

A ENFERMAGEM NA ASSISTÊNCIA ÀS MULHERES EM SITUAÇÃO DE PERDA FETAL E ABORTO: REVISÃO INTEGRATIVA

NURSING CARE FOR WOMEN WITH FETAL LOSS AND ABORTION: INTEGRATIVE REVIEW

CUIDADOS DE ENFERMERÍA A MUJERES EN SITUACIÓN DE PÉRDIDA FETAL Y ABORTO: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: To analyze the insertion of nursing in the assistance to women in situations of fetal loss and abortion in the different levels of health care. **Método:** Integrative review of literature published between 2015 and 2020 by searching Pubmed, Medline, CINAHL, LILACS, BVS, Embase and Web of Science databases and with descriptors established by MeSH and DeCS. **Resultados:** Thirteen articles were selected from national (15.3%) and international (84.7%) origins in Portuguese and English. The main results reported that integral and humanized care in situations of fetal loss involves the following stages: welcoming, guidance, and clarification of possible doubts. It is stated that the emotional impact resulting from the loss affects the mother, family members and the nursing professional. **Conclusion:** The review shows that the practice of nursing care in situations of fetal loss and abortion represents a complex experience, however, rewarding for providing an opportunity for humanization of care with emphasis on the psychological suffering of the woman and her companion.

Professional training, the development of studies and guidelines on care practice are pointed out as strengthening axes for the quality of this assistance.

Descriptors: Fetal Death; Abortion; Women's Health; Obstetric Nursing; Nursing Care.

RESUMO

Objetivo: Analisar a inserção da enfermagem na assistência às mulheres em situação de perda fetal e aborto nos diferentes níveis de atenção à saúde. **Método:** Revisão integrativa da literatura publicada entre 2015 e 2020 por meio de busca nas bases de dados Pubmed, Medline, CINAHL, LILACS, BVS, Embase e Web of Science e com descritores estabelecidos pelos MeSH e DeCS. **Resultados:** Foram selecionados 13 artigos de origem nacional (15,3%) e internacional (84,7%) nos idiomas português e inglês. Os principais resultados reportam que o cuidado integral e humanizado em situações de perda fetal envolve as seguintes etapas: o acolhimento; as orientações; e o esclarecimento de possíveis dúvidas. Afirma-se que o impacto emocional decorrente da perda afeta a mãe, familiares e o profissional de enfermagem. **Conclusão:** A revisão evidencia que a prática assistencial da enfermagem em situações de perda fetal e aborto representa uma experiência complexa, contudo, gratificante por oportunizar um espaço de humanização do cuidado com ênfase no sofrimento psíquico da mulher e companheiro. Apontam-se como eixos fortalecedores da qualidade desta assistência a capacitação profissional, o desenvolvimento de estudos e diretrizes sobre a prática assistencial.

Descritores: Morte Fetal; Aborto; Saúde da Mulher; Enfermagem Obstétrica; Cuidados de Enfermagem.

RESUMEN

Objetivo: Analizar la inserción de la enfermería en la asistencia a las mujeres en situación de pérdida fetal y aborto en los diferentes niveles de atención sanitaria. **Método:** Revisión integradora de la literatura publicada entre 2015 y 2020 mediante búsqueda en las bases de datos Pubmed, Medline, CINAHL, LILACS, BVS, Embase y Web of Science y con los descriptores establecidos por MeSH y DeCS. **Resultados:** Se seleccionaron 13 artículos de origen nacional (15,3%) e internacional (84,7%) en

portugués e inglés. Los principales resultados indican que el cuidado integral y humanizado en las situaciones de pérdida fetal incluye las siguientes etapas: el acolchado, las orientaciones y la aclaración de las posibles dudas. Se afirma que el impacto emocional resultante de la pérdida afecta a la madre, a los familiares y a los profesionales de la enfermería. **Conclusión:** La revisión evidencia que la práctica asistencial de la enfermería en situaciones de pérdida fetal y aborto representa una experiencia compleja, sin embargo, gratificante por oportunizar un espacio de humanización del cuidado con énfasis en el sufrimiento psíquico de la mujer y el acompañante. La formación profesional, el desarrollo de estudios y directrices sobre la práctica asistencial se señalan como ejes de refuerzo para la calidad de esta asistencia.

Descriptores: Muerte Fetal; Aborto; Salud de la Mujer; Enfermería Obstétrica Atención de Enfermería.

