RESUMO

Objetivo: analisar a produção científica acerca dos cuidados de Enfermagem na mulher em situação de pós-abortamento Método: trata-se de um estudo bibliográfico, descritivo, tipo revisão integrativa. Realizou-se a busca nas bases de dados LILACS, BDENF, CINAHL e Biblioteca Virtual SCIELO, utilizando-se os descritores “Enfermagem”, “cuidados de Enfermagem” e “aborto” em artigos publicados entre 2008 e 2017. Aplicaram-se os seguintes critérios de inclusão: artigos em inglês, espanhol ou português e disponíveis na íntegra. Excluíram-se as publicações que não contemplavam o objeto de estudo, duplicadas e revisões de literatura. Avaliaram-se os estudos a partir da análise crítica, sendo observados os aspectos metodológicos e as convergências entre os resultados encontrados, possibilitando a elaboração de três categorias temáticas, apresentadas nos resultados e discussão. Resultados: selecionaram-se sete publicações que deram origem a três categorias: Humanização e integralidade no cuidado de Enfermagem a mulheres em situação de abortamento, Assistência de Enfermagem a mulheres em situação de abortamento e Riscos inerentes à mulher em pós-abortamento. Conclusão: entende-se que a produção científica sinaliza a necessidade da qualificação profissional e de uma atuação ética. Acredita-se que os resultados possam instrumentalizar a equipe de Enfermagem nos cuidados prestados a mulheres em situação de pós-abortamento.

Descritores: Abortamento; Cuidados de Enfermagem; Assistência Centrada no Paciente; Enfermagem; Humanização da Assistência; Saúde da Mulher.

ABSTRACT

Objective: to analyze the scientific production about the nursing care of women in post abortion situations Method: it is a bibliographic, descriptive, integrative review type study. The LILACS, BDENF, CINAHL and SCIELO Virtual Library databases were searched using the descriptors “Nursing”, “nursing care” and “abortion” in articles published between 2008 and 2017. The following inclusion
Criteria were applied: articles in English, Spanish or Portuguese and available in their entirety. Publications that did not include the study object, duplicates and literature reviews were excluded. The studies were evaluated from the critical analysis, and the methodological aspects and convergences between the results were observed, allowing the elaboration of three thematic categories, presented in the results and discussion. **Results:** seven publications were selected which gave rise to three categories: Humanization and integrality in the Nursing Care of Women in abortion situations, Nursing Care of Women in abortion situations and Risks inherent to women in post-abortion situations. **Conclusion:** it is understood that scientific production signals the need for professional qualification and ethical action. It is believed that the results can instrumentalize the Nursing team in the care of women in post abortion situations. **Descriptors:** Abortion; Nursing Care; Patient-Centered Care; Nursing; Humanization of Care; Women's Health.

**RESUMEN**

Objetivo: analizar la producción científica sobre los cuidados de Enfermería de la mujer en situación postaborto. Método: se trata de un estudio bibliográfico, descriptivo, tipo de revisión integradora. La búsqueda se realizó en las bases de datos LILACS, BDENF, CINAHL y Biblioteca Virtual SCIELO, utilizando los descriptores “Enfermería”, “atención de Enfermería” y “aborto” en los artículos publicados entre 2008 y 2017. Se aplicaron los siguientes criterios de inclusión: artículos en inglés, español o portugués y disponibles en su totalidad. Se excluyeron las publicaciones que no incluyeron el objeto de estudio, duplicados y revisiones de la literatura. Los estudios fueron evaluados en base al análisis crítico, observando los aspectos metodológicos y las convergencias entre los resultados encontrados, permitiendo la elaboración de tres categorías temáticas, presentadas en los resultados y discusión. Resultados: se seleccionaron siete publicaciones que dieron lugar a tres categorías: Humanización e integralidad en la atención de Enfermería a mujeres en situación de aborto, Atención de Enfermería a mujeres en situación de aborto y Riesgos inherentes a las mujeres en postaborto. Conclusion: se entiende que la producción científica señala la necesidad de calificación profesional y desempeño ético. Se cree que los resultados pueden instrumentalizar al equipo de Enfermería en la atención brindada a las mujeres en situaciones postaborto. **Descripores:** Aborto; Atención de Enfermería; Atención Dirigida al Paciente; Enfermería; Humanización de la Atención; Salud de la Mujer.

