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EXPERIENCES AND IMPRESSIONS OF HEALTH PROFESSIONALS ABOUT POSSIBLE CAUSES OF FETAL LOSS

VIVÊNCIAS E IMPRESSÕES DE PROFISSIONAIS DE SAÚDE ACERCA DE POSSÍVEIS CAUSAS DE UMA PERDA FETAL

EXPERIENCIAS Y IMPRESIONES DE PROFESIONALES DE SALUD SOBRE LAS POSIBLES CAUSAS DE LA PÉRDIDA DEL FETO

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ABSTRACT

Objective: to describe the impressions of Family Health professionals about the possible causes of fetal loss. ***Method:*** descriptive study, with a qualitative approach, developed with 12 health professionals working in a Family Health Strategy. The data were collected by semi-structured interview and analyzed by content analysis in the thematic modality. ***Results:*** the analysis of the participants' responses to the questionnaires resulted in the identification of two thematic categories: Category 1 - Attitudes and/or health of the pregnant woman determine the fetal loss; and Category 2 - Communication difficulties of health professionals related to fetal loss. ***Conclusion***: health professionals are responsible for assisting women, considering their physical and emotional needs, aiming at offering comprehensive care, assisting them in that moment of pain and suffering caused by fetal loss. ***Descriptors***: Pregnancy; Fetal Death; Woman's Health; Family Health Strategy; Health Professional.

RESUMO

***Objetivo*:** descrever as impressões de profissionais de Saúde da Família acerca das possíveis causas de uma perda fetal. ***Método*:** estudo descritivo, com abordagem qualitativa, desenvolvido com 12 profissionais de saúde atuantes em uma Estratégia de Saúde da Família. Os dados foram coletados por entrevista semiestruturada e analisados pela análise de conteúdo na modalidade temática. ***Resultados*:** a análise das respostas aos questionamentos realizados aos sujeitos do estudo resultou na identificação de duas categorias temáticas: Categoria 1 - As atitudes e/ou a saúde da mulher grávida determinam a perda fetal; e, Categoria 2 - As dificuldades de comunicação dos profissionais de saúde relacionadas à perda fetal. ***Conclusão*:** cabe aos profissionais da saúde prestar assistência às mulheres considerando suas necessidades físicas e emocionais, visando a oferta de cuidados integrais, auxiliando-as neste momento de dor e sofrimento causado pela perda fetal. ***Descritores*:** Gravidez; Morte Fetal; Saúde da Mulher; Estratégia Saúde da Família; Profissional da Saúde.

RESUMEN

Objetivo: describir las impresiones de los profesionales de la Salud de la Familia acerca de las posibles causas de la pérdida del feto. ***Método:*** estudio descriptivo, con un enfoque cualitativo, desarrollado con 12 profesionales de salud que trabajan en una estrategia de salud de la familia. Los datos fueron recolectados mediante entrevistas semi-estructuradas y analizados mediante el análisis de contenido en la modalidad temática. ***Resultados:*** el análisis de las respuestas de los participantes a las preguntas resultaron en la identificación de dos categorías temáticas: Categoría 1 - Actitudes y/o la salud de la mujer embarazada determinan la pérdida del feto; y Categoría 2 - Las dificultades de comunicación de los profesionales de salud relacionadas con la pérdida fetal. ***Conclusión:*** los profesionales de salud son responsables por asistieren a las mujeres, teniendo en cuenta sus necesidades físicas y emocionales, con el objetivo de ofrecer una atención integral, asistirlas en este momento de dolor y sufrimiento causado por la pérdida del feto. ***Descriptores***: Embarazo; Muerte Fetal; Salud de la Mujer; Estrategia de Salud Familiar; Profesional de Salud.

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INTRODUCTION

Innumerable factors influence the meaning of being pregnant, making the phenomenon of motherhood unique for those who live it.[1] In that new phase, intense feelings are experienced in relation to becoming a mother and the process of motherhood is in continuous development, as well as the active exercise of the maternal role.[2]

For each woman, experiencing pregnancy is a special moment, marked by symbolism and expectations, because it often means the realization of a dream or life project. Nothing remains the same in the lives of future parents when they discover they are "pregnant". Parents begin to imagine their baby, its face, name, and make plans about their future.[1]

Gestation is seen as a synonymous of life and, at no time, refers to the concrete and finite loss. However, when it occurs, the whole symbology of life is broken, leaving profound and traumatic marks for those who share that moment.[3-4]

It is not a simple loss, but an overlapping of two loss experiences: one for the death itself and the other for the breach of expectation.[3] Besides the loss of the baby, all life projects, dreams and fantasies are interrupted along with the pregnancy.