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How to cite this article

Mincov BM, Freire MHS, Moraes SRL. A enfermagem na assistência às mulheres em situação de perda fetal e aborto:Revisão integrativa. J Nurs UFPE on line. 2022;16:e253023 DOI: <https://doi.org/10.5205/1981-8963.2022.253023>

INTRODUCTION

Pregnancy, childbirth, and the puerperium represent special periods for the woman/mother, her partner and/or the closest people. Even though the uneventful gestational evolution is prevalent, changes in the physiological outcome of the process may occur, increasing the probability of maternal-fetal complications such as abortion and the risk of maternal and fetal morbidity and mortality. ¹

Fetal loss, according to the 11th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) and the World Health Organization (WHO), is defined as "sudden intrauterine death of a fetus at any

time during pregnancy. If the death occurs in the last half of pregnancy, it can also be called stillbirth. Abortion, on the other hand, is defined as a "group of conditions characterized by a pregnancy that does not result in live offspring. Spontaneous abortion can be classified as pregnancy termination after the 20th or 22nd week of gestation and/or a fetus weighing less than 500g and/or less than 25 centimeters in height.^{2,3}

In this sense, the Fetal Mortality Rate (FMR) represents an indicator of the quality of health care provided during pregnancy and labor and is expressed by the number of fetal deaths per thousand total births in each population and region. Between 2000 and 2015, the global FMR decreased from 24.7 to 18.4 fetal deaths per thousand births, representing a reduction of 25.5%. In Brazil, the rate has been more stable since 2000 with a range between 4.9 and 5.8 per thousand births until 2016.^{4,5}

Abortion is one of the obstetric causes that can lead to maternal mortality and presents an occurrence in a relevant quantity. According to the WHO, between 2010 and 2014 there were approximately 55 million abortions worldwide and, of these, 45% were considered unsafe, predominantly in Africa, Asia, and Latin America. In Brazil, between 2006 and 2015, there were 770 deaths from abortion, of which 115 (14.9%) were due to spontaneous abortions as defined by the ICD10.⁶

In the scenario presented, the main causes associated with fetal loss and abortion are maternal infectious diseases such as syphilis and toxoplasmosis; hormonal disorders such as gestational diabetes and hypothyroidism; hypertensive syndromes such as preeclampsia and eclampsia; and individual habits of women such as smoking and alcoholism. However, a loss or abortion can also be due to congenital anomalies, complications during labor and/or placental complications, and fetal growth restriction.^{7,8}

It is assumed that most obstetric complications presented by a woman can be recognized in the sphere of health care, especially in prenatal care. Thus, qualified assistance can significantly contribute to the reduction of maternal and infant morbidity and mortality rates, considering that there is a greater chance of promoting a safe pregnancy process through early detection of changes in maternal and fetal health.^{1,8,9}

However, it is understood that despite a qualified, comprehensive, and humanized prenatal care, fetal loss may occur. In view of this fact, the health team is expected to dialogue with the woman, partner, and family without pre-judging, showing

empathy and respect, an attitude of extreme importance to support the understanding of the fact. ^{1,8,9}

From this point of view, a health team that especially attends prenatal or obstetric hospital services must be oriented toward understanding the feelings of the woman and her family, carrying out individualized assistance through a specific care plan with a focus on clinical guidelines, psychological restructuring, and, regarding the future, new reproductive planning.

However, the authors point out that health professionals are not yet prepared to deal with fetal loss and miscarriage and to deal with grief. It is necessary to have a continuous process of professional training. ^{3,10}

As for assistance, nurses stand out due to the time and frequency of direct contact they have with patients, which makes them fundamental professionals for improving the quality of care. It is also observed that the studies and scientific production related to integral and quality care to women in a situation of fetal loss are scarce and insufficiently discussed during the period of academic training. This justifies the need for its approach and discussion, aiming at advancing the sphere of theoretical and practical knowledge about the possible ways of planning this care. ^{3,9,10}

Consistently with the above, the guiding question of this study was structured based on the PICO strategy: **P**(population) - Women in a situation of fetal loss or abortion; **I**(intervention) - Nursing care practices; **Co**(context) - all levels of care, namely: *How is the scientific production regarding the insertion of nursing in the assistance to women in situation of fetal loss or abortion in the different levels of health care presented?*

Thus, the objective was to analyze, through scientific productions, how the insertion of nursing in the assistance to women in situations of fetal loss and abortion in the different levels of health care is presented.

METHOD

This is a bibliographical research, in the integrative review modality based on Whittemore and Knafl's (2005) methodological referential with the development of strategies to ensure its rigor, namely: the identification of the problem structuring a clear and specified purpose for the review as well as the review variables; the literature

search, with well-defined search strategies; the relevance of the study with the establishment of the selection criteria; the data analysis, carried out after sorting, coding and categorizing them, applying the comparison and grouping of similar data with reduction, formatting for display, comparison; and, conclusion design.¹³

The search was conducted in the period between March 10, 2020, and April 25, 2020. For the search strategy, which was supported by a librarian, the descriptors established by the Medical Subject Headings (MeSH) and the Health Sciences Descriptor (DeCS) were used: "abortion"; "Early Pregnancy Loss"; "Nurse"; "Nurse-Patient Relations"; and, "Perspective or Perception", associated with the Boolean operators OR and AND.