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Conceptually, abortion is defined as the loss of the product of conception up to the 20th or 22nd week of gestation and with the product of conception weighing less than 500 grams.¹ It is known that abortion represents an important public health problem in Brazil, with significant impact on maternal mortality rates. It was estimated by the World Health Organization (WHO) in 2013 that 22 million abortions are performed each year in unsafe conditions, causing the death of 47 thousand women, in addition to physical and mental dysfunctions in another five million.²

According to the Technical Standard for Humanized Abortion Care, published in 2011, it is estimated that more than one million induced abortions occur in Brazil per year. It was found in the National Abortion Survey, conducted in 2016, that at the age of 40, one in five Brazilian women had an abortion. According to data from the State of Bahia, in 2013, 19,719 women were admitted for abortion, which corresponds to 10.39% of the hospitalizations related to pregnancy, childbirth and puerperium.³

A real difficulty in accessing statistical data related to the etiology of abortion is identified, in order to quantify the incidence of spontaneous and induced abortions, since in Brazil the laws are restrictive in relation to abortion, being allowed only when there is risk of death for the woman or when the pregnancy is due to rape. In 2012, the Federal Supreme Court (FSC) added pregnancy of a fetus with anencephaly as a possible condition for pregnancy termination.⁴

However, it is warned that the prohibition of abortion does not make it more difficult to perform, which results in an increase in the incidence of unsafe abortions, especially in less developed countries. Among the main causes that lead to induced and unsafe abortion are unsatisfied family planning needs and precarious conditions of care for women in the health services.⁵
The knowledge of the type of abortion is considered important for the planning of health care, in order to associate the application and execution of public policies to the individuality of each user, through multi-professional care.

In this context, it is pointed out that professionals should be trained and sensitized to develop a welcoming practice. It is observed that listening and considering psychosocial aspects are fundamental procedures for this purpose. It is argued that Nursing has a differentiated role, since it is present at all times in obstetric care services, being the area that is closest to the reality of these women, due to their working hours, which prioritize full-time care.¹

The professional exercise of Nursing is understood as the performance of the nurse in the promotion, protection, recovery of health and rehabilitation of people, based on ethical and legal precepts. In this context, it is noted that professional practice must be guided by respect for the dignity and rights of the human person, throughout its life cycle, without discrimination of any kind. It follows that the care provided to women undergoing abortion must guarantee access to health services, privacy, resoluteness and the completeness of care.

In order to provide professionals with subsidies to provide not only immediate care to women undergoing abortion, but also in view of the completeness of this care, the Ministry of Health (MH) prepared the Technical Standard for Humanized Abortion Care in 2005, re-editing it in 2011. It is known that this norm brings the proposal of reception, orientation and clinical attention to the user, seeking to establish a relationship of trust, excluding judgment, discrimination, moral and religious precepts, respecting the woman's ethics, autonomy and decision-making capacity.¹

It is important to point out that these professionals play an important role in the abortion process by bringing the Nursing team to the abortion process, providing humanized assistance to women, respecting dignity and life without discrimination, complying with ethics and professional secrecy.⁶ It is evaluated that the Nursing team has, as attributions, the education and the orientation to this woman.⁶ It is verified that the nurse can contribute not only by listening but also by intervening in the occurrence of future abortions, performing prevention through sex education, instructing on contraceptive methods and the function of family planning, in order to empower women, making them protagonists of the process and contributing to the reduction of the high incidence of abortions, complications and mortality.⁷

It is considered relevant, Nursing being the professional category that is present in the integral care of women in abortion situations, the production of knowledge that helps these professionals in the detection of the physical and emotional alterations of these women and in the organization of the care management, allowing the offer of a humanized and integral assistance. Based on this
concern, the following question was defined to guide the study: "What is the scientific production about nursing care for women in post-abortion situations?".

**OBJECTIVE**

To analyze the scientific production about the nursing care of women in post abortion situations.

**METHOD**

It is a bibliographic, descriptive, integrative review type study. It is noted that the research method, the integrative literature review, aims to gather and synthesize the results of a research on a given theme, in a systematic way, allowing the identification, analysis and synthesis of conclusions/collaborations of different studies on the same theme, contributing to a possible advance in the quality of care provided to patients.8

Six steps were followed, with the objective of preparing a relevant integrative review, with conclusions to be used in the improvement of interventions in the care provided to patients.

The subject and the guiding question were first established.

In the second stage, it was possible to define the sampling in the literature, being carried out an electronic survey in the databases Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF) and The Cumulative Index to Nursing and Allied Health Literature (CINAHL) and in the Virtual Library SCIELO.

The Health Science Descriptors "Nursing", "Nursing Care" and "Abortion" were used for the survey of the scientific productions in the databases, with the crossings "abortion AND nursing" and "abortion AND nursing care" being performed.

