

## **WHO HELPS TO GIVE BIRTH TO MATEUS? THE MATERNITY OF CANVAS/TENTS OF THE CITY OF BOA VISTA/RR**

### **QUEM AJUDA A PARIR MATEUS? A MATERNIDADE DE LONAS/TENDAS DE BOA VISTA/RR**

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#### **RESUMO**

O estudo em questão foi desenvolvido no âmbito do programa de Pós-Graduação em Sociedade e Fronteira (PPGSOF), da Universidade Federal de Roraima (UFRR). Esta pesquisa teve como foco a análise da Violência Obstétrica vivida por gestantes, parturientes e mães, na cidade de Boa Vista, Roraima. A metodologia utilizada foi qualitativa, descritiva e bibliográfica, com base em uma epistemologia feminista interseccional, Gênero e História. O objetivo geral foi analisar a violência obstétrica no estado de Roraima, ocasionada pela inobservância dos Direitos Fundamentais da Mulher, abordando a situação da Maternidade Nossa Senhora de Nazareth, que, na época da pesquisa, funcionava em uma estrutura provisória composta por lonas e tendas. Os objetivos específicos incluíram a apresentação do caso da maternidade de lonas/tendas de Boa Vista/RR e a conceituação da Violência Obstétrica com enfoque na violência de gênero. A pesquisa buscou investigar as causas e as formas de violência obstétrica, promovendo o debate no âmbito médico e jurídico sobre a formulação de normas preventivas e de responsabilização civil, penal e administrativa. Ademais, correlacionou a compreensão da violência obstétrica e das relações de poder, considerando a desigualdade de gênero no contexto da maternidade Nossa Senhora de Nazareth. O estudo destacou o respeito aos direitos das mulheres, avaliando as formas de abuso de poder, uma vez que, em alguns casos, profissionais da saúde utilizaram sua autoridade para impor práticas invasivas ou desnecessárias, desconsiderando as vontades e as necessidades das mulheres. Sobre esses aspectos, a pesquisa evidenciou a influência da estrutura patriarcal e apontou para a necessidade de um estudo aprofundado sobre o tema. Também incluiu uma investigação sobre a necessidade de humanização na assistência obstétrica, considerando que esta pode ser marcada pela falta de empatia e de acolhimento às mulheres, gerando medo, insegurança e traumas. Os resultados obtidos ao longo da pesquisa foram considerados fundamentais para a construção de políticas públicas efetivas que

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resguardem os Direitos Fundamentais das Mulheres em Roraima e garantam o acesso a um atendimento de saúde digno e adequado. Os resultados preliminares indicaram a existência de violência obstétrica contra mulheres no estado de Roraima.

**Palavras-Chave:** Violência Obstétrica. Direitos da Mulher. Saúde da Mulher em Roraima.

## **ABSTRACT**

This study was carried out as part of the Postgraduate Program in Society and the Border (PPGSOB) at the Federal University of the state of Roraima (UFRR). This research focused on analyzing obstetric violence experienced by pregnant women, parturients and mothers in the city of Boa Vista - RR. The methodology used was qualitative, descriptive and bibliographical, based on an intersectional feminist epistemology, Gender and History. The general objective was to analyze obstetric violence in the state of Roraima caused by non-compliance with Fundamental Rights of Women, addressing the situation at the Nossa Senhora de Nazareth Maternity Hospital, which, at the time of the research, was operating in a temporary structure made up of tarpaulins and tents. The specific objectives included presenting the case of the tarpaulin/tent maternity hospital in Boa Vista/RR and conceptualizing Obstetric Violence with a focus on gender-based violence. The research sought to investigate the causes and forms of obstetric violence, promoting debate in the medical and legal spheres on the formulation of preventive standards and civil, criminal and administrative liability. It also correlated the understanding of obstetric violence and power relations, considering gender inequality in the context of the Nossa Senhora de Nazareth maternity hospital. The study emphasized respect for women's rights, assessing the forms of abuse of power, since in some cases health professionals used their authority to impose invasive or unnecessary practices, disregarding women's wishes and needs. In this respect, the research highlighted the influence of patriarchal structure and pointed to the need for an in-depth study on the subject. It also included an investigation into the need for humanization in obstetric care, considering that this can be marked by a lack of empathy and welcome for women, generating fear, insecurity and trauma. The results obtained during the research were considered fundamental for the construction of effective public policies that safeguard the fundamental rights of women in Roraima and guarantee access to dignified and adequate health care. The preliminary results indicate the existence of obstetric violence against women in the state of Roraima.

**Keywords:** Obstetric Violence. Rights of Women. Health of Women in the state of Roraima.

## **INTRODUCTION**

The present study aims to analyze whether there is obstetric violence experienced by pregnant women, parturients and mothers in the city of Boa Vista, state of Roraima. Its general objective is to analyze the situation experienced by these women, considering the conjuncture of the Nossa Senhora de Nazareth Hospital and Maternity, with provisional operation in a structure of tarpaulins and tents, in the period from June, 2021 to September, 2024.

The title *"WHO HELPS TO GIVE BIRTH MATEUS? THE MATERNITY OF CANVAS/TENTS OF THE CITY OF BOA VISTA/ RR"* makes a pun with the popular saying "who gave birth to Mateus that packs", which usually refers to the responsibility of caring for or solve a problem generated by another person. In this context, the title proposes a reflection on the state and institutional responsibility for care of pregnancy and childbirth, and the necessary assistance to individuals born, pregnant or at risk.

"Mateus" in the title refers not only to a specific person, but also to a set of vulnerable subjects that represent reproductive and maternal-child health rights. In this sense, "Mateus" includes not only newborns, but also the unborn, stillborn, children and, in a broader perspective, all subjects that are somehow connected to the reproductive cycle and motherhood.

The research aims to discuss how support for childbirth and pregnancy in the city of Boa Vista/RR should be offered at various levels: state, institutional and professional. In this sense, the "help to give birth to Mateus" questions not only the responsibility of the family or mother, but also the role of the State and health institutions in guaranteeing fundamental rights, such as the health and well-being of pregnant women and their children, considering the precariousness of health access conditions in certain regions.

The choice of the expression "maternity in tents" refers to the adverse conditions in which many births occur in precarious locations, without adequate infrastructure or support, and highlights the disparities in public health and maternal and child care, especially in areas such as the Amazon.

The author became interested in the topic of maternity and reproductive rights, especially in the city of Boa Vista, state of Roraima, motivated by a passion for early childhood education and a commitment to promoting fundamental rights. Although she is not a mother, as an educator she has dedicated much of her professional career to the education and care of children, which has sparked a deep interest in the aspects surrounding the beginning of life. In addition, her work in the field of law, which brought her into direct contact with several victims of obstetric violence in the state of Roraima, was decisive in her deepening interest in this topic. Witnessing the difficulties faced by pregnant women and mothers, the author sought to understand the implications of public health conditions and institutional practices in the city of Boa Vista/RR.

The specific objectives outlined in the dissertation were concluded in each chapter. The first chapter addressed the context of improvised maternity care in tents in the city of Boa

Vista, state of Roraima, highlighting the precarious conditions that exposed women to obstetric violence, conceptualized as a manifestation of gender violence.

It should be noted that this is not a new problem in the state of Roraima, as in 1996, there were thirty-two deaths of newborns in the maternity hospital of the city of Boa Vista in a short period of twenty days in October of 1996, caused by hospital infection (Folha de São Paulo News, 1996). Similarly, in 2023, between January and February alone, twenty-eight neonatal deaths were identified (G1 Roraima, 2023). Also in 2023, two situations were reported in which newborn babies fell inside the maternity ward (Folha de Boa Vista News, 2023a).

Still regarding the situation until 2024, the delivery forecast for the Nossa Senhora de Nazareth Maternity Hospital was five months to be completed in 2022; however, since June 5<sup>th</sup>, 2021, the maternity hospital has been located in the temporary structure that was previously the field hospital against Covid-19. After signing a Conduct Adjustment Agreement (TAC) with the State Prosecution of Roraima (Annex 1) in March, 2023 (Folha de Boa Vista News, 2023b), the work was completed in 2024.

