

## Disrespect and abuse during childbirth and postpartum depression: a scoping review

Desrespeito e abuso durante o parto e depressão pós-parto: uma revisão de escopo

Falta de respeto y abuso durante el parto y la depresión posparto: una revisión de alcance

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### Abstract

*This study aims to map, within the scientific literature, the relationship between disrespect and abuse during childbirth and the occurrence of postpartum depression. This is a scoping review designed in accordance with the recommendations of the Joanna Briggs Institute. The search was performed in Embase, LILACS, MEDLINE, PsycINFO, Web of Science, and in the CAPES Portal of Theses and Dissertations. We included studies that investigated the relationship between disrespect and abuse during childbirth with postpartum depression, considering cases diagnosed by physicians and by self-reports via validated scales, without restrictions regarding the year of publication and language. A total of 3,399 publications were identified and, after removing the duplicates and reading the title, abstracts, and the full-texts, seven articles were selected to integrate this review. Studies were published from 2017 onward, in four countries. Women who had experienced disrespect and abuse during childbirth were more likely to experience symptoms of postpartum depression. A standard terminology is necessary for disrespectful and abusive care during childbirth, as well as the elaboration of a measurement instrument that is universally accepted.*

*Postpartum Depression; Parturition; Maternal Health Services; Violence*

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## Introduction

Disrespect and abuse during childbirth – also known by the terms of maltreatment of women during childbirth, obstetric violence, institutional gender violence during childbirth, and inhumane/dehumanized care – is a result of the conditions and restrictions of health systems and, more often, of the interaction between health professionals and women <sup>1,2,3,4</sup>. There is no consensus on the terminology used <sup>4</sup> and, therefore, this article will use the term disrespect and abuse due to its frequent use in the international literature <sup>3,5,6,7,8,9,10</sup>. This practice can be expressed via physical, sexual and verbal abuse, discrimination based on sociodemographic characteristics, non-compliance with recommended professional norms (lack of informed consent and confidentiality, physical examination and procedures, neglect and abandonment), inadequate relationships between women and health professionals, and health system conditions and restrictions <sup>11</sup>.

Although a serious violation of human rights, disrespect and abuse during childbirth affects many women in health institutions worldwide <sup>12</sup>. A cross-sectional study conducted in India in 2016 identified that 77.3% of the 875 respondents experienced some type of disrespect and abuse during childbirth <sup>13</sup>. In Latin America, a systematic review conducted with 18 studies showed that the prevalence of disrespect and abuse during childbirth in the region corresponded to 43% <sup>5</sup>. In Brazil, a national hospital-based survey of 23,940 women <sup>14</sup>, conducted in 2011/2012, interviewed 15,688 of them by telephone. The study estimated that the prevalence of physical, verbal, or psychological violence during childbirth was 5.9%, more frequent among mixed-race or black women, with less schooling and living in the Northeast Region. Another population-based study with 4,000 women in Pelotas (Rio Grande do Sul State) <sup>6</sup>, showed that 18.5% of them reported some type of disrespect and abuse during childbirth, 10% of which experienced verbal abuse and 5%, physical abuse.

Disrespect and abuse during childbirth experiences can result in numerous negative consequences, such as higher probability of complications and lower satisfaction with childbirth <sup>7</sup>, reduced trust in health units <sup>8</sup> and less involvement of women with maternal and neonatal health care <sup>9</sup>. Moreover, traumatic situations during childbirth also exhibit an association with a higher risk of mental health problems, such as anxiety, post-traumatic stress, and postpartum depression <sup>9,10,15</sup>. Not receiving adequate information, feeling physical pain, being submitted to procedures without consent, and experiencing negative interactions with health professionals during childbirth increase the chance of women developing postpartum depressive symptoms <sup>15,16,17</sup>.

