

Nursing diagnoses in relation to women in situations of legal abortion



<https://doi.org/10.56238/interdiinovationscresce-060>

Letícia de Araújo Farias dos Santos

Student of the Nursing Course at Santo University

Luzinete Nunes dos Santos

Student of the Nursing Course at the Santo University

Elisabete Calabuig Chapina Ohara

Nurse; professor at Santo Amaro University, Doctor in Social Sciences, Master in Social Gerontology, specialist in Health Education; Obstetrics, Family Health and Acupuncture.

ABSTRACT

INTRODUCTION: Abortion means the interruption of pregnancy, whether spontaneous or provoked. Abortion consists of the interruption of pregnancy up to the 20th or 22nd week, or when the estimated weight of the fetus is up to 500 grams, and there is still another option advocated by other doctors that when the fetus measures up to 16.5 cm. In cases where the management poses a risk to the woman's life, and legal abortion is allowed, it is necessary to have a humanized reception, information where the woman will evaluate whether she should continue with the pregnancy. **OBJECTIVES:** To describe the competencies of nurses in the delivery room in relation to women in situations of legal abortion and to identify the main Nursing Diagnoses, Expected Outcomes and Nursing Interventions. **METHODOLOGY:** This was an integrative literature review; To obtain data

collection and selection of articles, the following databases were used: Latin American and Caribbean Health Sciences Literature (LILACS), BDENF nursing (Brazil), Scientific Electronic Library Online (SCIELO) and Ministry of Health. The guiding question for the elaboration of the integrative review was: What are the competencies of the nurse in the delivery room in relation to women in situations of legal abortion? A search of the articles was carried out using the descriptors in Portuguese according to DeCS (Descriptors in Health Sciences): Legal Abortion, Nursing, Care, Competence. **RESULTS:** Applying the established criteria, nineteen (29) scientific articles were obtained for the integrative review for analysis. From the survey of articles about the competencies of nurses in nursing care in the process of abortion, it was possible to observe humanization and comprehensiveness in nursing care. Among the nursing diagnoses, we list: Decision conflict; Role performance; Anxiety; Hope, fear; Family process; Grief and Death. **FINAL CONSIDERATIONS:** It is concluded that women faced with a legal abortion need a humanized, ethical approach, having as guiding principles the equality, freedom, and dignity of the human person. The identification of nursing diagnoses contributes to nursing planning and intervention directed to each woman, which is essential for obtaining better quality care.

Keywords: Evaluation, Abortion, Humanization, Women's Health.

1 INTRODUCTION

Abortion portrays a serious public health problem in Brazil, and encompasses a complicated discussion in legal, ethical, religious, global and cultural aspects.¹ Abortion in cases of malformation, in principle, is not provided for in the Penal Code. In 2012, therapeutic abortion was authorized in specific cases of malformation. Therapeutic or necessary abortion is provided for in item I of article 128, considered therapeutic or necessary abortion; It is the one in which it is done because there is no



other way to save the life of the pregnant woman. Considering the Brazilian Penal Code, abortion is considered a crime, and the law is in force in article 128 of the penal code of 1984.^{1,2}

The law assures the pregnant woman that it can only be granted if there is a risk of maternal death to be verified by the pregnancy, and if it is a pregnancy resulting from rape. In 2012, a third exception was instituted, which when anencephaly is found would also not be criminal, since the abortion must be performed by a doctor on that occasion. Only in these cases of legal abortion will the Unified Health System monitor and perform the hospital medical procedure, Article 128 of Decree Law No. 2,848, of December 7, 1940². In cases where there is an indication of interruption of pregnancy, in compliance with current legislation, at the request of the woman or her representative, the woman should be offered the option of choosing the technique to be used: pharmacological abortion, aspiration procedures (MVA or electrical) or dilation and curettage. The choice should occur only after adequate clarification of the advantages and disadvantages of each method, its complication rates and adverse effects¹.

Although the main abortifacient method is the combination of teas and there are not many data on induced abortion in Brazil, due to the difficulty of obtaining some data and the veracity of the information, because, in addition to the illegality, many induced abortions are declared spontaneous, underestimating the quantity^{3,4}. In addition, in order to be sure of the gestational diagnosis and take the action of performing the abortion, these women rely on accurate pregnancy diagnoses such as serum beta-HCG and ultrasound exams³. Regarding the profile of women who have abortions, the prevalence increases with age, being from an urban region, having more than one living child, and being brown/black are factors that influence the process⁵, i.e., it occurs in less developed regions and by women who are socially more vulnerable.

Maternal morbidity and mortality due to abortion is in fourth place in Brazil, in addition to this, mental disorders are more common in pregnancy and postpartum depression in women who have tried to induce an abortion without success, that is, several physical and psychological consequences can occur if performed unsafely^{6,7}. The expansion of access to safer methods possibly contributes to the reduction of hospitalizations due to complications and morbidity and mortality due to abortion⁶, in addition to the training of professionals directly implicates the impact of the care provided to women in situations of abortion.

The literature generally points out that, due to the criminalization of the issue, abortion has an impact on the silencing and less approach in professional training, which results in a feeling of unpreparedness and insecurity in the face of situations involving illegal abortion⁸, opposing the guidelines of the profession's Code of Ethics, which occurs mainly due to moral precepts, religious values and its own principles. which offer negligent care to these women, better quality of care, thus evidencing the need for a broader view, judgment-free care and support with dignity and respect for



their rights, based on the attributes and characteristics of PHC such as comprehensiveness, longitudinality, and care coordination^{8,9,10}

Thus, the study is justified based on the principle that women undergoing legal abortion need a humanized, ethical approach and under a legal reflection, having as guiding principles the equality, freedom and dignity of the human person, not admitting any discrimination or restriction of access to health care^{16,17,18}. This conception includes the right to assisted abortion within the ethical and legal framework of sexual and reproductive rights declared at the international and national human rights levels^{11,14,15}.