According to the Government of the state of Roraima (2024), it was inaugurated on September 6<sup>th</sup>, 2024; the New Maternity Hospital of the city of Boa Vista has 294 infirmary beds, 68 neonatal ICU (Intensive Care Unit) beds, and 5 maternal ICU (Intensive Care Unit) beds, offering specialized care through different units, such as the Margaridas Unit, for patients with gynecological pathologies, and the Orquídeas Unit, for pregnant women in labor. The unit also offers essential services, such as the House for Pregnant Women, Human Milk Bank, Clinical Analysis Laboratory, and various specialized exams, such as ultrasonography and computed tomography. In addition, it offers psychological support, social services, and indigenous health care, standing out as an important maternal and child health center in the state of Roraima, especially relevant for the analysis of obstetric care in the region.

In this context, it is necessary to analyze concepts and characteristics of obstetric violence in order to understand what can be absorbed and applied to the case under study. Thus, it is understood that obstetric violence occurs when women are subjected to inhumane, humiliating, violent, or negligent treatment during the obstetric care process. This can range from a lack of adequate information and consent to unnecessary medical interventions, verbal abuse, discrimination, negligence in pain relief, restriction of women's autonomy, and lack of respect for their dignity and privacy (WHO, 2014).

Therefore, with essential obstetric services in complete collapse, a series of violent acts occur, which gives rise to debates about the health of pregnant women, mothers of newborns, women in labor, and other women in situations that depend on the maternity hospital in the city of Boa Vista, the capital of the state of Roraima. In addition, it should be noted that in 2022, the temporary structure collapsed on top of patients and family members, caused by heavy rains in the region, leaving sectors completely flooded and even causing injuries to patients (Roraima in time, 2022).

Therefore, the research is being conducted with a focus on obstetric violence experienced by women in the state of Roraima. As such, it highlights the lack of dialogue on the subject, given that many women do not receive sufficient information about the medical procedures and interventions that are performed during childbirth and after birth, which can result in inappropriate choices and invasive and unnecessary practices.

Similarly, we highlight the disregard for the rights of women, since many report having been subjected to medical practices without their consent, harsh or humiliating treatment by health professionals, or having their choices and wishes denied or ignored. Furthermore, the study aims to assess forms of abuse of power, considering that, in some cases, health professionals may use their authority to impose invasive or unnecessary practices, without taking into account the wishes and needs of women, with the patriarchal structure influencing these aspects, requiring an in-depth study on the subject.

It will also constitute an investigation into the need for humanization, given that obstetric care can be marked by a lack of empathy and welcoming towards women, generating fear, insecurity, and trauma. Finally, it will evaluate appropriate public policies, since the lack of public policies aimed at preventing and combating obstetric violence can hinder the access of women to quality and respectful obstetric care.

This study is justified by the need to investigate and highlight the obstetric violence experienced by women in the city of Boa Vista/RR, especially in the context of the Nossa Senhora de Nazareth Hospital and Maternity, which operated provisionally in a structure of tarps and tents between 2021 and 2024. The study is part of the academic trajectory of the master's student, who is familiar with studies on gender equality and feminist perspectives, and seeks to contribute to the field of social sciences by addressing this form of violence, described as comfortable practices, abuse of power, and disrespect for the rights of women during pregnancy, childbirth, and the postpartum period. Although relatively recent, the scientific discussion on obstetric violence, which began in the 1990s and 2000s (Pérez, 2010),

still has gaps, especially in local contexts such as the city of Boa Vista (Arruda-Barbosa, 2020).

The precariousness of obstetric services in hospitals, combined with adverse conditions, compromises the health and rights of women and their newborns (Palharini, 2017). Thus, the study aims to fill gaps in the scientific literature, understand the socio cultural factors that are relevant to this violence, foster informed debates, and support the formulation of public policies that guarantee quality obstetric care and respect for reproductive rights. Furthermore, by addressing obstetric violence as a violation of human rights, the study seeks to promote maternal and child health, raise awareness, and bring about changes in health practices to protect women and their newborns.

The research question aims to answer the question, “Is there evidence of obstetric violence in the city of Boa Vista, capital of Roraima, considering the context of the Nossa Senhora de Nazareth Maternity Hospital, currently housed in temporary facilities made of tarps/tents?” In this sense, by exploring the subject, we can answer the title of the study, “Who helps Mateus give birth?” Who or which institution is responsible for pre-delivery, delivery, and post-delivery care?

The methodology used to conduct the study is qualitative, descriptive, and bibliographic research. This approach allows for a deeper understanding of the experiences of pregnant women and women in labor, using qualitative and quantitative data, descriptions, and a review of existing literature on the subject. In addition, documentary analyses will be carried out, including reports, news articles, and legal norms relevant to obstetric care and obstetric violence in the state of Roraima. This analysis will allow for a broader contextualization of the problem and the identification of gaps and challenges in the local health system.

The literature review will be conducted through a systematic search of scientific databases, specialized journals, books, dissertations, and theses related to the topics of obstetric violence, rights of women, humanized obstetric care, and related titles. The data collected will be analyzed qualitatively, using content analysis techniques, to identify patterns, trends, recurring themes, and relationships between the information obtained.

Therefore, the hypothetical-deductive method will be used regarding the suspicion that obstetric violence occurs in the maternity wards of tents in the state of Roraima. The study will have an intersectional feminist epistemological basis, focusing on gender and history. The results obtained from the research are fundamental for the development of effective public

policies that protect the fundamental rights of women in the state of Roraima and guarantee access to dignified and adequate health care.

The term obstetric violence encompasses a set of practices that violate human rights of women in the context of maternity care, ranging from physical and verbal violence to unnecessary medical interventions, discrimination, and disrespect for autonomy of women. Understanding it requires a critical look at the social and cultural structures that perpetuate gender inequality and the subjugation of women in the obstetric context.

To this end, aspects of power relations, gender inequality, bodies in society, and medical power will be addressed, using ideas from post-structuralist authors Pierre Bourdieu and Michel Foucault. Although they disagree on the concepts of power, with Bourdieu considering symbolic violence and Foucault considering disciplinary power, both make assertive contributions to the oppression experienced by women, judging the inequalities socially imposed and ensured by forms of government (Costa, Lima, 2016). Therefore, it is feasible to apply these theoretical concepts in the context of obstetric violence, given that, a priori, this form of violence stems from power relations and gender concepts (Diniz, Oliveira, 1998). Therefore, the main theoretical currents of feminism will be presented, including authors such as Joan Scott, Simone de Beauvoir, and, more recently, Marta Segarra and Àngels Carabí. The three authors address the theme of feminism, discuss the violence suffered by women over the years, question the social constructions of power and knowledge, and point out an imbalance in society that is unfavorable to women.

To understand feminism in a decolonial way that raises awareness and gives voice to all women, even the most marginalized and therefore most vulnerable—black women who face even greater inequality—it is important to understand the studies of authors Françoise Vergès and Kimberlé Crenshaw, because both address the epistemology of decolonial feminism, history, and gender.

With regard to the factual context of the Nossa Senhora de Nazareth Maternity Hospital in the city of Boa Vista, state of Roraima, the facts will be presented, mainly through newspaper articles that denounce various situations of malpractice, negligence, and recklessness in the temporary canvas/tent facilities. For better clarification, the main local newspapers with articles on the proposed theme will be considered to characterize the obstetric violence that occurred. In the same vein, regional studies addressing specific themes, such as migration and black women, will be used; thus, Arruda-Barbosa (et al., 2020) contributes greatly to this analysis.

The first specific objective was addressed, which consisted of presenting the case of the maternity ward in tents in the city of Boa Vista, state of Roraima, and conceptualizing obstetric violence with a focus on gender violence. This chapter details the precarious structure of these maternity wards and the implications of this precariousness for the care of pregnant women and women in labor. It emphasized how obstetric violence manifests itself in this context, particularly in a reality marked by the vulnerability of women, in which factors such as gender violence and the lack of adequate infrastructure aggravate the conditions of care and reinforce the oppression against these women.