Data selection was performed in the following databases: US National Library of Medicine (Pubmed); *SciVerse Scopus*; *Medical Literature Analysis and Retrieval System Online* (Medline); *Cumulative Index to Nursing and Allied Health Literature* (CINAHL); Latin American Literature in Health Sciences (LILACS); Virtual Health Library of the Ministry of Health (BVS); Excerpta Medica dataBASE (Embase); and *Web of Science*.

For the inclusion of articles, the following criteria were considered: time between 2015 and 2020; in English, Portuguese, and Spanish; scientific publications that addressed the care practices developed by nursing for women in a situation of fetal loss. The exclusion criteria were appearing as editorials, reviews, abstracts, reviews, experience reports, monographs, or theses; not being related to the proposed theme and/or the research question; and not being available online in full.

Also, to ensure the quality of the review, the work was developed based on the recommendations of the PRISMA Guideline - Preferred Reporting Items for Systematic Reviews and Meta-Analyses, based on the structured checklist, focusing on the essential and relevant steps and approaches for the development of a review, and on the flowchart, in which the elements of the methodology for identification, selection, eligibility, and inclusion of references are detailed.^{11,12, 27}

The PRISMA flow chart (FIGURE 1) was developed, in which the elements of the methodology for identification, selection, eligibility, and inclusion of references are broken down.^{11,12 13}

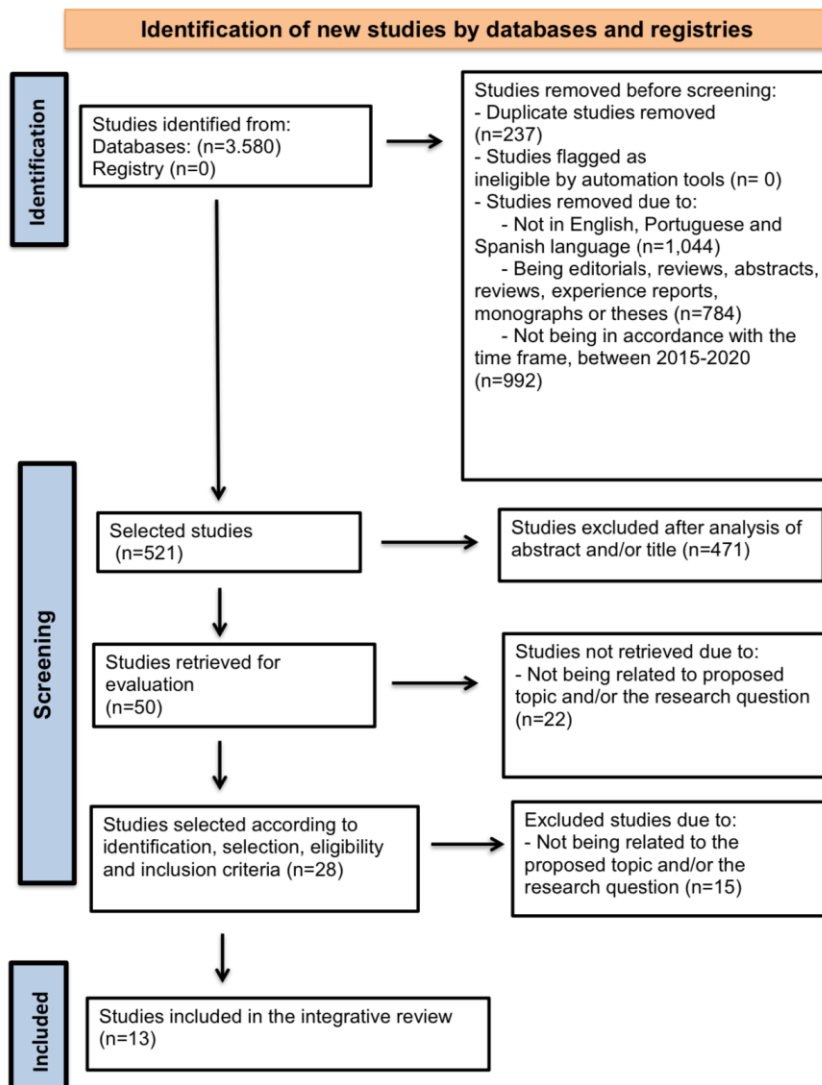


Figure 1: Flowchart of identification, selection, inclusion, and exclusion of studies from the integrative review according to the PRISMA checklist proposed by Page et al (2020) - Curitiba, PR, Brazil, 2021.