2 OBJECTIVES

To report the competencies of the nurse in the delivery room in front of women in a situation of legal abortion;

Identify the main Nursing Diagnoses, Expected Outcomes and Nursing Interventions.

3 METHODOLOGY

This is an integrative review, and it is a method that aims to synthesize results obtained in previous research on the researched topic in a systematic manner^{19,20,21}.

The guiding question for the elaboration of the integrative review was: **How does the process of women's abortion occur in Brazil and the preparation of professionals in care and comprehensiveness of care?** In order to obtain data collection and selection of articles, a bibliographic survey will be carried out on the Virtual Health Library (VHL/BIREME) portal, which contains the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), Scientific Electronic Library Online (SCIELO) and the Ministry of Health (WHO) Portal. A search of the articles was carried out using the descriptors in Portuguese according to DeCS (Descriptors in Health Sciences): Legal Abortion, Nursing, Care, Competence. The criteria for inclusion were: national articles; articles in Portuguese; articles published in full; articles published in the last 15 years (2008 to 2023); articles available for free online; articles in which the full text was commented; articles related to the theme and proposed objectives. Exclusion criteria were: duplicate articles and foreign language articles. When searching the databases, combinations with the following descriptors were necessary: Nursing or Legal Abortion, Assistance and Legal Abortion, Nursing and Competence. All articles that met the inclusion criteria will be submitted to pre-selection to assess their relevance to the study objectives, in the following order:

Reading of the title, abstract and, if in doubt, the full article was read to verify if they met the objectives of the research.

The selected articles will be analyzed through content analysis, which consists of a set of



communication analysis techniques, which use objective and systematic procedures to interpret and describe the content of the message, qualitative or non-qualitative indicators with the intention of drawing conclusions from existing knowledge, enriching the reading of the collected data and leading to a logical result^{11,12,13}.

4 RESULTS

Based on the descriptors, Abortion AND Nurse, 19 scientific articles were found. With the descriptors, Woman and Abortion, 267 scientific articles were found, with the descriptors Nursing and Competencies, 5,697 articles were found. Last but not least, with the descriptors Nursing Diagnoses and Abortion, 1 article was found. Considering the inclusion criteria, 50 studies were selected and, after reading the titles and abstracts, 27 that did not correspond to the theme were excluded and 13 were duplicated. Thus, this integrative review found 29 scientific articles.

For the organization and extraction of the data, as well as the analysis of the articles, an instrument was created containing data on the year of publication, name of the authors and title of the article, type of research, objective, results, and conclusion of the study. In a second, more in-depth reading of the article, it was possible to verify the level of evidence and to carry out the analysis and synthesis of the studies seeking answers to the study question, to obtain a broad approach to the theme. The analysis was carried out by evaluating the content of the articles, in which care, competencies, nursing diagnosis and nursing interventions in the face of legal abortion were sought.

Nursing diagnoses and interventions for women in situations of maternal abortion.

No.	Nanda	Definitions	Nursing Interventions	New Interventions
1	Conflict of decision.	Uncertainty about the course of action to be taken when the choice between conflicting actions involves risk, loss, or challenge to values, and beliefs.	Teach parents ways to use conflict for mutual understanding and family growth.	Offer guidance throughout the process.
2	Role performance.	Pattern of behavior and self-expression that doesn't match the context, norms, and expectations of the environment.	Review the skills required to perform the clinical care role.	Review emergency procedures as appropriate
3	Human Dignity.	Susceptibility to perceived loss of respect and honor that can compromise the	Treat the person with dignity and respect.	Maintain the confidentiality and privacy of the patient and family.



		health.		
4	Body Image.	Inability to maintain an integrated and complete perception of self Same.	Establish a relationship of trust.	Promote frank and open communication.
5	Hope.	Pattern of expectations and desires to mobilize energies for one's own benefits that can be improved.	Promotion of hope.	Actively involve the patient in their own care.
6	Fear.	Response to a perceived threat that is consciously recognized as a danger.	Encourage the patient to verbalize fear and ask questions. Listen to the fears of the patient/family.	Create an atmosphere of acceptance without judgment.
7	Social/impaired interaction.	Insufficient or excessive quantity, or ineffective quality, of social exchange.	Help clarify problem areas in interpersonal relationships	Encourage interaction with others who are successfully modifying behavior (e.g., participation in a support group or in child education). group) .
8	Impaired memory .	Persistent inability to recall or retrieve parts of information, or Skills.	Tag items in the environment to promote recognition.	Encourage the family to participate in care based on capabilities, needs, and performance.
9	Death.	Susceptibility to life-threatening self-inflicted injury.	Management of the physical and psychological needs of the woman who passes by abortion spontaneous or elective.	Assist the family during the dying and grieving process, as appropriate.
10	Weigh.	A normal and complex process that includes emotional, physical, spiritual, social, and intellectual response and behavior, whereby individuals, families, and communities incorporate a real,	Encourage the identification of the biggest fears related to loss.	Listen to the manifestation of loss.