## **1 THE CASE OF THE TENTS MATERNITY HOSPITAL AND THE ANALYSIS OF OBSTETRIC VIOLENCE AS GENDER-BASED VIOLENCE**

This study addresses the critical situation faced by the Nossa Senhora de Nazareth Maternity and Child Hospital, located in the city of Boa Vista, state of Roraima. The unit, known as Maternity of Tarps/Tents (Maternity of Tents), operated in a makeshift structure from 2021 to 2024, after an air conditioning unit collapsed in the old structure, built more than 30 years ago. The precarious conditions and adversities faced by the maternity hospital became evident, particularly during 2023, when a significant increase in infant mortality was recorded (G1, 2021).

This research seeks to analyze the critical events that occurred at the Nossa Senhora de Nazareth Maternity Hospital, considering aspects such as the makeshift infrastructure, the lack of essential resources, the occurrence of serious incidents, reports of obstetric violence, and the management and actions of the Government of the state of Roraima in the midst of this crisis. The analysis of these elements will allow for a deeper understanding of the challenges faced by pregnant women, mothers, and newborns at the aforementioned maternity hospital, as well as the identification of flaws in the public health system.

Motherhood has historically been regulated by laws that not only institutionalized the role of women as caregivers, but also restricted their freedoms, limiting their participation in public life and the labor market. In the context of the law, motherhood was often seen as a social duty, especially in light of economic and political interests, such as the need to generate and maintain the population to sustain the order of the State. The laws often reinforced the idea that the role of women should be restricted to the domestic sphere, as mothers, in a scenario in which reproduction was seen as essential for the growth and maintenance of power structures (Barbosa, 2022).



The context presented, permeated by reports of neonatal deaths, allegations of obstetric violence, lack of resources, and inadequate infrastructure, demands a thorough investigation into the conditions that led to this crisis in maternal and child health in the state of Roraima. Thus, in order to understand this scenario, highlighting the urgency of corrective measures and the implementation of effective public policies to improve care and reduce infant mortality in the region.

This study will address aspects of power relations, gender inequality, bodies in society, and medical power, drawing on ideas from post-structuralist authors Pierre Bourdieu and Michel Foucault. Although they diverge on the concepts of power, with Bourdieu considering symbolic violence and Foucault considering disciplinary power, both make assertive contributions to the oppression experienced by women, judging the inequalities socially imposed and ensured by forms of government (Costa; Luna, 2016). Thus, it is feasible to apply these theoretical concepts in the context of obstetric violence, given that, a priori, this form of violence stems from power relations and gender concepts (Diniz, Oliveira, 1998).

Furthermore, violence will be studied as a fundamental topic that requires further investigation. Therefore, the main theoretical currents of feminism will be presented, including authors such as Joan Scott, Simone de Beauvoir, and, more recently, Marta Segarra and Àngels Carabí. The three authors address the theme of feminism, discuss the violence suffered by women over the years, question the social constructions of power and knowledge, and point out an imbalance in society that is unfavorable to women.

To understand feminism in a decolonial way that raises awareness and gives voice to all women, even the most marginalized and therefore most vulnerable—black women who face even greater inequality—one must understand the studies of authors Françoise Vergès, Kimberlé Crenshaw, and Bell Hooks, who address the epistemology of decolonial feminism, history, and gender.

The first central question seeks to explore the reality of improvised maternity in the city of Boa Vista, state of Roraima, with a specific focus on temporary facilities set up with tarps and tents. By contextualizing this structural precariousness, we investigate the lack of infrastructure and the challenges of the health system related to the occurrence of obstetric violence, in particular that directed at women, a reflection of gender violence. The concept of obstetric violence is explored in depth, seeking to understand how negligence and omission in care conditions not only expose women to risks but also reinforce structural gender inequalities, directly impacting the health and dignity of pregnant women.

### **1.1 The maternity hospital made of tarps/tents in the state of Roraima**

The Nossa Senhora de Nazareth Maternity Hospital, currently undergoing renovations and operating temporarily in tents and tarps since 2021, has become known as the Maternity Hospital of Tents/Tarps (G1, 2021). In the Annex 1, there is a table with the main news and journalistic articles that deal with the topic, which include reports and complaints of domestic violence practices.

An evaluation of the history reveals that, in 1996, thirty-two deaths of newborns in the same maternity hospital highlighted problems of hospital infection. In 2010, a team from the State Prosecution of Roraima found six bodies of babies, including fetuses and stillborn children, stored in a domestic refrigerator at the Nossa Senhora de Nazareth Maternity Hospital in the city of Boa Vista. The bodies were wrapped in black plastic and diapers, with one of them having been there since August. The maternity hospital justified the practice, claiming to have been storing bodies in the refrigerator since 2008. The Health Department of the state of Roraima stated that the bodies were kept in the refrigerator for a few hours, awaiting documentation for burial, and planned to implement an adequate system for preserving bodies (Struck, 2010).

The maternity hospital also experienced a severe shortage of essential intubation materials, as reported by staff and patients, including a lack of cannulas in sizes 2.5, 3.0, and 3.5. This situation resulted in the inadequate intubation of two babies in a short period. The Department of Health reported that measures had been taken and the materials had already been purchased. The crisis highlighted the urgency of public health care, especially during the Covid-19 pandemic (Morais, 2020).

On July 5<sup>th</sup>, 2021, patients and their companions were transferred to a temporary space in the September 13<sup>th</sup> neighborhood, in the southern part of the city of Boa Vista, during the renovation of the unit; after the State Secretariat of Health of the state of Roraima (Sesau) signed a contract for R\$ 10,000,000.00 (ten million), the Government of the state of Roraima extended the contract with the company Agora Engineering Ltda. for another year, totaling R\$ 1,079,719.42 per month (Roraima Portal, 2022).

The change occurred after an air conditioning unit fell and remained hanging on the wall of a room in the maternity ward, due to the fact that the structure was built over 30 years ago. The new location was prepared with a structure similar to that of the old maternity ward, but expanded by at least 30%, including infirmary beds, an emergency area, a surgical center, an ambulance, a pharmacy, a laboratory, X-ray facilities, and a material and sterilization

center, to ensure continuity of care (G1 News, 2021). Also in 2021, a news report highlighted that women in the state of Roraima were seeking humanized childbirth to avoid obstetric violence (Roraima News, 2021).

The current situation highlights the fact that the maternity hospital has remained in a temporary structure since June of 2021, initially designated as a field hospital against Covid-19. The collapse of obstetric services results in various forms of violence, fueling debates about the health of pregnant women, mothers of newborns, women in labor, and other women dependent on the maternity hospital of the city of Boa Vista. In 2022, the temporary structure collapsed due to heavy rains, causing flooding and injuries to patients (Roraima in Time, 2022).

Already in the temporary facilities, some videos were posted on social media exposing the poor conditions in the infirmary bathrooms. The images revealed rusty materials and moldy walls in the area designated for women undergoing surgery, which requires a clean environment with low risk of infection. The stoppage of cleaning services by the outsourced company, due to wage delays, aggravated the situation (Folha BV News, 2022).

In the same year, Irislene Neres Rodrigues, 26, reported that she lost her baby due to delays in care and delivery at the maternity hospital. On July 10<sup>th</sup>, 2022, she was instructed to return home, but Irislene returned to the maternity hospital four days later due to the lack of movement of her daughter. After waiting for tests and evaluations, including an ultrasound, she was admitted, but the C-section was delayed until 8 p.m. The baby was born lifeless, and Irislene reported mistakes in the medical records. The situation was identified as negligence, and other complaints about the maternity hospital were recorded, including delays in surgeries and the death of a child due to a delay in delivery (Roraima in time, 2022).

On another occasion, several videos circulated in social networks showing the collapse of part of the improvised structure. In the images, it is possible to observe drips and the collapsing lining, leading to the hasty removal of newborns from incubators. Servers reported the need to run with babies in their arms (BV Já News, 2022). At another time, a rat was found in the maternity facilities (Abreu, 2022). Demonstrating the fragility of the structure in question, still evidencing the numerous facts that can be fitted into a kind of violence.

