

Research Paper

Scientometric Mapping of Global Scientific Production on Obstetric Violence: Visualization, Emerging Patterns, and Collaborative Networks

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ABSTRACT

Background: Obstetric violence is defined as mistreatment or disrespect toward women in health care facilities, especially in obstetric care. It is a common problem that can occur across all health care facilities. This study aims to evaluate the global scientific production of obstetric violence in the Scopus database, visualizing emerging patterns, identifying key terms and trending topics, and mapping collaborative networks.

Methods: A bibliometric analysis of the scientific production on obstetric violence in the Scopus database was conducted between 2000 and 2024. The keywords were identified based on the principle of exhaustiveness, and Zotero was used to manage the references. An analysis was performed regarding production by year and country. Also, countries and author collaboration were identified. Additionally, emerging terms and the co-occurrence of keywords most frequently used by authors were identified. A general description of the 10 most-cited articles up to the search date was also provided. Data were analyzed using VOSviewer software, version 1.6.20, and RStudio, version 4.4.2.

Results: Regarding visualization, scientific production shows steady growth, especially from 2014 onwards ($R^2=0.95$). About emerging patterns, the most frequent keywords were “obstetric violence,” “disrespect,” and “mistreatment.” The main collaboration networks were between Ghana, Sweden, and Guinea. The most cited article was “The mistreatment of women during childbirth in health facilities globally: A mixed-methods systematic review,” with 900 citations, published in 2015.

Conclusion: Obstetric violence is an emerging research topic, and international collaboration primarily occurs between geographically neighboring countries. It is recommended that countries that have not yet explored this phenomenon take the initiative to gain a better global perspective.

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Highlights

- Obstetric violence is based on the mistreatment by health care providers toward patients in the context of obstetric care.
- This issue has been reported in various studies from different countries.
- There is no exact term for this phenomenon; however, it is an emerging issue that is being reported more frequently.
- Mapping the scientific output on obstetric violence would help us gain an overview and identify knowledge gaps.
- This study allows us to identify the various terms used and related to obstetric violence and the collaboration between the most productive countries.

Plain Language Summary

Obstetric violence is a form of gender-based violence during pregnancy, childbirth, or postpartum, characterized by mistreatment, unnecessary procedures, and dehumanization, which violate women's rights and dignity. The violence can appear in various forms, including verbal abuse, lack of informed consent, and even physical mistreatment. Obstetric violence is a widespread problem in health care facilities worldwide, affecting women's health and well-being. This study examined how the scientific community has approached obstetric violence over the years by analyzing research papers between 2000 and 2024 from the Scopus database. The researchers assessed publication trends by year and country and explored which terms and keywords were most used. They also reviewed the 10 most-cited articles on this topic to understand which studies have influenced the field the most. The analysis revealed that interest in obstetric violence has increased steadily, especially since 2014. The keywords most associated with this research are "obstetric violence," "disrespect," and "mistreatment." Notable collaborations in this field occur between countries such as Ghana, Sweden, and Guinea. The most influential article, with 900 citations, highlights the global mistreatment of women during childbirth in health care facilities. This research is important because it shows the growing awareness and concern about obstetric violence in health care and the need for international collaboration to address it. By encouraging countries that have not yet explored this topic to conduct studies, the global community can work together to improve childbirth experiences and ensure respectful treatment for all women.

Introduction

Obstetric violence is a form of aggression toward women who use maternal health services, including pregnancy, childbirth, postpartum care, and even abortion-related situations. This type of violence is manifested through mistreatment, abuse, and disrespect toward patients by health care professionals (WHO, 2014; Tobasía-Hege et al., 2019). Among the various practices that can be classified as obstetric violence are excessive or unjustified cesarean section, improper management or neglect of the patient's pain, derogatory comments, humiliation, discrimination, and even disregard for humanized childbirth (Bitencourt 2023; Yalley et al., 2024).

Obstetric violence can lead to various adverse outcomes for the mother, not only at the physical or psychological level but also at the social level. Among the adverse consequences are postpartum depression and emotional or psychological trauma (Martínez-Vázquez et al., 2022), difficulty in bonding between the mother and newborn (Leite et al., 2023), and, above all, loss of trust in the health care system, resulting in less use of these services in future situations requiring medical intervention (Taghizadeh et al., 2021).