		anticipated, or perceived loss into their lives. daily lives.		
11	Family process.	Susceptibility to disruption of the interactive process, between parents or significant other and the child, which promotes the development of a reciprocal relationship of protection and care.	Maintenance of Family Process: Definition, Minimization of the effects of family process disruption.	. Talk about existing social support mechanism for the family. . Help family members use existing support mechanisms.
12	Breast milk production.	Pattern of offering breast milk to an infant or child who may be improved.	Monitor engorgement and discomfort of the breasts.	Encourage the patient to always wear a bra that offers support until lactation is suspended.
13	Spiritual suffering.	State of distress related to impaired ability to Experience meaning in life through connections with oneself, with others, with the world, and with a Power majeure.	Offer privacy and quiet periods for spiritual pursuits.	Be open to individual expressions of concerns.
14	Moral distress.	Response to the inability to put ethical or moral decisions and/or actions into practice Chosen.	Teach the art of emotional release and relaxation.	Admit when anger and resentment are justified.
15	Tension.	Susceptibility to deliberate self-injurious behavior, causing tissue damage, with the intent to cause non-fatal injury to get relief.	Remove objects from the environment.	Apply, when appropriate, gloves, splints, helmets, or immobilizers to limit mobility and the ability to initiate self-harm.
16	Decision-making.	The process of choosing a health care decision that does not include personal knowledge and/or consideration of social norms or that does not occur in a flexible environment, resulting in	Take into account available resources.	Participate in prioritizing patients for treatment.



		dissatisfaction with the patient's health decision.		
17	Trauma.	Susceptibility to a reduction in blood volume that may compromise the health.	Case management.	Meeting for evaluation of multidisciplinary care.
18	Physical trauma.	Susceptibility to sudden onset to severity physical injury requiring attention immediate.	Supervision of employees.	Health Education.
19	Chronic sadness	Cyclical, recurrent, and potentially progressive pattern of widespread sadness experienced (by a parent, caregiver, or individual with a chronic illness or disability) in response to ongoing loss along the trajectory of an illness or deficiency.	Promotion of family involvement.	Recreational Therapy.
20	Sudden death	Susceptibility of an infant to unpredictable death.	Helping parents to solve their own emotional distress in relationship to trauma.	Discuss available support groups as appropriate.

5 DISCUSSION

5.1 NURSING CARE IN THE ABORTION PROCESS AND PROFESSIONAL TRAINING

Most of the findings reveal a deficit in the approach to abortion applied in the undergraduate courses of medical professionals and nurses^{25, 26, 27, 32, 34, 35, 36, 37, 39, 41, 42, 43}, taught as a form of morbidity in the pregnancy-puerperal cycle³⁴ and not covering the comprehensive and humanized care that involves welcoming; the orientations; and the clarification of possible doubts in situations of fetal loss^{22,23,24,,25,27}, in addition to the biopsychosocial and political aspects of the surroundings; which corroborate the literature when analyzing the lack of training and qualification of professionals to deal with women in situations of abortion^{54,55,56}, not converging with the objective of professional training, which is to improve the sexual and reproductive health of their communities^{26,57} and hindering adequate care for women in demand for this type of service⁵⁸. This reflects negatively on the perception of these professionals in relation to the nursing conduct that should be provided to women in situations of



abortion, making the professional not technically and emotionally prepared to ensure care safety⁵⁹. It is worth questioning the reasons why this topic is not deeply addressed in undergraduate courses, whether it is because it is a controversial and sensitive subject, fear of possible reprisals, discomfort, or lack of preparation even on the part of the professors who teach. Health professionals should be cautious according to the physical and emotional state of pregnant women⁶⁰, because there are judgments and discriminations in the analysis of the professional's physical state, which affects the emotional state, and it is necessary to have human care and professionalism at this time, which is based on professional ethics, free from discrimination, violence, moral and religious beliefs, due to the social and intellectual values of each professional^{36,37,48}. Carlos WL et al.⁶¹, points out the importance of ultrasonography in the threat of miscarriage, in the findings of Lima MRP et al.⁴², argues that the decision about abortion becomes more difficult after ultrasound, the later a pregnancy is interrupted, and the more likely it is that the process of signification on the images supports the idea that there was a person there. It is worth remembering that health professionals must also ensure confidentiality, as the legislation prevents them from performing acts that may harm women in critical condition⁶².

Both the results and the literature show that among the main complications involving illegal abortion are mortality and morbidity^{63,64}, the presence of mental disorders during pregnancy and postpartum depression more frequent in women who induced an unsuccessful abortion⁶⁵, the increase in complications can evolve to the death of pregnant women, increasing the need to start thinking critically, aiming at the demand for public policies that support these efforts and are important strategies to reduce the demand for sequelae due to the consequences of abortion.^{30,33}

5.2 ETHICAL POSITIONS AND PUBLIC POLICIES

It is important to emphasize that the Code of Ethics in Nursing, in its article 23, states that nursing has the following duty: To provide nursing care without discrimination of nature. As a result, nurses should not exercise judgment, but rather provide the necessary care to restore women's health in this situation^{37,66} and when analyzing the results^{30, 31, 36, 39, 41, 47}, it is observed that despite the free and easy access to the COREN Code of Ethics, many nurses fail to comply with it when they put their personal opinions ahead of the quality of care. It is noted that the interventions end up being the result of the social and intellectual values of each professional³⁶, because many professionals do not feel comfortable with abortion⁶⁷ since it involves many ethical, cultural and religious questions³⁴, thus evidencing the need for professional qualification and continuous education for the practice of ethical performance with quality, in addition to training to offer humanized care to women during the abortion or post-abortion process²⁶. For Santos et al. (2021)⁴⁸, concerned professionals, especially when it comes to complex situations, should break paradigms such as ethical and/or religious prejudice, adopt an ethical posture of respect and values, and provide quality care at all times. Therefore, it is very



important that the nursing team practices its practice with multifaceted competence with respect, offering qualified and active listening and adequate humanized welcoming⁶⁸.