Adverse weather conditions, evidenced by the significant volume of rainfall, emerge as catalysts for these incidents. The in-depth analysis of the causes underlying the collapse becomes crucial for an effective approach, highlighting possible flaws in the design, quality of materials used or construction execution. This understanding allows for a more

comprehensive assessment of impacts, which go beyond visible material damage, extending to potential safety and physical integrity risks.

Given these circumstances, the discussion on preventive and corrective measures becomes an essential step, aiming to mitigate future similar incidents and promote structural safety in environments susceptible to extreme weather events.

In this context, the need for immediate corrective measures becomes evident, highlighting the importance of integrated actions that not only solve structural problems, but also ensure the health of hospital spaces. While emergency cleaning is performed by employees, it is also essential to adopt sanitary control strategies to prevent situations such as the presence of rodents in the environment. These episodes reveal systemic failures that compromise the safety and health of users, requiring priority and sustainable interventions.

From January to October of 2022, the maternity registered 756 births, and 375 of these babies were referred to the Neonatal Intensive Care Unit due to prematurity, representing almost half of the cases. Usually newborns are referred to the Neonatal ICU (Intensive Care Unit) due to the difficulty of adaptation to the postnatal. After discharge, the family should receive care by the Follow-Up method, involving a multidisciplinary team for continuous care, including neurologist, speech therapist, physiotherapist, pediatrician, nutritionist, psychologist and ophthalmologist (Sá, 2022).

After a survey of the data from the Tabenet System made available by the State Secretariat for Health of Roraima, in 2021, 266 infant deaths of children under 1 year of life were registered, in the same manner; 2022 recorded 255 deaths; and 2023 recorded 292 deaths (Tabenet, 2024).

There was a significant increase in the number of infant deaths at the beginning of 2023, with 28 deaths in 37 days up to February 7<sup>th</sup>, surpassing the total of 20 deaths recorded throughout 2022. Of the 28 deaths this year, 17 were from non-fetal babies, that is, after childbirth, while in the whole year of 2022 14 deaths of newborns after birth were recorded. The 11 fetal deaths that occurred this year, along with the six recorded during the past year; refer to babies who died still in the womb of their mothers (Ramalho, *et al.*, 2023).

At the same time, as reported by a doctor of the unit in an office, the professional warned about the lack of essential drugs for the treatment of infants, highlighting the risk of widespread infection caused by fungi, known as fungal sepsis. The physician described the situation as "chaotic" and pointed out that the absence of medicines compromises the quality of medical care, which can result in increased length of hospitalization, bacterial resistance and deaths in the unit. In addition, she pointed out that the lack of working conditions hinders

the proper exercise of the medical profession. The doctor highlighted the shortage of antibiotics and other essential drugs in the list of missing supplies. The critical situation was exposed on the same day that a video of a pregnant woman in despair had great repercussion in the city (Ramalho, et al., 2023).

Considering that initially the reform would last five months and lasted until September of 2024, the State Prosecution of Roraima initiated an investigation to establish the facts, so that on March 10<sup>th</sup>, 2023 signed a Term of Adjustment of Conduct (TAC) with the Government of the State of Roraima. The term imposes that the work must be completed by March, 2024 (MPRR, 2023, p. 28-31).

The following are the elements that founded the action of the State Prosecution in the search for solutions to the problems faced by the Nossa Senhora de Nazareth Maternity and Child Hospital in the city of Boa Vista/RR:

- a. Jurisdiction of the State Prosecution: To ensure respect for the rights guaranteed in the Constitution, including the right to health (CF, art. 129, II and III).
- b. Constitutional Principles: Dignity of the human person and inviolability of the right to life (CF, arts. 1o and 5o, caput). Health as a social right (CF, art. 6) and the right of all, duty of the State (CF, art. 196).
- c. State Responsibility in Health: Public Power must guarantee universal and equal access to health actions and services (CF, art. 196).
- d. Unified Health System (SUS): Guidelines, decentralization, and competence of the Public Power in regulation and control (CF, art. 198, I).
- e. State Health Code of Roraima: Definition of health care and the need for adequate facilities (art. 45).
- f. Situation of the Nossa Senhora de Nazareth Maternity and Child Hospital: News of complications, overcrowding, suspension of surgeries, non-compliance with obligations, delay in expansion and renovation works.
- g. Pending Contract and Delay in the Works: Pending in the hiring for expansion and reform of the Nossa Senhora de Nazareth.
- h. Implications of the New Structure: Delivery of a physical structure inferior to the current one, even after the completion of the works.
- i. Exponential Growth in Demand: A significant increase in demand for the Nossa Senhora de Nazareth Maternity and Child Hospital.

j. Commitment of Adjustment of Conduct: Legal possibility for the State Prosecution to enter into a commitment with interested parties in order to adjust the conduct to the legal requirements.

k. Interest of the State of Roraima: Shows interest in adjusting behaviors to expedite the regularization and expansion of the services of the Maternity and Child Hospital.

It is possible to observe that, despite being a temporary structure, the facilities are larger than the physical structure of the Maternity Hospital. Considering these situations, future projects and current public policies that refer to a better public service will be arranged. In addition, the difference is highlighted. Anyway, the State Prosecution came to visit the unit.

Briefly, the TAC had obligations and sanctions imposed on the state of Roraima, in some situations the mentioned uses penalty to the person of the manager, as follows:

The Conduct Adjustment Term (TAC) in question was prepared with the objective of ensuring significant improvements in maternal and child health care, delimiting specific obligations for the state of Roraima. Among the main goals, stand out the reforms and extensions in the Nossa Senhora de Nazareth Maternity and Child Hospital, structured in two stages: the first, to be completed in up to a year, includes the reform and expansion of essential sectors; already the second, scheduled to be completed in up to two years, involves the creation of new rooms and units, expanding the service capacity. In addition, it is agreed to build a new health unit in the west of the city, designed to meet the needs of women and children, with a delivery period of up to three years.

To ensure compliance with these obligations, the TAC establishes a strict monitoring and accountability mechanism. The State has undertaken to send quarterly information to the State Prosecution, detailing the progress of the works and other actions agreed. This systematic monitoring sought to ensure transparency and promote effective implementation of the goals.

In case of non-compliance with the obligations, the TAC provides for severe penalties. The responsible manager will be subject to a daily personal fine of R \$ 1,000.00, while the state of Roraima may be penalized with a fine of R \$ 50,000.00 per day of non-compliance. These amounts will be reverted to the Fund provided for in the Law 7.347, of 1985, for state health care, reinforcing the commitment to the proper allocation of public resources. In addition, the State Prosecution may request information on compliance with the clauses and, in case of total or partial default, the arbitrator shall be notified to present a defense before the possible judicial execution.

In summary, the Conduct Adjustment Term (TAC) establishes clear commitments and effective measures to ensure the achievement of health goals. By defining responsibilities, deadlines and a system of accountability, an efficient management is sought in the expansion of the Nossa Senhora de Nazareth Maternity and Child Hospital and in the construction of a new health unit.

The year of 2023 was marked by several complaints from pregnant women, parturients and family members. In another situation, a mother, who gave birth to twins, denounced the lack of servers at the Maternity Hospital, stating that the insufficient number of employees compromises care for newborns, and reported episodes of neglect, including the shutdown of appliances attached to babies. According to the parent, one of the twins almost died due to the negligence of the team. She highlighted the lack of attention from employees and the absence of adequate working conditions. It also mentioned the lack of adequate monitoring in cardio respiratory (Folha BV News, 2023).

In addition, he recorded a video showing the ICU (Intensive Care Unit), where only two professionals attended to 19 baby beds. The mother asked for a solution to the critical situation in the maternity hospital, emphasizing the importance of qualified personnel and the fast completion of works in the building. One of the twins stayed in the ICU (Intensive Care Unit), and the other child in the Intensive Care Unit (ICU). The complaint was registered at the Maternal Hospital Ombudsman's Office of the Maternity Hospital (Folha BV News, 2023). In another case, there was the complaint of a parent who was not attended immediately and ended up giving birth at the reception of the maternity hospital, when the baby hit its head on the floor; only after the parturient was treated by the medical team (Portal o Poder, 2023).

