



ABORTION: NURSING ASSISTANCE PROTOCOL: EXPERIENCE REPORT
ABORTAMENTO: PROTOCOLO DE ASSISTÊNCIA DE ENFERMAGEM: RELATO DE EXPERIÊNCIA
PROTOCOLO DE ATENCIÓN EN ENFERMERÍA: RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to report about the application of the Nursing Protocol in Assistance to Women in the Abortion Process. **Method:** a descriptive study, in the format of experience report, in which the Nursing Process was used, including its stages, listing the diagnoses in the North American Nursing Diagnosis Association (NANDA), establishing the nursing interventions based on national and international technical standards. **Results:** the protocol was divided into three stages: 1-reception, 2-nursing care and 3-outpatient care. **Conclusion:** the use of this protocol represents greater security and multiprofessional interaction, as well as a more humanized and integral attention for women in the process of abortion or post abortion. **Descriptors:** Abortion; Protocol; Nursing.

RESUMO

Objetivo: relatar sobre a aplicação do Protocolo de Enfermagem na Assistência às Mulheres em processo de abortamento. **Método:** estudo descritivo, tipo relato de experiência, em que foi utilizado o Processo de Enfermagem contemplando suas etapas, listando os diagnósticos na North American Nursing Diagnosis Association (NANDA), traçando as intervenções de enfermagem, com base em normas técnicas nacionais e internacionais. **Resultados:** o protocolo foi dividido em três etapas: 1ª. acolhimento, 2ª. assistência de enfermagem e 3ª. cuidado ambulatorial. **Conclusão:** a utilização deste protocolo representa maior segurança e interação multiprofissional, bem como uma atenção mais humanizada e integral para as mulheres em processo de abortamento ou pós-aborto. **Descritores:** Abortamento; Protocolo; Enfermagem.

RESUMEN

Objetivo: relatar sobre la aplicación del Protocolo de Enfermería en Atención a Mujeres en proceso de aborto. **Método:** estudio descriptivo, tipo relato de experiencia, en que se utilizó el Proceso de Enfermería contemplando sus etapas, anunciando los diagnósticos en la North American Nursing Diagnosis Association (NANDA), trazando intervenciones de enfermería basadas en normas técnicas nacionales e internacionales. **Resultados:** se dividió al protocolo en tres etapas: 1ª. recepción, 2ª. atención en enfermería y 3ª. cuidado ambulatorio. **Conclusión:** el uso de este protocolo representa una mayor seguridad e interacción multiprofesional, así como una atención más humanizada e integral para las mujeres en proceso de aborto o post-aborto. **Descriptor:** Aborto; Protocolo; Enfermería.

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INTRODUCTION

Abortion reveals a serious public health problem, with a higher incidence in developing countries, being one of the main causes of maternal mortality in the world, even in Brazil. It is the most common obstetric intercurrent.

The World Health Organization / WHO reveals that half of the pregnancies are unwanted, with one in nine Brazilian women going to abortion to stop or end an unplanned pregnancy. In Brazil, spontaneous abortion occurs in approximately 10 to 15%. Another 10% are provoked by the most different forms, as well as associated with Brazilian social inequalities. This reality evidences the impact that this procedure has on the health of women in our country.¹

In the state of Paraíba, between 1998 and 2008, there was an increase of 176% in the number of hospitalizations due to abortion, registered in the SUS. In 2008, the Regional Nucleus of Health I (whose city center is João Pessoa) and the Regional Health Center III (whose city center is Campina Grande) totalized 74% of hospitalizations due to abortion and this proportion reached 64% in 1998.²

In the entire state, it was observed the total of 20,655 induced abortions, with a higher concentration in the municipalities of João Pessoa and Campina Grande, as well as more than 500 cases in the municipalities of Santa Rita, Bayeux and Patos.³

Quality care is a woman's right, especially when the woman is in physical and emotional vulnerability, regardless of whether it is a delivery, a miscarriage or an abortion. However, it is perceived that access, privacy, resoluteness and integrity are still neglected principles when it comes to women in situations of abortion.³

