ESTUDOS DE PSICOLOGIA
*Psychological Studies*

THEORETICAL ARTICLE

**Social Psychology**

**Editor**
Raquel Souza Lobo Guzzo

**Conflict of interest**
The authors declare that there is no conflicts of interest.

**Received**
July 31, 2023

**Approved**
October 7, 2024

# Industrialized childbirth, birth in the 21st century, and dialogues with psychology

## *Parto industrializado, nascimento no século XXI e diálogos com a psicologia*

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**How to cite this article:** Mattoso, B. G., Mármora, C. H. C., Carvalho, S. R., Silva, T. A., & Ribeiro, T. (2025). Industrialized childbirth, birth in the 21st century, and dialogues with psychology. *Estudos de Psicologia* (Campinas), *42*, e230091. https://doi.org/10.1590/1982-0275202542e230091

## Abstract

### Objective
The present article aims to investigate how female bodies and subjectivities are understood at the moment of childbirth, considering historical, social, and political contexts. It also intends to reflect on the subject, weaving a dialogue with Psychology from there.

### Method
It consists of a critical review of literature from different bibliographic sources, exploring classic texts and newspaper articles.

### Results
It is considered that human birth is influenced by different factors, including biomedical, market-driven, and neoliberal logics. At this point, the commitment of this scientific discipline is highlighted, as well as its role in producing knowledge and ensuring women's rights over their bodies.

### Conclusion
The authors believe that Psychology should be linked to the production of ethical and critical knowledge that seeks change and new horizons, distancing itself from the current project that marginalizes the demands of minorities, including women.

**Keywords**: Birth; Health policies; Woman's health.

## *Resumo*

### *Objetivo*
*O presente artigo tem como objetivo investigar como os corpos e subjetividades femininas são compreendidos no momento do parto, considerando contextos históricos, sociais e políticos. Pretende-se também realizar reflexão acerca do tema, tecendo a partir daí um diálogo com a Psicologia.*

### *Método*
*Consiste em uma revisão crítica de literatura em diferentes fontes bibliográficas, explorando textos clássicos e notícias de jornal.*

***Resultados***
*Considera-se que o nascimento humano esteja atravessado por diferentes fatores, dentre eles as lógicas biomédica, mercadológica e neoliberal. Neste ponto, destaca-se o compromisso dessa disciplina científica, seu papel na produção de saberes e garantia de direitos das mulheres sobre seus corpos.*

***Conclusão***
*As autoras acreditam que a Psicologia deve estar atrelada a produção de conhecimento ético e crítico, que busca por mudanças e novos horizontes, distanciando-se do atual projeto que marginaliza as demandas das minorias, dentre elas as mulheres.*

***Palavras-chave***: *Nascimento; Políticas de saúde; Saúde da mulher.*

This study results from discussions regarding the body in contemporary times, prompted during an elective course in a master's program in Psychology in Brazil. The authors, all women, decided to focus on the moment of childbirth, considering their own experiences and concerns about the topic in the current context. As healthcare professionals, primarily from the field of Psychology, they sought to understand how the landscape of obstetric care is shaped and how female bodies are positioned within this field. It is considered that the cultural constructions of meaning regarding the body establish different ways of thinking about its care and uses, transforming physical and biological aspects and indicating it as "a central element in the process of subjectivation in the contemporary world, where various forms of knowledge proliferate truths about its functions" (Machado & Pena, 2022, p. 6).

Currently, it is observed that bodies are captured by the logic of consumption through norms and prescriptions, primarily medical, which suggest an ideal of health. In their work, Santos et al. (2019, p. 251) emphasize the process that transforms bodies into commodities, making clear that the body "is no longer a support for the soul or the spirit's dwelling place, but rather the very 'soul of the business' in secular consumer societies". They also highlight that those who do not fit into the guidelines for achieving longevity and full health are relegated to the status of rebellion, non-compliance, and neglect.

In Brazil, despite the recognized diversity of its population, a social hegemony is assumed, where certain forms of knowledge are valued, denying a history of colonial legacies and the establishment of inequities. This, in turn, reflects in the way social organization occurs and, consequently, in how scientific knowledge is produced. At this point, the commitment of Psychology as a scientific discipline and its role in the production of knowledge is brought into the discussion, linked to the production of knowledge that is genuinely concerned with overcoming inequalities, distancing itself from practices that reinforce scenarios of inequality (Paiva, 2020).