Included are scientific productions published between 2008 and 2017, in English, Spanish or Portuguese and available in full. Publications with thematic approaches that did not include the object of study, duplicates and literature reviews were excluded.

The third stage was constituted from the collection of data itself, in which the studies were categorized and the information to be extracted from these publications were defined. The selected productions were read and recorded in a previously prepared instrument, containing the title, year of publication, main author, professional category, database, type of study, level of evidence and theme addressed of each study.

In the fourth stage, the evaluation of the studies and critical analysis were carried out, observing the methodological aspects and the convergences between the results found, enabling the elaboration of three thematic categories, presented in the results and discussion.

In the fifth stage, the discussion was carried out, with the interpretation of the results and their comparison with other findings of different authors in the scientific literature, based on the
experiences lived by the authors of the research on the subject, allowing the preparation of the conclusions of this work.

The sixth stage was composed by the presentation of the discussion of the produced knowledge.

The authors and the publications used for the construction of this Undergraduate Thesis were cited and referred to in relation to the ethical aspects involved, respecting Article 1 of Law No. 9610/98, which provides on copyright, as well as Article 91 of Resolution No. 311/2007 of the Code of Ethics for Nursing Professionals.9

Data was collected from October 2018 to January 2019 via the Internet. Using the determined search strategy, 1,292 publications were found. From this identification, all the abstracts were accessed with the objective of reading and identifying the inclusion and exclusion criteria.

After the first filtering, with the application of the inclusion criteria, 497 publications remain. After considering the exclusion criteria, seven articles were selected sequentially to compose the integrative review.

Figure 1. Study selection flowchart adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2009). Salvador (BA), Brazil, 2019.

RESULTS
The largest number of publications in the LILACS database, as shown in figure 2, was found in relation to the crossover of the descriptors used.

<table>
<thead>
<tr>
<th>Descriptors used</th>
<th>LILACS</th>
<th>BDENF</th>
<th>CINAHL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion and Nursing</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Abortion and Nursing Care</td>
<td>1</td>
<td>1</td>
<td>...</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Figure 2. Selected publications in the databases according to the descriptors. Salvador (BA), 2019.

About the selected articles, five have been published in Brazilian magazines and two in foreign magazines. Access was obtained, as to the language of the publications, although the search was also carried out with descriptors in English, to six texts in Portuguese and one in English.

Figure 3 describes the studies included in the review. It can be observed that 71.4% of the publications are studies with a qualitative approach and 28.5% are quantitative. It is pointed out that the majority of the studies are exploratory-descriptive (57.2%), followed by case studies (28.5%) and an experience report (14.2%). They are classified, by means of the definition worked in the Evidence-Based Practice (EBP), which characterizes the studies in a hierarchical manner, according to the methodological approach adopted, 85.7% of the studies at evidence level IV. It appears that there is not enough research available with strong evidence, such as randomized controlled trials, considering the gold standard in EBP. However, it is evaluated that there is available evidence that may be used in decision making during clinical practice.

The average of an annual publication was maintained for the publication period. In 2013, two articles were published, followed by an article in 2008, 2009, 2014, 2015 and 2017.

The fact that all the studies were carried out by nurses is noteworthy, which may highlight the concern, among these professionals, with a subject of high relevance and impact on maternal mortality rates. It is also noted that the development of the profession has contributed to the production of research, which is used in clinical practice care, which strengthens the category of Nursing.

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Country</th>
<th>Type of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gesteira</td>
<td>2008</td>
<td>Brazil</td>
<td>Case study with a qualitative approach.</td>
</tr>
<tr>
<td>Smit</td>
<td>2009</td>
<td>South Africa</td>
<td>Case study with a quantitative approach.</td>
</tr>
<tr>
<td>Perez</td>
<td>2013</td>
<td>Brazil</td>
<td>Descriptive exploratory with a quantitative approach.</td>
</tr>
<tr>
<td>Strefling</td>
<td>2013</td>
<td>Brazil</td>
<td>Descriptive exploratory with qualitative approach.</td>
</tr>
<tr>
<td>Carvalho</td>
<td>2014</td>
<td>Brazil</td>
<td>Descriptive exploratory with qualitative approach.</td>
</tr>
<tr>
<td>Strefling</td>
<td>2015</td>
<td>Brazil</td>
<td>Descriptive exploratory with qualitative approach.</td>
</tr>
</tbody>
</table>

Figure 3. Results found in the studies according to author, year of publication, country and type of study. Salvador (BA), Brazil, 2019.
In relation to the object of the research, four articles contemplated the theme of humanization in the assistance to women in post-abortion and three approached, specifically, the assistance of Nursing for women who experienced abortion, but also permeated by issues involving humanization.

