

CHAPTER 57

Nursing care to women who have experienced fetal death: literature review

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ABSTRACT

The death of a baby still in the maternal uterus reverses the logic that people are born, age and die. In this sense, the adequate treatment from a nurse to the pregnant woman is extremely important due to the fact

that the process of the human existence pass through inversions. In this present study, it was made a review from an integrative literature in order to analyze the main causes of fetal deaths and the care of the nurse to women who experienced the fetal death based on the published scientific literature. The search of the texts was made in the Portal of the Virtual Health Library (VHL). Scientific texts published in Portuguese, full texts, full texts online and with relevant topics to the research from the past 10 years were included. It was resulted in 10 texts. It is concluded that the most part of the fetal deaths occurred without a defined cause and it could be prevented through adequate care provided to women during pregnancy. The nurse feels limited to provide an adequate care to women who experience the fetal loss but demanding more sensitivity in more empathetic relationships in the care of these women.

Keywords: Fetal Death, Nurse, Caring in Nursing.

1 INTRODUCTION

In order to understand the concept of fetal death, the World Health Organization (WHO) defines the term as death prior to complete expulsion or extraction of a product of conception from the mother's body, regardless of the duration of pregnancy. This condition is evidenced by the following parameters: absence of breathing, as well as absence of fetal heartbeat, pulsation of the umbilical cord, and effective movements of involuntary contraction muscles (MIRANDA, ZANGÃO, 2020).

Fetal Death (FO) can occur early in fetuses weighing 500g, 22 completed weeks of gestation or more. Late Fetal Death can occur in fetuses weighing 1,000g at 28 completed weeks of gestation or more. Gestational loss below 22 weeks is considered by the International Classification of Diseases (ICD) as miscarriage (SUN et al., 2019).

Studies point out that 50% of the causes of Fetal Death are associated with maternal infections in pregnancy, maternal diseases including syphilis, diabetes and hypertension, placental complications and fetal growth restriction. The other 50% of cases are due to unknown causes and

often cannot be attributed to maternal, fetal or obstetric causes. Thus, the dimensioning of the current context is scarce due to information deficit in underreporting (MENEZZI et al., 2016).

Regardless of the type of fetal death, Ordinance No. 72 of January 11, 2010 of the Ministry of Health (2010) establishes the mandatory completion of all fields of the death declaration filled out properly.

Epidemiological studies become relevant for a greater understanding of the problem exposing the need for preventive measures in order to reduce the number of cases. The total occurrence of investigated deaths with informed summary form, investigated death without informed summary form and deaths not investigated according to the duration of pregnancy, in the state of São Paulo, 2019 (BRASIL, 2019).

The table below presents the total number of deaths in the state of São Paulo, indicates with higher prevalence deaths with gestation duration between 22 and 27 weeks.

Table - Epidemiology of fetal deaths in the state of São Paulo, 2019.

Gestation Length	Death investigated, with summary sheet reported	Death investigated, no summary sheet reported	Uninvestigated death	Total
Total	3.379	93	1.613	5.085
Less than 22 weeks	225	6	155	386
22 a 27 weeks	865	31	522	1.418
22 a 27 weeks	537	19	282	838
32 a 36 weeks	835	19	299	1.153
37 a 41 weeks	717	11	145	873
42 weeks and longer	2	-	1	3
Ignorado	198	7	209	414

Source: DATASUS. Mortality - Brazil. Ministry of Health, 2019.

Within this problematic, the Obstetric Nurse is responsible for the full care of the pregnant woman from her first stage to the last weeks before delivery. During this process, the nurse must provide care and guidance to the pregnant woman and her family, from adverse events that may occur during this process and prepare them for birth (BOBAK, PERRY, LOWDERMILK et al., 2002).

The death of a baby still in the mother's womb inverts the logic that people are born, grow old, and die, configuring itself in a very peculiar psychic elaboration work due to people's usual representations. For the parents and families involved, the rupture of life usually generates profound effects, and the non-appreciation of the whole context can lead to significant losses for the bereaved (SCHMALFUS et al., 2018).