The process of analysis and selection of studies in the integrative review was performed through the 3,580 publications identified based on the research question and after being excluded the duplicates (237) for the following reasons: not being presented in English, Portuguese, and Spanish; appearing as editorials, reviews, abstracts, reviews, experience reports, monographs, or theses, and not being in accordance with the time frame between 2015 and 2020. After reading the title and abstract, 471 articles were excluded for not being in accordance with the proposed theme. This left 50 articles, of which 22 were not retrieved. The remaining 28 articles

were read in full by two different reviewers and, in case of disagreement, a third reviewer was consulted; 15 of them did not fully meet the inclusion criteria, the proposed theme, and the research question. Thus, 13 articles were analyzed.

After careful reading and analysis of the 13 publications, the categorization of studies was developed with the collection of relevant data, organization of key information according to the variables: title of the article; database; country, year and language of publication; research method; general objective; the main results; and the main recommendations. Finally, the interpretation of the results was followed by a critical evaluation of the data, promoting the discussion and synthesis of the main results and recommendations of this integrative review.

RESULTS

The studies analyzed (n=13) (TABLE 1) were of national (2) and international (11) origin, in English (11)^{14,15,17,18,19,21-26} and Portuguese (2)^{16,20}. These were developed in the following countries: Africa (3)^{14, 15, 25}; Australia (2)^{18,21}; United States (3)^{19,23,24}; Italy (1)²⁴; Canada (1)¹⁷; Denmark (1)²⁶; and, Brazil (2)^{16,20}. The years of publications were: 2015 (4)^{16,20,23,26}; 2016 (3)^{15,17,19}; 2017 (1)²²; 2018 (1)²¹; 2019 (1)²⁴; and, 2020 (3)^{14,18,25}. The database with the most articles selected was Scopus (4)^{14,18,25,21}, followed by Pubmed and Medline (4)^{15,17,22,23}, BVS (3)^{16,19,26}, LILACS (1)²⁰ and CINHALL (1)²¹.

Table 1: Scientific publications according to order number, title, country and year of publication, database and method used, Curitiba, PR, Brazil, 2021.

Order	Title	Country/Year of Publication	Database	Method
P14	<i>'I guess we must treat them, but ...': health care provider perspectives on management of women presenting with unsafe abortion in Botswana</i>	Africa, 2020	Scopus	Qualitative/ Descriptive

P15	<i>Stigmatized by association: challenges for abortion service providers in Ghana</i>	Africa, 2016	Pubmed/ Medline	Qualitative/ Descriptive
P16	<i>Care of women undergoing induced abortion: the perception of nursing professionals</i>	Brazil, 2015	BVS	Qualitative/ Descriptive
P17	<i>Health Professionals' Practices and Attitudes About Abortion</i>	Canada,2016	Pubmed/ Medline	Qualitative/ Descriptive
P18	<i>Caring for women through early pregnancy loss: Exploring nurses' experiences of care</i>	Australia,2020	Scopus	Qualitative/ Descriptive
P19	<i>Experiences of Nurses Who Care for Women After Fetal Loss</i>	USA, 2016	BVS	Qualitative/ Descriptive
P20	<i>Nursing Perceptions on Abortion Management and Care: Qualitative Study</i>	Brazil, 2015	LILACS	Qualitative/ Descriptive
P21	<i>Bringing together the 'Threads of Care' in possible miscarriage for women, their partners, and nurses in non-metropolitan EDs</i>	Australia, 2018	Scopus	Qualitative/ Descriptive
P22	<i>The experience of Italian nurses and midwives in the termination of pregnancy: a qualitative study</i>	Italy, 2017	Pubmed/ Medline	Qualitative/ Descriptive
P23	<i>Calculus formation: nurses' decision-making in abortion-related care</i>	USA, 2015	Pubmed/ Medline	Qualitative/ Descriptive
P24	<i>Nurses' Perspective on Caring for Women Experiencing Perinatal Loss</i>	USA, 2019	CINHAL	Qualitative/ Descriptive
P25	<i>Resilience or detachment? Coping strategies among termination of pregnancy health care providers in two South African provinces</i>	Africa, 2020	Scopus	Qualitative/ Descriptive
P26	<i>Deciding treatment for miscarriage – experiences of women and healthcare professionals</i>	Denmark, 2015	BVS	Qualitative/ Descriptive

The themes of the studies, which can be observed through the objectives that were outlined (TABLE 2), met the guiding question of this integrative review and are inserted in the range of assistance to women in situations of fetal loss or abortion at different levels of health care. The approaches are diverse among the selected studies and can be organized under the following perspectives:

- **Legal:** legislation on abortion and its knowledge by the professionals^{14,15,20}.