Most articles (86%) reported the importance of comprehensive care, which tries to understand the most comprehensive needs of the human being, going through the articulation between preventive and assistance activities. It is noticeable that all the texts make explicit the need for an ethical, respectful and non-judgmental posture of the Nursing professional who assists the woman in the post-abortion, being responsible for ensuring the practice of humanized and qualified care, free of discrimination and marginalization, regardless of the etiology of the disease, from the entry of this woman until her departure from the hospital unit.

In 57.2% of the articles, complications after abortion, ranging from clinical conditions, such as hemorrhage and infection, to psychological ones, with emphasis on post-traumatic stress and depression were approached.

After the exploratory reading, the articles were analyzed and interpreted, being grouped in three categories: Humanization and completeness in the care of nursing provided to women undergoing abortion; Nursing assistance to women undergoing abortion and Risks inherent to women undergoing post-abortion.

**DISCUSSION**

Humanization and completeness in nursing care for women undergoing abortion.

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Database</th>
<th>Level of evidence</th>
<th>Thematic Approach or Main Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>Care for women undergoing induced abortion: a contribution by nursing professionals</td>
<td>LILACS</td>
<td>IV</td>
<td>Humanization of care for women undergoing abortion.</td>
</tr>
<tr>
<td>2A</td>
<td>Abortion care training framework for nurses within the context of higher education in the Western Cape</td>
<td>CINAHL</td>
<td>IV</td>
<td>Abortion Care Training Proposal for Nursing Academics.</td>
</tr>
<tr>
<td>3A</td>
<td>Provoked abortion: social representations of women</td>
<td>CINAHL</td>
<td>IV</td>
<td>Nursing care in the face of representations of induced abortion and its consequences.</td>
</tr>
<tr>
<td>4A</td>
<td>Comprehensive care and reproductive counseling for the woman who had an abortion: perceptions from Nursing</td>
<td>LILACS</td>
<td>IV</td>
<td>Comprehensive care for women hospitalized for abortion and reproductive counseling.</td>
</tr>
<tr>
<td>5A</td>
<td>Integrity of nursing care for women who have experienced unsafe abortion</td>
<td>LILACS</td>
<td>IV</td>
<td>Promotion of health and integrity of care for women who have had unsafe abortions.</td>
</tr>
<tr>
<td>6A</td>
<td>Nursing perceptions on abortion management and care: qualitative study</td>
<td>BDENF</td>
<td>IV</td>
<td>Management and performance of care provided to women hospitalized due to abortion.</td>
</tr>
<tr>
<td>7A</td>
<td>Abortion: nursing care protocol: experience report</td>
<td>BDENF</td>
<td>V</td>
<td>Humanization and completeness of care for women undergoing abortion or post-abortion from the application of a protocol.</td>
</tr>
</tbody>
</table>

Figure 4 Separate results by code, title, database, level of evidence and theme or main results. Salvador (BA), Brazil, 2019.
It is known that humanization and completeness are strategies that permeate the nursing care of women undergoing abortion, as evidenced in articles 7A, 3A and 6A, as well as in studies 5A and 4A. In all of them, it is also proven that qualified listening, from reception, is essential to establish the bond with the patients.

Humanization is defined, according to the National Humanization Policy, as the insertion of differences in management and care systems, with these changes being carried out in a collective and shared manner, with the aim of encouraging the creation of new ways of care and innovation in the organization of work. After analyzing the studies, it can be inferred that the results are similar with regard to the humanization of practices, with emphasis on listening, welcoming, integrality and involvement of professionals beyond technical issues, freeing themselves from prejudices and judgments.

Article 7A states that the woman needs to be welcomed from the moment she enters the health unit, and that the multi-professional team should be responsible for her, listening to her needs and allowing her to express her feelings for a better understanding of the different meanings of abortion for this woman and her family. It is confirmed by the authors of article 3A that the experience of abortion can result in the physical and mental illness of the woman, with listening and professional welcome being tools that facilitate the expression of feelings, thus improving the health care of women who choose abortion.

It is pointed out, in support of such discourses, that Article 6A defends that psychological support, dialogue and listening are actions that contribute to the humanization of care. Furthermore, sensitivity and communication are emphasized as indispensable tools in this process, and health professionals should think, speak and act in the most neutral way possible during clinical interaction and adapt their behaviors and language according to the identified demand.