In this sense, it becomes extremely important the proper care of the Nurse to the pregnant woman since the process of human existence goes through reversal. For this, the Nurse must obtain scientific and humanized knowledge of how to provide effective care in the physical, emotional and social context, empathizing with the woman and her family, offering care, support and guidance ((BOBAK, PERRY, LOWDERMILK et al., 2002).

In the Research Priority Agenda of the Ministry of Health (APPMS), it has 14 Axes and is concretized through nuances, epidemiological data, and with the support of all the health secretariats. Axis 10 - Women's Health or Axis 14 - Maternal and Child Health do not specify research on abortion or fetal death. However, there is an exception made in Axis 13 - Indigenous Health, 13.14 - Evaluation of birth and death records in indigenous communities and development of tools to improve the coverage of these records in Brazil (BRASIL, 2018).

Despite this, it is understood that the Nurse should seek more knowledge to guide the care provided to the family experiencing fetal death.

Thus, the theme of this study was thus established as of utmost importance in the development of research with the aim of improving health services and the care provided to women.

The guiding questions of this study are: what are the main challenges faced by nurses when caring for women who have experienced a fetal death and how should nurses care for these women?

This study aims to contribute to the production of scientific knowledge about caring for women who suffer fetal death and to redirect practices in order to improve the quality of care provided by nurses.

2 OBJECTIVE

To analyze, based on published scientific literature, the main causes of fetal deaths and the care provided by nurses to women who have experienced a fetal death.

3 THE CARE IN NURSING

The nurse is the professional responsible for various forms of care and according to a hospitalized client:

It is individualized care aimed at rescuing the aspects that are hidden by hospitalization. It is one of the most sublime jobs among all professions, because we are all, at any moment of our lives, a potential client. It is an action that produces care through frequent interaction with the client, respecting his or her right to question this care and to express an opinion about it. It is also any nursing action that aims at well-being and health. Caring implies several technical and informative activities to the client and the family, it is to implement nursing actions to meet all the needs of the client and his family. It is to contribute to the client's recovery of balance and homeostasis. Providing care is a daily challenge, it is the art of caring with much love,

help, understanding, dedication, and presence, contributing to the development of science. It is the permanent reminder that the client is not just a problem/illness". (COELHO, 2006; p. 2).

The client's expression and what is said by him/her is connected to what he/she is feeling, allowing the nurse to draw specific and efficient care plans. In the same way, this professional can use the technique of caring through gestures and words, generating emotional support to the client, seeking the exteriorization of feelings and needs. (COELHO, 2006).

4 THE DEATH AND DYING

According to Afonso and Minayo (2013), the theoretical framework of Elisabeth Kubler-Ross on death and dying, title of one of her books, describes the five stages of death by which people went through in a life-threatening situation: denial, anger, bargaining, depression and acceptance. Kluber-Ross' studies, described the relationships that involve the staff, the patients and the families, understanding that only theoretical knowledge was not enough, it was necessary to work with "heart and soul".

The five identified stages that a patient may experience during the period of grief or their terminality. Denial may be temporary and a defense, anger where feelings of anger and resentment arise and may be accompanied by questioning of "why me?", bargaining usually made with God or associated with contained guilt, depression where the feeling of sadness allied with another feeling becomes prolonged, and acceptance the one where the patient starts to accept the facts (SUSAKI et al., 2006).

Kluber-Ross' life story still according to these authors reveals that she was a Swiss-American psychiatrist, had a very low birth weight, being one among triplets, with the ideal of proving that she deserved to be alive. She also experienced World War II, working in Poland and Russia, with first aid care, starting her interest in the theme of death and dying (AFONSO, MINAYO, 2013).

