's reproductive rights, such as dehumanizing treatment, excessive medication or pathologization of physiological processes, the absence of women's consent, psychological abuse and disregard for specific contexts. Therefore, the decisions of the Inter-American Court of Human Rights (IACHR) and the Brazilian bills show advances in the recognition of women's rights, but also face resistance in contexts where biomedical hegemony and patriarchal values remain strong.

The ways in which the culture of violence and disrespect for women's autonomy and bodies is related to structural flaws in public services, the overload of work for professionals, the lack of

places in more complex hospital units and the absence of a complete medical team and equipment for analyzing the fetus' vital signs are all part of the construction of a reality in which obstetric violence is naturalized. In this sense, we propose the prevention and confrontation of obstetric violence in the Brazilian context, as well as the inclusion of a gender perspective in all public policies and programs that affect women's health.

Therefore, policies including the creation of educational campaigns for women on health care, education and information, especially in the area of sexual and reproductive health, are important in the sphere of prevention. The inclusion of a gender perspective in public policies, in the training of health professionals, in legislative proposals and in judicial decisions is fundamental to tackling the multiple manifestations of obstetric violence, but it may not be enough to radically transform the hegemonic perception of the female body. This perspective, although fundamental to making gender inequalities visible and promoting normative advances, often operates within the same biomedical structures that naturalize the medicalization of the female body and perpetuate asymmetrical power relations. Beyond inclusion, a critical approach is needed that questions the hegemonic logic of biomedicine and integrates an intersectional analysis, considering the specific experiences of black, indigenous, poor women and other marginalized groups and a social perspective on medicine, to the detriment of prioritizing the biomedical perspective. In the context of Latin America and Brazil, where sexual and reproductive rights still face political and cultural resistance, this critical approach allows us to go beyond specific adjustments to institutional practices, promoting reflection on the historical and social processes that shape power relations in reproductive health. This concept enriches the analysis of the data by highlighting how the dynamics of oppression are articulated in the construction of experiences of obstetric violence and in the struggle for deeper structural changes.

It is essential to create mechanisms to record and make transparent cases of obstetric violence, detailing the context, types of violence, the profile of the victims and the professionals involved, as well as the hospital establishments and associated factors, with the aim of generating information to support prevention strategies and the reception of women, guaranteeing women the right to autonomy, privacy, confidentiality, consent and informed choices. It is therefore essential to include compulsory subjects that are sensitive to human rights and women's health, with a focus on gender-based violence, in the training curricula for health professionals.

The regulation of sanctions for obstetric violence (and violence against pregnant and postpartum women in general) is also an important factor, and points to the creation of reporting mechanisms, ombudsmen and committees to effectively monitor cases and guarantee access to justice. To this end, we also need to think about creating mechanisms for rigorous inspection of health services. Similarly, training programs for public security professionals, public prosecutors and the judiciary, taking into account the inter-American standards of diligence, reasonable time and gender perspective are also among the relevant strategies. It is no less important to identify practices that can be classified as criminal offenses, such as bodily injury, unlawful restraint and institutional violence, among others.

In addition, public policies should incorporate the principles of the Inter-American Commission on Human Rights (IACHR) for indigenous women, including empowerment, intersectionality, self-determination, active participation, incorporation of their perspectives, indivisibility and the collective dimension. For women deprived of their liberty, measures to prevent obstetric violence should be reinforced in the health services provided to this population.

Finally, it is desirable to create comprehensive legislation to deal with violence against pregnant women and women who have recently given birth, including obstetric violence, which considers prevention, assistance for victims, punishment and reparation for damage, following models from other Latin American countries, forcing the courts to recommend naming this form of violence in judicial decisions, applying the relevant international standards.

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