Postpartum depression is a form of depressive disorder that occurs in the first year after childbirth <sup>18,19</sup>, affecting 17.2% of women worldwide <sup>20</sup>. However, most studies on prevalence do not allow us to state whether postpartum depression is a new occurrence or a continuation of a condition prior to pregnancy <sup>21,22</sup>. The most common symptoms include depressed mood, sleep disturbances, loss of energy, feelings of guilt, irritability, anxiety, and suicidal ideations <sup>23</sup>. Moreover, postpartum depression can negatively interfere in the interaction between mother and baby <sup>24</sup>, favor the early interruption of breastfeeding <sup>25</sup>, cause growth problems <sup>26</sup>, and contribute to cognitive/behavioral changes in children whose mothers presented symptoms of postpartum depression <sup>27,28</sup>.

Some primary studies on the relationship of disrespect and abuse during childbirth and the occurrence of postpartum depression have been published, but a preliminary search in PROSPERO, MEDLINE (PubMed), Cochrane Library, and Joanna Briggs Institute (JBI) did not identify any current or ongoing scoping or systematic review, thus justifying the production of this review.

This review was conducted with the aim to map, in the scientific literature, the relationship between disrespect and abuse in childbirth and the occurrence of postpartum depression.

## Methods

This scoping review was prepared according to the six methodological steps recommended by the JBI: identification of the research question; identification of relevant studies; selection of studies; data extraction; separation, summarization, and reporting of results; and dissemination of results <sup>29</sup>. The checklist of the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews* (PRISMA-ScR) <sup>30</sup> was also used to guide the construction of this review.

The elaboration of the guiding question of the research was based on the mnemonic strategy PCC (population, concept, and context) <sup>31</sup>, from which we established that “P” are women who suffered disrespect and abuse during childbirth, “C” is postpartum depression, and “C” is the period after childbirth. The original research question was as follows: what is the relationship between disrespect and abuse during childbirth and the occurrence of postpartum depression?

To identify the relevant studies, the search was carried out from May to June 2022 and updated in January 2023, by two independent reviewers, in the databases Embase, LILACS (via Virtual Health Library), MEDLINE (via PubMed), PsycINFO, Web of Science, and in the Portal of Theses and Dissertations of the Brazilian Coordination for the Improvement of Higher Education Personnel (CAPES).

The search strategy in the database was performed in three stages. In the first, a limited initial search in MEDLINE was performed using the descriptors related to PCC mnemonics, namely: “*violence*”, “*parturition*”, “*childbirth*”, and “*depression postpartum*”, according to the standardized and indexed terms in the *Medical Subject Headings* (MeSH), in order to verify the words present in the title and abstract of the relevant articles and indexing terms. In the second stage, the identified words and indexing terms were associated with the descriptors using the Boolean operators “AND” and “OR”, giving rise to different strategies in each database (Box 1). In the third stage, the reference list of all studies included in the review was analyzed.

The inclusion criteria were studies that investigated the relationship between disrespect and abuse during childbirth with postpartum depression, according to diagnosis by physicians and by self-reports via validated scales. No restrictions were defined regarding the year of publication and the language. Duplicate studies, opinion pieces, studies in which the full-text was not available and those that did not demonstrate the results of the research were excluded.

For the selection process, all the studies found were transported to the online EndNote software (<http://www.endnote.com/>), thus excluding the duplicates. The selection was then carried out in two stages: first, the titles and abstracts were read; second, the texts were read in full. After reading of titles and abstracts, studies that met the inclusion criteria and those in which it was not possible, via the title and abstract alone, to identify whether the relationship between disrespect and abuse during childbirth and postpartum depression was investigated were selected for the next phase. With the reading of the texts in full, the studies that analyzed the relationship between disrespect and abuse during childbirth and postpartum depression and that demonstrated the results of this investigation

### Box 1

Search strategies in databases and grey literature.