Thus, throughout history, a dynamic can be observed in which the woman, her pregnant body, the baby, and the family tend to be captured by the biomedical order, influenced by market and neoliberal demands. The authors' choice of a Critical Literature Review corresponds to the interest in tracing the path of health policies, the conceptions of society, and the care provided to female bodies throughout time (Souza et al., 2018). The aim is to observe how the constructions of the female body and medical technologies shape the childbirth setting and how Psychology can engage with this issue, considering this discipline as historically allied with the demands of dominant groups.

## The Female Body, Childbirth, and Society

From a historical and social perspective, technological development has been of great importance for societal progress, creating techniques and tools that contributed to reducing

mortality and improving life expectancy among populations. However, concerns about the excessive and normalized use of these instruments in human processes suggest the need to reassess the relationships we establish with them. In this context, particularly in the medical field, the human body came to be viewed and represented as a mechanism or machine, increasingly specialized and fragmented.

Machado and Pena (2022) dedicated their work to interviewing women of childbearing age in Brazil between the 1950s and 2010, aiming to trace the trajectory of public health policies for women in the country. The research findings reveal the strength of the biomedical logic and its potential to fragment the female body, at times reducing it to breasts and uterus. Despite the influence of feminist movements in shaping health policies, the authors highlight how these policies are still primarily focused on mothers, neglecting the health of women at other stages of life and those who make choices beyond motherhood.

The effects of this logic are evident in the field of childbirth and early childhood, warranting discussion. Once historically experienced as a female-centered process and supported by women, childbirth has undergone significant changes. The entire context, setting, and participants involved have gradually shifted into institutional environments, often under medical – and predominantly male – control. What began as a necessary advance in obstetric care practices, aimed at ensuring the health and survival of both mother and child, culminated in the medicalization of childbirth, the pathologization of natural birth, and the encroachment of a technocratic model, constructing a childbirth modality surrounded by myths that claim to ensure the well-being of the mother-baby dyad (Ayres et al., 2018). Medicine not only developed and improved cesarean surgery but also sought to institutionalize natural childbirth.

The presence of market-oriented thinking in the lives of pregnant women and their childbirth experiences is manifested in the transformation of medical procedures into consumer goods, such as ultrasounds and, especially, cesarean sections. The latter, besides being regarded as a superior mode of birth, has also attained the status of excellence, with an emphasis on its technical improvements, asepsis, and safety, guided by the idea that the faster, the better. Over time, this method has offered "economic advantages for the doctor and the hospital, and a choice for pregnant women who do not wish to enter labor" (Leister & Riesco, 2013, p. 172).

This perspective of practice centers the demands of professionals at the expense of physiology, choice, and other aspects of each woman's life, directly impacting the first experiences of the mother-baby dyad. Bio (2015) states that the improvement in childbirth care is an achievement, but it is important to remember that hospitals operate as businesses, and the parturient woman is viewed as a machine sustaining the system through her product, the baby, reinforcing an obstetric care system that "clearly reflects this ideology of consumption, the numbing of bodily sensations, and the control of emotions, perniciously affecting childbirth and the postpartum period" (Bio, 2015, p. 56).

Just like the construction of the body, childbirth is also a multifactorial and historical experience. In our culture, biomedical knowledge tends to suppress the physiology of childbirth through its technologies. Odent (2004), a French physician who witnessed the emergence of the cesarean section as a surgical technique in real time and the development of obstetric care, discusses the process of the industrialization of childbirth, describing the place designated for birth in Western culture. The author is careful when highlighting the practical and scientific advancements of cesarean surgery, emphasizing the optimization and improvement of the process, with the shift from the longitudinal incision to the transverse incision and the increased speed resulting from

this change, saving mothers and children from difficult labors. Odent (2004, p. 28) describes this trajectory, sharing his perspective: "Whatever the viewpoint, it can now be said that in modern, well-equipped, and organized hospitals in developed countries, the safety of cesarean sections is comparable to the safety of vaginal births".