With regard to unsafe abortion, a greater proportion occur in countries where laws are more restrictive and considered illegal. Thus, many women, in an unwanted pregnancy, seek clandestine ways to perform abortion, and consequently put their lives at risk. The act of inciting or provoking abortion occurs, more frequently, among women of low purchasing power, who seek clandestine abortion clinics; in some situations, this act is carried out in the woman's own residence, with instruments without any sterile preparation and absence of aseptic technique and/or administration of misoprostol.^{4,5}

Complications of abortion are important risk factors for morbidity and mortality; however, most of the women present complications, and in some cases, require hospitalization and, consequently, humanized and quality care. Most women, in the process of abortion, seek health

services, qualified professionals who are able to hear them in their complaints and provide nursing care without judgement.⁴

In what regards the nurse, it is essential the in-depth knowledge of the code of ethics, to establish a subsidy in the exercise of the profession, aiming to provide an ethical, legal and humanized nursing intervention.⁶

To this end, the health professional, especially the nurse, needs to be able to provide humanized assistance to women in the abortion or post-abortion process. In everyday practice, many unprepared health professionals let themselves be influenced by their personal convictions, which consequently results in the neglect of the beneficiary's health care. It is necessary for the nurses to know the physical and emotional changes of the patients, in order to assist them in a more humanized hospitalization.⁷

Due to the great advance of the percentage of abortions, and also of possible risks allied to this fact, it is important to establish a guide of actions that lead the nursing team in the care of women victims of abortion, establishing a protocol that defines the role of the nurse in the care of women in the process of abortion or illegal abortion.

Considering that studies of this nature are scarcer in the northeastern regions of Brazil, the present study was conducted to describe the process of creating a nursing protocol that will guide how to care, as well as facilitate the nursing process and ensure adequate record of interventions. As a result of this, the nursing care provided will contribute to ensure that the women served continue to live with dignity, in the search of recovering the physical and psychological health affected by abortion. Thus, the purpose of this study is to report about the application of the Nursing Protocol in the Assistance to Women in the process of abortion.

METHOD

Descriptive study, in the format of an experience report, following the steps of the nursing procedures: **history; diagnosis and nursing care plan**. After identifying the main diagnoses of NANDA⁸, it was possible to determine some nursing interventions, based on national and international technical standards. The protocol consists of three steps: the first step consists of **nursing reception**; the second one, in **nursing care**; and the third, **nursing care related to outpatient care**. The Center for Integral Attention to Women's Health, from the reference Institute for care in the city of João Pessoa (PB.) was chosen to start the project, as it is a reference for abortion cases in that city.

RESULTS

◆Nursing history

In the anamnesis, the following data must be collected: personal identification (age, race, religion and others), gynecological and obstetrical history, report of the event and identification of the risk of exposure; it is important to investigate signs and symptoms of genitourinary infection, signs of bleeding; and investigate emotional and social aspects, support the family or significant person. It is also important to avoid questioning the abortion and/or decision to terminate pregnancy. The interview should be performed using clear language, with objective questions, respecting the client's right to answer or not the questions and to report or not what happened, exempting the nurse from making judgments and having prejudiced attitudes.⁹

The physical examination must be performed: inspection, auscultation, palpation, percussion, specular examination and clinical breast examination.

◆Nursing diagnosis

After the data identification, one must proceed with the nursing diagnoses identified for each client and family/companions and make notes based on the legal nature of this document. It is important to write legibly, paying attention to the words: refer, inform, narrate and assign, in such a way to become clear that it is information passed on by the client and not personal impressions.¹⁰

The main nursing diagnoses, among those approved by NANDA and were considered in the case of abortion, are: abortion trauma syndrome; post-trauma syndrome; acute pain; risk for infection; Risk for organ perforation; impaired skin integrity; anxiety; fear; guilt; conflict of decision; risk for spiritual distress; feeling of impotence; social isolation.⁸

Nursing care and prescription plan:

How to proceed before a woman in the process of abortion or in cases of illegal abortion.