- **Nursing professionals in abortion or fetal loss care:** emotional impact; coping strategies in face of the challenges; reflection about the role and experiences; influence of moral and religious values; humanized care with active listening, empathy and respect; lack of qualification; the importance of the communication established with the woman and partner to offer information, perception and difficulties pointed out by the professional related to abortion care and orientations about the abortion process and post-discharge care ^{14, 15,17,18,19,20,21,22,23,24,25,26};
- **Institutional:** more adequate and welcoming organization of the service; multi-professional, holistic, and humanized care; ^{17,18,19,20,21,24,25,26}

To enable the convergence of the approach to the theme, the categorization and the main results of the articles, four main points were organized for discussion: 1. knowledge about abortion; 2. relevance of care strategies that overcome the challenges of assisting women in situations of fetal loss and abortion; 3. mechanisms of coping with emotions that interfere in the welcoming assistance; and, 4. importance of education and professional preparation for assistance to fetal loss and abortion.

Table 2. Scientific publications according to order number, participants, objective and main results, conclusions and recommendations, Curitiba, PR, Brazil, 2021.

Order	Participants	Objective	Main Results	Main Conclusions and Recommendations
P14	7 midwives, 4 general nurses, 3 nurses anesthetist 4 physicians	To explore the knowledge and perceptions of health professionals regarding unsafe abortion.	Religious and moral convictions and concern for women's safety influence the quality of nursing care. There is reported lack of clarity about the legal role of these professionals in the management of unsafe abortion.	Most providers have knowledge about abortion and legislation, but beliefs undermine the quality of care. Professionals with greater technical and emotional preparation should be on the front line of abortion services.
P15	36 health professionals (obstetricians, nurse midwives, pharmacist).	To explore knowledge and perceptions about Abortion Law and Policy and barriers to providing induced abortion services.	It points out the relevance of the expanded debate on the insertion in the training and, the proper dissemination of the guidelines related to abortion. Suggesting that it can, thus, qualify the assistance and minimize the effects of the "stigma by association".	Social stigma represents a barrier to abortion service delivery. To promote a less stigmatizing view, the broader debates and studies can be used, and care guidelines can be established.
P16	12 nursing professionals (nurse and nurse technician).	To know the perception of nursing professionals regarding induced abortion care.	For nursing professionals, care is mechanistic, focused only on the medical dimension. There is no humanized care through welcoming and active listening.	To train the professionals to develop specific skills and knowledge about the humanized care of induced abortion.

P17	174 health professionals (nurses, midwives, and doctors).	Identify the barriers to spontaneous abortion care.	Lack of confidence and knowledge to provide educational support on care in the face of miscarriage with the promotion of effective care.	The educational process on spontaneous abortion with health professionals contributes to an assistance free of misunderstanding and establishes the confidence to promote effective care.
P18	25 nurses	To explore the experiences and challenges of nursing professionals providing care in a fetal loss situation and their perceptions of how the healthcare facility could support them.	The nurses described that the assistance encompasses physical care, compassionate emotional care, the provision of information, and individualized assessment about the woman's needs. For them, the challenge of the job is related to the emotional impact, as well as the inadequate environment and insufficient time to provide adequate care.	The nursing professionals need to be supported by the health institutions, through continuous training and the possibility of exchanging experiences with other professionals, to meet the physical and emotional needs of these women, without harming themselves.
P19	24 nursing professionals	To examine the experiences, meaning, and personal consequences to professionals caring for women after fetal loss.	Nursing care regarding the physical, mental, emotional, and spiritual aspects of women results in positive and negative feelings to the nursing professional. Offering support at this difficult time is a privilege and satisfying, however, it can cause fatigue and emotional overload and, in some cases, the feeling of	Negative feelings, such as compassion fatigue, reflect directly on the quality of nursing practice as well as on the emotions of professionals. It is necessary to identify strategies to assist nurses in maintaining the best care, with protection to their emotional aspect

incompetence, exhaustion, and the desire to avoid care.

P20

19 nursing professionals (7 nurses and 12 nursing technicians).

Describe the process of managing and performing care for hospitalized women.

Nursing professionals have an ambivalent view on abortion care. For some, the discriminatory view results in a care focused on the clinical part and there is no quality interaction with women and the reception. Others, already recognize the essentiality of an integral and holistic care, regardless of the etiology of the abortion.

It is important that there is an articulation of perceptions, feelings, and the ethical behavior of professionals with the actions of planning, managing and caring. For this, it is necessary to maintain training processes, promoting confidence and professional preparation for care.

P21

6 nursing professionals.

To explore the experiences of women and partners in the situation of miscarriage, and of the nursing professionals in the care.