Odent's (2004) perspective is both provocative and stimulating, setting the tone and direction for the current discussion and raising a series of questions about the birth scene. Starting with the origins of an interventionist obstetric practice, one might ask at what point the logic of care took a different direction, leaving technique to predominate over human births in the West. Odent (2004) suggests that instead of focusing on understanding the real needs of women and their bodies during labor, tools that may not have been necessary were systematically created, pointing to the current urgency of revisiting our relationship with childbirth. The way the human body is understood in modernity also provides clues as to the emergence of the current scenario. Barbosa et al. (2011) discuss the construction of the body in the modern era, contrasting the progressive reduction in the use of these bodies (muscles, mobility, endurance) to the increasing presence of efficient "technical prostheses" (automobiles, escalators, among other examples).

Previously understood as a natural, physiological, and everyday process, childbirth has been given the status of a disease, increasingly justifying the use of technological interventions. Combined with a medical practice focused on interventionism and active management, the physician moves from a role of assistance to one of control. This represents an important shift in conception: the body, once seen as prepared for childbirth, is now viewed as inadequate and defective, requiring external assistance and knowledge from a specialist. In Brazil, when discussing autonomy in choosing the mode of delivery, women are generally subjected to an asymmetric relationship with health care professionals, contributing to the development of the cesarean culture in the country (Rocha & Ferreira, 2020).

Understanding that, beyond its materiality, the meanings attributed to bodies are socially produced and shaped by the power and knowledge relations that traverse them (Foucault, 2003), it becomes evident what underlies these changes and how they also contribute to the redefinition of the role of the woman's body in childbirth. Structuring life in society, we encounter the principles of sexism, patriarchy, racism, and machismo in our daily lives. These social structures create representations of "being a woman", which still carry traces of the colonial period, where white women were seen as submissive, fragile, caretakers of the home and family, while black women, in contrast, were considered "non-white females, regarded as animals in the deep sense of being genderless, marked sexually as females but lacking the characteristics of femininity" (Lugones, 2008, p. 94).

Therefore, considering that women and their bodies would not have the necessary resources to carry out childbirth, medicine and technology have taken on the task of facilitating the process from a pathological obstetric perspective. Among the technologies created by surgeons are forceps, clamps, scissors, and hooks (Kappaun & Costa, 2020). In these examples, it can be observed that the discipline and control of bodies were not only intended to increase their potential but also to allow meticulous control over their operations to "optimize" outcomes according to the interests of power structures (Foucault, 2003). In an attempt to overcome the asymmetry of these relationships and symbolically rupture the established hierarchy, the World Health Organization (WHO) proposed, as early as 1986, the so-called "birth plan", an educational tool that encourages pregnant women to seek information and that should be embraced by professionals, becoming part of their medical records (Rocha & Ferreira, 2020).

The unmoderated use of tools and the removal of physiology from the childbirth scene introduce myths and misconceptions, centering the childbirth experience on pain and catastrophic outcomes. In this model, for example, the individuality of each woman and the dimension of sexuality are neglected, leaving women unaware of their own bodies and their rights over them. Bio (2015) reminds us that a woman's physical body is not just material like other worldly things but is instead a "territory of sensory, affective, erotic, and sexual experiences in each woman's history, making bodily organization not only subjective but also representative of the paths of subjectivation" (Bio, 2015, p. 50). The childbirth humanization movement has contributed to shifting childbirth from being perceived as "a pathological, risky phenomenon that causes harm and suffering to being exalted as a physiological event, potentially pleasurable and transformative for women" (Silva & Russo, 2019, p. 176).

## Women's Health Policies and Obstetric Scenario in Brazil

An analysis of how women's health has been treated throughout the history of Brazilian healthcare reveals that it was only in the early decades of the 20th century that women's health was incorporated into the National Health Policies. During this period, care practices were limited to pregnancy and maternal-infant care. In addition to being a rather reductionist perspective, the programs developed at that time were not integrated with other health services, leaving women without assistance for other needs throughout much of their lives (Ministério da Saúde, 2004).