In this perspective, reception and listening are described as important elements for the qualified and humanized care of women undergoing abortion, and should be performed by the entire team. It is important to emphasize that reception refers to the intervention carried out with dignity and respect, to the identification and acceptance of differences, guaranteeing accessibility and the resolution of problems arising from health care. It is understood that qualified listening consists of singular listening, free of judgments and prejudices, considering the woman's autonomy and her decision about her own body, seeking to build a relationship of trust.

It should be noted that the authors of article 5A described hospitality as one of the variables of completeness, translating into professional competence in meeting the expressed suffering. According to Lima, abortion, regardless of how it occurred, has negative repercussions on the woman's life, such as heavy remorse/consciousness, repentance, and feeling of loss, reflected in
guilt, and it is up to the health professional to welcome her in the best way possible in order to minimize the sequels of this obstetric intercurrence.

The integrality of care was mentioned in article 4A as an attempt to understand each other’s needs in a holistic manner, encouraging the union between preventive and assistance activities, resulting in the humanization of practices. The results mentioned above by the authors of article 5A are corroborated, considering that the integrality of the Nursing actions involves from the care practices to the understanding of the subjectivity of the subject. The article highlighted the important contribution of integrality to the reform of the Brazilian health system, with emphasis on the expanded vision of care, specificity of professional practices and organization of services.

Ramos\textsuperscript{18} proposes, from the perspective of humanizing assistance to women in abortion situations, the rupture of traditional technical care, giving way to personalized assistance, prioritizing the needs and considering the physical, psychological and social implications experienced. For this, it is evaluated that the nursing professionals should provide a welcoming care, offering physical and emotional support so that the woman feels safe about the assistance provided, respecting her choices before the abortion process, avoiding judgments, discrimination and imposition of guilt to the woman for her act.\textsuperscript{17}

Article 7A focused on the importance of supporting, welcoming and guiding family members and friends according to their needs so that they can provide harmony in their daily life with the woman. It is important to emphasize the relevance of the referral of women who have experienced abortion for psychological follow-up and social assistance, according to the situation. It is noted that Soares, Feliciano and Gobira\textsuperscript{19} ratified the ideas of the above-mentioned article, addressing, as a strategy to minimize the pain of women who experience abortion, the accompaniment with psychologists and social workers, with respect for privacy, since abortion, in view of its complexity, goes beyond ethical, cultural and religious aspects.

Article 6A states that, in order to provide integral care, Nursing services must have the organization of units, cozy and comfortable environments that provide privacy and communication, in addition to qualified professionals committed to assisting women hospitalized for abortion. Article 3A, from the perspective of professional qualification, described that the nursing professional who assists women in abortion situations must assimilate that this is a public health issue, avoiding limiting oneself to the technical aspects of the care and generating conditions to combat dehumanization. The professional loses the opportunity to create a bond and empathy with the woman, no longer obtaining the necessary information to conduct the health process.

The study of Pitilin\textsuperscript{20} concluded that, in relation to this performance of Nursing, in situations of induced/provoked abortion, most of the Nursing professionals act in a technical manner, without
the creation of an affective bond with the patient, contrary to what preaches the code of ethics, which points out as the duty of the professional to provide Nursing assistance without discrimination of any nature. In the research by Ramos\textsuperscript{18}, corroborating this evidence is the importance of nursing care transcending physical issues and encompassing social, psychological and spiritual variables.

In this context, Article 6A emphasized that during health practices, the Nursing professional needs to direct care to focus on two fundamental aspects: the first is the maintenance, respect and recognition of the singularities and individualities and variations in women’s situations and needs, and the second, compliance with certain rules, regulations and general values in order to provide humanized and integral care. It is reinforced that humanization in the care of women undergoing abortion is a right of every woman and an attribution of every health professional.\textsuperscript{1}

It was pointed out, in this sense, by article 4A, that the service based on integral needs includes an ethical behavior, respectful and free of judgments, regardless of the health problem presented, thus providing well-being to the patient. When care is focused on the patient and not the disease, it is possible to provide a comprehensive and humanized care.

Humanized care is contemplated when establishing the reception, information, orientation and emotional support in the assistance, leading to improvements in several aspects, regarding the quality of the assistance, the professional/health/user relationship, the responsiveness of the service and the satisfaction of the patients, besides determining the demand for the service in future care.\textsuperscript{1}

\textbf{Nursing Care for Women in Abortion Situations}

According to Ayres and collaborators\textsuperscript{21}, there has been a supportive and compassionate stance by health care providers in assisting women who have had an abortion for natural causes and, for women who have had abortions with judicial authorization, a more complacent stance because they understand that these patients also need help. However, contrary results were found in 5A, because women undergoing abortion were dissatisfied with nursing care because they considered the care strictly clinical and focused on the biological aspect. It is added that women reported as bad or bad the attention received, emphasizing the discrimination and poor care of health professionals, especially when they thought that the abortion had been provoked.