In line with this, the prevalence of obstetric violence can vary depending on different health care systems, regions, or the population's perception and tolerance. In high-income countries, this prevalence can reach up to 63% (Fraser et al., 2024). However, very high rates have also been reported, such as in Peru, where 97.4% of postpartum women have experienced some form of disrespect during childbirth (Montesinos-Segura et al.,

2018). Therefore, this common practice may go unnoticed during patient care, leading to short-term and long-term adverse outcomes (Perera et al., 2022).

Due to the impact of obstetric violence and its nature as a behavior of health care professionals, various countries (e.g. Venezuela, Argentina, Bolivia, México) have enacted legislation or regulations to change the statistics and provide comfort to all users of obstetrics and reproductive health services (Williams et al., 2018).

Through a documentary analysis with a bibliometric approach, it is possible to conduct a global mapping of scientific production and identify the most prolific countries (Öztürk et al., 2024). Moreover, this mapping allows for exploring research trends and whether they relate to implementing health policies or regulatory frameworks in different countries. This study aimed to conduct a bibliometric analysis of global scientific output on obstetric violence to inform future research directions.

Materials and Methods

Study design

This study has a descriptive and observational design based on previously published secondary data with a bibliometric approach.

Sources of information

The data were collected from the Scopus bibliographic database via a systematic search. Compared to other databases, such as Dimensions or Google Scholar, Scopus offers higher-quality content with journals of significant impact. Unlike these alternatives, Scopus does not include grey literature, ensuring a more curated selection of academic publications. However, compared to Web of Science, Scopus provides a broader range of documents, as the latter's stricter indexing criteria may lead to the exclusion of relevant studies. In bibliometric studies focusing on citation analysis, relying on a single database is ideal. This approach ensures that citations are drawn from within the same dataset, maintaining quality and comparability across the documents analyzed. This methodological rigor enhances the reliability of bibliometric evaluations (Singh et al., 2021).

Data retrieval

On the main page of Scopus, we accessed the advanced search option and entered the developed search strategy. The search strategy was developed using the terms “violence” and “pregnant woman” or “childbirth,” excluding possible

terms that could cause confusion, such as “partner violence”: (TITLE (obstetric OR midwife* OR childbirth OR partum OR “delivery labor”)) AND (TITLE (abuse OR disrespect OR violence OR mistreatment OR “abuse during childbirth” OR “abuse during partum”)) AND NOT (TITLE (drug* OR substance OR “birth cohort” OR nicotine OR domestic OR intimate OR sexual OR “child abuse” OR “workplace” OR partner OR interpersonal OR newborn* OR gender OR “fear of childbirth” OR “lesser-known”)). The document search was carried out on October 15, 2024.

The search strategy was designed based on the principle of exhaustiveness, aiming to cover as much relevant literature as possible. To achieve this, general and frequently used terms related to the study topic, such as “abuse” and “disrespect,” were identified. These terms were selected because, despite their generality, they represent broad concepts that encompass multiple dimensions of the issue at hand (Dekkers et al., 2022).

Selection criteria

All documents retrieved from the search were included, excluding those obtained outside the study period (2000–2024). The metadata was also reviewed to ensure all documents were included in the bibliometric analysis. There were no exclusions based on document type (editorial, letter, original article, review, case report, book or book chapter, or conference paper). This study included all documents retrieved from Scopus, ensuring comprehensive coverage. Unlike Dimensions, Scopus excludes grey literature, such as monographs or unpublished essays, focusing solely on peer-reviewed and citable documents with citation metrics. Although the EQUATOR Network does not provide a specific guideline for bibliometric studies, it includes preliminary tools that support methodological transparency in this type of research. Our approach aligns with these principles, emphasizing replicability and clarity (EQUATOR Network, 2024).

Data analysis

The bibliometric analysis was conducted using Biblioshiny, an interactive application integrated into the RStudio environment, and VOSviewer software, version 1.6.20 (van Eck & Waltman, 2010) for graph generation. First, the dataset was exported in comma-separated values file (CSV) format from the Scopus database after applying the defined search strategy and filters. This dataset was then imported into RStudio software, version 4.4.2, where the bibliometrix package (Aria & Cuccurullo, 2017) was loaded, and the biblioshiny () command was used to launch the interactive interface.