Another fact observed in the results is the historical milestone in the fight against sexual violence and for the legal interruption of pregnancy in the cases provided for by law, allowing the legalization of abortion provided for by law in some situations^{39,69}. Article 128 of the Penal Code⁷⁰ defines that voluntary abortion will not be punishable in cases of: risk to the life of the pregnant woman or in which the pregnancy is the result of rape, and in the event of a diagnosis of anencephaly of the fetus, while voluntary abortion can generate the penalty of one to three years of imprisonment. Under the terms of article 124 of the Penal Code, however, the criminalization of women who have had abortions is consistent with what has been presented by⁴² on the efficacy of moral punishment beyond the scope of legal punishment, making it difficult to determine the exact number of women who have interrupted their pregnancies³⁶.

In 2016, public debates on abortion were held by several parties, including the 2016 National Abortion Survey (PNA 2016), which aims to expand access to the procedure, especially for vulnerable and vulnerable women⁴³. Clandestine abortion was widespread in the country, reflecting the great distance between legality and the performance of women who choose abortion⁴⁸, the study by Torres (2013)⁷¹ highlights that in these services there is a lack of humanization and treatment of these pregnant women, a reality that causes even more suffering than the procedure itself. It is necessary that information on family planning policies be transmitted to these women to ensure the quality of care provided during abortion, contraceptive guidance to young people⁴⁷, as it is essential to understand the importance of good follow-up, with the guarantee of capacity and continuous evaluation. Because the lack of knowledge of professionals who depend on legislation and public policies will effectively create barriers and reduce the quality of care.

5.3 NURSING DIAGNOSES AND WOMEN'S EXPERIENCES IN THE PROCESS OF ABORTION

In the results of this review, when using the descriptors, it was possible to identify the nursing diagnoses most commonly used in rooming-in, including ineffective breastfeeding, risk of infection, risk of imbalance in body temperature, impaired comfort, in addition to others related to mental health, such as anxiety and fear^{51,52, 53, 64}. However, one diagnosis that stood out was "interrupted family processes", it can be inferred that during the abortion process, the woman, due to shame, fear, insecurity, etc., tries to hide the pregnancy and consequently the interruption of the pregnancy from close people, which can cause arguments and fights over certain behaviors and distance her in this moment of vulnerability. Therefore, it is noted that humanized care for women seeking abortion should occur in Brazilian maternity hospitals, where health professionals should welcome women with



physical/emotional support so that they feel safe about the care received and that they respect their choices regarding the abortion process. Neither condemning nor discriminating against her for her actions^{27, 49}.

During the analysis, it was observed that although there has been a contrary movement regarding beliefs involving motherhood in recent decades^{44, 45, 46, 64}, induced abortion resulting from unplanned pregnancy may occur by personal decision, by friends, family and/or partner; This experience also includes women's responsibility for contraception and for the occurrence of pregnancy and vulnerabilities, making it necessary to provide professional health care and adopt a political position for the decriminalization of abortion^{45,46}. The outcome may not be favorable, involving length of hospital stay and excessive exposure to medication⁷². According to Silva LCM and Simião LKR 2021⁷³, if there were the decriminalization of abortion, accompanied by specific legalization, the number of maternal deaths and their complications would be significantly reduced, resulting in the right to care in a fair and dignified way, without putting their health at risk. Hence the need for better qualification of family planning, prenatal care, and childbirth and postpartum care in the municipality⁷⁴.

6 FINAL THOUGHTS

From this work, it is possible to perceive all the complications that involve the theme of abortion and the situation of abortion, which involves, from a lack of preparation of professionals that arises at the moment of academic training of health professionals, continues during the practical performance of these professionals, who do not promote safe abortion care, Since, their view is surrounded by precepts and moral values of their own principles than shaped by professional ethics according to the Code of Ethics, making the problem even more worrisome due to the lack of organization, dissemination and permanent education on the subject by health managers, which directly influences the lack of interest for the development of public policies on the subject that ensures a vision holistic and competent and humanized care for women who have had an abortion by the entire multidisciplinary team.

Since the nursing team represents the main workforce in health services, it is of fundamental importance to appropriate and develop critical thinking and diagnostic reasoning, since few nursing diagnoses were found during the search and analysis, it is essential that the team can welcome this group that is in a situation of vulnerability through the organization of teamwork. sensitization of the team to the adequacy of care involving educational and assistance activities in order to promote the self-care of these women.



