

FREE COMMUNICATION

## HUMAN RIGHTS OF WOMEN IN CHILDBIRTH IN THE CONTEXT OF THE COVID-19 PANDEMIC: WHAT OBSTETRIC NURSING HAS TO DO

Kleyde Ventura de Souza<sup>1</sup>, Søndre Schneck<sup>2</sup>, Érica Dumont Pena<sup>3</sup>, Elysângela Dittz Duarte<sup>4</sup>, Valdecyr Herdy Alves<sup>5</sup>

### ABSTRACT

**Objective:** This release aims to promote the reflection of obstetric nurses so that they continue to fight to guarantee the rights of women and their babies amidst the COVID-19 pandemic.

**Development:** This paper draws the attention to the violation of the Human Rights of women, their children, and obstetric nurses and midwives, mainly due to the impact of the pandemic. It endorses the Official Statement of the International Confederation of the Midwives named "Women's Rights in Childbirth Must be Upheld During the Coronavirus Pandemic", and evokes Obstetric Nursing to a solidary work guided by social justice, built and announced by the bodies and voices of those who provide care and those who receive it.

**Final Considerations:** We signal the political and social commitment to democracy as a process that legitimizes citizenship in a special field of interest: women's life and health, based on the constitutional law and on the ethical challenges that are imposed by the pandemic.


**DESCRIPTORS:** Human Rights; Infections by Coronavirus; Obstetric Nursing; Women's Rights; Unified Health System.


### HOW TO REFERENCE THIS ARTICLE:

Souza KV de, Schneck SC, Pena ED, Duarte ED, Alves VH. Human rights of women in childbirth in the context of the covid-19 pandemic: what obstetric nursing has to do. Cogitare enferm. [Internet]. 2020 [access "insert day, month and year"]; 25. Available at: <http://dx.doi.org/10.5380/ce.v25i0.73148>.




This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

<sup>1</sup>Obstetric Nurse. PhD in Nursing. Nursing Professor at the Federal University of Minas Gerais. President of the Brazilian Association of Midwives and Obstetric Nurses (ABENFO Nacional). Belo Horizonte, MG, Brazil. 

<sup>2</sup>Obstetric Nurse. PhD in Sciences. Nursing Professor at the Federal University of Rio Grande do Sul. Porto Alegre, RS, Brazil. 

<sup>3</sup>Nurse. PhD in Education. Nursing Professor at the Federal University of Minas Gerais. Belo Horizonte, MG, Brazil. 

<sup>4</sup>Nurse. PhD in Child and Adolescent Health. Nursing Professor at the Federal University of Minas Gerais. Belo Horizonte, MG, Brazil. 

<sup>5</sup>Obstetric Nurse. PhD in Nursing. Professor at the Fluminense Federal University. Niterói, RJ, Brazil. 

## **DIREITOS HUMANOS DAS MULHERES NO PARTO FRENTE À PANDEMIA DE COVID-19: O QUE FAZER DA ENFERMAGEM OBSTÉTRICA**

### **RESUMO**

*Objetivo: esta comunicação tem por objetivo provocar a reflexão de enfermeiras(os) obstétricas(os) a seguir na luta pela garantia de direitos das mulheres e de seus bebês, em meio à pandemia de COVID-19.*

*Desenvolvimento: chama a atenção a violação dos Direitos Humanos das mulheres, seus filhos e de enfermeiras obstétricas e obstetrizas, principalmente pelo impacto da pandemia. Endossa a Declaração da International Confederation of the Midwives intitulada "Os direitos das mulheres no parto devem ser mantidos durante a pandemia", e evoca a Enfermagem Obstétrica a um quefazer, solidário e pautado pela justiça social, construído e anunciado pelos corpos e vozes daquelas(es) que cuidam e são cuidadas(os).*

*Considerações Finais: sinalizamos o compromisso político-social com a democracia enquanto processo que legitima a cidadania num campo especial de interesse: a vida e a saúde das mulheres, a partir do direito constitucional e dos desafios éticos que nos convoca a pandemia.*

