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REFLECTIVE ANALYSIS ARTICLE

HUMANIZED CARE FOR WOMEN IN ABORTION: A REFLECTIVE ANALYSIS CUIDADO HUMANIZADO ÀS MULHERES EM SITUAÇÃO DE ABORTAMENTO: UMA ANÁLISE REFLEXIVA

CUIDADO HUMANIZADO A MUJERES EN SITUACIÓN DE ABORTO: UN ANÁLISIS REFLEXIVO

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ABSTRACT

Objective: to discuss, based on the reflexive analysis, the assistance offered to women in situation of abortion. **Method:** qualitative study, of the reflexive analysis type, originated in the scientific initiation of the undergraduate nursing course, through the following steps: searching the databases, reading the selected material, moving the analytical praxis of the subject, and formulating written material. **Results:** women who undergo abortion are subjected to disrespect before their choice, blamed by the family, health professionals and society, discriminated and marginalized, and lack physical, emotional and psychological support. **Conclusion:** care should be focused on the woman, in an integral way, and articulate for the quality and humanization of care. They should respect their choices, without the judgment that many professionals carry out, and disrespect women in situation of abortion. **Descriptors:** Unsafe Abortion; Abortion Spontaneous; Abortion Criminal; Emergency Care; Humanization of Care; Obstetric Nursing.

RESUMO

Objetivo: discutir, a partir da análise reflexiva, acerca da assistência ofertada a mulher em situação de abortamento. **Método:** estudo qualitativo, do tipo análise reflexiva, originado na iniciação científica do curso de graduação em enfermagem, mediante das seguintes etapas: busca nas bases de dados, leitura do material selecionado, movimento da práxis analítica da temática, e formulação do material escrito. **Resultados:** as mulheres que realizam o aborto são submetidas ao desrespeito frente a sua escolha, culpabilizadas pela família, profissionais de saúde e sociedade, discriminadas e marginalizadas, e carecem de apoio de ordem física, emocional e psicológica. **Conclusão:** o cuidado deve ser focalizado na mulher, de forma integral, e articular para a qualidade e humanização da assistência. Devendo, o respeito as suas escolhas, sem o julgamento em que muitos profissionais executam, e desrespeitando as mulheres em situação de abortamento. **Descritores:** Abortamento Inseguro; Aborto espontâneo; Aborto Criminoso; Atendimento Emergencial; Humanização da Assistência; Enfermagem Obstétrica.

RESUMEN

Objetivo: discutir la asistencia ofrecida a mujer en situación de aborto a partir de un análisis reflexivo. **Método:** estudio cualitativo, del tipo análisis reflexivo, a partir de la iniciación científica del curso de graduación en enfermería, mediante las siguientes etapas: búsqueda en las bases de datos, lectura del material seleccionado, movimiento de la praxis, analítica de la temática y formulación del material escrito. **Resultados:** las mujeres que realizaron el aborto son sometidas sin respeto frente a su elección, culpabilizadas por la familia, profesionales sanitarios y sociedad, discriminadas y marginadas, careciendo apoyo de orden físico, emocional y psicológico. **Conclusión:** el cuidado debe enfocarse en la mujer, de forma integral, y articularlo para la calidad y humanización de la asistencia. El respeto a sus elecciones debe verificarse sin juzgamientos realizados por muchos profesionales ni falta de respeto a las mujeres en situación de aborto. **Descritores:** Aborto Inseguro; Aborto Espontáneo; Aborto Criminal; Atención de Emergencia; Humanización de la Atención; Obstetricia.