In article 1A, the speech of nursing professionals was reported through testimonies that carried the idea that women, when practicing abortion, become criminals and sinners; thus, professionals think and act according to their moral and religious precepts. In the face of these attitudes, it is defended that these professionals violate their own code of ethics, in addition to contradicting what is stated in the Federal Constitution, which configures the Brazilian State as secular.
Thus, it was reiterated in study 1A that the perception and attitude of the professionals of the Nursing team about induced abortion affect the assistance and the way of relating to these women, being the institutional violence in the care as a result of this reality.

It can be inferred from the aforementioned study that the assistance was not guided by a holistic view, rejecting individualized attention. Therefore, it is understandable that moral judgments do not solve the problem of these women, and it is necessary that health professionals welcome them in order to feel protected and safe, paying attention to specificities and providing integral care, mainly in terms of support and guidance for reproductive planning and prevention of new abortion episodes.

It is noted that the results found in the 2A study corroborated the findings of 7A. It is understood that the care mentioned involves from reception to outpatient follow-up, with guidance for reproductive planning. Nursing care activities include, specifically, preparation for curettage or MVA, if necessary, verification of laboratory tests, such as blood typing, to assess the need for use of anti-D immunoglobulin, if Rh negative and there is no previous sensitization, the CBC for monitoring anemia, guidance on collecting serologies for HIV and syphilis, pain relief, guidance on prescribed drugs and monitoring signs of bleeding and infection.

In pain management, it is important to consider subjectivity which, although related to a physical cause, differs according to the threshold of resistance and experience of each person. It is known, through anamnesis and physical examination, that the nurse is able to assess the characteristics of pain according to location, irradiation, intensity, frequency and duration of the pain.\textsuperscript{18}

It is emphasized that the intensity of pain in women undergoing abortion varies according to age, parity, history of dysmenorrhea and the level of anxiety or fear of the woman, and in general those who have experienced motherhood complain less. Thus, non-pharmacological techniques such as guidance, friendly treatment and relaxation techniques are used in the relief and management of pain, as additional methods to alleviate it. It is warned, however, that the non-pharmacological approach should not be used as a substitute for drugs. It is noted that the most commonly used are analgesics, tranquilizers and anesthetics, in case of surgical procedures, and should be provided without delay, whenever the woman wishes.\textsuperscript{1–2}

The authors of the 4A study emphasized that sensitivity and professional commitment are necessary factors for the development of empathy, and therefore necessary for a more comprehensive approach on reproductive planning, involving not only means to avoid unplanned pregnancy, but also clinical-gynecological follow-up and educational actions in order to guide
women to conscious choices. It is considered ideal that such an approach be available in the place where they are admitted, giving them the opportunity to make their choices before discharge.

As for the professional/patient relationship, Santana, Santos and Pérez\(^2\) highlighted some primordial attitudes coming from health professionals, such as receptivity, communication and welcome. Thus, it is noted that women in abortion situations assisted by the professionals who assume such postures tend to perceive the difference in care, which provides moments of tranquility and comfort, as well as the sensations of well-being and safety.

It follows that, with the establishment of the bond and trust, women assimilate more clearly the orientations given by professionals. The authors of study 7A emphasized that, before leaving the health service, post-abortion women should receive information on how to recognize signs of complications, on reproductive planning and counseling, as well as contraceptive methods, including emergency contraception. It is oriented, in case it is not possible to offer the method, that the patient should be informed about where and how she can have access to them, and a temporary method should be offered. The professional is also required to consider the prevention of Sexually Transmitted Infections (STIs), emphasizing the importance of condom use, providing complete information on their use and how to obtain them, promoting the concept of double protection against pregnancy and STIs.\(^1\)\(^-\)\(^2\)

It is pointed out that contraceptives can be initiated after pharmacological or surgical abortion, among them the Intrauterine Device (IUD) and hormonal contraceptives, provided that attention is paid to each woman's health profile, the associated limitations and that it has been confirmed that the abortion has been completed.\(^1\)

It is verified that IUD insertion should be offered, at the end of uterine evacuation, to women without any sign of infection, at hospital discharge, on return for follow-up after 15 days or soon after the first menstruation. It should be noted that the monthly or quarterly injectable can be administered between the day of emptying and the fifth day after abortion, in the same way as the oral hormonal contraceptive.\(^1\)