**DESCRITORES:** *Direitos Humanos; Infecções por Coronavírus; Enfermagem Obstétrica; Direitos da Mulher; Sistema Único de Saúde.*

## **DERECHOS HUMANOS DE LAS MUJERES EN EL PARTO FRENTE A LA PANDEMIA DE COVID-19: LO QUE SE DEBE HACER EN ENFERMERÍA OBSTÉTRICA**

### **RESUMEN:**

*Objetivo: este comunicado pretende provocar la reflexión de los profesionales de Enfermería obstétrica para que prosigan en la lucha por la garantía de los derechos de las mujeres y de sus bebés, en plena pandemia de COVID-19.*

*Desarrollo: concentra la atención en la violación de los Derechos Humanos de las mujeres, de sus hijos y de las enfermeras obstétricas y obstetras, principalmente por el efecto de la pandemia. Apoya la Declaración de la International Confederation of the Midwives llamada "Los derechos de las mujeres en el parto deben mantenerse durante la pandemia", y evoca a la Enfermería obstétrica a un comportamiento solidario y pautado por la justicia social, construido y anunciado por los cuerpos y las voces tanto de quienes prestan servicios de cuidado como de quienes los reciben.*

*Consideraciones finales: señalamos el compromiso político-social con la democracia con respecto al proceso que legitima a la ciudadanía en un campo especial de interés: la vida y la salud de las mujeres, a partir del derecho constitucional y de los desafíos éticos que nos impone la pandemia.*

**DESCRITORES:** *Derechos Humanos; Infecciones por Coronavirus; Enfermería obstétrica; Derechos de la mujer; Sistema Único de Salud.*

## INTRODUCTION

In 2010, the International Year of Nurses and Midwives as declared by the World Health Organization (WHO) and widely disseminated in the Nursing Now Campaign, which we started in the midst of the serious COVID-19 pandemic, this release is meant as a provocation. A provocation (from the Latin *provocare*), in the sense that the word is constituted: *pro* (forth) and *vocare* (to call). Therefore, we signal the political and social commitment to democracy as a process that legitimizes citizenship in a special field of interest: women's life and health, based on the constitutional law and on the ethical challenges that are imposed by the pandemic.

As academics, researchers, trainers of the workforce in Nursing/Obstetric Nursing in the scope of undergraduate and graduate courses, front-line workers in maternity hospitals, and representatives of Nursing in the area of women's health, more specifically in the neonatal obstetric field, we provoke readers to reflect on the need to guarantee and enhance women's rights, as well as to promote the best care for them and their children.

Especially in this time of health emergency due to the COVID-19 pandemic, we invite everyone to continue in the fight to guarantee these rights, without taking any steps back. We call everyone today to walk towards an uncertain future, but with the only certainty that we cannot leave anyone behind.

## DEVELOPMENT

In the field of labor and birth, the violation of the human rights of women, their children, and also of obstetric nurses and midwives, mainly due to the impact of the COVID-19 pandemic on their lives, demands their defense, as emphasized in the Official Statement of the International Confederation of the Midwives (ICM) named "Women's Rights in Childbirth Must be Upheld During the Coronavirus Pandemic"<sup>(1)</sup>. These rights are part of the Human Rights. The statement is a reference so that the response to the pandemic ensures that the needs of women and babies are met, at a unique time in their lives, labor and childbirth; but may also ensure other reproductive rights.

We endorse the Official Statement of the ICM – an entity that represents and works to strengthen professional associations of obstetric nurses and midwives around the world. The Statement is aligned with the WHO and with the United Nations Population Fund (UNFPA), as well as with the beliefs of the Brazilian Association of Midwives and Obstetric Nurses (ABENFO Nacional)<sup>(2)</sup>, related to the defense of life with dignity and well-being, in addition to strengthening the profession and its professionals, as the Nursing Now Campaign calls us and how those who desire/do build it and reinvent it. Beliefs that make even more sense when Obstetric Nursing invokes us to do something about it. All of this within the scope of the largest health system in the world, Brazil's Unified Health System (Sistema Único de Saúde, SUS), so that the "now and always" of Nursing and Obstetrics is even more potently revealed in 2020, before the challenge to collaborate unconditionally in response to the COVID-19 pandemic.

