

# ABORTION: EXPERIENCES AND SENTIMENTS OF WOMEN

*ABORTAMENTO: VIVÊNCIAS E SENTIMENTOS DAS MULHERES*

*ABORTO: EXPERIENCIAS Y SENTIMIENTOS DE LAS MUJERES*

✉ Sara Virgínia Nogueira do Nascimento Gualberto<sup>1</sup>, ✉ Francielton de Amorim Marçal<sup>2</sup>, ✉ Crisângela Santos de Melo<sup>3</sup>, ✉ Janayle Kéllen Duarte de Sales<sup>4</sup>, ✉ Hercules Pereira Coelho<sup>5</sup> e ✉ Andréa Couto Feitosa<sup>6</sup>

## ABSTRACT

To know the experience and feelings of women about the abortion process in a Family Health Unit in the municipality of Juazeiro do Norte, Ceará, Brazil. This is an exploratory, descriptive study, with qualitative data, conducted in a family health unit in the municipality of Juazeiro do Norte, Ceará, Brazil. Nine women participated in the study. Data were collected using a semi-structured interview script, and assessed through thematic content analysis. To facilitate the understanding of the results, we chose to organize them into thematic categories, namely: women's knowledge about the causes of abortion and feelings experienced by women who have had an abortion. Abortion is a deeply delicate and challenging experience for women, generating a significant impact and triggering painful feelings before the expectation of having a child and the subsequent loss.

**Descriptors:** *Abortion; Feelings; Women.*

## RESUMO

Conhecer a experiência e os sentimentos das mulheres sobre o processo de abortamento em uma Unidade de Saúde da Família do município de Juazeiro do Norte, Ceará, Brasil. Trata-se de um estudo exploratório, descritivo, com dados qualitativos, realizado em uma unidade de saúde da família do município de Juazeiro do Norte, Ceará, Brasil. Participaram do estudo nove mulheres. Os dados foram coletados mediante um roteiro de entrevista semiestruturado e apreciados por meio da análise temática de conteúdo. Para favorecer a compreensão dos resultados, optou-se pela organização destes em categorias temáticas, a saber: conhecimento das mulheres sobre as causas do abortamento e sentimentos vivenciados por mulheres que sofreram abortamento. O aborto é uma experiência profundamente delicada e desafiadora para as mulheres, gerando um impacto significativo e desencadeando sentimentos dolorosos diante da expectativa de ter um filho e da subsequente perda.


**Descritores:** *Aborto; Sentimentos; Mulheres.*

## RESUMEN


Conocer la experiencia y los sentimientos de las mujeres sobre el proceso de aborto en una Unidad de Salud de la Familia en el municipio de Juazeiro do Norte, Ceará, Brasil. Trata-se de um estudo exploratório, descritivo, com dados qualitativos, realizado em uma unidade de saúde da família do município de Juazeiro do Norte, Ceará, Brasil. Nueve mujeres participaron en el estudio. Los datos se recogieron mediante un guión de entrevista semiestructurada y se evaluaron mediante análisis de contenido temático. Para facilitar la comprensión de los resultados, optamos por organizarlos en categorías temáticas, a saber: conocimiento de las mujeres sobre las causas del aborto y sentimientos experimentados por las mujeres que han abortado. El aborto es una experiencia profundamente delicada y desafiante para las mujeres, generando un impacto significativo y desencadenando sentimientos dolorosos ante la expectativa de tener un hijo y la pérdida subsiguiente.


**Descriptores:** *Aborto; Sentimientos; Mujeres.*

<sup>1</sup> Centro Universitário Dr. Leão Sampaio. Juazeiro do Norte, CE - Brasil. 

<sup>2</sup> Centro Universitário Dr. Leão Sampaio. Juazeiro do Norte, CE - Brasil. 

<sup>3</sup> Centro Universitário Dr. Leão Sampaio. Juazeiro do Norte, CE - Brasil. 

<sup>4</sup> Universidade Regional do Cariri. Crato, CE - Brasil. 

<sup>5</sup> Centro Universitário Dr. Leão Sampaio. Juazeiro do Norte, CE - Brasil. 