The diaphragm and cervical cap should not be used until six weeks after second trimester abortion, and the method that considers the woman's fertile period should only be used after regular return from menstruation. It is considered necessary, in cases where the woman requests sterilization, to pay special attention to confirm that her decision is not unduly influenced by the difficult moment the patient is going through.\(^2\)

The patient should be informed, in cases of planning a new pregnancy, that complete recovery after an abortion is relatively fast, being longer in cases of loss in the second trimester of pregnancy. It is pointed out that the return of sexual relations, after abortion without
complications, can occur as soon as the woman wishes, so she should be guided to use a contraceptive method for three months to start a next pregnancy in better physical and emotional conditions.\(^1\)

It was stipulated in publication 6A, as to the other duties of the nurse, that he should also manage the care, having as main functions, besides organizing and coordinating the assistance activities, make possible the material, human and organizational resources. The importance of bed management was emphasized: these should be reorganized, considering the hospitalizations of women who have suffered or had an abortion, with the objective of separating them from puerperal and pregnant women, in an attempt to reduce their suffering.\(^20\)

**Risks inherent to women in post abortion situations**

Through the analysis of the articles, the main complications occurred in women who experienced abortion, which vary from clinical to psychological conditions, were identified. Brito and collaborators analyzed\(^23\), that post-abortion complications contribute to the increase of hospitalization, being responsible for about five million hospitalizations per year and also for the increase of maternal mortality. Among the main complications are hemorrhage, infection, sepsis and genital trauma.

It is noticeable that the complications identified in publication 5A were similar to those mentioned above: of the 22 cases of abortion, 12 had some kind of complication; the most common being hemorrhage, colic, fainting, fever and pain. It should be noted that the data from Bitencourt and Santos\(^24\) meet the above-mentioned authors, pointing out, as the most common complications, bleeding followed by hypovolemic shock and sepsis. It is reported that nursing care for women who are experiencing such complications begins with checking vital signs, undergoing more intensive care such as constant multi-parametric and hemodynamic monitoring, as well as recognition and treatment of signs of hypovolemic shock and sepsis.

As for bleeding, it is observed that the symptoms are those corresponding to chronic, acute anemia or both. It is known, as part of nursing care, that bleeding should be quantified, preventing hypovolemic shock. It is important to measure the vital signs, as this practice indicates the magnitude of the bleeding.\(^18\)

It is found that menstrual bleeding or metrorrhagia can occur for several weeks after an abortion, so the woman should be informed that there is the possibility of bleeding similar or more intense than a heavy menstruation and also warn of symptoms requiring attention, such as excessive bleeding, fever for more than one day, worsening of pelvic pain or, on rare occasions, signs of continuation of pregnancy or cramps.\(^2\)
The following stand out as to the organic factors that complicate abortion, by Correia and collaborators\textsuperscript{25}, partial elimination of the fetus, infections, traumatic lesions such as perforations of the uterus and intestinal loops, infarction of the uterus and attachments (ovaries, fallopian tubes), intoxications caused by substances ingested to cause abortion and renal and cardiac complications as the main occurrences. The risks multiply with the advance of pregnancy and the death of the woman is the most severe complication, however, the hysterectomy, with the consequent sterilization of the woman, is also another serious possible consequence of this situation.

The risks are present in women undergoing abortion because of the dilated cervix, contributing to the appearance of ascendants of the genital tract. Therefore, monitoring of signs and symptoms such as fever or chills, vaginal or cervical discharge with a stinking odor, abdominal or pelvic pain, metrorrhagia or vaginal bleeding for a prolonged period, uterine sensitivity or leukocytosis is recommended.\textsuperscript{2}

For infection prevention and control, it is noted that all health professionals and support teams should apply standard precautions. These are simple practices that involve washing hands with soap and water before and after all procedures, the use of protective barriers such as gloves, coats, aprons, masks and goggles to avoid direct contact with blood or other body fluids, safe mechanisms for disposing of waste with blood contaminated material or other body fluids, proper handling of dirty clothes, safe handling and removal of perforating waste and proper disinfection of contaminated equipment and devices.\textsuperscript{2}

The 3A study found the main consequences of psychological complications expressed by 147 women hospitalized for abortions caused by an interview. Among them were pain, regret, guilt, death and sadness. It should be noted that the feelings reported in the 5A study were similar to those previously mentioned. When asked how they felt at the time of the abortion, it was noted that in nine cases the women declared sadness, repentance, despair and a guilty conscience for having taken a life. They also considered themselves stigmatized and many were afraid to seek health services for fear of being criminalized.

