



REVISIONES

Nursing care in situations of induced /caused abortion: an integrative literature review

Assistência de enfermagem em situações de aborto induzido / provocado: uma revisão integrativa da literatura

Cuidados de enfermagem en situaciones de aborto inducido / provocado: una revisión integral de la literatura

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Keywords: abortion; induced abortion; nursing care.

Palavras chave: aborto; aborto provocado; cuidados de enfermagem.

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ABSTRACT

Objective: To identify the scientific literature on nursing care in cases of induced abortion /induced.

Method: Integrative review aimed to answer the question "How is the nursing practice in situations of abortion?" The data were collected in August 2014, without time or language boundaries, which were in full in the databases LILACS, BDENf, MEDLINE and SciELO, the descriptors: "abortion," "abortion" and "nursing care". At the end of the process of data analysis 13 publications in condensed form figures were selected.

Results: It was observed that the work of nurses is performed technicality, discriminatory, julgatória and bureaucratic way, contradicting the guidelines of the code of ethics of the profession.

Conclusion: Discrimination and health hazards imposed on women by cultural, legal and religious grounds involving the issue of abortion, have contributed to the weakness of the assistance

RESUMO

Objetivo: Identificar na literatura científica sobre a assistência de enfermagem em situações de aborto induzido/provocado.

Método: Revisão integrativa, visando responder a questão “Como se dá a prática de enfermagem em situações de aborto provocado?” Os dados foram coletados em agosto de 2014, sem delimitação temporal ou de idioma, que estivessem na íntegra, nas bases de dados LILACS, BDNF, MEDLINE e SCIELO, a partir dos descritores: “aborto”, “aborto provocado” e “cuidados de enfermagem”. Ao final do processo da análise dos dados foram selecionadas 13 publicações condensadas na forma de figuras.

Resultados: Percebeu-se que a atuação do enfermeiro é realizada de forma tecnicista, discriminatória, julgatória e burocrática, contradizendo as diretrizes do código de ética da profissão.

Conclusão: A discriminação e os agravos à saúde impostos às mulheres, por razões culturais, legais e religiosas que envolvem a questão do aborto, têm contribuído para a precariedade da assistência.

RESUMEN

Objetivo: Identificar en la literatura científica sobre los cuidados de enfermería en los casos de aborto inducido / provocado.

Método: Revisión integral destinada a responder a la pregunta "¿Cómo es la práctica de enfermería en situaciones de aborto provocado?" Los datos fueron recolectados en agosto de 2014, sin límites de tiempo o de idioma, que estuviesen en su totalidad en las bases de datos LILACS, BDNF, MEDLINE y SciELO, a partir de los descriptores: "aborto", "aborto provocado" y "cuidados de enfermería". Al final del proceso de análisis de datos se seleccionaron 13 publicaciones condensadas en forma de figuras.

Resultados: Se observó que el trabajo de las enfermeras se realiza de manera tecnicista, discriminatoria, juzgadora y burocrática, lo que contradice las directrices del código de ética de la profesión.

Conclusión: La discriminación y los peligros para la salud impuestos a las mujeres por razones culturales, legales y religiosas que involucran el tema del aborto, han contribuido a la precariedad de la asistencia.

INTRODUCTION

Abortion is defined as the early termination of pregnancy and may be spontaneous, induced or caused, followed by the expulsion of the gestational product before the 22th week of pregnancy or when the fetus weighs less than 500 grams and measures less than 25 cm.¹ In most cases, induced abortion is the cause of an unsafe abortion. According to the World Health Organization (WHO), induced abortion / caused intentionally results in a procedure to terminate an unwanted pregnancy, usually performed by individuals not prepared or unfavorable.² Estimated environments that 85 million of pregnancies in world are unwanted resulting in 22 million unsafe abortions, of which 98% are carried out in developing countries.²

In Brazil, abortion is the 3rd leading cause of maternal death (12.5% of total deaths), with an estimate of 529,000 deaths in the year, accounting for about 350,000 admissions for post-abortion complications resulting in the 3rd largest because of obstetrical procedures realizados.³ Considered today a public health problem, this kind of abortion has serious consequences for women, such as bleeding, septicemia, peritonitis, trauma and reproductive abdominal organs, in addition to defray expenses that overwhelm systems health, particularly in countries with limited resources.³