5 MATERIAL AND METHODS

This study is an Integrative Literature Review. The Integrative Literature Review is a method that aims to synthesize research results on a given topic in a systematic way. It is called integrative because it provides broader information on a subject and/or problem forming a body of knowledge (ERCOLE, et al., 2014).

The Virtual Health Library (VHL) is the main channel of access to the research titles of the Ministry of Health (MH), besides being one of the main responsible for conveying scientific studies available in full and dissemination of bibliographic information produced by the Ministry of Health.

The purpose of the VHL is to gather, organize and disseminate information, making it accessible to health professionals, citizens in general and governments (VHL, 2021).

Through the site, a large collection is maintained with complete texts for research, digital books, primers, manuals, among others. In addition to possible access to international data such as Medical Literature Analysis and Retrieval System Online (MEDLINE) and Latin American and Caribbean Literature on Health Sciences (LILACS), which are bibliographic references of scientific documents focused on health.

To carry out this study, we used six steps indicated for the organization of reviews: 1- The elaboration of the research question; 2- the inclusion criteria of studies and sample selection; 3- data collection; 4- critical analysis of the studies, comparing the differences and conflicts between them; 5- analysis and interpretation of results and 6- presentation of the review, in a clear, evidenced and related way (MENDES, SILVEIRA, GALVÃO, 2008).

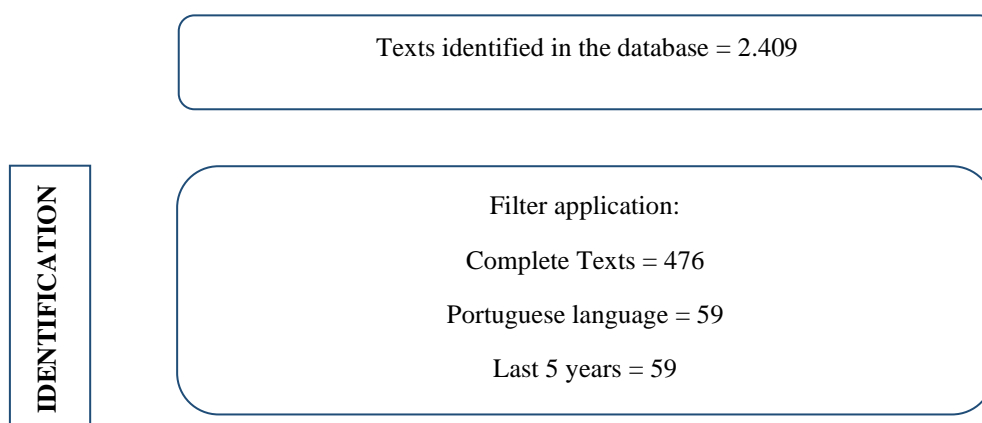
The following Descriptors in Health Sciences (DeCS) were used: Fetal Death, Nursing Care, Feelings and Emotions with the Boolean operator AND.