DATABASE/GREY LITERATURE	SEARCH STRATEGY
Embase	(‘violence’/exp OR violence OR disrespect OR abuse OR ‘maternal health service’ OR ‘positive maternity care’ OR ‘obstetric violence’) AND childbirth AND ‘postnatal depression’
LILACS	violência OR desrespeito OR abuse OR maus-tratos OR violência institucional OR violência de gênero OR humanização da assistência OR saúde materna AND parto AND depressão pós-parto
MEDLINE	((((( ((( (violence [MeSH Terms]) OR (disrespect)) OR (abuse)) OR (mistreatment)) OR (institutional violence)) OR (gender violence)) OR (humanization of assistance)) OR (maternal health services)) OR (maternal health)) OR (positive maternity care)) AND (parturition[MeSH Terms])) OR (childbirth)) AND (depression postpartum[MeSH Terms])
PsycINFO	parturition OR Title: childbirth AND Title: abuse OR Title: disrespect OR Title: mistreatment OR Title: “institutional violence” OR Title: “positive maternity care” AND Title: “depression postpartum” OR Title: “postnatal depression”
Web of Science	disrespect (Título) OR abuse (Título) AND parturition (Título) OR childbirth (Título) depression postpartum (Título)
CAPES Portal of Theses and Dissertations	“violência” AND “parto” AND “depressão pós-parto”

CAPES: Brazilian Coordination for the Improvement of Higher Education Personnel.

were selected. The selection process was made by two independent reviewers, with the help of the Rayyan QCR software application (<https://www.rayyan.ai/>). Disagreements were resolved by consulting a third reviewer.

Data extraction was guided by a form prepared jointly by the authors, which included the following data: author/year of publication; country of study; type of study; objective of the study; study population/sample size; instrument to assess disrespect and abuse during childbirth; instrument for the evaluation of postpartum depression; self-reported disrespect and abuse during childbirth types and main outcomes. The extracted data were presented in boxes, accompanied by a narrative summary.

## Results

A total of 3,399 publications were identified, of which 221 were duplicates. Of the 3,178 documents obtained, 3,125 were excluded after reading the titles and abstracts, resulting in a sample of 53 publications. After a full reading, 7 articles were selected to integrate this review (Figure 1).

When characterizing the studies according to year, a higher frequency of the year 2022 was observed, totaling 4 (57.1%) publications. The remaining studies were published in 2017, 2019, and 2020. Most studies were conducted in Brazil, with 4 (57.1%) publications, the remaining 3 (42.9%) were from another country (Argentina, Spain, and Russia). The predominant type of study was cross-sectional, with 5 (71.4%) publications, the other 2 (28.6%) were cohort studies (Box 2).

The instruments used to assess disrespect and abuse during childbirth were different for each of the studies analyzed, since they were elaborated by the authors of the research<sup>32,33,34,35,36,37,38</sup>. All studies evaluated postpartum depression using the *Edinburgh Postnatal Depression Scale* (EPDS)<sup>32,33,34,35,36,37,38</sup>, and one of them used the short version of the scale, the EPDS-6<sup>32</sup>. In addition to the EPDS, one study also applied the *Mini International Neuropsychiatric Interview* (MINI)<sup>37</sup> (Box 3).