The death of the child generates a sense of emptiness and pain, which will only be softened over time, as the loss is being elaborated.[4] The health professional needs to hear and guide the mother, with respect and understanding given the other's pain.[5]

In that scenario, health professionals play an important role in caring for women and her family who experience fetal loss. Knowing the aspects to be faced in those situations and offering a space for the woman to talk and express her feelings provides subsidies so that the professionals can plan a care more directed to the needs presented by the people who experience that loss.

OBJECTIVE

- To describe the impressions of Family Health professionals about the possible causes of fetal loss.

METHOD

Descriptive, qualitative study, developed with health professionals who work at the Family Health Strategy (FHS) of a municipality in the northwest of the state of Rio Grande do Sul, attached to the 17th Regional Health Coordination.

There was participation of 12 health professionals: two physicians, two nurses, four nursing technicians and four community health agents. They were selected according to the following inclusion criteria: being part of the minimum FHS team and having experienced, during their professional lives, care for women and/or families in situations of fetal loss; agreeing voluntarily to participate in the study; and authorization, in writing, in an Informed Consent Form.

The determination of the number of subjects in the study, respecting the criterion of professional and teams' representativeness, was by data saturation, considering that the ideal sample is the one that reflects the totality in its multiple dimensions, considering enough the number that allows some information recurrence.[6]

Data collection was performed during the month of August 2010, through a semi-structured interview, recorded in audiotape, textualized and then transcribed for data analysis and interpretation purposes.

The interview, conducted at the basic unit where each professional works, was guided by two questions: "Tell me some professional situation where you faced a fetal loss" and "Tell me what is normally done in this FHS in relation to fetal loss ".

The names of the subjects were replaced by the abbreviations M. (*medico* – physician in Portuguese), E. (*enfermeiro* - nurse in Portuguese), TE. (*técnico de enfermagem* - nursing technician in Portuguese) and ACS. (*agente comunitário de saúde* - community health agent in Portuguese), followed by an ordinal number. The data were analyzed by content analysis in the thematic modality, operationally performed in three stages: pre-analysis, material exploration and treatment of the obtained results and interpretation.[6]

The ethical precepts of researches with human beings were respected, according to the Resolution of the National Council of Health No. 196/1996, with approval of the project through a Consubstantiated Opinion, issued by the Research Ethics Committee of the Federal University of Santa Maria, through case number 23081.011801/2010-23.

RESULTS AND DISCUSSION

The analysis of the answers to the questions made to the study subjects resulted in the identification of two thematic categories: Category 1 - The attitudes and/or the health of the pregnant woman determine the fetal loss; and Category 2 -

Communication difficulties of health professionals related to fetal loss.

♦ Category 1 - The attitudes and/or the health of the pregnant woman determine the fetal loss

When questioned about their professional experiences in caring for women and/or families bereaved due to fetal loss, the professionals pointed out, in their statements, possible causes for that loss, relating it to some situation experience and/or attitude of the woman that could justify such a condition.

> *I remembered F., she was supposed to have a baby and she was fine, her pregnancy was fine. One weekend she went for a walk, walked miles and miles, when she arrived there she says she started to feel a lot of pain ... (ACS 2).*
>
> *[...] the first was due to fetal malformation, had high blood pressure. The other was a little anemic, quite weak, also began to develop malformation. But all of them with a few weeks. The other one I had, I do not know why, I was working in another* (place) *[...] several months passed and I did not have the courage to ask her what happened, I know she had to do abortion (ACS. 1).*

Approximately 20% of pregnancies with malformed fetuses end in spontaneous abortion[7], and there are some risk factors that may associate with fetal malformation. The most important are maternal age, socioeconomic conditions, nutritional deficiencies, environmental causes, use of certain drugs, alcohol and tobacco, genetic disorders, clinical diseases prior to gestation, absence or poor quality of prenatal care. Those data validate, in a way, the impressions of the subjects of this study on the possible causes of abortion and/or fetal loss experienced by women attended by them.

In order to provide quality prenatal care, health professionals who actively participate in this process, especially in the FHS, are responsible for informing pregnant women about the risks associated with a fetal malformation and other damages that can affect the health of the mother and the baby, sensitizing women about the relevant care during the gestational period.[10]

It seems important to promote permanent health education involving all FHS professionals, in order to deepen their knowledge about the possible causes that lead to fetal loss, so that, with clinical knowledge and empathic attitude, they may properly approach the women and families experiencing fetal loss.

Some professionals relate the loss to smoking and use/abuse of alcohol by the pregnant woman, highlighting the difficulty of changing certain unhealthy habits. The study subjects reported that, although advising the woman about the risks related to tobacco/alcohol use during pregnancy, there was no possibility of behavior change.