It is known that the emotional aspects triggered by abortion are numerous and include guilt, depression and anxiety, the latter two being more common in cases of induced abortion. It is understood, with regard to guilt, that it arises from the internal demand for reparation, triggering anxiety and depression in the search for responses. Depression is characterized as an illness that compromises the physical, mood and thought and can also alter the way a person understands and relates to the world. It is observed, in relation to anxiety, that it, in normal levels, constitutes a
physiological phenomenon responsible for the adaptation of the organism to dangerous situations, however, when it exceeds; it triggers the failure of the adaptive capacity.\textsuperscript{26}

It is perceived that the abortion process is, for most women, painful and uncomfortable. Thus, an understanding look and a professional performance that does not reinforce these feelings become necessary, otherwise suffering can be generated, increasing anxiety and leading to other complications.

Thus, being the nurse responsible for managing the care during the woman’s internment, it is defended that she is able to organize and sensitize the team so that they seek to adjust the assistance activities to the educational activities with the objective of sensitizing these women who have undergone the abortion process to self-care. These actions are supported in public policies as strategies for reducing the demand for repeated abortion sequelae.\textsuperscript{13}

CONCLUSION

It is concluded from the survey of articles on care for women in post-abortion situations that it was possible to analyze the humanization and integrality in nursing care, nursing care and the risks for women in post-abortion situations.

It is observed that the integrality and humanization of assistance practices are aspects highlighted in the studies as being of utmost importance in the search for qualified assistance to women who have experienced abortion. It is believed that these strategies can impact the reduction of maternal mortality rates, because the care, reception and orientation, by health professionals, can contribute to the increase of the demand for health services, reflecting in the reduction of the complications arising from the abortion process, mainly from consecutive/provoked abortions. Therefore, it is considered necessary to have health care directed to assist these women in a holistic way, focusing on the management of their physiological issues, as well as on the development of actions aimed at promoting health and reproductive right.

It is suggested that the decision to have an abortion may show that these women do not perform family planning. Again, it is emphasized that the organization of care should be focused on the promotion of reproductive health, including women in the role of main subject. It is pointed out that she should receive the necessary information, pertinent to self-care and her sexual rights, to decide on the safest, most efficient and accessible contraceptive method. In turn, it is emphasized that to have an effective reproductive counseling, it is necessary to integrate the health team with the woman, seeking to understand, besides what is exposed, the difficulties faced by them. In this way, it is possible to break the verticalization of the professional-patient relationship so that the information transmitted during the reproductive counseling is absorbed and practiced.
It is perceived that the nursing care offered to post-abortion women is influenced by the perception that the professional has regarding abortion. It is evaluated that this assistance is still permeated by judgements and is more focused on the technical aspects, contributing to the precariousness and detachment from completeness, conditions that imply the woman’s delayed access to the health service, impacting the complications resulting from the abortion. In association with these issues, it is added that the assistance provided to these women is discriminatory and negligent, causing the disqualification of care, which also increases the risks of complications after abortion.

The importance of the Nursing professional category for changing the scenario of care provided to women in abortion situations is emphasized in the studies, and professional training based on the assumption of care beyond technical activities and scientific knowledge is necessary. It is about expanding the look on social, economic, cultural and religious factors that involve the abortion process and that tend to impact on the possible judgments made by health professionals.

It is emphasized that the social and scientific relevance of the study allows for the transformation of assistance practices, recognizing that the quality of the desired attention includes several aspects related to its humanization. The aim is to instrumentalize and encourage professionals, regardless of their moral and religious precepts, in order to preserve the ethical posture of respect for women’s human rights, ensuring safe and quality care, with the reduction of morbidity and mortality of women in post abortion conditions.

It is warned that this research presents limits, firstly, by the reduced number of studies included, besides the absence of strong scientific evidence and, finally, by the scarce production of current publications. In addition, the current Brazilian guidelines date from 2011 and the world guidelines from 2013, proving the need for further research on the topic.

It is recommended, as a proposal for intervention, the creation of protocols and instruments that standardize clinical and surgical procedures. It is believed that this contribution will be important for the accomplishment of the adequate assistance activities and the systematization of the abortion care, in search of the individualization of each case, due to the health needs of the woman, since the abortion diagnosis until the later reproductive or contraceptive planning.

CONTRIBUTIONS

All authors also contributed in the conception of the research project, collection, analysis and discussion of the data, as well as in the writing and critical review of the content with intellectual contribution, and in the approval of the final version of the study.

CONFLICT OF INTERESTS
REFERENCES


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Submission: 12/05/2020
Accepted: 21/12/2020

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