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

Cultural

- Health care paradigm shift: from technocracy to humanized
- 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

Table 2. Determinants of obstetric violence in Chile

Economic Determinants:

Public-private health financing model

Organization of medical care Underfunded public hospitals

Conflictive interactions among actors:

patients-professionals

diverse objectives of different professional bodies

different approach professionals

Cultural Determinants:

View of childbirth as pathologized View of traditional women's roles View of the patient as passive, especially women

Global social determinants:

Hierarchical relationships between health professionals

Power relationships between health professionals and patients

Lack of education and empowerment of women

Public-private social inequality

Health institutionality as a social determinant:

Personalised birth guidelines without an implementation policy

Insufficient staffing and professional stress

Inadequate infrastructure Out-of-date university programs Insufficient training in the workplace Lack of implementation of a birth plan

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Stakeholders' perceptions of obstetric violence and humanized birth practices

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