> *We had a case of an alcoholic mother. I think one of the causes (of fetal loss) was alcoholism; she did not quit it. We tried to seek and guide, but it is quite difficult to accept things [...] changing such a habit is difficult [...] (TE 4).*
>
> *[...] the other one lost an unplanned pregnancy. We worked out the loss with her. The loss was mainly due to alcohol use and cigarette use. She knows this; we worked that out with her [...] (ACS 4).*
>
> *[...] sometimes there is a nuisance in the family, a drunk husband, a fight at home. Sometimes that i's a cause (ACS. 3).*

The consumption of alcoholic beverages during pregnancy is an important health problem, since the exposure of those patients to the consumption of alcohol and/or other drugs can compromise the health of the mother and the baby.

During pregnancy, the advice is total abstinence from licit substances, since there is no recommended value of the quantity that could be consumed without causing any damage to fetal development or obstetric intercurrences, since there are organic differences that vary between individuals. Abusive alcohol use in the first weeks of gestation may relate to cases of spontaneous abortion, and its consumption between the third and eighth weeks causes a greater risk of physical deformities.[11]

Prenatal care is an important space to inform and guide mothers about the issue of alcoholism during the gestational period, as the assisted mother can clarify her doubts about the risks and possible consequences that her child may suffer when exposed to tobacco/alcohol use/abuse.[12-13]

The health professional is responsible for communicating the information about the risks and hazards of using such substances during pregnancy in a clear and concise manner. Therefore, it is necessary to know the life history of the pregnant women and their social context, as well as their real needs, in order to plan and develop actions that help approaching those women regarding the necessary guidance during the pre-natal, such as promoting awareness about the possible implications of non-recommended habits during pregnancy.[11]

♦ Category 2 - Communication difficulties of health professionals related to fetal loss

The data allow perceiving the difficulty that fetal loss represents for all those who have some relation with it, including for the team that should attend the mourners.

It was a miscarriage, which happened to a young patient, and who had no identifiable risk factor. This happened after 23 weeks of gestation and, of course, it was quite traumatic for the patient and staff [...] (M. 1).

The other's loss affects, in some way, the professional, which represents a difficulty for him/her, which results in attitudes and behaviors whose purpose is to reject feelings that denounce his/her vulnerability and his/her personal and professional limitations. Hence, professionals resort to strategies, often unconscious, in an attempt to protect themselves from the consequences that the experience of caring for a bereaved woman and/or family may pose to them. Moreover, many of them are not prepared to live with the somatic and emotional manifestations of the mourners, unknowing the right actions in front of them.

For a better interpretation, it is important to highlight some phenomena that make up the dynamic field of the professional-patient relationship, which, directly or indirectly, will interfere in the communicational process established between the bereaved woman/family and the specialist.

Thus, it is important to remember that, in the clinical encounter, the specialist and the user have reciprocal expectations, hopes and desires, and for themselves. Specifically regarding the professional, there are some aspects of their own dynamics that will affect the structuring of their relationship with the users who are under their care. Among them, it seems to matter, in this discussion, the phenomenon of the "illusion of omnipotence".[14]

Here is one of the typical forms of iatropatogeny in the communication process between professional and the service user. The professional ignores the problem of the bereaved woman, avoids contact with her, possibly as a way to defend him/herself from his/her own anxiety and/or to avoid sadness or suffering, since death predisposes a person to face anguish that associates with impotence in the face of the unpredictable and fallibility of human existence. That lack of courage, which symbolizes escaping and avoiding the problem experienced by the bereaved woman and family, sometimes, has an association with the difficulty of the professional to delimit his/her real action possibilities and to admit that he/she is not always able to help the users who seek his/her care, which ends up shaking the illusion of omnipotence that often guides his/her professional actions.[14]

Because of that set of reasons, they believe that their position must be firm, since the recognition of their suffering can tarnish the professional image, which strongly bases on the old view that the professional should be "cold" and/or indifferent to those situations.[15] In that logic, the professional is cautious when mentioning the causes that led the woman to fetal loss. Nevertheless, they show the difficulty that loss means for everyone who participates in that event, including the team that accompanies the situation. The statement evidences the idea that the professional should be unscathed in suffering, because his/her professional duty is to provide support to that woman and family, not allowing emotional involvements in such situations.

In order to provide qualified and effective assistance to women and families suffering from fetal loss, health professionals need to recognize and face their feelings about death and loss so that those feelings are well resolved and elaborated[16], both regarding their work as a professional, so that they can support the needs of those who seek them, as in the sense of solving their own emotional issues, as a human being who has potentialities and difficulties.