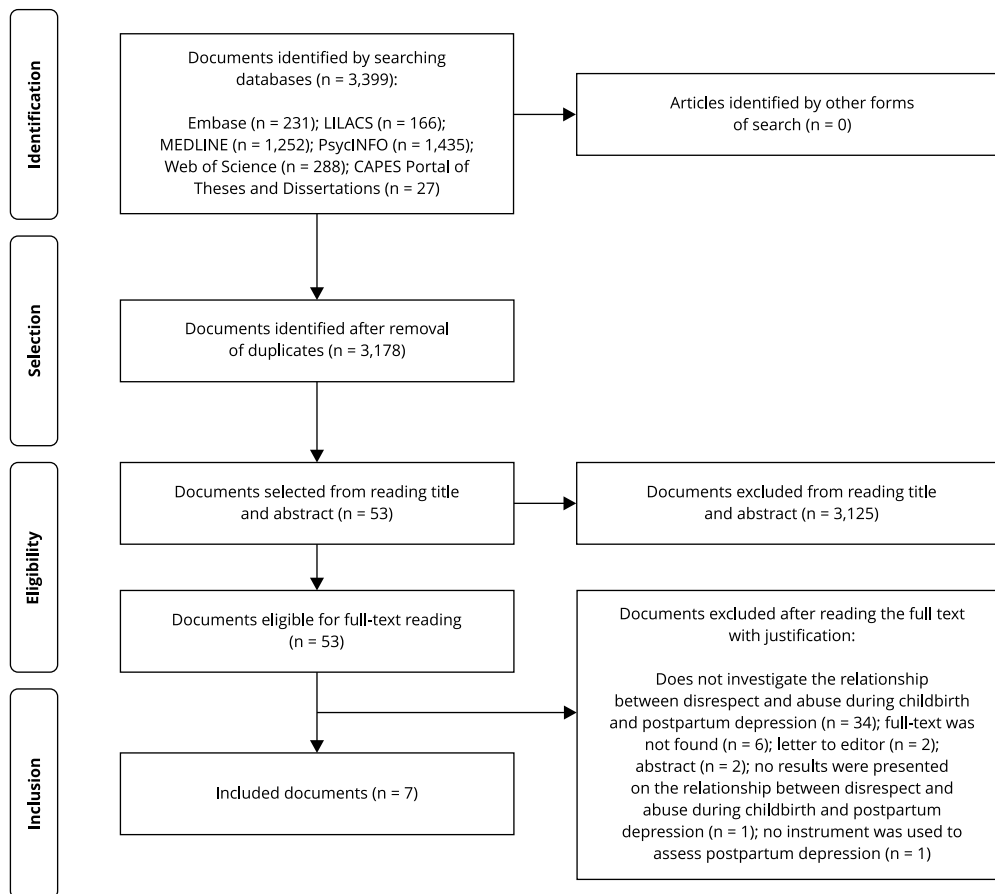
Regarding the types of disrespect and abuse during childbirth reported by the women, we identified the lack of a companion during childbirth<sup>36</sup>, painful vaginal examinations, inadequate pain relief, poor care, lack of communication/insufficient explanations by the professional regarding the obstetric procedures performed and use of offensive language by health professionals during childbirth<sup>32</sup>, lack of privacy and reception, not having felt safe in the childbirth environment, and not having felt comfortable asking questions and participating in decisions about their care<sup>36</sup>. Verbal<sup>38</sup> and/or physical abuse, refusal of care, and unwanted procedures during childbirth were also reported<sup>33,35,37</sup>. In addition to these forms of disrespect and abuse during childbirth, a study demonstrated that, in the public health sector, disrespect and abuse during childbirth was related to maternal hospitalization, uterine pressure maneuver and not receiving the desired type of delivery; while in the private sector, not having the desired mode of delivery was the type of disrespectful and abusive care reported<sup>34</sup> (Box 3).

All studies showed that disrespect and abuse during childbirth was associated with a higher occurrence of postpartum depression symptoms<sup>32,33,34,35,36,37,38</sup>. One study demonstrated that abuse and lack of a companion during childbirth were significantly associated with a higher risk of postpartum depression<sup>37</sup>. In another investigation, women who suffered psycho-affective or verbal obstetric violence were more prone to postpartum depression<sup>35</sup>.

Symptoms of postpartum depression were higher in women submitted to more forms of disrespect and abuse during childbirth<sup>38</sup>. Women who reported at least one type of disrespect and abuse during childbirth were 1.6 times more likely to have postpartum depression, while those who experienced three or more types of disrespect and abuse during childbirth were almost 3 and 4 times more likely to have postpartum depression symptoms, respectively<sup>33</sup>. Higher measures of association were found in another study, in which women who were subjected to neglect violence during childbirth were 7 times more likely to develop postpartum depression when compared to women who did not suffer from disrespectful and abusive assistance<sup>32</sup>. In turn, disrespect and abuse during childbirth was associated with postpartum depression in both the public and private health sectors<sup>34</sup> (Box 3).