In an attempt to address these gaps, women advocated for their rights, achieving historical victories alongside the public health movement by incorporating the gender dimension into health policies and contributing to the female body being defined solely on the basis of its biological differences from men. Thus, the establishment of the *Programa de Assistência Integral à Saúde Mulher* (PAISM, Program for Integrated Women's Health Care), implemented in 1984, represents an attempt to break away from hegemonic perspectives that reduce women's health care to only their reproductive period (Ministério da Saúde, 2004).

Moreover, the implementation of PAISM materializes the demand for comprehensive care that legitimizes women as subjects of rights, with needs that are not limited to the reproductive phase and should be guaranteed and addressed by the State (Ferraz & Kraiczyk, 2010). However, what is observed today are the difficulties faced by municipalities in implementing such changes, both at the political and technical-administrative levels (Ministério da Saúde, 2004). Historically, in the field of women's health, the reproduction of cis-heteronormative and patriarchal standards has influenced how women's health care is addressed in the country. This presents challenges for the *Política Nacional de Atenção Integral à Saúde das Mulheres* (PNAISM, National Policy of Comprehensive Women's Health Care), including the need to overcome a health care model focused solely on the reproductive period, limiting women to motherhood and caregiving, and consequently promoting exclusionary and medicalized practices. As Moreira and Souto (2021) argue, it is necessary to expand care to the different stages of women's lives, so that health services can truly embrace diversity, uphold their rights, and provide comprehensive care.

The obstetric scenario worldwide, apart from a few countries, is characterized by medical interventions without clinical indications. In Brazil, the data are particularly alarming, with a high prevalence of cesarean sections both in private healthcare and in the *Sistema Único de Saúde* (SUS, Unified Health System). J. P. Souza and Pileggi-Castro (2014) assert that although the number of cesarean sections is lower in the public sector, it is still three times higher than the recommendations

of the WHO and the Pan American Health Organization (PAHO), with a rate of 90% in the private sector and 45% in the public sector, while it should not exceed 10 to 15%. According to Zaiden et al. (2020), the prevalence of elective cesarean sections in the Southeast region was 45.7%, reaching 83.2% in private hospitals.

What, then, happened to obstetric care over time, and how did we reach these levels? A brief review of the Brazilian context, based on the work of Leister and Riesco (2013), reveals that the formulation of public health policies for maternal and child healthcare began in the 1930s, prioritizing urban areas and reaching smaller cities as of the 1950s through the implementation of maternity wards and child care centers. In 1960, home births declined while hospital births increased, with the latter becoming routine as the country expanded hospital coverage, linked to the creation of the *Instituto Nacional da Previdência Social* (INPS, National Institute of Social Security) in 1966.

It is believed that one of the origins of the cesarean epidemic in Brazil began in the 1970s, when social security decided to pay more to professionals and hospitals for surgical deliveries than for vaginal deliveries. Even with a revision of this payment logic in 1980, aimed at reducing the financial incentive and equalizing the compensation for both types of delivery, cesarean rates continued to rise within the SUS. Despite the high prenatal care coverage and the increase in hospital births – reaching 98% in 2010 – the maternal mortality ratio (68.2/100,000 live births) and perinatal mortality rate remain high, indicating serious issues in the quality of maternal and perinatal care (M. C. Leal et al., 2014). The transition of childbirth to the institutional context has resulted in a significant increase in surgical interventions to manage and conclude the birth process.

The interview with Maria do Carmo Leal and Marcos Dias, professionals who followed the development of women's health policies and childbirth care in Brazil, is a living testimony to the inadequate care practices in the country during the last decades of the 20th century. The struggle for leadership in childbirth care and the unpreparedness of professionals are evident in the statements of the interviewees. Their perception of the type of violence observed in women's healthcare spaces, seemingly distinct from other forms of violence in this field, stands out:

> The healthcare system mistreats everyone, mistreats the older individuals, the child. But I think that the absurdity that happened during childbirth in particular was something never seen before, the way women were yelled at, the way they were cursed at (...) Marcos Dias: They were hit (...). (M. C. Leal et al., 2019, p. 326)