The emergency department environment is inadequate to provide the care needed by women and their partners due to high turnover and a dynamic and demanding setting with limited physical and human resources. Partners report that the attitudes of nursing staff are impersonal and cold with use of clinical terminology that is difficult to understand, and a lack of empathy and inclusion in professional care.

There is a need for educational policies to improve the care provided by nursing to women and their partners in situations of possible miscarriage.

P22	22 nurses and 2 midwives	To describe the experiences of the nurses working in the service attending to abortion, and the strategies used during care.	Assisting in the abortion process is a complex procedure for nurses and midwives. The assistance is performed with a focus on the clinical part, and there is difficulty in obtaining information about the patients' medical and pharmacological history due to insufficient articulation between primary and tertiary care.	Training is needed to avoid "mechanical" assistance, giving priority to humanized care. Other strategies suggested are collaboration between the primary and tertiary sectors, continuing education, and collaboration among the multidisciplinary team.
P23	25 nursing professionals.	Understand the conflicting perspectives and values in the provision of abortion care.	Nurses described caring for fetal loss as challenging, especially, due to the emotional impact and emotional reactions such as anxiety, sadness, grief, and fear. Moral and religious beliefs and values influence the quality of care and its agreement with the patient's wishes.	Of significance is the development of simulation exercises, in which a neutral space is created to enable nursing professionals to explore challenging ethical issues and share their views and beliefs.
P24	9 obstetric nurses	Describe the experience of care from nursing perspective and its influence on professional and personal life.	The participants demonstrated the challenges and difficulties of dealing with the emotional impact. Pointing out the need for greater preparation and knowledge to the provision of assistance.	Exercises, simulations, and conversation circles with other professionals represent a neutral environment for nurses to share their experience, challenges, and conflicting views of the work.

P25

30 nursing
professionals

To evaluate the
experience and meanings
of abortion care and
emotion coping strategies.

Caregiving has a great emotional impact on the lives of the nursing professionals performing the care. Nurses get strength to manage the situation that comes from means such as faith, support from other healthcare professionals and their families, and depersonalization of the situation. For fear of being judged and stigmatized, professionals find it difficult to share their experience with others.

To make it possible to offer support and well-being to the professionals, strategies must be created to promote the development of effective programs that allow the sharing of their experiences and practices in the units.

P26

5 health
professionals
(nurses and
doctors).

To explore the process of
choosing different
treatments in abortion
before 13 weeks gestation,
and its implications for
health care providers.

Women's emotional state interferes with their ability to process and understand the information provided regarding abortion treatments. How the health care provider counsels about the pros and cons of each treatment also influences choice.

It is necessary to provide sufficient information in counseling with the pros and cons of treatments. Quality care should focus on the needs of each woman assisted.

DISCUSSION

Abortion knowledge

Induced abortion represents a risk to women's health, especially if performed by unqualified health professionals, resulting in serious complications, and increased maternal morbidity and mortality. In addition to involving ethical, moral, and religious precepts, which may precede negative views about abortion and its legislation, impacting the quality-of-care practice. ^{14, 15}

The lack of a clear abortion policy can also influence care. In the country of Ghana, South Africa, the professionals feel confused about their role in abortion care, even though it is legalized. There is significant interference from social stigma, low quality of the public health sector, and little preparation and knowledge to perform the procedures. The gaps and interferences in the law result in ambiguous interpretations about abortion, and many consider the procedure illegal and reprehensible. The dissemination of guidelines and institutional support are actions to reduce the effects of stigma and offer safe care without discriminatory and punitive character. ¹⁵

As occurs in Ghana, West Africa, religious and moral precepts, in Brazil, have a strong influence on care in induced abortion. It is perceived that health policies and assistance occasionally distance themselves from the principles of the Unified Health System (SUS), such as integrality, universality, and equity, and do not consider the characteristics and socioeconomic circumstances of each woman, as well as her reproductive human rights. ^{15, 16}

Due to the lack of coherent and clear information about abortion, women do not know which services they should seek for a safe abortion, because when they arrive at the health service, they feel fear and/or shyness. Not infrequently, they are distanced and classified as selfish, irresponsible, and promiscuous, because abortion is considered a taboo and a shameful act, and so they resort to clandestine abortions. For some nurses, the timely and correct guidance to be directed to women, using appropriate communication and counseling on access to safe abortion and post-abortion contraception will be of great value in preventing the increase in maternal mortality and effectively promoting the education of these women. ^{14, 15}

Relevance of care strategies in the face of healthcare challenges for women in fetal loss and abortion

The nursing professional's care practice in situations of fetal loss and abortion involves integral and holistic care covering the physical, mental, emotional, and spiritual aspects with individualized assessment and the provision of correct information. However, this process can represent a complex experience for the nursing staff. ^{18, 19}