Within the Biblioshiny environment, several analyses were performed. The annual scientific production was evaluated using a second-order polynomial regression model to capture non-linear trends in the data over time. A polynomial equation is a mathematical expression that represents the sum of terms consisting of variables and coefficients, where the degree (n) determines the highest power of the variable in the equation. For this analysis, a second-degree polynomial (n=2) was used, as it effectively models variations in growth rates over time. The coefficient of determination (R^2) was calculated to assess the proportion of variation explained by the model and to evaluate the model's goodness of fit (Ledolter, 2008).

For the keyword co-occurrence analysis, terms and keywords used by the authors were analyzed, including emerging or trending keywords by year, with a minimum co-occurrence threshold of 5 times. This analysis allows the identification of thematic clusters and relationships within the literature. Country productivity and collaboration were assessed descriptively by analyzing the absolute number of documents per country and visualizing international collaboration networks. In the collaboration analysis between authors, a minimum of 3 co-authored articles was required to establish a collaborative link. A descriptive analysis of the 10 most cited documents was also conducted, reporting variables such as the number of citations, lead author, journal, and document type.

The VOSviewer software generated graphical representations, such as co-occurrence networks and thematic maps. The co-occurrence and co-authorship analyses were

elaborated step by step to ensure clarity and reproducibility. These steps included configuring thresholds, such as a minimum of 5 co-occurrences for keywords and three articles for author collaborations, to focus on meaningful relationships and patterns.

Results

A total of 463 documents were captured during the study period. No documents were found between 2001 and 2004. From 2005, there was steady production, and from 2015 onward, consistent growth was observed. Over the entire period, 18.35% of production was increased, with a determination coefficient of 0.95 (Figure 1).

Regarding author keywords, the co-occurrence analysis showed that “obstetric violence” was the most frequently used term, with clusters of keywords such as “abuse, disrespect, and mistreatment” (blue); “maternal care, reproductive justice, and reproductive rights” (red); and “humanized childbirth, nursing, midwives, obstetrics, and violence” (green) (Figure 2A). The trending terms are “obstetric violence,” with a maximum of 168 appearances in 2022; “birth,” with 73 appearances in 2021; “mistreatment,” with 48 appearances in 2020; and “abuse and disrespect,” with 32 appearances in 2019 (Figure 2B).

Regarding the most productive countries, 54 authors were from the United States, 41 from Brazil, and 25 from Spain. Regarding collaboration networks, Switzerland reports 11 collaborative documents with Ghana, Guinea, and Nigeria, the countries with the most collaborations.