REFERENCES

- Ministério da Saúde. Atenção Humanizada ao Abortamento: norma técnica/Ministério da Saúde. Secretaria de Atenção Humanizada ao Abortamento: Brasília, DF: Série A. Normas e Manuais Técnicos Série Direitos Sexuais e Direitos Reprodutivos; 2005
- Ministério da Saúde: Gabinete do Ministério. PORTARIA Nº 2.282, DE 27 DE AGOSTO DE 2020. [Internet]. 2020 [cited 2023 Aug 26]; Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2020/prt2282_28_08_2020.html
- Diniz D, Medeiros M. Itinerários e métodos do aborto ilegal em cinco capitais brasileiras. *Ciência & Saúde Coletiva*. 2012 Jul;17(7):1671–81. DOI: <https://doi.org/10.1590/S1413-81232012000700002>
- Menezes GMS, Aquino EML, Fonseca SC, Domingues RMSM. Aborto e saúde no Brasil: desafios para a pesquisa sobre o tema em um contexto de ilegalidade. *Cadernos de Saúde Pública*. 2020;36(suppl 1). DOI: 10.1590/0102-311XER197918
- Cecatti JG, Guerra GV de QL, Sousa MH de, Menezes GM de S. Aborto no Brasil: um enfoque demográfico. *Revista Brasileira de Ginecologia e Obstetrícia*. 2010 Mar;32(3):105–11. DOI: <https://doi.org/10.1590/S0100-72032010000300002>
- Domingues RMSM, Fonseca SC, Leal MC, Aquino EML, Menezes GMS. Aborto inseguro no Brasil: revisão sistemática da produção científica, 2008-2018. *Cad Saúde Pública* 2020; 36 Suppl 1:e00190418. *Cadernos de Saúde Pública*. 2020;36(suppl 1). DOI: <https://10.1590/0102-311XER190418>
- Carvalho S, Stefhany L, Leão L, Paula M, Luciano, Luiza F. As perspectivas dos direitos humanos sobre aborto e saúde pública no Brasil: uma revisão narrativa. *Revista Eletrônica Acervo Saúde*. 2021 Dec 2;13(12):e9297–7. DOI: <https://doi.org/10.25248/reas.e9297.2021>
- Grassi HB, Kammsetzer CS. Aborto ilegal no contexto da atenção primária à saúde: narrativas de profissionais da saúde. *Cadernos de Ensino e Pesquisa em Saúde*. 2021;1(1). DOI: <https://doi.org/10.29327/269776.1.1-5>
- Bertolani GBM. UNIFESP. As mulheres em situação de abortamento: suas necessidades de saúde e a assistência profissional. repositoriounifespbr [Internet]. 2008 [cited 2023 Sep 7]; Available from: <https://repositorio.unifesp.br/handle/11600/24216>
- Dantas ACS, Santos GLM dos, Araujo RV. Cuidados de enfermagem à mulher em situação de abortamento: revisão integrativa. *Research, Society and Development*. 2022 Nov 27;11(15):e580111537826. DOI: <https://doi.org/10.33448/rsd-v11i15.37826>
- Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política nacional de atenção integral à saúde da mulher: princípios e diretrizes / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. – Brasília: Ministério da Saúde, 2004.
- BRASIL. Ministério da Saúde. Secretaria Executiva. Núcleo Técnico da Política Nacional de Humanização. *HumanizaSUS - Política Nacional de Humanização*. 1 ed. 2013.
- Ministério da saúde. PORTARIA No 2.023, DE 23 DE SETEMBRO DE 2004 [Internet]. Gabinete do Ministério, editor. 2004 [cited 2023 Sep 8]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2004/prt2023_23_09_2004.html



Alves AG, Martins CA, Pinho ES, Almeida N, Tobias GC. Prática docente do enfermeiro na rede cegonha à luz da teoria histórico-cultural [Internet]. Semantic Scholar. 2017 [cited 2023 Sep 8]. Available from: <https://www.semanticscholar.org/paper/Pr%C3%A1tica-docente-rede-cegonha-%C3%A0-luz-Alves-Martins/27e75bcdd4a7e08c027ab1fce058e911c321a706?p2df>

Abrahão AL, Merhy EE. Formação em saúde e micropolítica: sobre conceitos- ferramentas na prática de ensinar. *Interface - Comunicação, Saúde, Educação*. 2014 Jun;18(49):313–24. DOI: <https://doi.org/10.1590/1807-57622013.0166>

Rodrigues FAC, Lira SVG, Magalhães PH, Freitas ALV, Mitros VMS, Almeida PC. Violência obstétrica no processo de parturição em maternidades vinculadas à Rede Cegonha. *Reprodução & Climatério*. 2017 May;32(2):78–84. DOI: <https://doi.org/10.1016/j.recli.2016.12.001>

Theophilo RL, Rattner D, Pereira ÉL. Vulnerabilidade de mulheres negras na atenção ao pré-natal e ao parto no SUS: análise da pesquisa da Ouvidoria Ativa. *Ciência & Saúde Coletiva* [Internet]. 2018 Nov;23(11):3505–16. DOI: <https://doi.org/10.1590/1413-812320182311.31552016>

JESUS, Damásio E. de. Código penal anotado. 9.ed. São Paulo: Saraiva, 1999.17.

Cassiano ACM, Carlucci EM de S, Gomes CF, Bennemann RM. Saúde materno infantil no Brasil: evolução e programas desenvolvidos pelo Ministério da Saúde. *Revista do Serviço Público*. 2014 Jun 24;65(2):227–44. DOI: <https://doi.org/10.21874/rsp.v65i2.581>

Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise de Situação de Saúde. *Saúde Brasil 2011: uma análise da situação de saúde e a vigilância da saúde da mulher / Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de Análise de Situação de Saúde*. – Brasília : Editora do Ministério da Saúde, 2012. 444 p.

Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. *Pré-natal e puerpério: atenção qualificada e humanizada: manual técnico*. Brasília: Ministério da Saúde, 2005^a.