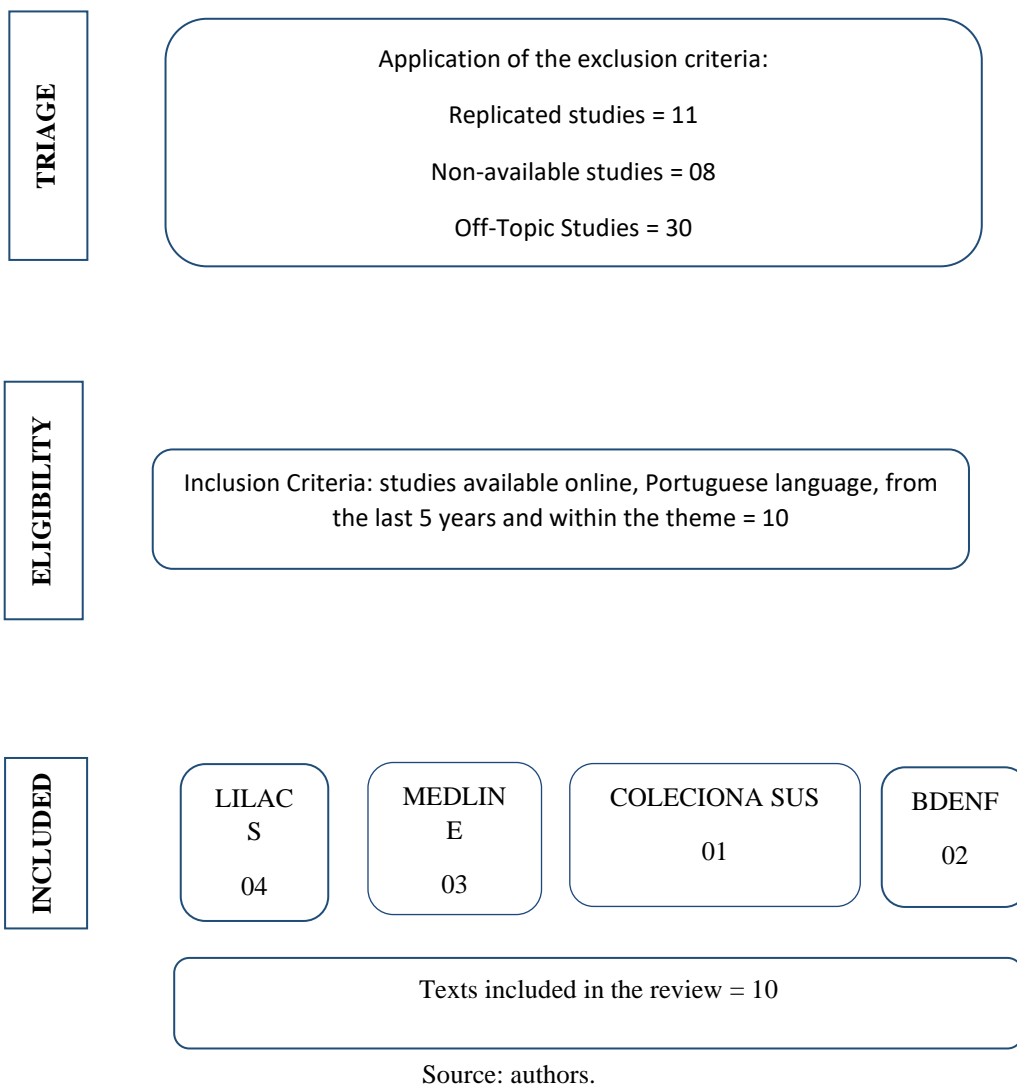
Inclusion criteria for text selection were: publications in the last 10 years, studies in Portuguese, texts with themes relevant to the research. Exclusion criteria were publications longer than the stipulated period, studies in other languages, integrative review studies, and repeated studies.

The data collection period occurred in August 2021.

We identified 2,409 publications, but 10 texts were selected because they fit the inclusion criteria. To analyze the texts, a data collection instrument was developed with the following variables: title of the article, authors' names, database, journals published, year of publication and main results, Figure below.

Figure - Flowchart of the text selection search method.





6 RESULTS AND DISCUSSION

The 10 texts selected for analysis in this study were listed in the **chart** below.

Chart - Distribution of the texts according to the title of the work, authors' names, database, journal published, year of publication and main results.