In this sense, nursing plays an important role in this scenario should provide humanized care, ethically and that meets the real needs of these women, respecting life, dignity and rights of the human person throughout their life cycle, without discrimination of any nature and preserving the secrecy professional.⁴ mainly due to reproductive issues to make themselves in difficult scenarios, in inadequate conditions

resulting from unemployment and low education, marked by unstable relations of affection and conflict in violent environments.^{5,6}

Despite a wide range of currently found studies related to the issue of abortion in the literature, few show specifically how is the nursing care in abortion situations induced/triggered. The search for the correspondence of nursing actions in the context of abortion is an element of a socially relevant work may provide support for the reorganization of assistance in this context. In this sense, we question: "How is the nursing care in abortion situation?".

Thus, this study aimed to identify the scientific literature how is the practice of nursing care in abortion situations, in order to contribute to the construction of new knowledge on the subject able to guide the changes in improving assistance in clinical practice.

METHOD

This study aimed to answer the research question, selected as a research method integrative review. Thus, the structure of the study, delimited on the steps proposed by Mendes, Silveira and Galvão (2008), as the definition of the question, establishing criteria for inclusion and exclusion of studies, definition of information to be extracted from selected studies, reviewed studies, interpretation of the results and, finally, the knowledge synthesis.⁷

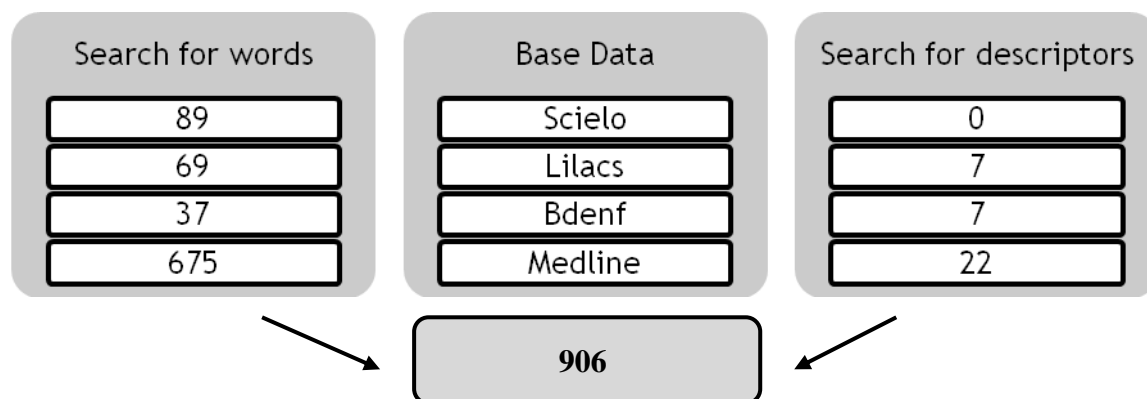
Data collection was conducted through consultation in three databases: Latin American Caribbean Health Sciences (LILACS), Database Resource Specializing in the Nursing area in Brazil (BDENF) and Medical Literature Analysis and Retrieval System Online (MEDLINE), and the query to a virtual library Scientific Electronic library Online (SciELO).

The survey of the studies took place in August 2014 period To select them, we used the Descriptors in Health Sciences (DeCS) "abortion", "abortion", "nursing care", "abortion", "nursing" and "nursing care". allowing you to perform an advanced search with three descriptors at the same time, the Boolean operators "[AND]" and "[OR]," as follows: **"abortion or induced or procured abortion and abortion nursing or nursing care or assistance nursing"**. Studies were included who answered the guiding question and met the following criteria: original research articles, published in English, Portuguese or Spanish and were available in full online and free.

The search has not had its time of publication limited because it is a specific study design, thus increasing its strength of scientific evidence. Exclusion criteria were: repeated publications, letters, editorials, reviews, proceedings of abstracts, theses, dissertations, course completion works, books, letters to the editor, reflective studies, and studies that did not cover the relevant subject to the review objective.