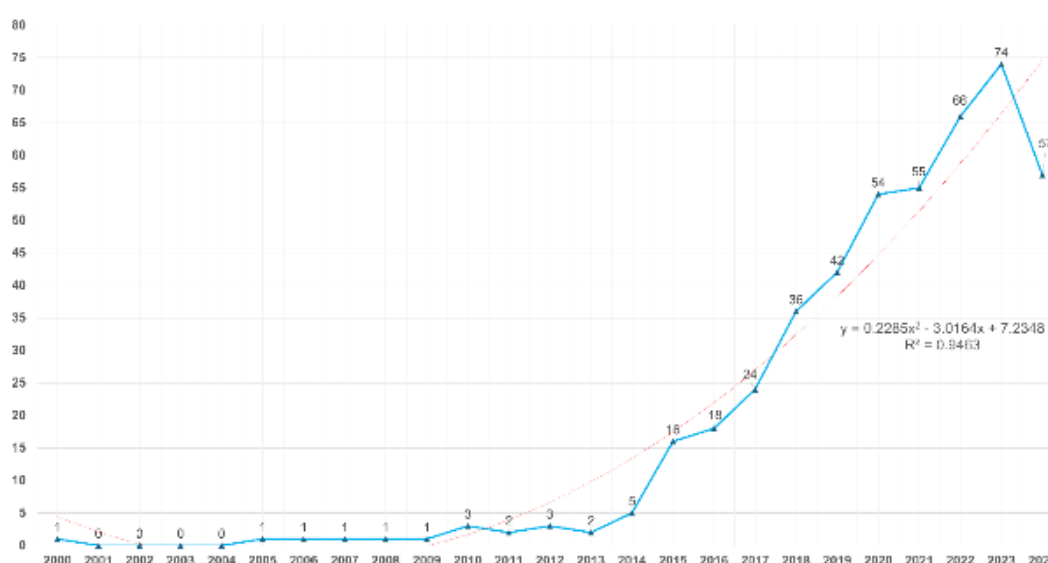
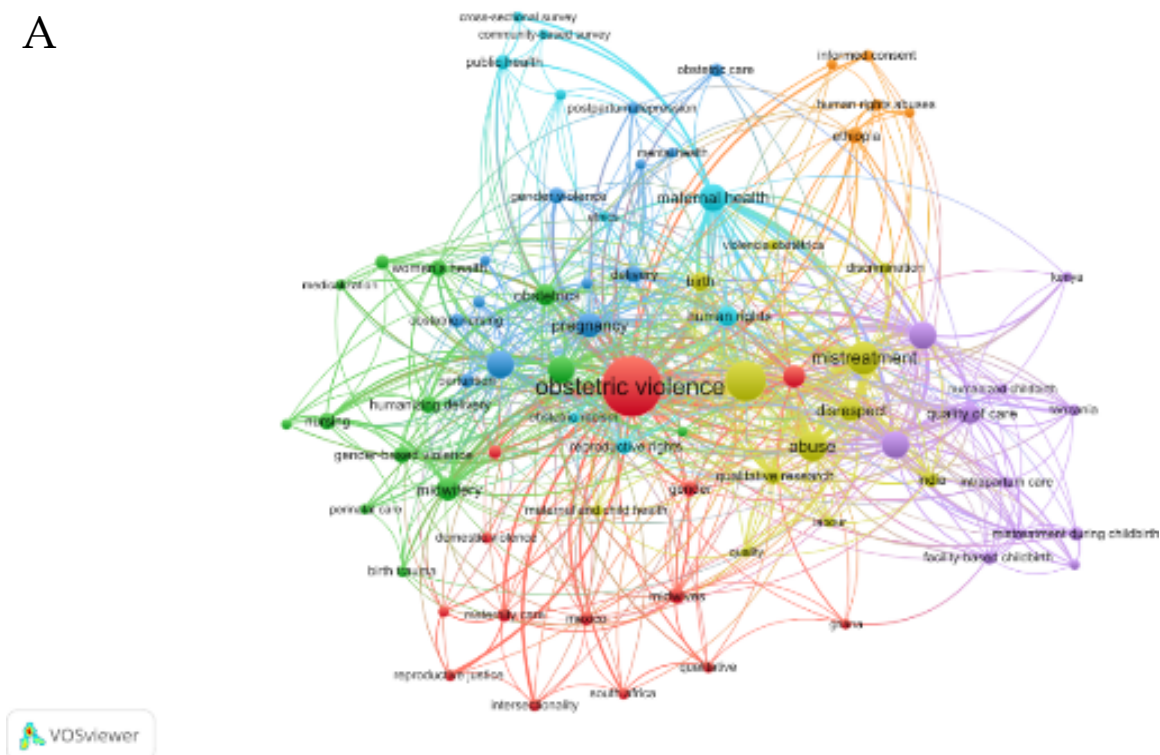
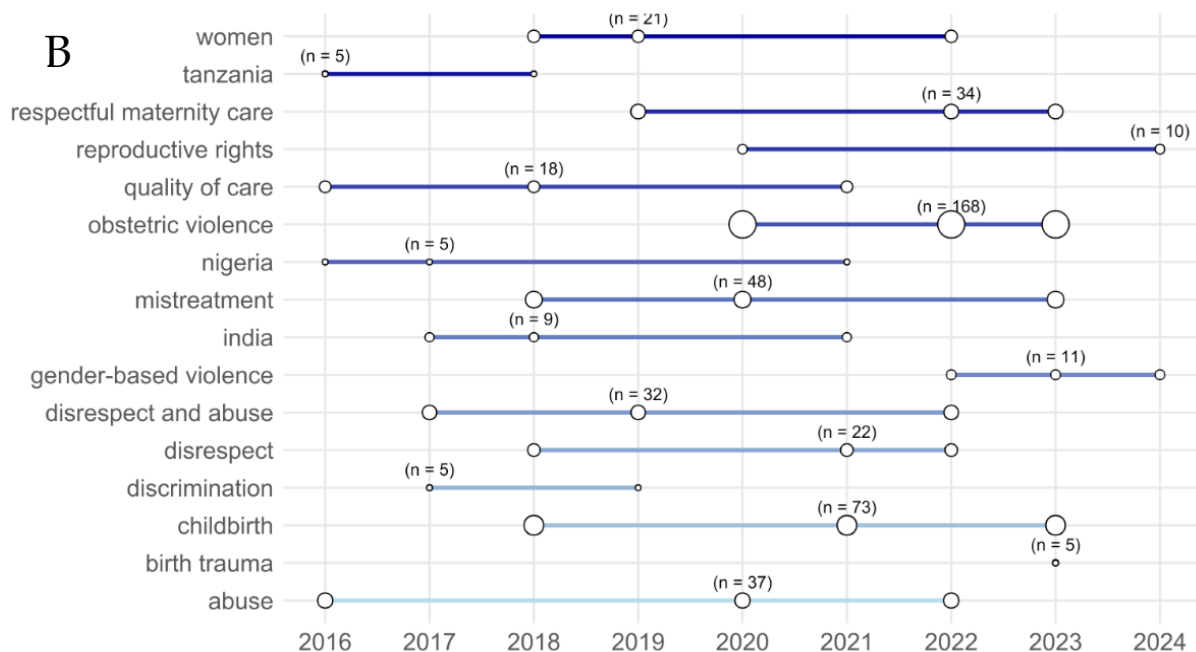