N.	Title of the texts	Authors	Database	Journal	Main results
01	Avoidability of fetal deaths: Reflections on the Brazilian list of causes avoidable by single health system interventions.	Fonseca <i>et al.</i> , 2021	MEDLINE	Public Health Journal	Ineffective identification of the causes of fetal deaths, under-resourced prenatal consultation, and deficits in completing the Death Declaration.
02	Factors associated with mortality from nonspecific and poorly defined causes in	Baleiro <i>et al.</i> , 2020	MEDLINE	Science and Collective Health	Mortality from ill-defined causes is associated with spatial and temporal

	Amazonas State, Brazil, from 2006 to 2012.				dimensions, demographic and socioeconomic factors, and the assistance provided at the time of death.
03	Women in fetal loss: nursing care limitations.	Schmalfu ss, Matsue, Ferraz., 2019	BDEF	Brazilian Journal of Nursing	To identify the limitations related to the nurse's assistance involving feelings of insecurity and helplessness, inappropriate attitudes with the women.
04	Avoidability of infant and foetal death: dialogue between the committee and primary health care.	Ferreira <i>et al.</i> , 2019	LILACS	Portal of Nursing Journals	It evidenced the implementation and organization of technical groups to review conducts and work process and propose improvements in assistance during prenatal care.
05	Maternal age and perinatal outcomes in high-risk pregnancy.	Almeida <i>et al.</i> , 2018	BDEF	Nursing Journal	The study identified prematurity related to advanced age at gestation.
06	Perinatal deaths preventable by interventions of the Brazilian Unified Health System.	Rego <i>et al.</i> , 2018	LILACS	Gaúcha Nursing Journal	It showed as the main causes of fetal deaths: fetus and newborn affected by maternal affection and asphyxia/hypoxia or being born.
07	Hospitalizations for obstetric complications during pregnancy and maternal and perinatal outcomes in a cohort of pregnant women in the Unified Health System in the city of São Paulo, Brazil.	Moura <i>et al.</i> , 2018	LILACS	Public Health Journal	It identified a higher rate of hospitalization for obstetric complications of pregnancy in women with infectious diseases, diabetes and hypertension, older than 35 years, and low education.
08	The process of analyzing the avoidability of infant and foetal deaths: a single case study.	Ruoff, Andrade, Piccoli, 2018	LILACS	Texto Contexto Enf	The factors that contribute to the occurrence of infant and foetal death and the situations that trigger the deaths synthesize the process of death case analysis from the perspective of avoidability.

09	Surveillance of fetal death: study of the main causes.	Menezzi et al. , 2016	MEDLINE	The World of Health	It was observed that among pregnant women between the ages of 18 and 29, the causes of death did not present any associated risk factor.
10	Synthesis of evidence for health policies: reducing perinatal mortality.	Barreto, Souza e Chapman , 2013	COLECIO NA SUS	Brazil	Describes the development of techniques for reducing fetal and perinatal deaths in the public health service.

Source: authors.

The survey of possible causes of fetal death allowed the observation of a possible weakness in the health system, as well as in the assistance provided by the team, related as the main complaint the difficulty of access to health services, treatment and nursing consultations (RUOFF, et al., 2018).

Some of the factors that may contribute to the occurrence of fetal death are the biological factors that can be analyzed through data contained in medical records and examinations, in relation to the care of pregnant women, information is sought in the home environment, considering maternal self-care and the woman's desire to become pregnant and socioeconomic factors that are analyzed social indicators such as maternal age, education, economic status and housing (RUOFF, et al., 2018).

The frequencies of fetal deaths indicate higher incidence in pregnant women under the age of 30 years. Most deaths occurred mainly after 37 weeks of gestation and in most cases no associated risk factor was identified by the health care team. Among the multiple gestational interurrences there was relative difficulty in determining the specific cause of death (MENEZZI, et al., 2016).

The most frequent causes of obstetric complications that made hospitalization necessary for these women were: infections, hypertensive diseases, diabetes mellitus and hemorrhages. Being more common among mothers over 35 years and with multiple pregnancies (MOURA, et al., 2018).

Analyses with regard to fetal death showed common characteristics, mothers aged between 20 and 34 years who maintained more than 8 years of schooling, being the vaginal route the main type of delivery (REGO, et al., 2018).

Studies indicate that large differences in maternal age should be considered as a risk index. Adolescents and women considered of advanced age for pregnancy are more vulnerable to complications and unfavorable pregnancy outcomes. Adolescent mothers indicate higher rates of identifying the need for immediate treatment or intervention after birth, as well as mothers over the age of 35 are more susceptible to having premature children (ALMEIDA, et al., 2018).