From this scenario of practice and care, resistance movements and efforts to improve the quality of services offered to women began to emerge. The policy of childbirth humanization was of great importance in this movement. During one of the events organized by the WHO in 1985, one of them in Fortaleza, discussions were held regarding the guidelines for childbirth care in the country, which started to be reformulated, creating PAISM and, some years later, leading to the establishment of the *Rede pela Humanização do Parto e Nascimento* (ReHuNa, Network for Humanization of Childbirth) (M. C. Leal et al., 2019). In discussions regarding the process of humanizing care, the issue of obstetric violence emerged, and it was asserted that its confrontation "must be regarded as a priority for the health sector, as it represents the dehumanization of care and the perpetuation of the cycle of female oppression by the healthcare system itself" (J. P. Souza & Pileggi-Castro, 2014, p. 512). The discussion about violence in obstetric care has gained prominence due to increasing discussions on gender relations and women's higher levels of education. However, there are still difficulties in establishing metrics, terminologies, and definitions among researchers for the construction of studies (Leite et al., 2022).

Understanding that the healthcare system itself and its professionals are violent towards women and their bodies, it is necessary to revisit two important concepts: quaternary prevention and evidence-based practice. The first aims to "identify individuals at risk of hypermedicalization and reduce unnecessary or excessive interventions to minimize iatrogenesis" (J. P. Souza & Pileggi-Castro, 2014, p. 12), under the principle of "first, do no harm". The second, raised by more recent theorists and professionals in the field of obstetrics, suggests that until very recently, many medical interventions and "techniques" in this field lacked evidence-based support, often being built on myths and beliefs (M. C. Leal et al., 2014).

The proposals for change in care involve reviewing "routine" procedures and evaluating their actual necessity. Among the interventions cited are the use of synthetic oxytocin, cesarean sections scheduled before labor begins, routine epidural anesthesia, continuous fetal monitoring, limiting the woman's mobility, excessive lighting, and vaginal examinations, all of which generally prevent the woman from connecting with her own body and its spontaneous reactions, interfering with the release of essential hormones during labor (Bio, 2015). The author also raises the issue that the reintroduction of physiology into childbirth does not mean trivializing morbidities, which can be prevented and treated through care, but rather that the use of techniques, when it dehumanizes the process, cannot be ignored.

Recent changes in the Brazilian political landscape spark glimmers of hope. In the first weeks of 2023, the setbacks established in women's health policy through Ordinances No. 2,561/2020, No. 715/2022, and No. 2,228/2022 were revoked by the new Minister of Health, Nísia Trindade Lima (Valenga, 2023). The Ministry of Health stated that this decision takes into account the lack of scientific support and the absence of interfederative dialogue in the regulations, which contradict the principles of the SUS. The reorientation of policies also reinstates the so-called *Rede Cegonha* (Stork Network), which includes actions committed to humanized care and against all forms of violence (Ministério da Saúde, 2023a, 2023b).

Another important decision that may change the course of women's healthcare is Brazil's withdrawal from the Geneva Consensus Declaration on Women's Health and Strengthening the Family, considering that it contradicts the principle of universality of the SUS and disregards the right to legal abortion, as provided in the Brazilian Penal Code (Ministério das Relações Exteriores, 2023).

## Women's Voices in the Literature

And how do women perceive themselves in this scenario? The literature provides some clues. In the work of Leister and Riesco (2013), the authors present the perceptions of women who gave birth between the 1940s and 1980s, highlighting the evident transition of births to hospitals and urban centers during these decades, as well as the associated idea that birthing in a hospital was considered a significant improvement in these women's lives. This work also highlights negative feelings not only towards professional assistance but also towards the institutional space, which compromises the privacy and intimacy of mothers.

In general, the childbirth experience is represented as a very important, unique, and special event in women's lives, marked by the transformation of the woman into her new role as a mother (Velho et al., 2012). According to Figueiredo et al. (2002), most women, when describing the childbirth experience, refer to a series of events, generally considering it a difficult experience. However, they tend to view the childbirth experience as less significant than the moment they first connect with their baby, identifying this latter moment as the most meaningful aspect of the entire process.

Regarding the choice of delivery method, many studies indicate that opting for a cesarean section is often motivated by the fear of labor pain (N. P. Leal et al., 2021), and pain is a recurring element in women's narratives about childbirth. Domingues et al. (2014) suggest that the choice of cesarean section appears to be motivated by factors beyond the woman's own desire, with a proportion of surgeries performed three times higher than the initially indicated preference, both in the private and public sectors.