In certain cases, professionals consider that the assistance occurs mechanically, centered only on the medical dimension. Thus, for it to be carried out in a humanized way, the welcoming and educational process must be practiced, in which the patient and her family are the center of the care plan and deserve to be informed about all the steps and procedures to be performed. Therapeutic communication, in a clear and objective way, through active listening and without pre-judgments or comments that minimize the emotions of women and their families, is essential to identify the needs and desires, as well as to develop a quality service, which goes beyond the usual practice. ^{16,18,20}

The main challenge identified in the publications is related to emotional aspects. For nursing professionals, the act of witnessing the pain and suffering of women and their families can have a direct impact on their emotional capacities to provide timely and adequate care. Many report the inability to disconnect themselves from the injury caused by the experience since they share the sadness and anguish of that woman. ^{18,19,23, 24,25}

Thus, there is a need for care to be provided by professionals who have developed strategies to control their emotions to provide comfort to the woman. There are emotional needs of women and their partners that need to be addressed at a time of vulnerability, so it is important to create a therapeutic environment and a bond of support and trust. Thus, it encompasses holistic and humanized care. ^{18,19,23, 24,25}.

However, among other barriers described in the articles are the inadequate environment to provide care and lack of time to promote comprehensive care. The ideal is to offer a welcoming and private space with a specific room or ward for women undergoing abortion or fetal loss, separating them from other pregnant or postpartum women. This ambience could minimize suffering, allow professionals a closer interaction and the effectiveness of integral and humanized care. However, the reality

described has been another one, with clinical units inadequate to receive women undergoing abortion.^{20,21}

In studies on the context of the frequent assistance to miscarried women in emergency departments in Australia and Italy, it is pointed out the lack of professional preparation due to the high turnover of the same, and the need for agility in care, which ends up limiting privacy, due to the proximity to other pregnant women and the opportunity for a complete evaluation with the correct clinical follow-up.²¹

It is known that in emergency care, the woman needs to go through the triage process performed by nurses, in most cases, due to present hemodynamically stable and thus wait for medical care. On these occasions, the partners report perceiving, on the part of the nursing staff, an impersonal and indifferent attitude and language with the use of clinical terminology that is difficult to understand, besides the lack of empathy. Thus, the lack of support, compassion, and timely counseling in the circumstance of a possible fetal loss represents a devastating experience plus the suffering related to the circumstance.²¹

The emergency room, a complex, dynamic and demanding scenario with limited physical and human resources requires nursing to perform multiple activities as well as the medical team. And professionals working in these services recognize the essentiality of the empathic attitude and the provision of guidance and information about the abortion process, its effects and care after hospital discharge. For these professionals, working in emergency services, some initiatives allow the optimization of appropriate care, namely the development of creative and innovative health practices and the increase in the number of beds, favoring the privacy of women.²¹

As for the women's partners, they report that during the nursing team's care, there is a lack of recognition and inclusion of the partner in the care. It is necessary that they assume a firmer emotional posture and disguise their feelings to support and care for their partners and make their emotions seem insignificant to the team. The man, the partner, represents an essential part in the care and welcoming process, and it is essential that the team recognizes him, including his emotional well-being and his role as a father. The attention that both receive will have significant influence on how they should cope with grief and include in their actions strategies to promote future family planning.^{21, 22}

Another barrier described in the selected studies includes the lack of knowledge and confidence of nursing professionals to assist in fetal loss, especially in

abortion, whether spontaneous or induced. This condition may be related to the attitudes and ethical, moral, personal, and spiritual conflicts of the team members, as well as to the professional's lack of preparation. This fact can make access to care more difficult and reduce the understanding of the meaning of loss for the woman and her family, affecting the representation of pain and the meaning of loss for the professional. Thus, trust, knowledge and understanding of health professionals to provide quality nursing care are essential factors. ^{15, 17, 23}

Coping mechanisms of the emotions that interfere in the welcoming assistance

Regarding the care of women experiencing fetal loss, studies describe negative feelings on the part of professionals, such as anxiety, anger, intense sadness, frustration, and helplessness, in addition to the desire to avoid care/care. ^{19,24}

Therefore, it is essential to look for coping mechanisms to manage the situation, so that the care is provided with safety and quality to the women who live in a vulnerable moment of their lives, as well as to avoid the repercussions of emotional overload. ^{19, 25}

From this point of view, teamwork can be a great ally for the support offered by team members. The opportunity to share thoughts and feelings stimulates, in a significant way, the reflective process about one's own experiences and professional skills. The search for emotional support as a coping strategy occurs in several ways, among which are: the request for support from colleagues, management, family, and friends, besides the search for therapeutic sessions in groups with the presence of a psychologist, to clarify doubts and interprofessional learning. ¹⁹