In this sense, we reassert that all the women have the right to receive qualified care in the health system, whose arrangements should guarantee access, considering the integrality and humanization of care. This includes specific care for pregnant women, which protects them in safer places, prioritizing Normal Delivery Centers (NDCs) and maternity hospitals, in low-risk cases. All of this must be observed with utmost attention considering the highly complex scenario of the COVID-19 pandemic, which requires the best responses and a coordinated action that is effective and sensitive to the needs of all.

In the last 30 years, the creation of the SUS and the implementation of public policies

that materialize social rights, guided by the Brazilian Federal Constitution of 1988, must be highlighted as essential aspects that improved care in the field of women's health, as well as the challenges that still persist: preventable deaths of women, the slow reduction in the maternal mortality ratio, the criminalization of abortion, the high rates of cesarean sections, obstetric violence, and the need to overcome the "medicalization" in care during labor and birth, among others<sup>(3)</sup>. The Official Statement of the ICM emphasizes: "Every woman and her newborn have the right to be treated with compassion, dignity, and respect"<sup>(1:1)</sup>, calling on us/provoking us to do something.

In the context of the pandemic, women may find it more difficult for their choices to be heard, welcomed, and respected by the health services and professionals, due to the limitations that the health crisis imposes on the entire system. These difficulties find its counterargument in the Official Statement<sup>(1)</sup>: "Every woman has the right to information, to give consent, to refuse consent, and to have her choices and decisions respected and upheld. This includes the right to have a companion of her choice during labor and birth"<sup>(1:1)</sup>.

It is necessary to consider that the crisis caused by the pandemic should impact the quality of care and generate greater exposure for the increase in rates of cesarean sections without explicit clinical indication and an increase in gender, obstetric, and institutional violence. Such conditions can have an intense and negative impact on the reproductive experience of women, on the health of their babies, the families, and the community. They are consequences of a social, structural, cultural, emotional, and wider nature, from the economic and structural field, resulting from the other implications of the pandemic in the whole of the social network, which can compromise the positive experience of childbirth, as encouraged by the WHO recommendation named "Intrapartum care for a positive childbirth"<sup>(4)</sup>. The urgent need to correct the courses regarding gender inequalities that affect women's lives makes a comeback.

Among the highlights made in the Statement<sup>(1)</sup>, we point out some that still show fragile progress, either because they have not been fully achieved or because they are subject to setbacks. For this reason, the following should be seen as warnings: the guarantee of a companion of the woman's choice in the process of labor and childbirth, which in Brazil is guaranteed by law<sup>(5)</sup>, the negative consequences of inadequate interventions, and respect for women's autonomy and their physical and emotional integrity.

Thus, two points of the Statement stand out:

- i) Routine medical interventions such as induction of labor, caesarean, and use of forceps without obstetric indication will increase the likelihood of maternal and newborn complications, as well as increase the length of hospital stay and the workloads of the professionals in the hospitals, all with a higher probability of exposure to COVID-19.
- ii) There is currently no evidence which suggests that women cannot give birth vaginally or would be safer having a caesarean in the instance of suspected or confirmed Covid-19<sup>(1:1)</sup>.

The Official Statement reiterates<sup>(1)</sup>: "The woman's birth choices should be respected and followed as closely as possible, taking account her clinical needs"<sup>(1:1)</sup>.

In this perspective, the warning is for managers, workers, users and their families, social control bodies, and all other entities committed to guaranteeing the rights of women. There is a compelling need to keep the health system organized at its many levels, since it consists of essential services: prenatal care, childbirth, postpartum, breastfeeding, as well as reproductive health – including legal abortion and humanized care services for women victims of sexual violence and other forms of violence against women, under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Inter-American Convention to Prevent, Punish, and Eradicate Violence Against Women, as provided for in the Maria da Penha Law<sup>(6)</sup>.

