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

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

## Key Results

<table>
<thead>
<tr>
<th>Table 1. Details of identified reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Published articles:</td>
</tr>
<tr>
<td>Quantitative</td>
</tr>
<tr>
<td>Qualitative</td>
</tr>
<tr>
<td>Mixed</td>
</tr>
<tr>
<td>Narrative review</td>
</tr>
<tr>
<td>Books:</td>
</tr>
<tr>
<td>Book</td>
</tr>
<tr>
<td>Book Chapters</td>
</tr>
<tr>
<td>Reports:</td>
</tr>
<tr>
<td>Quantitative</td>
</tr>
<tr>
<td>Qualitative (1 thesis)</td>
</tr>
<tr>
<td>Mixed</td>
</tr>
<tr>
<td>Documents:</td>
</tr>
<tr>
<td>Government organizations (4 stakeholders)</td>
</tr>
<tr>
<td>Civil society organizations (5 stakeholders)</td>
</tr>
<tr>
<td>Associations of health professionals (2 stakeholders)</td>
</tr>
<tr>
<td>Parliamentarian (5 specific laws)</td>
</tr>
</tbody>
</table>

### Economic Determinants:
- Public-private health financing model
- Organization of medical care
- Underfunded public hospitals

### 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

### Conflictive interactions among actors:
- patients-professionals
- diverse objectives of different professional bodies
- different approach professionals

### 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

### Areas of conflict:
- **Cultural**
  - Health care paradigm shift: from technocracy to humanized practice
  - Consideration that a gender dimension is involved
  - Attitudes of health professionals
  - Innovative 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 disentangle performing caesarean section
  - Obstetricians work across public-private sectors resulting in altered work patterns, requiring rescheduling of interventions
  - Public-private divide results in health inequalities for patients; change unlikely due to benefits to practitioners

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

**Anamaria Silva, Francisco Pantoja, Yoselyn Millón, Verónica Hidalgo, Jana Stojanova, Marcelo Arancibia, Luna Sánchez, Michelle Campos**

**Table 2. Determinants of obstetric violence in Chile**

**Economic Determinants:**
- Public-private health financing model
- Organization of medical care
- Underfunded public hospitals

**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

**Conflicting interactions among actors:**
- patients-professionals
- diverse objectives of different professional bodies
- different approach professionals

**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

**Areas of conflict:**
- **Cultural**
  - Health care paradigm shift: from technocracy to humanized practice
  - Consideration that a gender dimension is involved
  - Attitudes of health professionals
  - Innovative 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 disentangle performing caesarean section
  - Obstetricians work across public-private sectors resulting in altered work patterns, requiring rescheduling 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 initiatives

**Funding:** CONICYT Chile, Proyecto FONIS SA15I20070

**Take a picture for a copy of the poster.** anamaria.silva@uv.cl