Another case of obstetric violence occurred in the maternity of tarps occurred with Ms Natália Fuhrmann, a young woman of 24 years who reported to have been a victim of obstetric violence. According to her report, the violence began during the touch examination, causing intense pain. Continued in childbirth, a professional burst her gestational bag without authorization, causing anguish to the patient. After the birth of the baby, Natália claims to have suffered more severe violence during the attempt to remove the placenta, which resulted in the displacement of the uterus. The referred reported that the doctor and staff applied excessive force, causing intense pain and fainting. When taken to the Surgical Center, it was found that there was detachment of the uterus due to the force used. Natalia reported the case to the State Ombudsman's Offices of Health and she plans to report the situation to the Regional Council of Medicine and other competent bodies (Cássia, 2023).

In March and July of 2023, the Tarps/Tent Maternity Hospital flooded again after heavy rains in the region (G1, 2023). Added to these factors, in May of 2023, the company contracted Ágora Engineering Ltda., responsible for the structure and oxygen supply of the Maternity Hospital, warned about the lack of payment by the state government for eight months, totaling a debt exceeding R\$ 8 million. The company is responsible for daily maintenance in the unit to ensure its operation, but the lack of payment compromises the continuity of services, at the risk of reducing activities and compromising the quality of services if the situation is not resolved. The company feared a humanitarian disaster, considering the significant number of births and care performed at the unit. The state government claimed economic difficulties of the country and said it was doing a survey on debts with the company (Rodrigues, 2023).

In this context, a Preliminary Technical Study was published by Sesau, which indicates the intention to carry out reforms, adjustments and repairs in the facilities of urban and rural state public health units, as well as public buildings in the area of operation of the State Secretary of Health. The document specified the services to be carried out and estimates the costs for each category, covering areas such as demolition, infrastructure, hydraulics, electricity, cladding, window frames, painting, landscaping, vehicles, labor, among others, totaling an investment of R\$ 104 million. Interested companies could carry out technical inspections in the facilities of the units where the services will be performed (Braga, 2023).

Another case of obstetric violence was reported, related to a 41-week pregnant woman who has been waiting for three days for a cesarean section. According to reports, the patient was hospitalized and had already gone to the maternity hospital on previous occasions, being directed to return home. The situation caused apprehension, because the pregnant woman showed no signs of normal labor, and there were concerns about complications due to postponement. A friend of the pregnant woman highlighted the lack of option other than cesarean due to delay and stressed the apprehension regarding the child's health. She mentioned that the medical staff in the maternity hospital seems to wait for the birth to occur naturally, even after the scheduled time has passed. The complainant expressed concerns about the possibility of the child being born with complications due to prolonged pregnancy and asked for attention from the authorities to monitor the situation in the maternity hospital (BV Já News, 2023).

The complaints continued. Janice de Lima de Sousa Gil, 22 years old, the mother of the twins Vicente Rodrigues de Lima and Valderi Filho Rodrigues de Lima, reported that they were born by caesarean section on July 16<sup>th</sup>, 2023. However, the two babies died later. Janice



stated that there was a significant delay in the dialysis of one of the newborns. According to her report, dialysis was promised to be performed on babies, but it was done only in one of them, and the realization for one of them took a long time. The mother believes that this delay was crucial to the health of the baby and considered the situation as a crime. The infants had acute respiratory failure and pulmonary hypertension, with one of the newborns progressing to acute renal failure (Peronico, 2023). The report of Janice is presented, which describes the events involved in the loss of her twin children and the conclusions that led to the denounces made.

A doctor reported three cases of infant deaths in the maternity hospital, possibly due to negligence in the dialysis procedure, to the State Prosecution of Roraima (MPRR), the Regional Council of Medicine (CRM-RR) and the Health Commission of the Legislative Assembly of the state of Roraima (ALE-RR). The case of Vicente de Lima was one of those mentioned in the complaint, indicating that the child waited for dialysis until 6:30 am the day after the request, still without the procedure performed (Peronico, 2023).

In July of 2023, another serious incident occurred in the temporary structure where a twin newborn fell from the incubator. The parent of the child reported negligence, claiming that the safety lock of the incubator was open during a routine check. The baby was diagnosed with an extensive skull fracture, and parents observed other worrying situations during their stay in the hospital, including changing the dosage of the daughter without medical supervision (Lima, 2023).

Already in January of 2024, Mrs Nathalia da Silva, at the time, 31 weeks pregnant and hospitalized in the maternity hospital, expressed concern about the care in the unit. She sought help due to the premature rupture of the gestational sac and reports that, after examinations, the weight of the baby decreased from 1.2 kg to 800 grams without clear explanations. The pregnant woman states that she was instructed to consume protein, but the unit does not provide or allow the entry of food from outside. The Health Department stated that the patient receives assistance and that the weight of the baby has not been reduced, but Nathalia fears for neglect in the maternity hospital and the possibility of serious events. The lack of effective communication and clarification about the state of pregnancy aggravates the anguish of the patient (G1 News, 2024).

At the same time, another report emerged; a 33-year-old diarist reported neglect in childbirth, after the death of the baby, who suffered lack of oxygen in the brain and respiratory arrest. The mother, diagnosed with gestational diabetes and hypertension, requested a cesarean section, but the medical team opted for normal delivery. The newborn needed cardio

respiratory massage and it was transferred to the Neonatal ICU (Intensive Care Unit), where he remained until his death on December 4<sup>th</sup>, 2023. The parturient developed health problems after delivery and registered a complaint with the ombudsman, but did not receive any response. Sesau claimed to follow health protocols and that diabetes and gestational hypertension do not automatically indicate cesarean section. The Civil Police investigates the case for omission of assistance (G1 News, 2023).

Finally, the news shows aggravating data on infant mortality. According to data from the State Secretariat of Health of Roraima (Sesau), between 2022 and 2023, 273 babies died at the Nossa Senhora de Nazareth Maternity Hospital in the city of Boa Vista, which operates in an improvised structure by tarps. The situation reached its worst in 2023, with 171 deaths, an increase of almost 70% compared to 2022, which recorded 102 deaths. The state government attributes the deaths to the lack of prenatal care and the migratory crisis, while highlighting the work of the Committees on Ethics and Mortality to analyze the causes of deaths and take action against possible misunderstandings in the procedures (Roraima in time, 2024).

Reports of serious incidents at the maternity hospital expose an alarming range of problems and allegations of negligence. Complaints, ranging from lack of readiness for essential medical procedures to serious incidents during neonatal care, raise substantial concerns about the quality and safety of services offered in the health unit. The lack of transparent communication and adequate clarification to patients further aggravates the anguish and uncertainty faced by those seeking care in the maternity.

In line with the observations of the State Prosecution, the Court of Auditors of the State of Roraima (TCE) also had positions regarding the maternity, determining an inspection in the rental contract of the provisional structure, in response to complaints. The decision also covers the inspection on the renovation of the maternity building in the San Francisco neighborhood, which has already lasted for three years. The action was motivated by complaints related to the unit, which is under the responsibility of the State Secretariat of Health (Sesau). The planning of actions is scheduled to take place from April 1<sup>st</sup> to 19<sup>th</sup> of 2024, while the inspection will be carried out on April 22<sup>nd</sup>, 24<sup>th</sup>, 29<sup>th</sup> until June 7<sup>th</sup> of 2024, conducted by three auditors of the External Control (Roraima in Time, 2024).

Therefore, the scenario described in this study reveals a series of challenges faced by the Nossa Senhora de Nazareth Maternity and Child Hospital in the city of Boa Vista, state of Roraima. The provisional structure, known as Tarps/Tent Maternity, operating since 2021, faced serious problems, including neonatal deaths, precariousness in facilities, lack of essential materials, flooding and reports of obstetric violence.