Figure 1. Number of yearly documents on obstetric violence in Scopus from 2000 to 2024
Note: Using a polynomial equation, the red line represents the trend of the number of documents over the years.

A



B



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Figure 2. Use of Author Keywords in Documents on Obstetric Violence on SCOPUS from 2000 to 2024: A: Co-occurrence of Keywords and B: Usage Trends by Year

This rate was followed by Ghana with Guinea, Nigeria with Ghana, Nigeria with Guinea, Sweden with Australia, Sweden with Myanmar, the United States with Kenya, and the United States with Sweden, each with 9 collaborative documents (Figure 3).

The 10 most cited articles are “The mistreatment of women during childbirth in health facilities globally: A mixed-methods systematic review” by Meghan A. Bohren (2015), published in *PLOS Medicine*, with 900 citations. This article is a systematic review. In second

place is the study titled: “The giving voice to mothers study: Inequity and mistreatment during pregnancy and childbirth in the United States” by Saraswathi Vedam (2019), published in *Reproductive Health*, has 444 citations (Table 1 shows all 10 articles).

The journal with the most registered documents was *BMC Pregnancy and Childbirth*, which contained 28 published documents, followed by *Midwifery*, which included 16 documents. Among the 10 journals with the most documents, 50% focused on sexual, maternal, or reproductive health, while the rest focused on public health (Figure 4A). The most prolific author is M. A. Bohren, with 22 documents, followed by J. P. Vogel, with 13 documents (Figure 4B). They also had the closest collaborations, while other collaboration networks include Mirzania M, Antoushzadeh S, Khajavi A, and Bohren MA (Figure 4C, blue), as well as between Vogel JP and Tuncalp O (Figure 4C, green) and the network between Irinyenikan TA, Adu-Bonsaffoh K, Balde MD, and Maung TM (Figure 4C, red).

Discussion

This study conducted a bibliometric analysis of global scientific output on obstetric violence, focusing on visualizing emerging patterns, identifying key terms and trending topics, and mapping collaborative networks. When evaluating the scientific literature on obstetric violence in *Scopus*, a significant increase has been observed

since 2014. On September 14, 2014, the *World Health Organization (WHO)* issued a statement on preventing and eliminating disrespect and abuse during childbirth in health facilities (WHO, 2014). Although a direct relationship between these events cannot be established, a global statement may have created the need for professionals to understand this issue better because they observe certain behaviors related to “obstetric violence.” Evidence generation must occur in all countries to allow the problem to be understood, and ideas and solutions can be proposed based on the reality of each country. Also, no studies related to this topic were found between 2001 and 2004. This finding could be attributed to the low academic priority of the topic during that period, limitations in the database coverage for those years, or a lag in the development of key terms that later established their relevance in the scientific literature. This gap reflects the historical and academic evolution of the subject.