◆Nursing reception

1. To welcome the woman, from her arrival at the health unit, taking responsibility for her, listening to her complaints, allowing her to express her worries, anxieties, understanding the different meanings of abortion for that woman and her family.¹¹;

2. Orient and prepare the patient for medical consultation, physical and gynecological examination.¹²;

3. Inform the medical team about the relevant data collected during the nursing consultation;

4. Explain the conduct according to the type of abortion and need for hospitalization;

5. Support family and friends according to their needs.

◆Nursing care

1. In case of hospitalization, explain the reasons to the woman, refer her to the bath and offer change of clothes, if the client wishes;

2. In cases of complete, unavoidable and incomplete abortion, guide and prepare the woman to manual intra-uterine aspiration procedure or uterine curettage, according to medical guidelines;

3. In case of retained abortion, orient and prepare the woman for the vaginal use of dilators (misoprostol) or intravenous infusion of oxytocin, according to medical advice;

4. In cases of infected abortion, the patient should be prepared to perform blood tests, parenteral infusions, hemotransfusion (hemoglobin less than 8%), and prepare the patient for broad-spectrum antibiotic therapy;

5. Guide blood collection to determine blood typing. If Rh negative and no further sensitization, administration of anti-D.13 immunoglobulin is mandatory.¹³;

6. Guide about blood collection for HIV serologies 16, syphilis.¹³;

7. Explain about prescribed medications, their indication and treatment time.¹⁰;

8. Collect serologies, administer prescription drugs, vaccine and gamma globulin;

9. Guide the observation of symptoms and clinical manifestations of infection, such as bleeding with foul smell, abdominal pain and fever.¹³;

10. Request immediate medical gynecological consultation in the presence of significant signs of infection and major bleeding;

11. Accept and advise family members and/or companions in order to provide support in daily living;

12. Refer to social and psychological care, schedule outpatient return with the nurse, guiding about the follow-up with multidisciplinary team.

◆Nursing care in outpatient care

1The woman should be informed that her fertility may be restored before the onset of menstruation;

2. To indicate that she may be able to become pregnant about 15 days after the abortion;

3. To guide sexual abstinence while occurrence of bleeding;

4. To clarify, guide and offer the woman and her partner contraceptive methods;

5. To advise the dual protection in the use of condom and oral contraceptives, in view of the growth of STD-AIDS among women;

6. To guide the use of condoms, oral and injectable contraceptives, in case of an infected abortion, and even in case of doubt.

7. To refer the client to psychological counseling and social assistance in case of induced abortion, in the possibility of having been forced to abort, whether by family, boyfriend or to remain in employment;

8. To orient the woman to clarify the causes of the abortion when she wishes to become pregnant immediately after the abortion;

9. To offer, stimulate and intervene for psychological follow-up in cases of emotional/sexual change and refer to social service if an economic/social problem is identified.¹⁰;

10. To reinforce condom use (provide it up to her return), looking for signs of sexual dysfunction;

11. To inform about outpatient follow-up with multidisciplinary team;

12. To guide on gynecological examination, collection of vaginal secretions and serologies for HIV, hepatitis B and C and syphilis, during the care (45, 90 and 180 days)¹⁴;

13. To guide significant family/person for daily support and ask her presence in service if you deem it necessary;

14. To schedule return with nurse, gynecologist and infectologist.

CONCLUSION

The Nursing Care Protocol for Women in the process of abortion or abortion may provide a more specific nursing care, emphasizing the nurse's presence, because, despite the attributes and meanings of humanization and reception, they are a basis for a new model of care, although not fully present in this type of assistance.

This protocol represents an advantage in the face of previous studies, since it can be implemented first in a reference institution, so that it can be implanted in other institutions, from which future strategies related to future abortion phenomena can be established, as well as their possible risks and strategies to clarify the population.

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Abortion: nursing assistance protocol...

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