**Figure 1**

Flow diagram on the process of selecting studies for scoping review.



CAPES: Brazilian Coordination for the Improvement of Higher Education Personnel.

## Discussion

This scoping review, although without restriction of language and year of publication, found studies only from 2017 and only in 4 countries (Argentina, Brazil, Spain, and Russia), reflecting the scarcity of research in the world on this very relevant theme.

Some of the most frequent types of disrespect and abuse during childbirth were the impediment of a companion during childbirth, not feeling safe in the delivery environment, and, mainly, inadequate relationships between professionals and women (painful vaginal examinations, inadequate pain relief, care considered poor, lack of communication and explanations by the professional regarding the obstetric procedures performed, unwanted procedures, refusal of care, not having the desired mode of delivery and verbal, physical, and psycho-affective abuse)<sup>32,33,34,35,36,37,38</sup>. These forms of disrespect and abuse during childbirth have also been identified in other studies<sup>39,40,41</sup>. These reports contradict the recommendations of the World Health Organization (WHO), which emphasizes the right of women to empathetic support from service providers, the presence of a companion, and the provision of all the information and explanations they wish during labor/delivery<sup>42</sup>.

**Box 2**

Description of the studies included in the scoping review according to authors/year, location, type of study, objectives, and population/sample size.

STUDY	REFERENCE	PLACE/YEAR	STUDY TYPE	OBJECTIVE	POPULATION (SAMPLE SIZE)
E1	Souza et al. <sup>32</sup>	Brazil/2017	Cross-sectional	To investigate the association between institutional violence in obstetrics and postpartum depression and the potential effect of race, age, and schooling on this outcome	Mothers with children up to three months of age in the Federal District (n = 10,468)
E2	Silveira et al. <sup>33</sup>	Brazil/2019	Prospective cohort	To examine the effect of different types of disrespectful and abusive experiences on the occurrence of maternal postpartum depression and to explore whether the association differs according to the presence of prenatal depressive symptoms in women	Women living in the urban area of Pelotas (Rio Grande do Sul State) (n = 3,065)
E3	Leite et al. <sup>34</sup>	Brazil/2020	Cross-sectional	Investigate the association between disrespect and abuse during childbirth and postpartum depression	Women admitted for child delivery in selected hospitals (hospital based) (n = 23,378)
E4	Martinez-Vázquez et al. <sup>35</sup>	Spain/2022	Cross-sectional	Determine the relationship between perceived obstetric violence and the risk of postpartum depression	Women who had given birth in the last 12 months (n = 782)
E5	Paiz et al. <sup>36</sup>	Brazil/2022	Cross-sectional	Verify the association between maltreatment during childbirth and symptoms suggestive of postpartum depression	Puerperal women who gave birth in two maternity hospitals (public and private) in Porto Alegre (Rio Grande do Sul State) (n = 287)
E6	Puppo et al. <sup>37</sup>	Argentina/2022	Prospective cohort	To evaluate the incidence of postpartum depression in women who did not present symptoms of depression in pregnancy and the impact of the peripartum period on the development of depressive symptoms	Pregnant women attended at two health institutions (n = 112)
E7	Yakupova et al. <sup>38</sup>	Russia/2022	Cross-sectional	Investigate birth experiences, symptoms of post-traumatic stress disorder and postpartum depression, frequency of medical interventions, and forms of obstetric violence as a result of restrictive measures and the diagnosis of COVID-19	Women who gave birth before (n = 611) and during the first year of the COVID-19 pandemic (n = 1,645)

The studies included in this review evaluated disrespectful and abusive childbirth care using different instruments <sup>32,33,34,35,36,37,38</sup>. In 2014, the WHO published a document recommending the development of research to measure disrespect and abuse during childbirth <sup>12</sup>. Since then, validated measurement tools have been proposed, as well as some forms developed by authors who sought to investigate the occurrence of disrespect and abuse during childbirth <sup>1,7,41,43,44,45,46</sup>. Nevertheless, even one of the most popular instruments, proposed by Bohren et al. <sup>45</sup>, presents significant limitations, such as the non-investigation of sexual violence; thus, there is still no universally accepted instrument for measuring disrespect and abuse during childbirth <sup>4</sup>.