<sup>6</sup> Centro Universitário Dr. Leão Sampaio. Juazeiro do Norte, CE - Brasil. 

## INTRODUCTION

Abortion is the unexpected termination of pregnancy that occurs before the 22nd gestational week, while the product of conception, eliminated in the process of abortion, is called abortion<sup>1</sup>. That said, it is noteworthy that abortion up to the 13th gestational week is called early abortion, whereas when it occurs between the 13th and 22nd week it is considered late<sup>2</sup>.

Abortion represents a serious public health problem, with a higher incidence in developing countries, which is one of the main causes of maternal mortality in the world, including in Brazil. Its discussion, notably passionate in many countries, involves different legal, moral, religious, social and cultural aspects. Social and economic vulnerabilities, gender inequalities, cultural and religious aspects, inequality of access to education, among other determinants and conditioning factors of health, reflect a scenario that maximizes the incidence of abortion among women belonging to poor and marginalized communities<sup>3</sup>.

Linked to these issues, many women who experience the loss of a child, still in the period of fetal development, need interdisciplinary care from a health team, given the emotional and psychological shock and, sometimes, the absence of a structured support network, which can predispose to major consequences, such as discouragement, frustration, sadness, guilt and others<sup>4</sup>.

In order to minimize these events, it is important that health professionals are attentive and seek training to provide care to these women during this process, needing, for this, to have a holistic and humanized view of health care. Behaviors such as these can certainly make care more comprehensive, less mechanistic and reductionist, rescuing human unity<sup>5,6</sup>.

In corroboration, it should be noted that providing means of communication and qualified listening for women, victims of abortion, to express their feelings, provides subsidies for the planning of necessary and specific care, as well as a greater interaction and support network for this<sup>7</sup>.

However, these women should be considered in their life contexts, histories, expectations and specificities, given that, despite being disconnected from their own identity during abortion, they often protect themselves by not establishing a relationship of trust with health professionals, which can be justified by the difficulty in dealing with the feeling of loss of the conceptus<sup>8</sup>.

In this context, conducting research, whose results show the experiences and emotions of women who have already experienced an abortion, favors the understanding of health professionals regarding the ways of caring for and assisting this public<sup>8</sup>.

Having said that, we have the following research question: what are the experiences and feelings of women about the abortion process?

Studies such as this one incites broad discussions and instigates the debate, together with the scientific community, for the construction and deconstruction of care practices. The study becomes relevant, as it will provide the scientific community with the sum of knowledge regarding the care and reception provided to women's health during and after the abortion process, offering comprehensive and qualified care.

In addition, the study offers significant *insights* into the experience of these women during a delicate time in their lives, bringing to light emotional, psychological and social aspects related to abortion. This study also promotes an essential reflection for health professionals, highlighting the importance of providing safe and qualified care to women in this critical phase. It is essential that professionals offer welcoming, empathy, effective communication, comfort, counseling, information and follow-up, in addition to showing respect, showing how much they care about the problem and seeking possible solutions.

This study aims to know the experience and feelings of women about the abortion process in a Family Health Unit in the municipality of Juazeiro do Norte, Ceará, Brazil.

## METHODS

This is an exploratory, descriptive study with qualitative data, according to the assumptions of the guidelines of the *Consolidated Criteria for Reporting Qualitative Research (COREQ)*<sup>9,10</sup>, carried out in a Family Health Unit (FHU), located in the municipality of Juazeiro do Norte - Ceará, Brazil.

The respective FHU was chosen because it has a considerable number of women registered and followed, but with poor care provided to these post-abortion women. This choice occurred during the supervised internship in B as well as the internship, promoted by an undergraduate nursing course of a Higher Education Institution in the Cariri region of Ceará.

The choice of a FHU with a large number of post-abortion visits was strategically advantageous. The concentration of cases in a single location made it possible to collect a significant amount of data in a relatively short period of time. In addition, the geographical proximity of the cases facilitates the logistical coordination of the research.

To carry out the research, 10 visits were made to the aforementioned FHU, in the afternoon, in order to approach the participants. It is justified to choose this shift for data collection to the detriment of the referred FHU, weekly, to make this period available for the collection of the cytopathological examination of the cervix for women in the ascribed area, being this factor of great relevance for the acquisition of the study participants.