The term “obstetric violence” is not found within the Medical Subject Headings (MeSH); therefore, there are various ways this issue is presented in the reviewed studies. Terms such as “mistreatment during childbirth,” “disrespect and abuse,” or “abuse in maternal care” are some examples of how the same problem can be addressed using different expressions. Coining a term sparks intense debate because those involved in knowledge generation may have different concepts. For example, Leite et al. (2024) and Lévesque and Ferron-Parayre (2021) found the term “obstetric violence” appropriate, as it encom-



Figure 3. Scientific production by country on obstetric violence from 2000 to 2024 in Scopus

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Note: The choropleth map with blue shading indicates the number of corresponding authors by country. The lines represent countries' collaborations (orange=11 collaborative documents, yellow=9, green=8, purple=7, gray=6, and red=5).

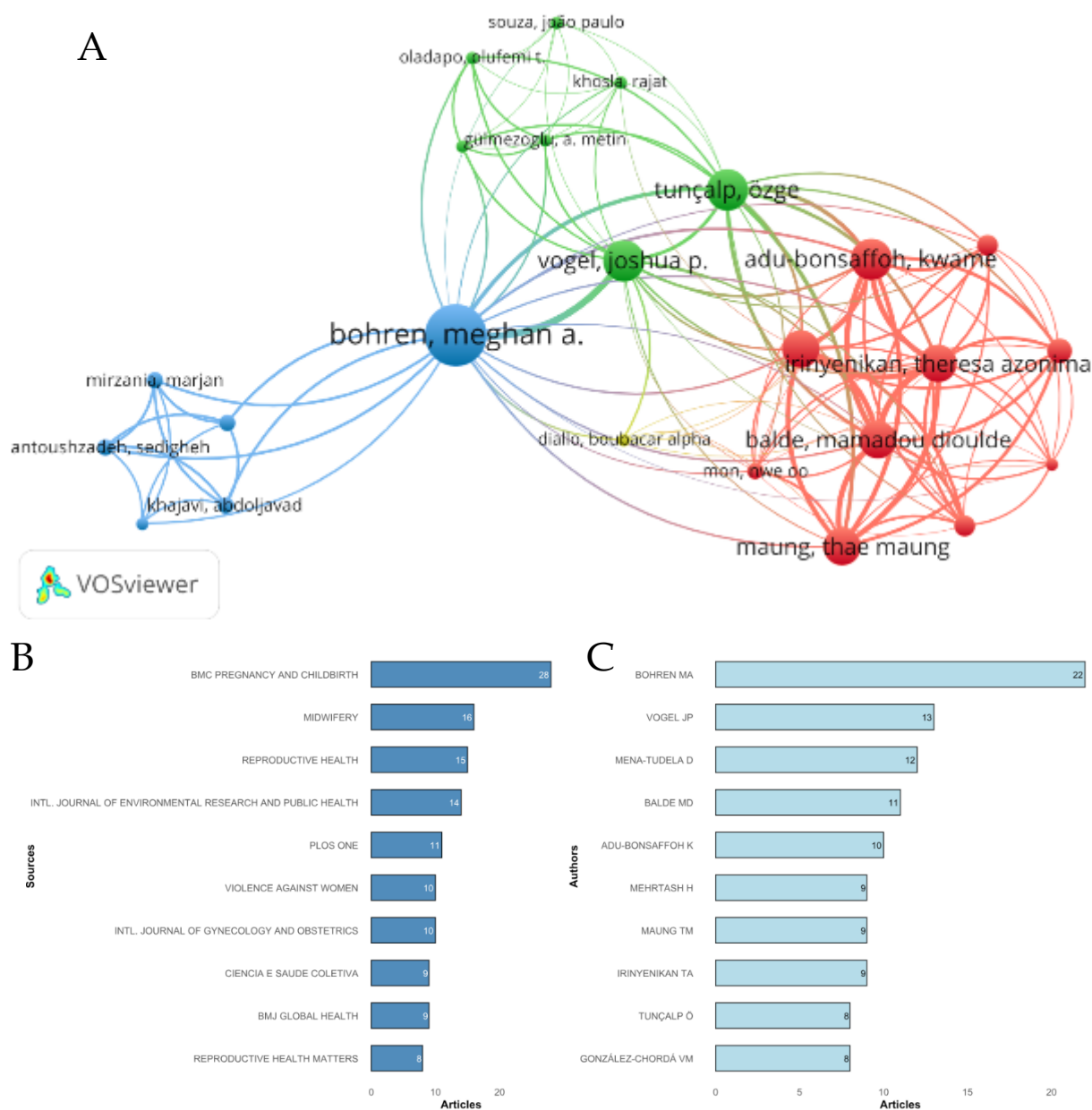


Figure 4. Sources and authors of documents on obstetric violence in Scopus from 2000 to 2024

A) Leading journals, B) Authors with the highest production, C) Collaboration network among authors

passes many forms of aggression toward users (patients) of obstetric services. However, [Lévesque and Ferron-Parayre \(2021\)](#) also noted that health professionals could have “resistance” when using this term.

On the other hand, [Chervenak et al. \(2024\)](#) argued that the term is too strong and primarily refers to the intentional use of force to cause harm or injury to a victim. This ongoing debate means that no universal “thesaurus” is used by all researchers addressing this topic. Despite the lack of consensus regarding the term, the Virtual Health Library of Colombia and the Latin American and Caribbean Center on Health Sciences Information

(BIREME) have included the term “obstetric violence” within their health sciences descriptors or DeCS (BIREME, 2021).

Regarding visualization, the United States and Brazil have the highest number of corresponding authors in Obstetric Violence documents. The United States is one of the most prolific scientific-producing countries in most thematic areas worldwide ([McCarthy 2019](#)). Although it does not report the highest prevalence or frequency of mistreatment of patients using health care services, it has the largest scientific output on this topic. Moreover, the [American College of Obstetricians and Gynecologists](#)