The absence of such tool, combined with the lack of a standardized term for this type of care, is an obstacle to estimate the prevalence, risk factors, consequences of these abuses, and it hinders the comparison of results among the available studies on the subject <sup>4</sup>. Some of the other nomenclatures

**Box 3**

Instrument for evaluation of disrespect and abuse during childbirth, instrument for evaluation of postpartum depression, types of self-reported disrespect and abuse during childbirth, and main results.

STUDY *	INSTRUMENT FOR EVALUATION OF DISRESPECT AND ABUSE DURING CHILDBIRTH	INSTRUMENT FOR EVALUATION OF POSTPARTUM DEPRESSION	SELF-REPORTED DISRESPECT AND ABUSE DURING CHILDBIRTH TYPES	MAIN RESULTS
E1	Questionnaire developed by the authors encompassing the following indicators: violence in the relationship between the parturient and the health system; institutional violence in the relationship between the parturient woman and the health services; and violence in the relationship between the parturient and health professionals	EPDS-6	Painful vaginal exams, inadequate pain relief, lack of communication and explanations by the professional regarding obstetric procedures, and use of offensive language by health professionals	(i) Women who experienced violence due to neglect during childbirth had a seven times higher risk of developing postpartum depression; (ii) Physical and verbal violence were also associated with the occurrence of postpartum depression, with a higher risk among women under 20 years of age and non-white women
E2	Four-question questionnaire elaborated by the authors about: verbal abuse; denial of care; physical abuse; and unwanted procedures during childbirth	EPDS	Verbal and physical abuse, refusal of care, and unwanted procedures during the delivery process	(i) Women who reported one or more types of disrespect and abuse during childbirth were more likely to develop moderate and/or severe postpartum depression; (ii) Women who experienced physical and verbal abuse were, respectively, 2.3 and 1.6 times more likely to develop postpartum depression symptoms; (iii) The effect of verbal abuse was greater among women without antenatal depression
E3	Seven-question questionnaire elaborated by the authors encompassing: absence of verbal/psychological/physical abuse; respectful treatment of hospitalized women; respect for intimacy in the physical examination; level of care received after birthing until hospital discharge; transparency of the information provided; time allotted to ask questions; and ability to talk to a professional about care	EPDS	In the public health sector, disrespect and abuse during childbirth was related to maternal hospitalization, uterine pressure maneuver, and not receiving the desired type of delivery; In the private sector, not having the desired mode of delivery was the reported type of disrespect and abuse during childbirth	(i) Disrespect and abuse of women during childbirth increased the occurrence of postpartum depression in the public and private health sector, as well as vaginal deliveries and cesarean sections

(continues)