Finally, it is necessary to continue keeping an eye on the diverse specificities of women, especially in Brazil, a country marked by profound social and regional inequalities that intersect with gender and race/skin color/ethnic inequalities. In other words, poor, black, indigenous women, living in the outskirts, in prison, or on the street, among other conditions that are barriers to access the health services. These women, in social isolation, are at greater risk of suffering the negative effects of the COVID-19 pandemic, with consequences in the short, medium, and long term.

Racism and institutional violence in health must be continuously fought and eliminated, especially in times of health crisis like the one we are living. Thus, we indicate that, especially in the time of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov2) pandemic, as the Statement emphasizes: "Sexual reproductive health care such as Family Planning, emergency contraception, and abortion services should remain available as core health services"<sup>(1:2)</sup>.

In this regard, a major challenge in our country gains relevance: the care model. In Brazil, in line with international bodies, such as the WHO and the Brazilian Ministry of Health<sup>(7)</sup>, it is recommended that health managers should provide conditions for the implementation of a care model that includes obstetric nurses and midwives in childbirth care for women at habitual risk. They should also be part of the care provided to women with conditions of clinical or obstetric risk together with the health team.

The Statement emphasizes the care model and draws the attention to the importance of the care network:

- i) continuity of care models of midwifery care will reduce the number of caregivers in contact with the woman and her birth partner and decrease the chances of COVID-19 spread in the hospitals; continuity of midwifery care should be encouraged and provided;
- ii) In countries where the health systems can support homebirth, healthy women experiencing a normal pregnancy and with support from qualified midwives, with appropriate emergency equipment, may be safer birthing at their homes or in a primary maternity unit/birth center than in a hospital where there may be many patients (even non-maternity patients) with Covid-19;
- iii) Prenatal care must continue to be prioritized in the context of basic care<sup>(1:2)</sup>.

The Official Statement of the ICM has a specific focus on actions directed at women, health services and systems, and it also highlights aspects related to the workers: Obstetric Nurses, Midwives, General Nurses, Nursing Assistants, and Nurse Technicians, as well as other health workers and personnel, in view of the need to ensure all the conditions necessary for the activities that make up the response to the pandemic.

In this sense, national and international entities in the field, such as ABENFO, the COFEN-CORENs system, and the ICM itself, emphasize that all the professionals must have Personal Protective Equipment (PPE) available and that the appreciation of the work and of the workers – people who move/implement/invent the SUS – should be taken as a device for innovation and intervention, thus enhancing the reorganization of the practitioners' work and lives. With respect to Obstetric Nurses/Obstetricians and Midwives, as well as the other health care practitioners working on the front lines in the fight against the pandemic, their needs should be recognized and guaranteed due to the impact of the crisis and because they are disproportionately affected by gender issues.

## FINAL CONSIDERATIONS

We call on everyone to follow the path guided by the principles of Global Health, of the Sustainable Development Goals (SDGs) and, at the national level, by the public policies and



strategies that were built in the context of the SUS: the National Policy for Comprehensive Health Care of Women; the National Humanization Policy, *Rede Cegonha* (Stork Network), and strong projects to reinvigorate the SUS, such as those of professional health education in the challenge of training-intervention, for updating its principles, among others, that of teaching-service integration, like the recent initiatives by the Brazilian Ministry of Health to train obstetric nurses nationwide<sup>(8,9)</sup> and the project for Improvement and Innovation in Obstetrics and Neonatology Care and Teaching (*Aprimoramento e Inovação no Cuidado e no Ensino em Obstetrícia e Neonatologia*, ApiceON)<sup>(10)</sup>.

These actions, all based on the Human Rights, on gender equity, and on a holistic approach, guided by partnerships, focused on people, on collectives (including workers) and on the community, inspire us to move forward, at the same time that we produce a specific health behavior in Obstetric Nursing. A solidary action based on social justice that, at this critical time, should be built in our bodies and announced by our voices. If we are heading towards an uncertain future, the only certainty is that we must go on together.