Table 1. The 10 most cited articles on obstetric violence in Scopus from 2000 to 2024

Title	Author (s), Year	Journal Source	Quartile and Category (2023)*	Cites Number	Cites per Year	Study Type
The mistreatment of women during childbirth in health facilities globally: A mixed-methods systematic review	Bohren et al. (2015)	PLOS Medicine	Q1, general medicine	900	90	Systematic review
The giving voice to mothers study: Inequity and mistreatment during pregnancy and childbirth in the United States	Vedam et al. (2019)	Reproductive Health	Q1, reproductive health	444	74	Observational
Moving beyond disrespect and abuse: Addressing the structural dimensions of obstetric violence	Sadler et al. (2016)	Reproductive health matters	Discontinued**	262	29.11	Narrative review
Exploring the prevalence of disrespect and abuse during childbirth in Kenya	Abuya et al. (2015a)	PLOS one	Q1, multidisciplinary	226	22.6	Observational
Disrespect and abuse of women in childbirth: Challenging the global quality and accountability agendas	Freedman et al. (2014a)	The Lancet	Q1, general medicine	207	18.82	Other
Defining disrespect and abuse of women in childbirth: A research, policy and rights agenda	Freedman et al. (2014b)	Bulletin of the World Health Organization	Q1, public health, environmental and occupational health	178	16.18	Other
Disrespect and abuse during facility-based childbirth in a low-income country	Okafor et al. (2015)	International journal of obstetrics & gynecology	Q1, obstetrics and gynecology	171	17.1	Observational
Experiences of and responses to disrespectful maternity care and abuse during childbirth; a qualitative study with women and men in Morogoro region, Tanzania	McMahon et al. (2014)	BMC pregnancy and childbirth	Q2, obstetrics and gynecology	166	15.09	Observational
The prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania	Sando et al. (2016)	BMC pregnancy and childbirth	Q2, obstetrics and gynecology	138	15.33	Observational
The effect of a multi-component intervention on disrespect and abuse during childbirth in Kenya	Abuya et al. (2015b)	BMC pregnancy and childbirth	Q2, obstetrics and gynecology	137	13.7	Experimental

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*The quartile description was performed for all documents (Q1=44.30%, Q2=25.95%, Q3=16.14%, Q4=13.61%). **Discontinued in 2017, continued as sexual and reproductive health matters (Q2, obstetrics and gynecology).