## Box 3 (continued)

STUDY *	INSTRUMENT FOR EVALUATION OF DISRESPECT AND ABUSE DURING CHILDBIRTH	INSTRUMENT FOR EVALUATION OF POSTPARTUM DEPRESSION	SELF-REPORTED DISRESPECT AND ABUSE DURING CHILDBIRTH TYPES	MAIN RESULTS
E4	Questionnaire developed specifically for the study, encompassing: verbal obstetric violence; physical violence; psychoaffective violence; and global violence (verbal, physical, and psychoaffective)	EPDS	Verbal, physical, psychoaffective, and global obstetric violence were the types of disrespect and abuse during childbirth reported by women	(i) Obstetric violence is a risk factor for postpartum depression; (ii) Women who experienced psychoaffective or verbal obstetric violence were more prone to developing postpartum depression
E5	Questionnaire prepared by the authors with questions on: having had a companion during labor; having understood the information provided by the professionals; having had privacy during labor; having felt comfortable asking questions; having participated in the decisions about their care; having felt welcomed and safe in the childbirth environment; and having had immediate skin-to-skin contact with the baby	EPDS	15.1% did not feel comfortable asking; 32% did not have skin-to-skin contact with their babies; 12.5% did not understand the information offered	(i) After adjusting for age, schooling, skin color, and mental health history, there was a significant association between maltreatment of women during childbirth and symptoms suggestive of postpartum depression
E6	Questionnaire prepared by the authors (without discriminating criteria for "abuse during childbirth")	EPDS and MINI	Abuse during childbirth (21.4%) and lack of a companion during childbirth (35.7%)	(i) 12.5% of women were at risk of developing postpartum depression; (ii) Postpartum depression was significantly associated with abuse during childbirth (8.6-fold increase) and lack of a companion in childbirth (3.8-fold increase)
E7	Questionnaire prepared by the authors, encompassing: medical interventions without consent; verbal aggression and bullying; physical aggression; threats and accusations; Kristeller's maneuver; refusal of pain relief; and not meeting the needs of the parturient	EPDS	22.6% of the women reported at least one type of obstetric violence; Verbal aggression and bullying (11.3%) and medical interventions without consent (6.2%) were the most common types	(i) Symptoms of postpartum depression were significantly higher in women who experienced obstetric violence; (ii) The greater the magnitude of violence, the more frequent the symptoms of depression were, both before and during the COVID-19 pandemic

EPDS: *Edinburgh Postnatal Depression Scale*; EPDS-6: short version of the EPDS scale; MINI: *Mini International Neuropsychiatric Interview*.

\* See studies in Box 2.



used to name this phenomenon, in addition to disrespect and abuse during childbirth, includes mistreatment of women during childbirth, institutional gender violence during childbirth, inhuman/dehumanized care, and obstetric violence<sup>2,3,4,47</sup>. Well known to the general public, the terminology obstetric violence is the target of criticism, especially from health professionals, who argue that some practices considered as violence are routine procedures for childbirth care. Additionally, the word “obstetric” may be erroneously associated with the exclusive conduct of the medical professional, disregarding the attitudes of other health professionals and the structure of the institution in which the delivery occurs<sup>4,48</sup>.

The findings also showed that women who suffered disrespect and abuse during childbirth during childbirth were more likely to have symptoms of postpartum depression, with a 1.6- to 7-fold increase in risk<sup>32,33</sup>. The literature has few studies that can be compared with these results, since most studies investigate the types and prevalence of disrespect and abuse during childbirth<sup>41,43,48,49</sup>, and there are few studies that analyze its consequences<sup>4</sup>. However, corroborating the association identified in this review, a cross-sectional study conducted in Southern Brazil<sup>50</sup>, with 2,687 postpartum women, showed that the support of professionals during childbirth decreased the risk of postpartum depression by 23%. On the other hand, lack of information about the procedures, lack of participation of the women in decision-making regarding childbirth, and inhuman/disrespectful treatment are contributing factors to the negative or traumatic experiences of childbirth<sup>16</sup>, contributing to the occurrence of psychological suffering such as postpartum depression<sup>51</sup>.

Despite the association observed in this study, it is necessary to be cautious when analyzing the results, considering that the EPDS, used in the included studies to evaluate postpartum depression, is a tool for screening for postpartum depression, not for diagnosis<sup>52</sup>. Moreover, the occurrence of the disorder may be related to other factors, other than disrespect and abuse during childbirth, such as a history of depression, low social support, unplanned or unwanted pregnancy, domestic violence, stressful life events, poor marital relationship, and financial difficulties<sup>20,53</sup>.