The maternity hospital, which has been undergoing reform since 2021, is unable to offer an adequate and safe environment for the care of pregnant women and newborns. The crisis was intensified with the lack of prenatal care, the migration crisis and the inadequate conditions of the temporary structure. The absence of essential medicines, flooding after rains, lack of payment to the company responsible for services and negligence in cases of births and emergency care highlight a series of systemic failures.

The reports of obstetric violence, negligence in procedures, fall of babies from incubators, as well as neonatal deaths indicate a serious violation of the rights of pregnant women and mothers, as well as the lack of appropriate care for newborns. The overload of services, lack of qualified personnel and adverse conditions in the temporary facilities contributed to the deterioration of the quality of care.

Thus, the persistence of problems over time and the delay in resolving impasses demonstrate the complexity of the situation. It is crucial to highlight that the crisis in obstetric care not only compromises the health of pregnant women and newborns, but also exposes structural and management failures in the public health system of the state of Roraima. The significant increase in infant mortality, coupled with reports of violence and neglect, demands urgent actions to reverse this situation.

#### **1.1.1 Venezuelan migrant women, mothers, pregnant and/or parturient**

Another aspect, motherhood had a remarkable increase in the births of Venezuelan migrant women. With an average of seven daily births of Venezuelan women registered from January to July of 2019, the hospital counted approximately 1,600 births of children of mothers coming from Venezuela. This increase represented about 30% of the attendances to pregnant women, and of the 47 babies in the ICU (Intensive Care Unit), 34% were children of Venezuelans. These figures highlight the significant impact of the Venezuelan migratory flow on public services in the state of Roraima (G1, 2019).

Venezuelan migration brought significant changes to the capital of Roraima, especially in social and public health terms. Pregnant women in situations of socioeconomic vulnerability are the most affected by lack of access to adequate health care, which can have negative impacts on the health of both mother and newborn. In addition, language and cultural barriers further hamper access of the migrants to information on prenatal and childbirth care (Silva, *et al.*, 2023, p. 8).

A quantitative study carried out in 2019, at first, presents testimonials from SUS users that mainly address the growing challenges faced in the provision of care services due to Venezuelan immigration. The reports highlight the intensification of routine, overloading health teams and affecting the quality of care, especially due to the significant increase in cesarean sections and the constant overcrowding in the maternity hospital. In addition, there were already concerns related to inadequate infrastructure, such as insufficient beds in the neonatal ICU (Intensive Care Unit) and lack of resources in the laboratories and surgical center, contributing to a high rate of infections (Arruda-Barbosa, 2019, p. 7). Participants also point to a lack of investments commensurate with the increase in demand, resulting in overwork for health professionals, shortages of medicines and materials, and an inadequate infrastructure to deal with the increasing migratory flow. Criticism extends to the lack of preparation and adequate planning by local authorities and the health system to face this complex challenge (Arruda-Barbosa, 2019, p. 9).

In response to the challenges of immigration, the government has invested in an integrated plan that includes financial support, production of bilingual educational materials, epidemiological monitoring and training of health professionals. However, the participants of the research warned about the serious situation of social vulnerability faced by immigrants, which negatively impacts the services provided in the maternity hospital. The lack of adequate coverage and adherence to prenatal care among Venezuelan immigrant women in the state of Roraima is another concern raised, highlighting the need for additional measures to ensure access to adequate prenatal care (Arruda-Barbosa, 2019, p. 10).

Also, the lack of investments in health infrastructure aggravates existing problems, contributing to overcrowding, scarcity of resources and lack of available beds. Finally, the study highlights that the intense immigration of Venezuelans to the state of Roraima is not the only cause of health problems faced by the State, but rather an issue that exacerbated pre-existing structural problems, such as the lack of beds in the Intensive Care Unit (ICU) pediatric and the inequality in the distribution of health resources in the country. There are also reports from health professionals about challenges arising from cultural and behavioral differences, such as the language barrier, lack of understanding of care protocols and divergences in health practices, as the preference for cesarean sections and the lack of adherence to prenatal care (Arruda-Barbosa, 2019, p. 11).

In this context, the health units that receive most migrants seeking prenatal care are concentrated around the shelters of Welcome Operation, which were designated to serve this public. The records of visits to pregnant women from the municipality of Pacaraima may be

related to their proximity to Venezuela, facilitating the movement of these women to continue pregnancy and childbirth on Brazilian soil. The analysis of the age group of participants reveals predominance between 20 and 39 years, reflecting the active age in the labor market. Contrary to the previous data, most of the women interviewed stated that they were in a stable union. The most common occupation was unemployment, followed by housewives, evidencing the occupational precariousness faced by this population (Silva, *et al.*, 2023, p. 10).

Another quantitative study conducted in the state of Roraima brought important data for understanding migration in the context of maternity, which describes the birth conditions; it was observed that all newborns were born in the reference health unit of the municipality of Boa Vista, in the state of Roraima. The gestational age varied between 33 and 42 weeks, with an average of 38.18 weeks. The most common delivery route was normal/natural, accounting for 80% of cases, followed by caesarean section with 15.4% of occurrences and forceps delivery in 4.6% of cases. It is important to highlight that, although the vaccination coverage was relatively high for some vaccines, the neonatal screening tests did not reach the ideal, which can be attributed to several factors, including the availability of services and knowledge for mothers about the importance of these tests (Sousa, *et al.*, 2021, p. 8).

The conclusions of the study conducted by Sousa (*et al.*, 2021, p.10) reveal a deeper understanding of the health conditions of Venezuelan migrant children in temporary shelters in the city of Boa Vista/RR. By examining these conditions, a variety of factors that contribute to vulnerabilities in the health of children, such as concerns related to intimate hygiene, basic dermatological care and adequate sun exposure, also highlighting the economic challenges faced by the mothers of these children. The study reinforces the importance of regular childcare assistance, as recommended by the Ministry of Health, which suggests at least six routine consultations during the first year of life of the child.

Special emphasis is given to the sensitivity needed by primary health care professionals to recognize and address the specific difficulties faced by migrant mothers. This highlights the importance of providing not only medical care, but also emotional and educational support during the critical period of pregnancy and early childhood. In addition, the study proposes concrete measures for the implementation of child health monitoring programs from pregnancy onwards, either in shelters or in partnership with local health units. These issues aim to improve the quality of life of migrant children and promote continuity of health education for this vulnerable population (Sousa, *et al.*, 2021, p. 11).

Thus, the vulnerability in access to health services is evidenced by the low frequency of prenatal consultations, with only 20% of the interviewees not performing any prenatal care, and most performing an insufficient number of visits. The predominance of nurses in prenatal care highlights the importance of these professionals in providing care to migrant pregnant women (Silva, *et al.*, 2023, p. 11).

The lack of adherence to iron supplementation and the high incidence of urinary tract infections during pregnancy are worrying and highlight the need for more effective prenatal care to prevent complications during pregnancy. Care during the birth period is mostly conducted by nurses, emphasizing its importance in obstetric care. In the puerperal period, breastfeeding guidelines are fundamental, but it is also important to address body changes and identify possible complications. Breastfeeding not only benefits the health of the baby, but is also affordable for Venezuelan migrants (Silva, *et al.*, 2023, p. 11).

The increasing feminization of migratory flows from the second half of the twentieth century and, especially, the 1990s; this change prompted a new approach to migration dynamics from a gender perspective, highlighting previously neglected challenges. Historically, analysis on migration has been disconnected from gender issues, focusing predominantly on the perception of male migration. As a result, the understanding of female migration, including its motivations and characteristics, has been neglected. Women were often perceived as dependent on men, which limited understanding of the complexities of female migration (Peçanha, *et al.*, 2018, p. 92).

The incorporation of the gender perspective in migration analyses allowed us to highlight the intersections between the various forms of discrimination faced by migrant women, whether they are gender, ethnic, racial, national or related to labor exploitation. This intersectionality places these women in situations of particular vulnerability. Violence of various natures, such as sexual, cultural and social, is often faced by migrant women, increasing their vulnerability and hindering their integration into the society of destination (Peçanha, *et al.*, 2018, p. 94).