It is also noteworthy that there are reports of frustration of professionals caused by the lack or insufficiency of management support to meet the emotional needs expressed. They feel that the management team minimizes the appreciation of the emotional impact resulting from the care of the fetal loss. It is understood that nursing professionals need to be supported in their work to remain active in meeting the physical and emotional needs of these women without harming themselves. ²²

However, some providers, especially those working in abortion care, find it difficult to share their experience with family members and acquaintances due to fear of being judged and stigmatized, and to avoid conflicts related to the issue. They avoid

sharing their feelings and resort to silence, which results in increased emotional burden and psychological stress.^{22,24,25}

Importance of education and professional preparation for fetal loss and abortion care

On the other hand, based on the selected studies, nursing professionals consider the ability to care for women in situations of fetal loss and abortion as a natural gift and a privilege. And, for this, they emphasize that professional experience and training stand out in the assistance provided, especially, valuing specializations in the areas of obstetrics, mental health, and even palliative care. They also explain that personal experience with maternity, pregnancy, and fetal losses help in the development of a humanized and integral care practice.¹⁸

However, many feel unprepared to offer the necessary care to these women due to little familiarity with the procedures performed, instruments and medications administered, but mainly on how to deal with the emotional aspects of the patient and with their own feelings. Focusing on the clinic, the lack of professional qualification can affect the quality of care provided and precipitate the triggering of anxiety and fear in the woman and her family as well as in the nursing staff.^{16,19,24}

In this sense, it is relevant that the assistance is provided by a multidisciplinary team with the presence of physicians, nurses, and psychologists, among others, because the interdisciplinary work aids the various dimensions of care and allows for discussion with exchange of experiences and opinions.^{16, 18, 21}

It is emphasized that professional training should be valued in academic training, so that there is the development of specific skills and knowledge about humanized and comprehensive care with respect to human, sexual and reproductive rights of each woman as well as bioethical principles, and that it is possible to promote fewer stigmatizing conceptions. In addition, the qualification allows the nursing team to feel confident to offer support and establish a bond with the woman and her family.

^{16, 18, 22}

In this sense, continuing education is another strategy conveyed in the studies, to improve nursing practice with interaction between professionals from different areas. Thus, institutional, and governmental support with the appropriate dissemination of training guidelines and the promotion of studies on the practice of

nursing care is of great importance to qualify the performance of the nursing team, providing the emotional and physical well-being of women, their partners, and families.

16, 22, 24

CONCLUSION

By detailing and exploring the aspects addressed in the publications selected for this integrative review, it was possible to reiterate the importance of comprehensive and humanized care in situations of fetal loss and abortion, which involve the reception, clear and objective guidance, and clarification of possible doubts.

Among the actions of the multidisciplinary team, nursing care for induced abortion is considered challenging, considering the physiological, psychological, and bioethical aspects involved. In this situation, professionals should offer the best possible care, based on the concepts of beneficence and non-maleficence, respecting the woman's autonomy.

The main challenge for nursing professionals regarding care for fetal loss, spontaneous or provoked, is related to the emotional aspects. Many nurses do not feel prepared to offer care due to the lack of qualification and professional preparation regarding the physical, clinical, and especially the management of the patient's emotional issues.

Professional training should be based on the period of academic training with the development of knowledge and skills for a humanized and comprehensive care with an approach to psychosocial aspects, applying therapeutic communication techniques with a focus on emotional care, in addition to respect for human, sexual and reproductive rights and bioethical principles. The dissemination of care guidelines and the promotion of innovative studies on the practice of care in fetal loss and abortion constitute another potential aspect for the strengthening of the quality of care.

It is concluded that, although the care practice represents a complex experience, on the other hand, it is rewarding for nursing to have the opportunity to be present and offer care and support in a moment of vulnerability with the need for shelter and comfort. It is essential that the professional be prepared for humanized and integral care, contemplating the physical aspects and the psychological suffering

of the woman, her partner, and family. They must also develop strategies for self-care that include their emotional and physical well-being.

The development of studies and guidelines on the subject is recommended to meet not only the needs of the assisted families, but also of the nursing professionals involved in the care, so that they have the necessary training to develop their work with excellence and safety.

CONTRIBUTIONS OF AUTHOS

All authors contributed equally to the design, collection, analysis, and discussion of the data, and still to the writing and critical review of the content and approval of the final version of the study.

CONFLICTING INTERESTS

"Nothing to declare."

FUNDING

There is not.

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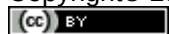
Submission: 01/19/2022
Accepted: 03/22/2022
Published: 06/01/2022

Section Editor: Edirlei dos Santos

Scientific Editor: Tatiane Gomes Guedes

Manage Editor: Maria Wanderleya de Lavor Coriolano-Marinus

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