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INTRODUCTION

The objective of this article is to study the humanized attention of women in abortion situations. The World Health Organization (WHO) defines that abortion is the expulsion of the product from the fetal content between the 20th and 22nd week of gestation, it may be natural (without technical or interference from third parties); provoked (carried out by external interventions), legal (released the practice according to the legislation of the country).¹

Abortion is a serious public health problem,²⁻⁴ especially in Brazil, with its main problem associated with unwanted pregnancies, and the Ministry of Health has to expand the possibilities of planning gestation, thus enhancing reproductive planning.⁵ Thus, the relevance of the study is based on the high rates of unsafe abortion in the country, observed from the 4,007,327 hospital admissions for abortion in the Unified Health System between 1996-2012, obtained an average of 235,725 hospitalizations, in addition to 16,905. 911 unsafe abortions in Brazil, with an annual average of 994,465.⁶ This is an evidence of the serious problem caused by the possibility of maternal mortality caused by the insecure process. It is not only in Brazil that this serious public health problem occurs,²⁻⁴ where there is global estimates for the annual occurrence of 44 million abortions. It is noteworthy that only in some countries of North America, Europe and Asia abortion is legalized. Unsafe abortions, often carried out inappropriately and in an unhealthy environment (around 15 million) occur in the rest of the world, especially Latin American countries (approximately 4 million). They are responsible for the high maternal mortality in this continent.⁷

In Brazil, in its legislation, induced abortion is punished by the Penal Code in articles 124, 125, 126, 127 and 128 of 1940, and exempts the condition of crime when there is interruption of the pregnancy resulting from rape, in case of risk of life, and more recently in 2012, the Federal Supreme Court judged it appropriate for gestations with anencephalic fetuses, changing the Brazilian Penal Code regarding this point included in legislation.⁸

Due to the illegality of abortion in Brazil, it has not prevented its practice, which occurs in diverse conditions, from clinics with quality control of care and in clandestine clinics in precarious conditions. In the context of maternal mortality, the incidence of deaths due to abortion complications oscillates

around 12.5% of the total number of deaths, occupying the third place among its causes.⁹

The number of clandestine clinics in Brazil is growing every day, increasing the number of women with complications due to techniques performed without any kind of security, even by non-professionals who take advantage of the lack of equivalent punishment to perform them, thus leading these women to the imminent risk of life.

Because of a criminal, cultural and religious issue for women in abortion at the hospital, many are discriminated, judged, blamed, and violated by the legal choice or illegality of the act. Thus, health professionals should not have their practice based on their moral and religious aspects, in which they favor acts that are contradictory to the legal dictates of their profession. Given that this moment becomes an important opportunity to offer a qualified care, in all its aspect: physical, psychological, emotional, in the integrality, of a multiprofessional team.

OBJECTIVE

- To discuss, based on the reflexive analysis, the assistance offered to women in situations of abortion.

METHOD

A qualitative study, such as reflexive analysis, based on a biographical narrative review elaborated through scientific articles, manuals of the Ministry of Health, books, supported by the assistance offered to women in situations of abortion, and the humanization of care, developed as an initiation project (UNIAN), with the purpose of answering the following guiding question: How is the assistance provided to women in situations of abortion?

Information was collected from August to December 2016. The following controlled descriptors were used: "Insecure Abortion"; "Spontaneous abortion"; "Criminal Abortion"; "Emergency care"; "Humanization of Assistance"; "Obstetric Nursing". The articles were selected through the databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Databases (BDENF), and the Electronic Library Online (SciELO) virtual library available electronically, published in Portuguese, English and Spanish; in the period from 2006 to 2016.

For the preparation of the study, the articles with information related to abortion process assistance were verified, followed by the reading and analysis of the material, which allowed the identification of what

would be used; and later the assembly of the study in question, according to all the reflections made.

RESULTS AND DISCUSSION

Women are subjected to a continuous process of disrespect when they are blamed, discriminated against and suffer numerous acts of violence of a physical, emotional, moral and institutional nature, perpetuating disqualified attention to quality care.