The increase in the flow of Venezuelan women to the state of Roraima was significant; it highlights the urgent need for gender-sensitive and intersectional public policies to address the specific challenges faced by these migrant women. Language barriers, xenophobia, lack of access to basic services and integration difficulties are just some of the issues faced by these women, requiring comprehensive and inclusive responses from local and national authorities. Intersectional feminism is fundamental to understanding the diverse experiences of migrant women and ensuring that public policies are effective and inclusive. Recognizing and

addressing the intersections of different forms of oppression, as well as considering the specific needs of marginalized groups within the migrant population, is essential to promote gender equality and protect the human rights of migrant women in the state of Roraima.

### **1.1.2 Black women, mothers, pregnant and/or parturient**

Obstetric violence is an issue that goes beyond the individual experience, reflecting deep structural inequalities of gender and race, especially in the context of the Brazilian health system. These characteristics reveal themselves as a reflection of the precariousness in health care services, with an even more significant impact for black women, who face multiple challenges in accessing a dignified motherhood.

Obstetric violence is configured as an appearance that transcends the individual dimension, manifesting itself as a reflection of social structures marked by gender and race inequalities. Such violence not only shows the precariousness of the assistance provided to women in the Brazilian health system, especially black women, but also exposes the historically constructed reproductive situations, which delimit who has full access to motherhood and under what conditions this occurs (Curri, *et al.*, 2020).

Data released by the Ministry of Health in 2022 reveal that the Maternal Mortality Ratio (MMR) among black women was 100.38 deaths per 100,000 live births, more than double that recorded among white women (46, 56) is significantly higher than the index between parturients (50,36). This disparity highlights the inadequacy of current strategies to mitigate the effects of structural racism on public health. In addition, the Brazilian goal at the United Nations to reduce MMR to 30 deaths per 100,000 live births by 2030 contrasts with the current scenario, where unequal access to prenatal care and obstetric care still poses significant barriers (Fiocruz, 2023).

Structural racism is a concept that describes forms of racial discrimination that are deeply rooted in the social, political and economic structures of a society. This type of racism is not limited to isolated acts of prejudice, but is present in systems and institutions, influencing the opportunities, rights and experiences of racialized people on a continuous basis. In the context of motherhood and childbirth, structural racism can be observed in inequality in access to quality health care, higher maternal and neonatal mortality rates among black women, and how black women are treated during childbirth, often overlooked in their demands and needs (Hooks, 2019).

Recent studies, such as Research Born in Brazil II, demonstrate the extent of racial inequalities in the health system, especially in the mother-child context. During the COVID-19 pandemic, for example, MMR among black women reached 194.8 deaths in 2021, compared to 121 among whites. This scenario is not restricted to periods of crisis, but it is also reflected in the historical series, as in 2016, when the MMR for black women was 119.4, while for white women it was 52.9. In addition, severe complications such as hypertensive syndromes, arterial hypertension and pre-eclampsia more often affect black and brown women, consolidating a pattern of morbidity that reflects unequal access to basic and specialized care (Fiocruz, 2023).

In this sense, obstetric violence must be proven from an intersectional perspective, considering the multiple systems of subordination that structure the experiences for women. The public health approach needs to incorporate the universal principles of human, sexual and reproductive rights, rejecting the homogenization of experiences of women and reiterating the plurality of experiences of Brazilian women. It involves incorporating social inequalities as central axes of health policies, promoting practices that guarantee human rights and addressing historical neglect that places black women in a more vulnerable position (Curri, *et al.*, 2020).

Despite the efforts made to obtain specific information on black women, mothers, pregnant women and/or parturients in the state of Roraima, recent and detailed data were not found in academic research sites or official databases. This lack of information points to a significant gap in the production of statistics and studies that contemplate the specificities of this population, fundamental for the formulation of inclusive and effective public policies.

The available data on fertility and the number of self-declared black, brown or black women in the State are from the Demographic Census carried out by IBGE (Brazilian Institute of Geography and Statistics) in 2010, which shows the lagged nature of this information. This delay compromises the updated understanding of the vivid reality of these women and makes it difficult to analyze issues such as access to health, socioeconomic vulnerabilities and maternity and childbirth conditions.

Thus, the lack of updated data reinforces the urgent need for research and specific surveys that can support the development of more targeted and fair actions, especially in the context of a State with unique socio demographic characteristics such as Roraima.

In short, disparities in the health care of black women, especially in the context of motherhood and childbirth, block immediate attention. The high maternal mortality rates and the most recurrent complications among black and brown women demonstrate the continuity



of inequalities in the health system, highlighting the need for more inclusive and equitable practices. The lack of updated data on this population, especially in specific contexts such as the state of Roraima, reinforces the urgency to conduct more accurate surveys, essential for the development of public policies that promote reproductive justice and ensure the health rights of all women, regardless of their race or social status.

### **1.1.3 Indigenous women, mothers, pregnant and/or parturient**

The state of Roraima is marked by indigenism, the North of the country has 54% of the demarcated indigenous areas, the state of Roraima having 97.3 thousand indigenous inhabitants, considered the State with the highest proportion of indigenous in its total inhabitants, with thirty-three adding eleven ethnic groups, which are: Makuxí, Wapixana, Jaricuna, Taulipáng, Ingarikó, Waimiri Atroari, Mawayána, Yanomámi, Wai-Wai, Karafawyana and Katuena (Funai (National Foundation of Indigenous Peoples), 2024).

Due to this local peculiarity, the state becomes an epicenter for social issues. Therefore, motherhood is necessarily a point of analysis for this study under the aspect of ethnocentrism. In this diapason, illegal mining puts at risk thousands of Mundurukus, Kayafter and Yanomamis indigenous, and it directly impacts the way indigenous people are born, the serious situation faced by indigenous communities in the Amazon due to mercury contamination caused by illegal mining (Amâncio, 2023).

During pregnancy, women face significant risks due to mercury contamination in the blood. The lack of adequate medical follow-up puts both them and their fetuses in danger, as they can also be contaminated. In areas such as Tapajós, state of Pará, where access to health care is limited, women face additional challenges to obtain the necessary follow-up, often depending on river transport and facing financial difficulties to pay for medical appointments. This situation highlights the urgency of ensuring accessible and specialized health services for pregnant women in communities affected by mercury contamination (Amâncio, 2023).

Knowing that you have high levels of mercury during pregnancy is extremely stressful for a woman, as she fears the possible health problems her child may face. This stress persists during the period of breastfeeding, warns Erik Jennings, physician at the Special Secretariat for Indigenous Health (SESAI), highlighting that this situation goes beyond individual health, representing a significant social injustice. Doctor Paulo Basta adds that it is impossible to avoid contamination of the fetus during pregnancy, since the body takes a long time to excrete mercury, being especially critical during the first four months of gestation, when the

formation of the neural tube occurs (Amâncio, 2023).

Another study on the low stature of Yanomami women was worrying, because maternal health during pregnancy plays a key role in fetal development, influencing birth weight, growth and child development. Studies show that low maternal height may be associated with complications in pregnancy and the birth of babies with low weight. In addition, maternal malnutrition can lead to growth and development problems in the child, both during pregnancy and after birth. It is known that social inequalities have a significant impact on the nutrition and health of children in low- and middle-income countries, resulting in high mortality and malnutrition rates, often due to the irregular supply and poor quality of health services. Despite the limitations of cross-sectional studies in risk assessment, the association identified between low child height and low maternal height seems to be robust, because exposure (maternal height) was already established before pregnancy and birth, minimizing reverse causality bias. These arguments reflect the reality faced not only by the Yanomami, but also by other indigenous peoples in Brazil (Orellana, *et al.*, 2019, p. 5-8).

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It is important to increase the sample size and include other variables, such as comorbidities, breastfeeding and eating habits, in order to deepen the understanding of the nutritional situation of indigenous children, especially the Yanomami. This approach would not only strengthen statistical analyses, but also guide more effective health interventions and policies to meet the specific needs of these populations (Orellana, *et al.*, 2019, p. 8).