BRASIL/Ministério da Saúde, Cebrap. *Pesquisa Nacional sobre Demografia e Saúde 1996 – PNDS 2006*, Brasília: Ministério da Saúde, 2008

Bernardo Alves Furtado, Patrícia A. M. Sakowski, Marina H. Tóvolli. *Modelagem de sistemas complexos para políticas públicas / editores: Bernardo Alves Furtado, Patrícia A. M. Sakowski, Marina H. Tóvolli*. – Brasília : IPEA, 2015

Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise de Situação em Saúde. *Saúde Brasil 2010: uma análise da situação de saúde e de evidências selecionadas de impacto de ações de vigilância em saúde/Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de Análise de Situação em Saúde*. – Brasília: Ministério da Saúde, 2007. 372 p

De Oliveira DS, Nunes HH de M, Dos Santos CB. BOAS PRÁTICAS DO ENFERMEIRO PARA O ATENDIMENTO DE PACIENTES VÍTIMAS DE ABORTAMENTO. *Arquivos de Ciências da Saúde da UNIPAR*. 2023 Apr 18;27(3):1538–51. DOI: <https://doi.org/10.25110/arqsauade.v27i3.2023-030>

Matos MP., Fernandes DD, Viduedo AFSV, Ribeiro LM, Leon CGRM, ScharDOSIM JM. ASSISTÊNCIA DE ENFERMAGEM EM SITUAÇÃO DE ABORTAMENTO RETIDO: CENÁRIO



VALIDADO PARA SIMULAÇÃO CLÍNICA. *Enfermagem em Foco*. 2022 Jan 1;13. DOI: <https://dx.doi.org/10.21675/2357-707X.2022.v13.e-202236>

Mincov BM, Freire MH de S, Moraes S da RL. A enfermagem na assistência às mulheres em situação de perda fetal e aborto: revisão integrativa. *Rev enferm UFPE on line* [Internet]. 2022;[1-27]. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1400864>

Morais ERC de, Santos M de FDS, Aléssio RL dos S. A Polêmica do Aborto: Reflexões Teórico- Metodológicas sobre uma Representação não Autônoma. *Estudos e Pesquisas em Psicologia*. 2021 Oct 6;21(3):869–88. DOI: <https://doi.org/10.12957/epp.2021.62688>

Rodrigues Santos TE, De Oliveira Silva D, Cardoso de Souza R, Nogueira Silva T. Práticas de enfermagem às mulheres que vivenciaram aborto: revisão integrativa. *Nursing (São Paulo)*. 2021 Jan 4;24(272):5198–209. DOI: <https://doi.org/10.36489/nursing.2021v24i272p5198-5209>

Cardoso VB, Silva SOB, Faustino TN, Oliveira PS de, Couto TM. Humanização na assistência de enfermagem à mulher em situação pós abortamento. *Rev enferm UFPE on line* [Internet]. 2021;[1-21]. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1145793>

Cruz SF, Bezerra MLR, Araújo AHIM de, Leonhardt V, Pereira MC, Moraes Filho IM de. A enfermagem perante o aborto: uma revisão integrativa. *Revista de Divulgação Científica Sena Aires* [Internet]. 2021 Aug 4;10(2):229–39. Available from: <http://revistafacessa.senaaires.com.br/index.php/revisa/article/view/707>

Borges LCV, Clemente NR, Netto L. (In)Congruência na assistência às mulheres em situação de abortamento: o que dizem os acadêmicos sobre seus processos formativos. *Reme Revista Mineira de Enfermagem* [Internet]. 2020 [cited 2021 Jul 6];24. DOI: <http://dx.doi.org/10.5935/1415-2762.20200026>

Silva L, Sales N, Santos R, Albuquerque N. PERCEPÇÃO DAS MULHERES EM SITUAÇÃO DE ABORTAMENTO FRENTE AO CUIDADO DE ENFERMAGEM. *Revista Ciência Plural*. 2020 Feb 25;6(1):44–55. DOI: <https://doi.org/10.21680/2446-7286.2020v6n1ID18627>

Pereira AL de F, Schroeter MS. Abordagem do tema do aborto no ensino de graduação na perspectiva das enfermeiras recém-graduadas. *Revista Enfermagem UERJ* [Internet]. 2019 Nov 5;27. DOI: <https://doi.org/10.12957/reuerj.2019.36835>

Fontenele, A. L., Ferreira, G. I., Neves, M. da G. C., & Guilhem, D. B. Opiniões e conhecimentos de acadêmicos de enfermagem sobre o aborto previsto em lei – estudo descritivo/ Opinions and knowledge of undergraduates nursing students on abortion foreseen in law - descriptive study. *Ciência, Cuidado e Saúde* [Internet]. 2019 [cited 2023 Aug 23];18(1). Available from: <https://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/45112>

Ayres R, Martins A de C, Xavier RB, São Bento PA de S, Silva JN da. A contextualização do aborto sob a ótica do enfermeiro. *Nursing (Ed bras, Impr)* [Internet]. 2018;2334–7. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-946669>

Ferreira AP, Cardoso GCP, Nichele C da ST, Girianelli VR, Silva AB, Godinho MR. Discriminação racial e saúde: ações dos profissionais de saúde na assistência à mulher em processo de abortamento provocado. *Ciência & Saúde Coletiva* [Internet]. 2021 Oct 25;26:4623–33. DOI: <https://doi.org/10.1590/1413-812320212610.10532021>



Timóteo NL da S, Rufino AC, Madeiro A. Mortalidade materna em Teresina, Piauí, Brasil: um estudo caso-controle. *Journal of Health & Biological Sciences* [Internet]. 2021 Aug 26 [cited 2022 Apr 22];9(1):1–9. DOI: <http://dx.doi.org/10.12662/2317-3076jhbs.v9i1.3615.p1-9.2021>

Colás OR, Rosas CF, Pereira IG. Resgate histórico do primeiro programa público de interrupção da gestação por estupro no Brasil. *Femina*. 2021;49(3):183-6. [Internet]. [cited 2023 Aug 23]. Available from: <https://www.febrasgo.org.br/media/k2/attachments/FeminaZ2021Z49Z-Z3.pdf#page=57>

Cabral C da S, Brandão ER, Azize RL, Heilborn ML. Formas de (des)engajamento: aborto entre homens adultos no Rio de Janeiro, Brasil. *Sexualidad, Salud y Sociedad (Rio de Janeiro)*. 2020 Dec;(36):95–116. DOI: <https://doi.org/10.1590/1984-6487.sess.2020.36.05.a>