First, the search began for descriptors in the selected databases resulting in 36 references. Due to the limitation of studies found, it was decided to search for the words. Thus, by means of descriptors and the words cited above were found publications 906 (Figure 1).

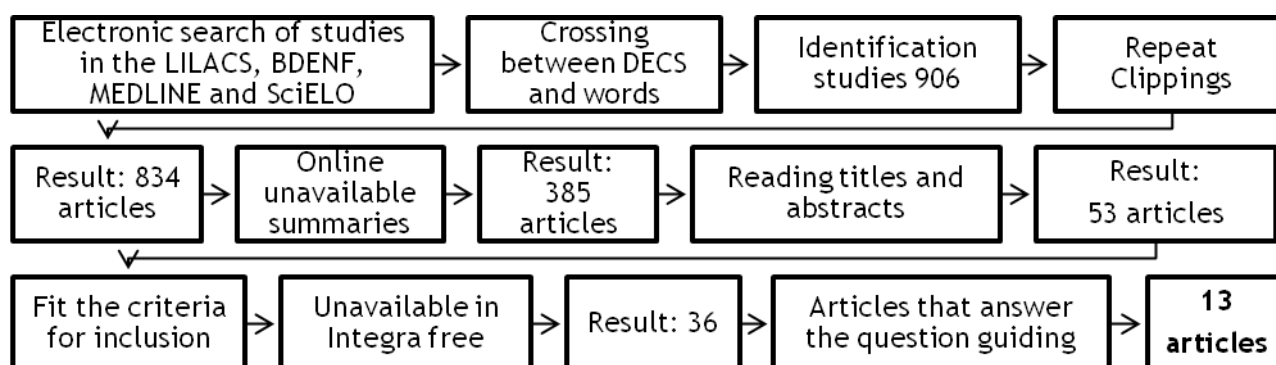
Figure 1. Identification of publications in databases in accordance with the criteria as descriptors and words. Brazil, 2014.



However, they were excluded 72 publications to be repeated and 449 for not having available online summary, leaving for later analysis 385 articles. For the analysis of the collected material, two independent reviewers critically read the titles and abstracts of identified publications and, in case of doubt or disagreement, a third reviewer was asked to deliver an opinion on the inclusion or not of the study. The degree of agreement between reviewers was established by the measure Kappae the achieved rate was 0.883.⁸ Of the 385 articles, only 53 met the objectives proposed by theme. Of these, 14 were excluded because they are not available in its entirety free of charge and 03 per suit the exclusion criteria, which resulted in 36 articles.

The evaluation of these articles was given by reading and re-reading the full text of selected materials with critical evaluation and systematization of data. After this analysis, only 13 items answered the guiding question and included the final corpus of the study (Figure 2).

Figure 2. Fluxograma identification, selection and inclusion of studies for the development of research. Brazil, 2014.



It is noteworthy that, from the search strategy studies the references of selected articles, no trials were found, justifying in part the choice of integrative review method. Thus, to assess the methodological quality that considers the production of scientific knowledge in nursing, in research conducted in a qualitative approach, we used the evidence of classification systems described by Melnyk&Fineout-Overholt.⁹

RESULTS

For the characterization of the selected studies, each article received a code called by the letter A (article) followed by the number presented in the order of selection (Figure 3). The synthesis of the sample of the second study year classification, region, level of evidence, the study approach and study setting is in Figure 4.

Figure 3. Coding of articles followed by the number presented in the order of selection. Brazil, 2014.