Nursing care for a woman in the process of abortion must be offered in order to guarantee her survival and health, treating her without discrimination or judgments. According to The Code of Ethics in Nursing, in its art. 23, the duty of nursing is: To provide nursing care without discrimination of any kind.¹⁰

Therefore, it is not up to nursing making judgments and failing to provide the necessary care for the recovery of the health of these women.¹⁰

Since quality care is a right of the user, especially when she is in a situation of physical and emotional vulnerability regardless of whether it is a delivery, miscarriage or induced abortion.¹¹

Humanized care must be carried out in its entirety, since nursing professionals must be in a welcoming and non-discriminatory manner with women in situations of abortion, even though it is illegal in the country, the care of women should not be based on judgments. From the moment, the woman was cared for in the maternity ward, professionals should be prepared to provide integral and quality care, respecting their choices.¹²

Care for these women can also not be a mechanized practice, a care directed only to the technician, because she is in a situation of psychological and emotional tension. At this moment, it is an excellent time to exercise professional competence, in addition to a set of activity for the multiprofessional work, for the health of the woman, respecting with an active listening and its reception.

Women in situations of abortion who seek health care services for their needs most often arrive in unfavorable clinical conditions, such as excessive vaginal bleeding, severe abdominal pain, fever and other signs that characterize complications due to abortion that endanger their lives. In addition to psychological problems in the face of suffering and guilt over the interruption of gestation, and when they do not find in the health services professionals able to listen to them

and to attend to their needs this suffering can intensify.⁹

Often, complications from unsafe abortion favor maternal mortality and contribute to high abortion-related death rates because of the illegality of abortion practice in the country,¹³⁻¹⁵ where women perform abortion in unhealthy settings, without proper assistance, and which compromises their health.¹⁴ And this fact of illegality raises the fear of being penalized by this act, and this favors the use of clandestine clinics for the execution of the procedure, without a trained professional, and ideal conditions, inhibiting future complications of the process.

The health professional must also ensure professional secrecy, as the legislation prevents him from any action that harms the woman. Article 5 of the Federal Constitution establishes that privacy, private life, honor and the image of persons are inviolable, ensuring the right to material or moral indemnity arising from their violation. In Article 154 of the Penal Code, professional secrecy is inviolable, and it is characterized as a crime to reveal someone, without just cause, secrecy, that has knowledge by reason of function, ministry, trade or profession, and whose disclosure may damage others.¹⁶

Abortion when it is provoked by the woman, the sensation of having "killed" her own child becomes real, being filled by the social, religious and moral interferences in which the woman has to face when deciding independently of the reason, to interrupt the state of pregnancy.¹⁷ It is noted that abortion in any way that occurs, leaves its negative traces on women. Therefore, it is up to health professionals to welcome these women so that the effects of this practice can be minimized.¹⁸

Health professionals should be attentive to both the physical, and the emotional state of these women, for many times, during the professional analysis of the physical state, judgment and discrimination occurs, what affects the emotional state. Instead, for this moment, it is necessary a humanized care and professionalism, with a focus on professional ethics, while retaining women's moral and religious beliefs, values and opinions.¹⁹

Thus, the humanized care of women in situations of abortion must occur in Brazilian maternity hospitals, where health professionals should welcome the woman, offering physical / emotional support so that the woman feels safe when taken care of, and respecting their choices in the process of abortion without judgment or discrimination of the woman, and blaming her for her act.

CONCLUSION

Abortion is cited as a controversial case in every country, by the divergence of opinions regarding legalization or not, anyway we must have in mind that every woman deserves a dignified treatment and every case deserves to be analyzed, before judgment.

We must pay attention to our attitudes and what we say to any patient, because a single sentence can never be forgotten, and be received in a negative way by the woman. A complete care must be humanized and calm to those who are receiving it, providing for specialized care.

The health professional must then be aware that his acts towards the woman in need of assistance may reflect on his future, and if there is any inadequate conduct, he will be immeasurably damaging the psychological health of that woman. Therefore, it is necessary to take care of the patient as a whole, when she is admitted to an emergency or maternity, enjoying her skills, seeking work with a multiprofessional team in which all are for the sake of total humanization and secrecy, if this is the case and the woman's desire.

The humanized care of women in situations of abortion is entirely due to the position of the nursing professional who receives and who attends during their recovery. The professional who welcomes and assists her at all times during her period of hospitalization is responsible for the care humanized, and who should watch over the non-discrimination and marginalization at the moment of patient's entry into the unit until they leave.

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