We emphasize that this review has limitations that should be considered. First, the search strategy employed may not have been sufficiently comprehensive to identify all the available content on the subject, considering that there is a lack of consensus in the definition for disrespectful and abusive care during childbirth. Also, the included studies used different instruments to assess disrespect and abuse during childbirth, which may have interfered in the association. Finally, the occurrence of postpartum depression and disrespect and abuse during childbirth were investigated with instruments based on the self-reports of the participants, which favors memory bias. However, the scientific gap identified in this review may encourage the development of future research. Our results may contribute to the body of literature on this topic, as well as reinforce the need for a terminology and universal assessment instrument for disrespectful and abusive care during childbirth.

## Conclusion

The results of this study suggest that disrespect and abuse during childbirth is associated with increased risk for the development of postpartum depression. The findings also showed a lack of scientific research on the subject. We recommend for further investigations on the relationship between disrespect and abuse during childbirth and postpartum depression to be carried out, considering that the identification of risk factors for postpartum depression may help in the development of strategies to reduce the occurrence of this disorder.

## Contributors

H. N. Conceição contributed to the study conception and design, data analysis and interpretation, writing and review, and approved the final version. C. F. G. Gonçalves contributed to the study conception and design, data analysis and interpretation, writing and review, and approved the final version. M. D. M. Mascarenhas contributed to the study conception and design, data analysis and interpretation, writing and review, and approved the final version. M. T. P. Rodrigues contributed to the study conception and design, data analysis and interpretation, writing and review, and approved the final version. A. P. Madeiro contributed to the study conception and design, data analysis and interpretation, writing and review, and approved the final version.

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## Resumo

O objetivo deste estudo foi mapear na literatura científica a relação entre desrespeito e abuso no parto e a ocorrência da depressão pós-parto. Trata-se de uma revisão de escopo elaborada de acordo com as recomendações do Instituto Joanna Briggs. As buscas foram realizadas nas bases de dados Embase, LILACS, MEDLINE, PsycINFO e Web of Science e no Portal de Teses e Dissertações da CAPES. Foram incluídos estudos que investigaram a relação entre desrespeito e abuso no parto e depressão pós-parto. Foram considerados como depressão os casos diagnosticados pelo médico e os autorrelatos por meio de escalas validadas, sem restrições quanto ao ano de publicação e ao idioma. Identificaram-se 3.399 publicações e, após remoção de duplicatas, leitura de título, resumo e textos completos, houve seleção de sete artigos para integrar esta revisão. Os estudos foram publicados a partir de 2017 e somente em quatro países. As mulheres que tiveram experiências de desrespeito e abuso no parto foram mais propensas a apresentar sintomas de depressão pós-parto. Faz-se necessária uma terminologia padrão para a assistência desrespeitosa e abusiva no parto, bem como a elaboração de instrumento para mensuração que seja aceito universalmente.

*Depressão Pós-parto; Parto; Serviços de Saúde Materna; Violência*

## Resumen

El objetivo de este estudio fue identificar en la literatura científica la relación entre la falta de respeto y el abuso durante el parto y la ocurrencia de depresión posparto. Esta es una revisión de alcance realizada según las recomendaciones del Instituto Joanna Briggs. Las búsquedas se realizaron en las bases de datos Embase, LILACS, MEDLINE, PsycINFO y Web of Science y en el Portal de Disertaciones y Tesis de la CAPES. Se incluyeron estudios que investigaron la relación entre la falta de respeto y el abuso durante el parto y la depresión posparto, y se consideró como depresión los casos diagnosticados por el médico y autorreportados mediante escalas validadas, sin restricción de año de publicación o idioma. Se identificaron 3.399 publicaciones y, después de eliminar los duplicados y analizar el título, el resumen y los textos completos, se seleccionaron siete artículos para componer esta revisión. Los estudios se publicaron a partir de 2017, solamente en cuatro países. Las mujeres que tuvieron experiencias de falta de respeto y abuso durante el parto tenían más probabilidades de presentar síntomas de depresión posparto. Se necesita una terminología estándar para la atención del parto irrespetuosa y abusiva, así como el desarrollo de un instrumento de medición que sea universalmente aceptado.

*Depresión Posparto; Parto; Servicios de Salud Materna; Violencia*

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