Another exploratory-descriptive qualitative study conducted in a small municipality in the state of Ceará analyzed the experiences of women who underwent vaginal and cesarean deliveries. In this study, according to the women, pain is an important factor in distinguishing between the experiences of the two types of delivery, with vaginal delivery being associated with better memories of the childbirth moment (Ferreira Júnior et al., 2017).

Different studies have shown that institutionalized childbirth, whether cesarean or vaginal, influences how women perceive the birthing process. Figueiredo et al. (2002) believe that the type of delivery not only affects the woman's immediate experience but also impacts the establishment of the mother-infant relationship and the care provided to the baby. In an integrative review aimed at understanding the positive or negative perceptions reported by women during cesarean or vaginal deliveries, Velho et al. (2012) identified that, regardless of the mode of delivery, women's satisfaction levels tend to be higher when they are offered information, emotional support, have the presence of a companion, and participate in decision-making.

Class differences are also identified as a factor that influences the childbirth experiences of different women and their outcomes. Hirsch (2015), through ethnographic research, interviewed two groups of women, one from the middle class and the other from the lower class in the city of Rio de Janeiro. The common factor between these groups is expressed through the general dissatisfaction of women with the care provided and the disrespect they experienced in healthcare settings. The first group's search for out-of-hospital spaces as alternatives for childbirth stems from the desire to escape excessive interventions and assert their autonomy as individuals, while the second group seeks the municipal birthing centers to increase their chances of finding a space where they can be treated as persons, addressed by their name.

The accounts described thus far align with what Foucault (2003) referred to as the productive potential of power. This concept explains that the objectives of power over the human body go beyond supplication, mutilation, or improvement, focusing primarily on its conditioning. In this sense, individuals become disconnected, constrained by imposed norms and models, always at the mercy of the interests of controlling entities. M. C. Leal et al. (2014) highlight several instruments of control in the childbirth setting, such as time management, the imposition of how the delivery should occur, prioritizing medical decisions over the woman's autonomy and ability to choose. Thus, a dynamic emerges in which haste becomes the driving force, good practices are sidelined, a cascade of interventions unfolds, and the resulting childbirth experience is negative.

## What Role does Psychology Play in This?

Psychology holds a responsibility in addressing this issue, as it enables discussions on ethics and social life, as well as the analysis of daily experiences and their lifelong impact on individuals. Guzzo (2018) points out that, despite this perspective, knowledge in psychology alone does not sustain emancipatory practices. The production of knowledge is crafted by humans, shaped by specific interests, and is therefore inherently political. In this context, the author emphasizes the

importance and potential of scientific knowledge for social transformation. However, unfortunately, in regards to the production of psychological science and its professional practice, a technicist approach often prevails, reproducing a hegemonic model that hardly responds to social demands and/or negatively affects certain groups.

In this regard, Rose (2008) revisits the history of psychology and its establishment as a science of conduct, replacing religious control. To achieve this, the study of the individual required the development of a technology based on measurable data, thereby producing knowledge about these bodies. Psychology, in turn, rests on this calculation as the only way to produce knowledge. It thus began as a science capable of adjusting and managing individuals by incorporating social order, based on the demands of a privileged class. Thus emerged a psychology of the individual rather than of society.

Rose (2008) highlights the significant social impact of psychology during the 20th century, fulfilling regulatory, normalizing, and undeniably behavior-controlling techniques. In an effort to move beyond this model, the author proposes that psychology be considered a social science and envisions it even as a political science. Broadly speaking, Rose urges the discipline to focus on human collectives, emphasizing that the individual and subjectivity are inseparable, as there can be no individual without the collective.

Guzzo (2018) also highlights the need for psychology to engage more deeply with the realities of the country through a politicized and critical education that breaks away from technicist methods and decontextualized practices. However, the author expresses significant concern regarding professional and scientific training in Brazil, given that higher education policies are tied to capitalist market interests. Furthermore, she emphasizes the need to broaden this discussion if changes are to be made to academic training.

The field dedicated to psychological care during pregnancy, childbirth, and the puerperium is referred to as obstetric or perinatal psychology. Bortoletti and Silva (2007) describe training in psychology for obstetric practice, identifying it as a sub-specialty of Hospital Psychology, which involves psychological emergency actions, a focus on interdisciplinary work, and engagement in complications and pathologies. A literature review conducted by Schiavo (2020) indicates that psychological studies on this subject are still limited and are being developed as a new field of knowledge.