FEBRASGO. PROTOCOLO DE ATENDIMENTO NO PARTO, PUERPÉRIO E ABORTAMENTO DURANTE A PANDEMIA DA COVID-19 [Internet]. www.febrasgo.org.br. Available from: <https://www.febrasgo.org.br/pt/covid19/item/1028-protocolo-de-atendimento-no-parto-puerperio-e-abortamento-durante-a-pandemia-da-covid-19>

Lima MRP, McCallum CA, Menezes GMS. A cena da ultrassonografia na atenção ao aborto: práticas e significados em uma maternidade pública em Salvador, Bahia, Brasil. *Cadernos de Saúde Pública*. 2020;36(suppl 1). DOI: <https://doi.org/10.1590/0102-311X00035618>

Pacagnella R de C, Bento SF, Fernandes KG, Araújo DM, Fahl ID, Fanton T de F, et al. Conhecimento de médicos residentes em Ginecologia e Obstetrícia sobre o aborto medicamentoso. *Cadernos de Saúde Pública*. 2020;36(suppl 1). DOI: <https://doi.org/10.1590/0102-311X00187918>

Silva J, Queiroz e Melo M de FA de. Um espelho de duas faces: ser ou não ser mãe? *Revista Polis e Psique*. 2020 Mar 24;10(1):85–106. DOI: <http://dx.doi.org/10.22456/2238-152X.89721>

Marques PF. Marcadores de gênero na experiência de mulheres com abortamento induzido: construção de instrumento para o cuidado. *repositorioufba* [Internet]. 2019 Dec 11 [cited 2023 Aug 23]; Available from: <https://repositorio.ufba.br/handle/ri/31049>

Araújo CP de, Dornelas ACV de R, Sousa AM. ABORDAGEM TERAPÊUTICA NO PROCESSO DE ESVAZIAMENTO UTERINO. *Revista Baiana de Enfermagem* [Internet]. 2018 Jun 18 [cited 2023 Jun 19];32. DOI: <https://doi.org/10.18471/rbe.v32.24857>

Darze OISP, Júnior UB. REVISTA BRASILEIRA DE EDUCAÇÃO MÉDICA 42 (4) : 155- 164; 2018. *Revista Brasileira de Educação Médica* [Internet]. 2018 Aug [cited 2021 Aug 5];42(4). DOI: <https://doi.org/10.1590/1981-52712015v42n4RB20180021>

Santos DLA dos. Mulheres na busca pelo aborto legal: rota crítica percorrida e necessidades em saúde suscitadas [Internet]. www.teses.usp.br. 2020 [cited 2023 Sep 11]. Available from: <https://www.teses.usp.br/teses/disponiveis/83/83131/tde-24022021-094400/pt-br.php>

Lima MCD de, Larocca LM, Nascimento DJ. Abortamento legal após estupro: histórias reais, diálogos necessários. *Saúde em Debate*. 2019 Apr;43(121):417–28. DOI: <https://doi.org/10.1590/0103-1104201912110>

Luna N. O debate sobre aborto na câmara de deputados no Brasil entre 2015 e 2017: Agenda conservadora e resistência. *Sexualidad, Salud y Sociedad (Rio de Janeiro)*. 2019 Dec;(33):207–72. DOI: <https://doi.org/10.1590/1984-6487.sess.2019.33.12.a>



Jordão RRR, Sousa S de MA de, Fernandes FL, Lopes MV de O, Mangueira S de O, Silva GP da, et al. Validação de conteúdo do diagnóstico de enfermagem processos familiares interrompidos. *Acta Paulista de Enfermagem*. 2022;35. DOI: <http://dx.doi.org/10.37689/acta-ape/2022AO017166>

Martins AB, Bezerra NA, Balbino PMD, Santos RB. DIAGNÓSTICO DE ENFERMAGEM RELACIONADOS AO ALOJAMENTO CONJUNTO. *Revista de Enfermagem UFPE on line*. 2021 Feb 15;15(1). DOI: <http://dx.doi.org/10.5205/1981-8963.2021.245163>

Mercês CAMF, Souto J da SS, Souza PA de, Chagas MC, Weiss C, Benevides AB, et al. Análise simultânea dos conceitos de ansiedade e medo: contribuições para os diagnósticos de enfermagem. *Escola Anna Nery*. 2021;25(2). DOI: <https://doi.org/10.1590/2177-9465-EAN-2020-0189>

Guiahi M, Lim S, Westover C, Gold M, Westhoff CL. Enablers of and Barriers to Abortion Training. *Journal of Graduate Medical Education*. 2013 Jun 1;5(2):238–43. DOI: <https://doi.org/10.4300/JGME-D-12-00067.1>

Beasley AD, Olatunde A, Cahill EP, Shaw KA. New Gaps and Urgent Needs in Graduate Medical Education and Training in Abortion. *Academic Medicine [Internet]*. 2023 Apr [cited 2023 Mar 9];98(4):10.1097/ACM.0000000000005154. DOI: <https://doi.org/10.1097/ACM.0000000000005154>

Enyew MM. Willingness to perform induced abortion and associated factors among graduating midwifery, medical, nursing, and public health officer students of University of Gondar, Northwest Ethiopia: institution based cross sectional study. *BMC Pregnancy and Childbirth*. 2020 Nov 10;20(1). <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-03382-0>

Steinauer J, DePiñeres T. The Importance of Including Abortion in Undergraduate Medical Education [Internet]. Steinauer J, Darney PD, Landy U, editors. Cambridge University Press. Cambridge: Cambridge University Press; 2021 [cited 2023 Aug 23]. p. 143–50. DOI: <https://doi.org/10.1017/9781108884709.016>

