

The role of the nursing team in dealing with fetal death: A literature review

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ABSTRACT

According to the Ministry of Health (2009), fetal death occurs due to the death of the product of pregnancy before expulsion or its complete extraction from the mother's body, at any time during pregnancy. Studies show that even though fetal death is a health problem with a high incidence, it doesn't receive the same attention as other types of infant death.

Keywords: Fetal death, Pregnancy, Nursing staff.

INTRODUCTION

According to the Ministry of Health (2009), fetal death occurs due to the death of the product of pregnancy before expulsion or its complete extraction from the mother's body, at any time during pregnancy. Studies show that even though fetal death is a health problem with a high incidence, it does not receive the same attention as other types of infant death (Vescovi & Levandowski, 2023; Alvarenga et al., 2022). During this delicate process, feelings of helplessness prevail, as well as the destruction of expectations and dreams of what they were unable to know. During this period, there are no memories of the loved one, making the grieving process even more difficult, since the child was only remembered in the mother's imagination or by small evidence during pregnancy (Ramos & Canta; 2020). In this way, bereavement is one of the most painful experiences in a woman's life, which becomes even more arduous upon arrival in the hospital environment, where now, as a patient, the mother will have to accept that she has lost her child, often through unpreparedness, ineffective communication and lack of support from professional staff. Few studies have been found in the literature that address questions about how the health team cares for women after they have experienced fetal loss. In this context, it is believed that the process of maternal bereavement occurs in a hidden way, with suffering intensified in the hospital context. However, the health team can act to identify the family's needs in the face of fetal loss, as well as providing support in the process of coping with bereavement.

OBJECTIVE

To identify cases of fetal death related to hospital care and the role of the nursing team in caring for bereaved women.

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METHODOLOGY

This is a qualitative study of the bibliographical review type. To include the articles, we used publications in English and Portuguese, available electronically in the databases Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SCIELO) and Google Scholar, using the following keywords: Fetal Death; Women's Health and Bereavement. The date of publication was considered to be between 2009 and 2023. Of the 30 articles found, 10 were selected according to the aim of the study. An exploratory reading was carried out, followed by a synthesis of the material and the themes that emerged from three categories were compiled: "feelings of child death", "bereavement" and "health care".

DEVELOPMENT

In relation to the category "Feelings about the Death of the Child", the confirmation of pregnancy can transform a woman from her physical, emotional and psychological aspects, in addition to changes in her image, which can bring feelings of anxiety and insecurity. From the start of intrauterine movements and the auscultation of fetal heartbeats, everything becomes real, as do the expectations and dreams about the future of her child (ALVES, 2018). When pregnancy loss occurs, the woman is faced with deep and traumatic traces of moments when she idealized the coming of her child, with a strong bond of love and affection. Although she receives support from family and friends, the process continues in a solitary way, experiencing the relationship with the child still in her womb in a unique way (AMTHAUER, 2017). Couples who go through the process of fetal loss find it difficult to accept their grief as a result of the lack of support from those who have not suffered from the loss, as well as the lack of social recognition, resulting in feelings of guilt, anxiety, fear, depression and helplessness due to the unpreparedness of those around them.

In the "Grief" category, Elizabeth Kubler-Ross (1969) stands out as a pioneering author who addresses feelings in five emotional stages: Denial of the truth. Anger, with a prevalence of resentment, which can intensify with the unpreparedness of the healthcare team, making it essential to accept the patient's anger, as it will bring relief and better acceptance of death. Bargaining, with promises to God. Depression, where the patient is in emotional preparation, an important phase for reorganization. And finally, acceptance of the loss. Family members going through bereavement hardly receive any support at this time of readjustment to reality, experiencing a psychological and social process with a loss of interest in the world and a reduction in their daily activities, returning their focus to their suffering. Many authors state that bereaved people mistakenly assume that acceptance will come quickly after death, which is why education on preparing for death is so important.



Regarding the "Health Care" category, it is known that historically fetal deaths have been neglected by health services due to the lack of analysis of their occurrence in the work routine, together with the lack of specific investments to reduce them (BRASIL, 2009). Nursing professionals should receive prior preparation to communicate the bad news, in a place where there is privacy so that the patient can be comfortable to express their feelings and establish a connection between the health professional and the family (AMTHAUER, 2017). In the workplace, each individual will behave differently according to their personal experiences and social context, which can have a positive or negative influence on the grieving process.

FINAL CONSIDERATIONS

The research provided a broader view of the moments following fetal death, confirming the presence of weaknesses in health care that impact on the patient's recovery. Welcoming women must be approached in conjunction with the different areas and fields of knowledge, and health professionals must be prepared to deal with the beginning of the mourning process and its specificities, as it is an extremely delicate subject to approach. There is still a lack of improvements in health services focused on fetal death care, and there is a need for educational programs with the multi-professional team, so that women and their families receive comprehensive care and have psychological support to deal with the grieving process.



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