In an effort to draw attention to the role of psychology as both a practice and a source of scientific knowledge, and in connection with the central theme of this study, three recent atrocities committed against women, reported by the media during the production of this work (June and July 2022), will be briefly presented. Each of these cases underscores the importance of this topic. The first case involves a 10-year-old girl who became pregnant as a result of rape and was denied her right to an abortion by public services. After seeking legal recourse in Brazil, she was institutionalized for over a month under the pretext of protecting the fetus and criminalized on the grounds that legal abortion would constitute "homicide". The judge even asked her if she could "bear to wait a little longer" to increase the fetus' chances of survival (Guimarães et al., 2022, paragraph 9).

The second case refers to an actress who was publicly exposed on social media after deciding to place her baby for adoption, as the child was conceived as a result of rape. In an open letter on her social media account, she commented that she was violated not only by the man who raped her, but also by people's judgment (G1, 2022, online resource). Following this episode, columnist Nina Lemos wrote about the pressure on social media for the actress to reveal the identity of the rapist. Furthermore, she pointed out that the actress was accused of child abandonment by a YouTuber.

Thus, once again, the victim is questioned and pressured, as highlighted by the writer (N. Lemos, 2022).

The third case concerns a pregnant woman who was sexually abused by her own anesthesiologist after receiving a high dose of anesthesia during a cesarean delivery. According to the report: "The declarant and her colleagues saw that he even ejaculated in the patient's mouth, wiped her mouth with his penis, and then discarded the material in a nearby trash can" (M. Lemos, 2022, paragraph 9). In an interview, a nurse recounted that when she questioned the victim's sedation, the doctor responded harshly, saying, "Do you want some too?" (M. Lemos, 2022, paragraph 4).

These news stories have been briefly and superficially described because of the observed similarities in all these cases. The violence and exposure of their bodies and lives, not only by the direct perpetrators of the crimes but also by other women, healthcare professionals, and the Brazilian justice system, further reinforce the violations, leaving these women in a more vulnerable and helpless situation. But what does psychology have to do with this? To reverse its trajectory as a facilitator of a certain social order and with a reductionist view that "psychologizes" life, it becomes urgent for psychology to adopt a critical and politicized stance toward serious issues such as those mentioned above.

In this regard, the focus should not be on interpreting bodies as a means of conforming to "norms" – which sustain a sociopolitical organization – but rather on giving visibility to individuals and their subjectivities, taking into account the marks of an oppressive, patriarchal, classist, and racist society. It is, therefore, urgent that psychology commit itself to Brazilian society, its culture, and its history, moving beyond a focus on individual signs/symptoms. Its rebellious, subversive, and emancipatory aspect (Fals-Borda, 2014) must guide the way forward where violence, exclusion, abuse, and silencing are encountered. Failing to act in this context would mean cooperating in the perpetuation of these issues (Ferraz & Kraiczyk, 2010).

## Final Considerations

This paper presented a historical overview of obstetric care and how women and their bodies have been treated within this context. Despite significant progress and important achievements, such as the creation of specific public policies, daily news and reports leave no doubt that much still needs to be done. Sadly, it is observed that the feeling of insecurity and fear is present not only when walking down the streets but also within operating rooms during the birth of our children.

The violations that occur in healthcare spaces reproduce the gender inequalities stemming from the sexist, patriarchal structures that govern society and shape the representation of the female body in institutions. For meaningful change to occur, advances in the way society is organized are necessary. Among these, it is crucial to recognize the achievements in health policies resulting from feminist and public health movements, which gradually contribute to overcoming disparities.

The discussion developed thus far highlights the central role of women's bodies in childbirth and the systematic way in which they are erased, violated, and disrespected. It is hoped that this study will contribute to expanding the discussion on this topic and encourage further research, understanding that it cannot be made invisible or forgotten. Moreover, part of the goal is to urge psychology professionals to engage in practices and training that are increasingly historically and politically contextualized, recognizing the interests that their actions serve and the impossibility of claiming neutrality.

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