Many health professionals believe that a more technical posture can prevent emotion from cluttering their tasks. They believe that they have to accept and live their suffering alone because it is part of their chosen profession.

Telling the woman and her family about her condition regarding the lost pregnancy often causes a "stressful" situation for the professional that does it, as well as the common difficulty in dealing with issues related to death and dying, the loss may have a meaning of impotence and/or professional failure.

> *[...] It's always a stressful situation, we do not like to give this kind of news [...] The first few times this happened I became more worried and it caused me more stress when giving the news to the pregnant woman in a way that she would accept, in a way that was not offensive to her, trying to show me open to all doubts so that she understood why that happened and trying to*

give the necessary support so that she did not feel worse than the situation already causes. So the first few times this happened, my biggest concern was this, and now that I have experienced it a few more times, I feel calmer to tell the news, to talk to the pregnant woman (M. 2).

The communication of bad news in health is one of the most difficult and complex issues in the context of interpersonal relationships. Those are situations that cause disruption, both in the person receiving the news as in the person who transmits it.[17] When facing that type of situation, there is need for the health professional to be prepared to communicate difficult news, development of strategies aimed at receiving women and families facing loss.[18]

Communicating bad news requires, from the professional, knowledge and empathy towards people who receive difficult news. The transmission of bad news should be accompanied by a prior preparation, be carried out in a timely manner and in a space where there is privacy so that people can talk, cry and express their feelings, establishing a bonding relationship between the professional and the mothers and family members who receive news of the baby's loss.

The transmission of bad news is a process to be followed and requires professional ability and unconditional support of those who accompany the patient, aiming at the resolution of the situation in a healthy way[19], helping the person to assimilate and accept what happened, however sad and suffering it may be. With acceptance, the person acquires the capacity to redefine his/her life goals and projects, avoiding the non-resolution of the problem, which can lead to the state of pathological mourning.[19]

In some statements, the interviewed professionals reported situations of neonatal loss, not loss due to abortion or fetal loss, highlighting that it represents a more difficult experience for both the professional as the bereaved woman. It seems that professionals value more the life after the birth and, therefore, the neonatal loss represents greater suffering for the team.

An experience that caught my attention, which was very striking to me, was the death of a one-month-old baby that we had here in the unit. The mother came with the all-cyanotic baby, she could not breathe [...] It was cold, cold, cold. We called the doctor, the doctor rushed to the hospital, ended up going to Porto Alegre and died there. She had congenital heart disease. It was very striking to me (E. 1).

[...] but being born alive and losing the baby is worse, shocks us. He was about eight months; he was a big boy [...] (ACS 2).

In fact, the loss of the mother by abortion, I think parents do not suffer so much, the mother does not suffer as much as when you lose someone who is already with you. It is not that parents do not suffer, surely their suffering is very great. I had an abortion in my family. But losing a on-month-old child is very difficult, very difficult (E. 2).

Fetal loss is the most solitary of the losses for the mother who experiences it, because she was the only one that knew and maintained the relationship with the baby. While parents and relatives considers it a conceived, awaited, existing baby, health professionals find it difficult to recognize it as the subject of a story, because it has not even lived outside the mother's womb, often trivializing that loss.[3] It is important that the professional realize that time does not determine the intensity of love and affection that binds the baby to the family, but the dreams, the expectations and the world created in the family imagination for the arrival and participation in its history.[3]

Based on that reference, it is possible to affirm that the professionals who take care of those women and/or families, based on such thought that fetal loss does not generate as much suffering as the loss of the concrete baby, the one with whom the mother had contact and lived with, end up not providing an integral care, based on comfort and listening, since they do not understand that moment of sadness of the mothers who lost those babies, a moment when they may need more support.

CONCLUSION

The data of this study, as well as the theoretical reference used for its analysis, allow reaffirming that it is imperative to implement permanent education programs so that professionals have an understanding about the representation and meaning that a child, still in the womb, has for the family that waits for him/her.

Attending certain situation, such as fetal loss, often makes the professional "relive" his/her own issues, pain, losses and, therefore, we think that services, specifically FHS teams, have to meet the demands of their workers. It means that health care managers need to know that, when facing a situation of loss experienced by the other, the professional may have his/her own questions mobilized, which will require, at least, supervision and support. In other words, "it is necessary to care for the individual who

cares", so that he/she is able to "care for the suffering one".

Health professionals are responsible for providing assistance to the woman and her family, considering their physical and emotional needs, aiming at the provision of integral care, in a way that helps them to go through that moment of pain and suffering caused by the loss of a child who, even before its birth, brings dreams and expectations, which, due to the loss, are broken, resulting in sadness and suffering for those who experience it.

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