(ACOG) has not yet defined a formal concept for this term, only briefly mentioning it in a comment ([American College of Obstetricians and Gynecologists, 2021](#)). On the other hand, Brazil has shown significant growth and interest in the subject, even implementing a law in 2017 that defines the concept of “obstetric violence” ([Oliveira Dias & Mori Machado, 2018](#)), giving more significance to humanized childbirth, promoting respect for women, and reducing unnecessary interventionist practices ([Rezende, 2023](#)).

The cooperation between Guinea, Ghana, Nigeria, and Myanmar stands out among the collaboration networks, which can be explained by the similarities between their populations and health care providers. In these countries, “obstetric violence” can be measured so that there are not many differences in responses or perceptions ([Khalil et al., 2022](#)). A similar situation may occur in Latin America, although a collaboration network of more than 5 documents was not found among the countries in the region. It could be due to the different legislative systems or government regulations that limit the concept of “obstetric violence” ([Tobasía-Hege, 2019](#)). However,

countries with cultural similarities must find appropriate ways to measure or capture these harmful practices.

The article titled “the mistreatment of women during childbirth in health facilities globally: A mixed-methods systematic review” by Bohren et al. was the most cited (900 citations as of the search date), published in 2015 in PLOS medicine (Bohren et al., 2015). The study compiles original studies and organizes the findings to identify the various domains addressed. This is one of the main strengths of systematic reviews because they gather, summarize, and evaluate the evidence, making it more readily usable by readers, researchers, or those responsible for making decisions based on the best available evidence (Owens, 2021).

On the other hand, 5 observational studies are among the most cited (Table 1). Given that obstetric violence is an intangible concept (as it deals with perceptions of violence), observational studies are more feasible for objectively assessing obstetric violence. Various questionnaires and instruments have been developed in different countries, regions, or populations with specific characteristics (Mena-Tudela et al., 2020; Paiz et al., 2022).

The theme addressed in this study has significant physical, psychological, and social implications, emphasizing the importance of ongoing research. These impacts often manifest as health complications, mental distress, or societal challenges, which underline the need to fill existing gaps in the literature. Strengthening research in this area will help guide future investigations and contribute to addressing these multifaceted issues effectively.

Conclusion

Obstetric violence is an emerging field with various terms used to describe this harmful practice. The United States and Brazil have the most corresponding authors, and collaboration networks are primarily developed between neighboring countries. The bibliometric visualization of the documents revealed the most frequently cited studies and the journals hosting these publications. There is a need for research from other countries to disclose the situation of this issue, which may exhibit different characteristics due to cultural, systemic, or legislative differences in each region.

Strengths and limitations

This study has several strengths, particularly its focus on an emerging area of maternal health and health care services gaining considerable global importance. Another

significant aspect is the inclusion of all documents in a database known for its extensive coverage and adherence to adequate quality standards. Additionally, analyzing collaboration networks helps visualize the need to strengthen cooperative work among countries with similar healthcare systems, populations, and legislation.

Although the chosen bibliographic database has strengths, we must note that we were limited to only one database, excluding scientific production specific to regions or countries through other search engines or indexes (e.g. SciELO, OpenAIRE, African Index Medicus). It is also worth mentioning that a bibliometric study does not directly evaluate the quality of the studies; thus, highly cited studies are not necessarily of high quality or scientific rigor. Nevertheless, this study provides a general overview of research on obstetric violence globally, allowing us to understand its evolution, trends, and directions.

Ethical Considerations

Compliance with ethical guidelines

In this study, no tests were conducted on animals or humans. It is based on a secondary analysis with bibliometric analysis. It is impossible to identify the primary survey participants. Due to the nature of the secondary data and the confidentiality of the participants, approval from an Ethics Committee for the protection of research participants was not required.

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Authors' contributions

Conceptualization and supervision: Victor Roman-Lazarte; Methodology, investigation, resources, data curation, writing, and final approval: All authors; Software, formal analysis, and visualization: Victor Roman-Lazarte, and Frank Mayta-Tovalino; Validation, project administration, and funding acquisition: Frank Mayta-Tovalino.

Conflict of interest

The authors declared no conflict of interest.

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