Code	Author / Title / Journal / Year
A1	Pereira VDN, Oliveira FAD, Gomes NP, Couto TM, Paixão GPDN. Abortamento Induzido: vivência de mulheres baianas. Saúde e Sociedade. 2012.
A2	Strefling IDSS, Filho WDL, Kerber NPDC, Soares MC, Gomes VLDO, Vargas ED. Cuidado integral e aconselhamento reprodutivo à mulher que abortou: percepções da enfermagem. Escola Anna Nery. 2013.
A3	Carneiro MF, Iriart JAB, Menezes GMDS. "Largada sozinha, mas tudo bem": paradoxos da experiência de mulheres na hospitalização por abortamento provocado em Salvador, Bahia, Brasil. Comunicação Saúde Educação. 2013.
A4	Mariutti MG, Almeida AMD, Panobianco MS. O cuidado de enfermagem na visão de mulheres em situação de abortamento. Revista Latino-Americana de Enfermagem. 2007.
A5	Gesteira SMDA, Barbosa VL, Endo PC. O luto no processo de aborto provocado. Acta Paulista de Enfermagem. 2006.
A6	Soares MCDS, Freitas VEDO, Cunha ARR, Almeida JLS, Souto CMRM, Dantas RA. Práticas de enfermagem na atenção às mulheres em situação de abortamento. Revista Rene. 2012.
A7	Gesteira SMDA, Diniz NMFD, Oliveira EMD. Assistência à mulher em processo de abortamento provocado: discurso de profissionais de enfermagem. Acta Paulista de Enfermagem. 2008.
A8	MortariCLH, Martini JG, Vargas MA. Representações de enfermeiras sobre o cuidado com mulheres em situação de aborto inseguro. Revista daEscoladeEnfermagem da USP. 2012.
A9	Mclemore M, Levi A. Nurses and care of women seeking abortions, 1971 to 2011. Journal Obstetric, Gynecologic and Neonatal Nursing. 2011.
A10	Gallagher K, Porock D, Edgley A. The concept of 'nursing' in the abortion services. Journal of Advanced Nursing. 2010.
A11	Kade K, Kummar D, Polis C, Schaffer K. Effect of nurses' attitudes on hospital-based abortion procedures in Massachusetts. Contraception. 2003.
A12	Cannold L. Consequences for patients of health care professionals' conscientious actions: the ban on abortions in South Australia. Journal of Medical Ethics. 1994.
A13	Marshall SL, Gould D, Roberts J. Nurses' attitudes towards termination of pregnancy. Journal of Advanced Nursing. 1994.

Most of the articles were carried out in the country (61.6%), predominantly qualitative approach to research (69.2%) and 50% of them bring the perception of forward professional assistance offered women in abortion situations . Noteworthy is the Northeast (30.7%) as further evidence for the publication of studies, followed by the

South (15.3%) and Southeast (7.6%). The obvious scenario as the publications of the studies were public hospitals (38.4%), especially for the years 2006, 2012 and 2013 (Figure 4).

Figure 4. Characteristics of selected studies in integrative second code review, year, region, country, level of evidence, the study approach and study setting. Brazil, 2014.

Code	Year/ Region / Country	* Level of Evidence	Study approach	Scenario study
A1	2012/Northeast/Brazil	6	Qualitative	Maternity public
A2	2013/South/Brazil	6	Qualitative	Universitary hospital
A3	2013/Northeast/Brazil	6	Qualitative	Maternity public
A4	2006/Southeast/Brazil	6	Qualitative	Hospital public
A5	2006/Brazil	6	Experience report	Maternity
A6	2011/Northeast/Brazil	6	Qualitative	Maternity public
A7	2008/Northeast/Brazil	6	Qualitative	Maternity public
A8	2012/South/Brazil	6	Qualitative	Basic health Unit
A9	2011/South/San Francisco	6	Literature revision	-
A10	2010/North/United Kingdom	6	Qualitative	Abortion clinic
A11	2003/South/Massachusetts	6	Qualitative	Hospital
A12	1994/South/Australia	6	Qualitative	Hospital
A13	1994/North/London	4	Qualitative	Hospital

* level of evidence proposed by Melnyk Fineout-Overholt (2005).

For data analysis, they were stratified according to the units of interest for the study. Such units were standardized and grouped according to the similarity of the central ideas presented: as assistance is offered, as it should be offered, the practice of abortion of reason and the emotional state of post abortion women (Figure 5). It was observed that when it sought the abortion practice of reason, only three (23%), brought possible causes of the act. Due to the nature of the methodology found in the sample studies, it was not possible of results. analysis

Figure 5. Standardized and grouped units as the similarity of the central ideas presented in an integrative review. Brazil, 2014.