Farias RS, Cavalcanti LF. Atuação diante das situações de aborto legal na perspectiva dos profissionais de saúde do Hospital Municipal Fernando Magalhães. *Ciência & Saúde Coletiva*. 2012 Jul;17(7):1755–63. DOI: <https://doi.org/10.1590/S1413-81232012000700014>

Silva CM, Paula CT de, Moraes LO, Silva DCZ. Percepção dos profissionais de enfermagem quanto à assistência prestada às mulheres em processo de abortamento provocado. *Revista Eletrônica Acervo Enfermagem*. 2021 Dec 13;16:e9358. DOI: <https://doi.org/10.25248/reaenf.e9358.2021>

Garcia LP. HUMANIZAÇÃO DOS CUIDADOS DE ENFERMAGEM A MULHER NO PERÍODO PÓS ABORTO [Internet]. repositorio.unisagrado.edu.br. 2022 [cited 2023 Aug 23]. Available from: <https://repositorio.unisagrado.edu.br/jspui/handle/handle/1415>

Carlos WL, de Lourdes BM, Paulo PP, Abdalla MS, Miyadahira S, Zugaib M. Achados Ultrasonográficos em Pacientes com Ameaça de Abortamento no Primeiro Trimestre da Gestação. *Revista Brasileira de Ginecologia e Obstetrícia*. 2000 Jun 1;22(5).

Miguel GMJ. Constituição Federal Comentada [Internet]. 2022. Available from: <https://www.jusbrasil.com.br/doutrina/constituicao-federal-comentada/1540359570>



Menezes GMS, Aquino EML, Fonseca SC, Domingues RMSM. Aborto e saúde no Brasil: desafios para a pesquisa sobre o tema em um contexto de ilegalidade. *Cadernos de Saúde Pública*. 2020;36(suppl 1). DOI: <https://doi.org/10.1590/0102-311X00197918>

Timóteo NL da S, Rufino AC, Madeiro A. Mortalidade materna em Teresina, Piauí, Brasil: um estudo caso-controle. *Journal of Health & Biological Sciences [Internet]*. 2021 Aug 26 [cited 2022 Apr 22];9(1):1–9. DOI: <http://dx.doi.org/10.12662/2317-3076jhbs.v9i1.3615.p1-9.2021>

Domingues RMSM, Fonseca SC, Leal M do C, Aquino EML, Menezes GMS. Aborto inseguro no Brasil: revisão sistemática da produção científica, 2008-2018. *Cadernos de Saúde Pública [Internet]*. 2020 [cited 2021 Jan 7];36(suppl 1). DOI: <https://doi.org/10.1590/0102-311X00190418>

Altshuler AL, Ojanen-Goldsmith A, Blumenthal PD, Freedman LR. A good abortion experience: A qualitative exploration of women's needs and preferences in clinical care. *Social Science & Medicine*. 2017 Oct;191:109–16. DOI: <https://doi.org/10.1016/j.socscimed.2017.09.010>

Chavkin W, Swerdlow L, Fifield J. Regulation of Conscientious Objection to Abortion. *Health and Human Rights [Internet]*. 2017 Jun 1;19(1):55–68. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473038/>

Lau ST, Ang E, Samarasekera DD, Shorey S. Development of undergraduate nursing entrustable professional activities to enhance clinical care and practice. *Nurse Education Today*. 2020 Apr;87:104347. DOI: <https://doi.org/10.1016/j.nedt.2020.104347>

Fonseca SC, Domingues RMSM, Leal M do C, Aquino EML, Menezes GMS. Aborto legal no Brasil: revisão sistemática da produção científica, 2008-2018. *Cadernos de Saúde Pública*. 2020;36(suppl 1). DOI: <https://doi.org/10.1590/0102-311X00189718>

JUSBRASIL. Artigo 128 do Decreto Lei no 2.848 de 07 de Dezembro de 1940 [Internet]. www.jusbrasil.com.br [cited 2023 Aug 23]. Available from: <https://www.jusbrasil.com.br/topicos/10624811/artigo-128-do-decreto-lei-n-2848-de-07-de-dezembro-de-1940>

Torres MM de SM. PERSPECTIVAS DE MULHERES QUE VIVENCIARAM O ABORTAMENTO. *tede2pucgoiasedubr [Internet]*. 2013 Mar 27 [cited 2023 Sep 29]; Available from: <https://tede2.pucgoias.edu.br/handle/tede/2949>

Jerman J, Frohwirth L, Kavanaugh ML, Blades N. Barriers to Abortion Care and Their Consequences For Patients Traveling for Services: Qualitative Findings from Two States. *Perspectives on Sexual and Reproductive Health*. 2017 Apr 10;49(2):95–102. DOI: <https://doi.org/10.1363/psrh.12024>

Silva LCM e, Simião LKR. A descriminalização do aborto enquanto meio de manutenção da vida: a perspectiva da ADE. *Ecolinguística: Revista brasileira de ecologia e linguagem (ECO-REBEL) [Internet]*. 2021 Feb 26 [cited 2023 Aug 23];7(1):54–68. Available from: <https://periodicos.unb.br/index.php/erbel/article/view/34953>

Pereira GS. Assistência em planejamento familiar: uma análise da oferta do dispositivo intrauterino pela rede pública do município de Divinópolis (MG). *monografiasfjpmggovbr [Internet]*. 2023 Feb 23 [cited 2023 Aug 23]; Available from: <http://monografias.fjp.mg.gov.br/handle/123456789/2959>