Studies indicate that if the woman who experiences a fetal death receives adequate care from the health team at that moment, aiming at qualified care in both the physical and mental areas, it helps in the grieving process, making it lighter to face diversity. To this end, the professionals who work in direct obstetric care to women are included. Among them highlights the role of nurses, who do not always feel prepared or comfortable to provide such assistance, also evidenced that these professionals feel insecure about the best form of care, added to the lack of strategic knowledge, skills and resources (SCHMALFUSS, et al 2019).

Thus, although nurses value all the emotional support provided to mothers going through this loss, studies indicate that to qualify the assistance provided they should: adapt the curriculum, always be updating with courses and evidence-based training; create nursing protocols; keep the technique related to clear and effective communication updated; provide individual assistance to each woman; provide humanized care in labor; make use of all available structure in the health service, as well as all support networks.

They also recommend that to provide adequate care in a situation of fetal loss all staff should, show deep respect to the woman and the whole family, provide information in an objective, supportive and calm way, provide the creation of memories if possible let the parents hold the baby, bathe, talk and participate in ceremonies and consider mourning as a process of life and not with professional failure (SCHMALFUSS, et al 2019).

The fetal death can generate numerous emotional impacts to all, family, professionals involved and, from this, each individual goes through a process of acceptance / differentiated grief, however, the assistance taken tends to get a standard for all, in view of their exposure to a delicate situation and vulnerability (SCHMALFUSS, et al., 2018).

In order to reduce the mortality rates, each municipality maintains Epidemiological Surveillance professionals who are responsible for investigating cases of death. The investigation process is done through the death declaration (DO), followed by an investigation through the woman's medical records, analyzing all interventions during the pregnancy. The epidemiological surveillance professionals can also conduct home visits in order to reconstitute with the family the facts that led to the death. After the survey of the problem, it is suggested that there is a discussion with the multidisciplinary team so that similar cases do not occur again (FERREIRA, et al 2019).

Thus, the Ministry of Health, ORDINANCE No. 1.459, OF JUNE 24, 2011, established, within the Unified Health System (SUS), the Stork Network, aiming not only to provide services to the development of the child, but also aiming to provide services to the fetal death, ensuring reception and resoluteness facing the woman during this process (BRAZIL, 2011).

Given this, it is evident the need for assistance to both the professional nurse and the patient, since the patient tends to cause feelings of insecurity, pity, discomfort, and feelings of inability about her care. From the moment the patient is exposed to such vulnerability, it may cause doubts about the efficiency of the care itself. In this circumstance, the professional preparation based on evidence is of mere importance for both the care provider and the receiver, and consequently, bringing comfort and confidence to all involved (FERREIRA, et al., 2019).

In order to meet such challenges the professional must provide adequate support, ensure evidence-based and updated qualification, humanized care adopting individualized measures according to the needs of each patient, promote appropriate and comfortable environment and images for the moment and supply the woman's knowledge about the existing support networks (SCHMALFUSS, et al., 2018).

7 FINAL CONSIDERATIONS

This study reached its objective by analyzing, based on published scientific literature, the main causes of fetal deaths and the care provided by nurses to women who experienced a fetal death.

It was possible to verify that the causes of deaths are sometimes not identified due to relevant factors such as the mother's age, related pathologies and the adequate health care provided to the woman. Assisting a woman in the process of fetal loss still represents a great challenge for nurses, due to difficulties generated by lack of resources, lack of skills, technical and scientific knowledge, lack of emotional support, which can result in harmful assistance to the woman and lack of humanization in care.

It is suggested that new studies related to the theme be conducted, since it is extremely important to recognize the demand for increased access and quality of care to ensure promotion, prevention, treatment, specific and timely care to all women users of the public health service..

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