Code	As assistance is offered	As the assistance should be offered	Practice of abortion Reason	Emotional state of women
A1	Lack of information or monitoring. Based only on the physical. judging assistance	Guide the conduct, providing a free service judgment	Financial difficulties, domestic violence, number of children.	Fear, sorrow for having a life, sense of relief and guilt at the same time.
A2	Discriminatory assistance, technician, with lack of information.	Humanize care, ethical and respectful manner.	Maternal age, health conditions.	-
A3	Improper questioning, physical and verbal ill-treatment. Lack of confidentiality and information.	To encourage the proper disposal of fetal remains. Appropriate guidelines.	-	Social stigma, anxiety and fear of death, loss of autonomy.
A4	Technician care. bureaucratic practices, lack of information, judgment or preconceptions.	Separating mothers post-abortion women.	Socioeconomic reasons	Fear of family and social censorship.
A5	Technologic practices.	Provide social and psychological support.	Inappropriate use of the contraceptive.	Grief, guilt because of their beliefs.
A6	Lack of humanization. technician approach and judgment. professional unpreparedness to deal with the situation.	Provide for the physical, emotional, affective and social needs.	Unfavorable conditions.	They mourn the loss and for committing the act.
A7	Condemnatory attitudes and prejudices. Neglect and postponement of assistance. Reproof and punishment.	Interfering in a professional manner, no personal questions.	-	Contact with pain, guilt, despair and regret.
A8	Impartiality in an attempt to prevent	Respect the woman's decision,	-	They feel trapped and

	abortion. Judging and without reference to reproductive rights.	and should not judge it by the practice of abortion.		anguished.
A9	Provided in a negative way. religious interference.	Listen, welcome and support.	Rape, failure of contraception and financial reasons.	They ignore the legal consequences and the risk of death.
A10	Welcoming. Visa's right to choose. Focuses on the patient and not the product of abortion.	-	Unpreparedness to generate. Partner incentives.	Relief.
A11	Reluctance of nurses. Indifference.	-	-	-
A12	There is a refusal to care for patients who had an abortion in the second quarter for reasons of conscience.	-	-	-
A13	Negative before the abortion, related to religion, ethnicity and gestational age.	Provide free support prejudices and dialectical judgments.	-	-

DISCUSSION

As noted in the introduction, the theme of provoked / induced abortion is relevant in discussions within the women's health in the academic scientific production today. It is a theme that is becoming a public health problem that deserves attention due to the high rate of deaths arising from the practice of complications of interruption of pregnancy clandestinely with selected frequency among Brazilian women.²²

It can be noticed that the publications in Brazil concerning assistance in the abortion process began to emerge from the year 2006, which suggests a new look to women's health from the thematic introduction in the National Comprehensive Care Policy to women's health (PNAISM) established by the Ministry of health (MOH) in 2004, with a goal of ensuring the human rights of women and the reduction of morbidity and mortality from preventable and avoidable causes.²³

With regard to nursing actions identified in the sample provoked / induced abortion situations, realized the prevalence of a technical assistance, based on the physical needs presented by women, from^{5,10,14} followed by a discriminatory assistance, and judging burocrática.^{7,9,12, 21} the refusal by professionals to provide customer service can be seen in two studies.^{19,20} Given the above, we can infer that the assistance is

not being guided in holistic look at these women, but based only on physical refuting the individualized care and reinforcing the lack of information or monitoring.

Still, it was observed that in some studies the care provided by the nurse did not address the real needs of women who practiced abortion resulting in some cases aggression verbal.^{5,11,14} Only in a study health education during hospitalization was elencada the perspective of prevention of recurrent miscarriages.¹⁸ the admission should be conducive to carrying out activities involving guidance and counseling in order to strengthen family planning and the prevention of new practices abortivas.²⁴ Moreover, it is necessary to respect the woman by providing opportunities abortion option at that time listening to the reasons that led to opt for this practice.²⁵

It is noteworthy that the code of ethics of the nursing professional emphasizes that assistance should be provided free of discrimination, exercised with dignity, competence and responsibility, under any form of violence exerting the way that meet the health needs holistically preserving the autonomy of people.⁴ In addition, the Federal Constitution cherishes more than 20 years for assistance to universal and comprehensive health care free all levels of prejudice and privilégios.²⁶ only one study, the focus of the assistance was the patient practitioner of abortion and not fact itself.¹⁸

Another important issue addressed in the sample study was how the assistance should be carried out free of personal judgments and dialectical, humane and meets the actual physical, emotional and affective these women.^{5,10,14} The humanized care in abortion situations, whether provoked or spontaneous, must follow the fundamental principles of bioethics as autonomy (allowing women to decide on issues related to their body), beneficence (doing good), non - maleficence (avoiding as much as possible damage) and justice (be impartial preventing their opinions interfere in attendance).¹ it is the duty of all health professionals appreciate the assurance of these rights whatever the situation.

