

# Obstetric violence is a complex theme in Chile.

We have identified **determinants** and **areas of consensus** to direct **future improvement** in the delivery of care

## The Problem

- In 2008, the Chilean Ministry of Health disseminated a Personalized Reproductive Care Manual. A decade later, some progress is observed, although controversy among diverse stakeholders continues. The aim of this review is illuminate the determinants of the problem and advance the proposed model.

## Methods

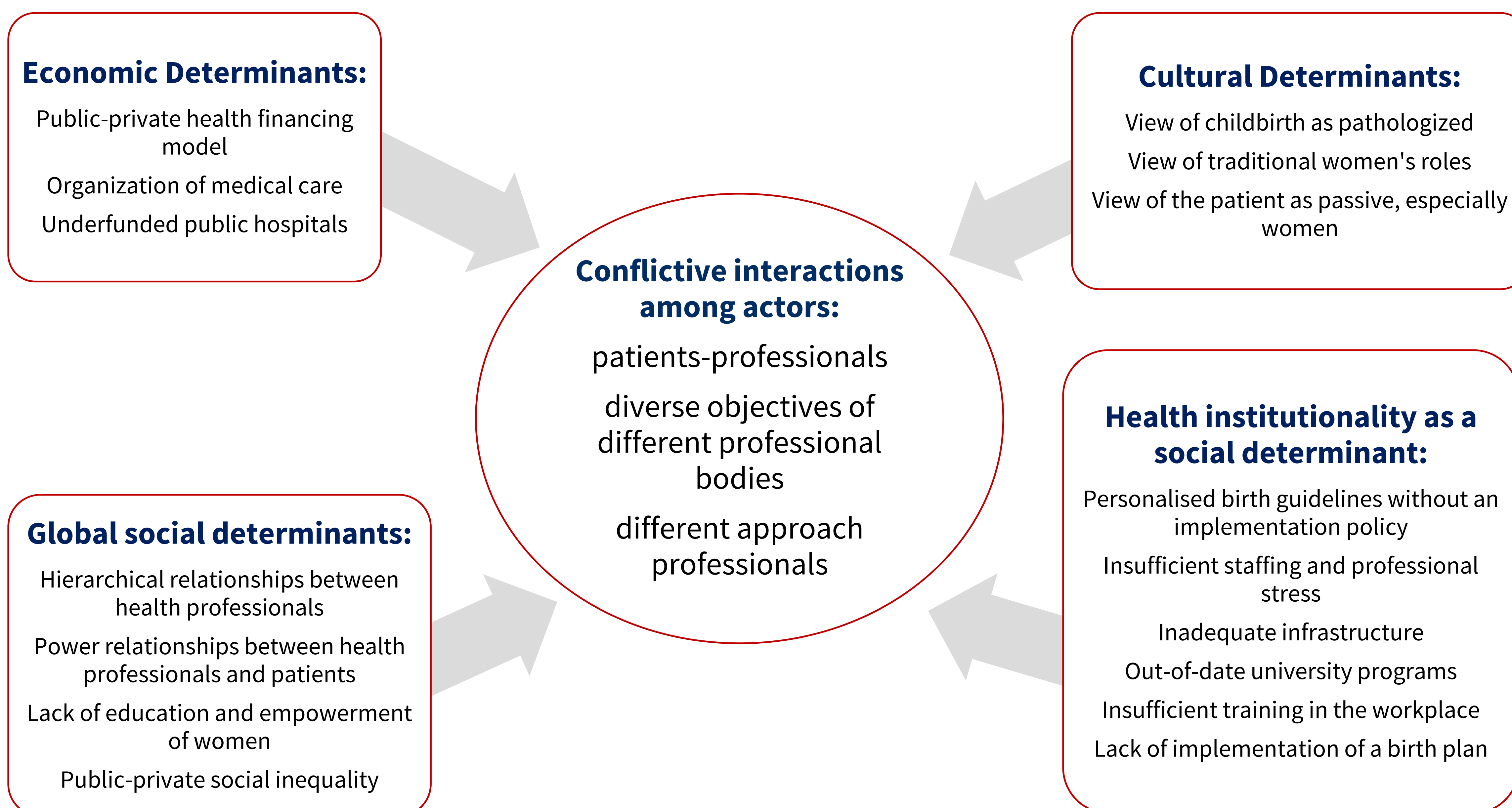
- Systematic **scoping review** and qualitative document analysis
- Databases consulted: BEIC, BIREME, COCHRANE, DIALNET, EBSCO, WOS, REDALYC, IBECs, LILACS, MEDLINE, Elsevier, Wiley and SciELO
- Other sources: institutional websites of selected stakeholders of importance
- Search terms:** 'obstetric violence', 'humanized delivery' and associated concepts

## Key Results

Table 1. Details of identified reviews

Published articles:	
Quantitative	9
Qualitative	9
Mixed	5
Narrative review	2
Books:	
Book	3
Book Chapters	6
Reports:	
Quantitative	1
Qualitative (1 thesis)	2
Mixed	1
Documents:	
Government organizations (4 stakeholders)	9
Civil society organizations (5 stakeholders)	13
Associations of health professionals (2 stakeholders)	14
Parliamentarian (5 specific laws)	6

Table 2. Determinants of obstetric violence in Chile



### Areas of conflict:

- Cultural
- Health care paradigm shift: from technocracy to humanized practice
  - Consideration that a gender dimension is involved
  - Attitudes of health professionals
  - Innovation in academic and professional development training initiatives
- Institutional / Social
- Adequate information to mothers about humanized birth practices
  - Laws that favour personalized birth practices and sanction obstetric violence
  - Measures that disincentivise performing caesarean section
  - Obstetricians work across public-private sectors resulting in altered work patterns, requiring pre-scheduling of interventions
  - Public-private divide results in health inequalities for patients; change unlikely due to benefits to practitioners

### Areas of consensus:

- Desired:
- Quality of care, patient satisfaction, humanized birth practices
  - Government policy and measures for the gradual implementation of humanized birth practices
  - Information, education for patients and families, implementation of a birth plan at the level of primary care
  - Adequacy of infrastructure and equipment, greater staffing and reduced stress for professionals
  - Innovation of academic programs and professional development

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## Stakeholders' perceptions of obstetric violence and humanized birth practices

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