In the same way, another interesting research on obstetric violence relating to indigenous women was carried out by Correa and Torres (2021), this study discusses the

impact of the civilizational process of medicalization of childbirth on indigenous peoples, highlighting the loss of autonomy of women and the imposition of rigid routines in hospital birth. This process is described as antagonistic to birth assisted by traditional midwives, hindering the cultural experience of indigenous women. The need for studies and diagnoses on the specific needs of indigenous women in the context of hospital care for childbirth and birth, as well as on the expressions of obstetric violence in this context, is stressed as urgent.

In the case of the city of Boa Vista, a questionnaire conducted with three indigenous people from different communities, it was found that the girls/ women of the communities have children very early, between 13 and 16 years, highlighting that many girls become pregnant very early, some already at and reach the age of 16 with several children without the presence of the father, sometimes the result of sexual abuse. This leads to situations in which children are abandoned or left to be raised by grandparents (Santos; 2015). Thus, before birth and pregnancy there are a number of situations that must be taken into account when dealing with indigenous pregnant women. In the same vein, more recently, the Federal Prosecution in the state of Roraima is investigating the allegation that 30 Yanomami girls were pregnant after being raped by miners who invaded indigenous land. The competent authorities are investigating cases to identify possible violence suffered by adolescents (Bronze, 2023).

Some of the main concerns raised include lack of adequate access to basic health units, lack of information in accessible languages, lack of time and sensitivity on the part of health professionals during antenatal visits, and the standardization of consultations that do not meet the specific needs of each woman (Oliveira, Borges, 2024).

Posso afirmar que as principais vítimas no estado de Roraima são as mulheres indígenas, migrantes, do campo, pardas e negra e geralmente de causas evitáveis, como por exemplo, falta de acompanhamento pré-natal adequado, demora no atendimento na remoção para cidade (no caso das mulheres indígenas e do campo), além da falta de leitos e demora no atendimento na única maternidade de referência do Estado de Roraima em casos de alta complexidade, pontua Vasconcelos (Oliveira, Borges, 2024).

The resistance or refusal of certain procedures, such as repetitive touch examinations and use of medications for induction of childbirth, by indigenous women is mentioned, as well as the prohibition of male companions during childbirth, in disagreement with the current legislation. There is an aggravating factor in the violence suffered by indigenous women at the Maternity and Child Hospital, this is mainly due to the fact that many do not have access to a Basic Health Unit (UBS), being dependent on itinerant medical teams; another factor that implies proper prenatal care is also the lack of information in the languages of these pregnant women. According to them, doctors and nurses in many cases showed some irritation when

they were questioned with many questions by the pregnant woman. Generally, the clarification of doubts did not occur due to the short listening time and by explanations and recommendations made in a highly technical language of the health field. They also complained about the standardization of consultations that do not clarify on care and procedures (Oliveira, Borges, 2024).

In the maternity hospital of the capital of Roraima, it is possible to observe an alignment of the hospital care for indigenous pregnant women. In 2016, a study was conducted by Karina Brasil Wanderley, which described the structural organization and activities of the maternal hospital, with emphasis on knowledge of medical practices related to indigenous women. Consolidated understanding that according to professionals the greatest difficulties in dealing with pregnant women and indigenous parturients would be the language barrier, cultural aspects, acceptance and resistance to treatment. As for the complaints of indigenous people were mostly about traditional practices, relationship between relatives in intercultural context and imposition on hospital procedures. The research has a series of alarming reports from professionals and indigenous people about the mistreatment within motherhood, especially in the distance between the knowledge of non-indigenous people and the knowledge of indigenous people (Wanderley, 2016).

Although there is recognition of the importance of interpreters, some professionals transfer responsibility for caring for indigenous patients to indigenous coordination, which generates tensions and conflicts. In addition, cultural and reception aspects were highlighted as problematic, with an ethnocentric posture predominant among health professionals. In this sense, it also corroborates the lack of understanding of the concept of differentiated attention by some professionals, leading to resistance to treatment that respects indigenous culture and customs. Furthermore, the structural conditions of the hospital, including lack of personnel and training in indigenous health, were also identified as obstacles to comprehensive and humanized care. In addition, both positive and negative qualities were identified in the interactions between indigenous and non-indigenous patients, with some non-indigenous patients assuming a mediating role in the relationships (Wanderley, 2016).

A peculiarity of the care in the state of Roraima was the installation of a hammock stand at the Nossa Senhora de Nazareth Maternity for indigenous women. By offering this accommodation option, the maternity hospital demonstrates its commitment to providing a care environment that is aligned with the preferences and values of indigenous patients. The rehab not only offers a more comfortable resting space, but also contributes to maintaining the connection with the cultural traditions of patients during such an important moment as

childbirth and the first days after the birth of the baby (Oliveira, 2020).

In addition, the presence of the Indigenous Coordination in the maternity hospital, which acts as a link between the indigenous patients, the health institution and the Indigenous House, is essential to ensure adequate reception and the availability of indigenous language interpreters to facilitate communication between health professionals and patients. This humanized and culturally sensitive approach in the Nossa Senhora de Nazaré Maternity not only promotes the well-being of indigenous patients, but also strengthens the relationship of trust between health services and indigenous communities, contributing to a more inclusive and effective assistance (Oliveira, 2020).

According to the Official Journal of the Union, the Nossa Senhora de Nazareth Maternity and Child Hospital in the city of Boa Vista, state of Roraima, received more than R\$ 2 million annually from the Ministry of Health through the program on Incentive for Specialized Attention to Indigenous Peoples. The initiative aims to improve medium and high complexity services for the indigenous population. The General Hospital of the state of Roraima will also benefit with R\$ 180 thousand for the same area (Folha BV, 2023).

Lack of access to specialized health services aggravates the challenges, especially among women and pregnant women. In addition, the belief that indigenous women are stronger, and that is carried to the indigenous motherhood. There is an evident need for the reconstruction of government agencies and the training of health professionals to deal with this crisis. In addition, it is essential to act to protect indigenous territories and combat illegal mining, aiming to mitigate the devastating impacts of this problem on the health and well-being of affected communities.

## **CONCLUSION**

The present study exposes in a blunt way the serious problem of obstetric violence experienced by women in the city of Boa Vista, state of Roraima, with emphasis on the structural and functional precariousness of the Nossa Senhora de Nazaré Maternity and Hospital. An analysis revealed that obstetric violence transcends the individual sphere, reflecting structural, social and cultural failures that directly impact fundamental rights of women.

Throughout the research, it was possible to identify that the persistence of unhealthy and inconvenient conditions in the provisional unit, combined with the history of neglect and neglect in the state, demonstrates the perpetuation of a patriarchal structure that neglects the

needs of pregnant parturient and neonatal. This context is aggravated by the lack of effective dialogue on the issue, the lack of informed consent and the maintenance of invasive practices that disregard autonomy and dignity of women.

It is noteworthy that the Tarps and Tent Maternity of the city of Boa Vista was deactivated and restored by the definitive installation of the New Maternity, which came into operation on September 6<sup>th</sup>, 2024. A new structure, with expanded capacity and several specialized blocks, represents a significant advance in the quality of obstetric and neonatal care in the state of Roraima, offering better conditions for the reception of pregnant women, parturient and newborns.

However, there is still a need for an in-depth study and the implementation of specific policies for the training and awareness of health professionals. To mitigate obstetric violence, it is essential to promote changes in the mentality and behaviors of the health team, prioritizing respect and humanization in care. Continuous education and the adoption of gender- and diversity-sensitive practices are keys to transform this scenario and ensure that obstetric violence is effectively combated.

Finally, it is hoped that this study will contribute to strengthening the academic and institutional debate on obstetric violence, encouraging concrete actions to confront this reality. The construction of a more inclusive and equitable health system involves raising awareness and confronting the power relations that perpetuate gender inequality, enabling the transformation of the current scenario and guaranteeing women the right to live their maternal experiences in a safe and welcoming environment.

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