In addition, some sample articles reaffirm this viability during service and add that this should be accompanied by a social service and psicológico.^{11,14} After the abortion, is of great importance for women, in addition to being a right, get a integrated psychosocial care to a multidisciplinary practice the emotional state of the same if she so desired. It can be included in the conversation script these professionals motherhood, the desire to be or not mother, sexuality, the relationship with the partner, the verbalization of feelings, understanding the meaning of abortion and the reasons that led to the emergence of the interruption of a unwanted pregnancy.³

A relevant point appointed only in the study of Carneiro Iriart and Menezes is that the institutions should be reorganized as the admissions of women who have suffered or caused abortion in order to separate them from mothers in an attempt to reduce the loss of memory of son and the desire to be a mother.¹³

Among the abortion practice of reasons it was possible to identify the financial hardship, violence, marital status, education level, maternal age, number of children, unwanted pregnancies, failure and/or improper use of contraception (for lack of knowledge or access to them) and unfavorable social and economic conditions. Note that part of the reasons that led to the practice of abortion are related to factors specific woman. However, failure in health care in the field of sexual and reproductive rights, also contributed and contributes to this practice, stressing the importânciada implementation and development of actions aimed at family planning in health

services.²⁷ to unsafe abortion, most often, is an occurrence of one or more of these factors associated so that a subject has an influence each other.²⁸

As for the emotional state of the practitioners of abortion women, it was realized alternating feelings of fear, guilt, repentance, social stigma and blame, whether family or by the professionals saúde.^{5,11,16} there is a dialectic between the practice illegal, the legality of the decision and the right over her own body, followed by a feeling of punishment of their own mother. The sense of relief and amelioration of the blame for spousal support were positive feelings evidenciados.^{5,13} There is no consensus in the literature regarding post-abortion psychological consequences and can be considered an emotional trauma, as well as a growth experience and maturation associated with positive and negative feelings.²⁹

However, it is necessary that the nursing professional to act in order to advise and guide these patients in order to minimize discrimination through the humanization of social relations and professional assistance. In addition, it is necessary to understand the context that the woman is inserted in front of his decision on abortion practice. Nurses should, as a guide of assistance both in primary care and in hospital, call to itself the responsibility of a pre-established concepts of free attention that can influence the quality of care. It should be argued, among other practices, the elaboration of mourning by these women in an attempt to educate them constructively to prevent a new event.

END CONSIDERATIONS

The work of nurses in abortion situations induced / caused mostly is performed technicalities, without creating an emotional bond with the patient, contradicting the guidelines of the profession's code of ethics. It is observed that there is a difficulty of professionals join a practice not to judge in their daily activities, ranging from what is right and what is practiced, due to ethical, moral, cultural and religious rights of each one, which has contributed to the precariousness of assistance. Furthermore, a systematic approach is needed for the development of actions in care practice aimed at the final result the promotion of women's health and reproductive rights.

However, it is believed that this study will contribute to a reflection of the existing healthcare practice of nurses in the scientific literature. It is noteworthy that for the construction of this study were subject to the ethical dimensions and the central ideas of each author with a focus on quality of care and not on the legality or otherwise of the practice of abortion. In addition, we included only the articles available for free via the Internet way, bearing in mind that some important work to the theme may not have been considered, it appears as a limitation of this study.

Levels of evidence identified for assessing the methodological quality of the sample of articles found were weak, or point out gaps in the production of scientific knowledge in the nursing field. In this perspective, it is suggested that further investigations of strong evidence or even scientific evidence, such as clinical trials, for example, be carried out under this issue in order to provoke further discussion about the issue of.

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