## REFERENCES

1. International Confederation of Midwives (ICM). Women's rights in childbirth must be upheld during the coronavirus pandemic. [Internet]. [acesso em 22 abr 2020]. Disponível em: [https://www.internationalmidwives.org/assets/files/news-files/2020/03/icm-statement\\_upholding-womens-rights-during-covid19-5e83ae2ebfe59.pdf](https://www.internationalmidwives.org/assets/files/news-files/2020/03/icm-statement_upholding-womens-rights-during-covid19-5e83ae2ebfe59.pdf).
2. Souza KV de, Lima ML de, Tyrrell MAR, Santos R da S, Mamede MV, Alves VH. Opening speech at the IX COBEON\*, III CIEON\* and ABENFO\* 2015 em Belém, PA, Brazil. Acta Paul. Enferm. [Internet]. 2016 [acesso em 22 abr 2020]; 29(1). Disponível em: <https://doi.org/10.1590/1982-0194201600017>.
3. Leal M do C, Szwarcwald CL, Almeida PVB, Aquino EML, Barreto ML, Barros F, et al. Reproductive, maternal, neonatal and child health in the 30 years since the creation of the Unified Health System (SUS). Ciênc. Saude Colet [Internet]. 2018 [acesso em 22 abr 2020]; 23(6). Disponível em: <https://doi.org/10.1590/1413-81232018236.03942018>.
4. World Health Organization (WHO). WHO recommendations: intrapartum care for a positive childbirth experience. [Internet] Geneva: WHO; 2018. [acesso em 22 abr 2020]. Disponível em: <https://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>.
5. Brasil. Lei n. 11.108, de 7 de abril de 2005. Altera a Lei no 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde [Internet]. 07 abr 2005 [acesso em 02 maio 2020]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/\\_Ato2004-2006/2005/Lei/L11108.htm](http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2005/Lei/L11108.htm).
6. Brasil. Lei. 11.340 de 7 de agosto de 2006. Dispõe sobre mecanismos para coibir a violência doméstica e familiar contra a mulher. [Internet] 7 ago 2006 [acesso em 22 abr 2020]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/\\_ato2004-2006/2006/lei/l11340.htm](http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11340.htm).
7. Ministério da Saúde (BR). Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Gestão e Incorporação de Tecnologias em Saúde. Diretrizes nacionais de assistência ao parto normal: versão resumida. [Internet]. Brasília: Ministério da Saúde; 2017 [acesso em 22 abr 2020]. Disponível em: [http://bvsmis.saude.gov.br/bvs/publicacoes/diretrizes\\_nacionais\\_assistencia\\_parto\\_normal.pdf](http://bvsmis.saude.gov.br/bvs/publicacoes/diretrizes_nacionais_assistencia_parto_normal.pdf).
8. Souza KV de, Santos Filho SB. Educação profissional em saúde: metodologia e experiências de formação-intervenção-avaliação. Porto Alegre: Moriá; 2020.
9. Santos Filho SB, Souza KV de. Methodology to articulate the process of training-intervention-evaluation in the professional education in nursing. Ciênc. Saude Colet. [Internet]. 2020 [acesso em 24 abr 2020]; 25(1). Disponível em: <https://doi.org/10.1590/1413-81232020251.28322019>.

10. Ministério da Saúde (BR). APICEON: aprimoramento e inovação no cuidado e ensino em obstetrícia e neonatologia. Brasília: Ministério da Saúde; 2017.

Received: 24/04/2020

Finalized: 13/05/2020

Associate editor: Luciana Puchalski Kalinke

Corresponding author:

Kleyde Ventura de Souza

Universidade Federal de Minas Gerais

Av. Prof. Alfredo Balena, 190 - 30130-100 - Belo Horizonte, MG, Brasil

E-mail: venturakleyde@gmail.com

Role of Authors:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - KVS, SCS, EDP

Drafting the work or revising it critically for important intellectual content - EDD, VHA

Final approval of the version to be published - KVS, SCS

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - KVS, SCS

---