The following inclusion criteria were considered: a) women who suffered some type of abortion up to the 22nd week of gestation; b) women were being monitored by the FHU; and c) women who were present at the FHU at the time of data collection, with a history of abortion. While the following were excluded from the study sample: a) women under 18 years of age; and b) women with a medical diagnosis of psychological disorders and/or syndromes.

The approach with the participants of the research occurred on the day when the women were attended for opportunistic performance of the cytopathological examination of the cervix. The research data were collected through a semi-structured interview script, applied to the study participants, in a calm and reserved environment of the FHU, distant from other professionals and/or patients, which had an average duration of 10 minutes. The interviews were recorded and later transcribed in full.

After applying the inclusion and exclusion criteria, the study was composed of nine women, and data collection was carried out in the months of January to February 2019.

As a criterion for closing the collection, the theoretical saturation of the data was used. To achieve theoretical saturation, the researchers followed a systematic process of analyzing the collected data, using an inductive approach. This process involved the following steps: transcription and coding of the data; constant analysis and comparison; development of a saturation code; verification and confirmation; and reflexivity and team discussion.

Upon reaching the theoretical saturation of the data, that is, when the analysis did not reveal new relevant information or no more significant themes or categories emerged, the researchers concluded the data collection. This saturation criterion ensures that the study has a solid and comprehensive base of information, allowing the results to be reliable and representative of women's experiences about the abortion process in the FHU studied.

In turn, the thematic content analysis started from a fluctuating reading of the speeches, with the purpose of achieving an increased understanding of the content, going beyond the manifest meanings of the material. To ensure the anonymity of the participants, they were identified by the letter A (A1, A2, A3...), in a sequenced manner by cardinal numbering.

The research complied with Resolution No. 466/12, which regulates the norms and guidelines of research involving human beings<sup>11</sup>, being approved by the Research Ethics Committee, with the opinion substantiated No. 3,549,532 and CAAE: 03695718.9.0000.5048.

## RESULTS

As mentioned above, the study sample was composed of nine women. Initially, the sociodemographic and economic profile of the participants was characterized, and later the exhaustive reading of the reports was performed, which originated two thematic categories, namely: "Women's knowledge about the causes of abortion" and "Feelings experienced by women who suffered abortion".

Given the sociodemographic and economic profile of the participants, the following aspects were analyzed: age, education level, marital status, religion, with whom they live and family income, as shown in Table 1.

**Table 1. Distribution of study participants according to sociodemographic and economic profile. Juazeiro do Norte, Ceará, Brazil. 2018.**

Variable	n	%
<b>Age</b>		
34 to 43	04	44,4
44 to 53	04	44,4
Over 54	01	11,1
<b>Education level</b>		
Completed elementary school	02	22,2
Completed high school	01	11,1
Incomplete higher education	03	33,3
Complete higher education	03	33,3
<b>Marital status</b>		
Married woman	05	55,5
Separate	02	22,2
Single	02	22,2
<b>Religion</b>		
Catholic	08	88,8
Evangelical	01	11,1
<b>Who you live with</b>		
With family	08	88,8
With the partner	01	11,1
<b>Household income*</b>		
Less than 01 minimum wage	01	11,1
01 minimum wage	03	33,3
Above a minimum wage	05	55,5

\* The minimum wage was considered to be the amount in force during the study period (2018): R\$ 954.00.

Source: Direct research.

Regarding the sociodemographic and economic profile, among the nine participants, there was a predominance of women aged 34 to 43 years, 04 (44.4%) and 44 to 53 years, 04 (44.4%); with incomplete higher education, 03 (33.3%), and complete higher education 03 (33.3%); married 05 (55.5%); Catholic, 08 (88.8%); who lived with family members 08 (88.8%); and with family income above one minimum wage, 05 (55.5%).

From the evaluation of the interviews and the accomplishment of the thematic content analysis, two thematic categories were constituted, with the purpose of exposing, in an objective way, the main results of this research:

### *THEMATIC CATEGORY 1: WOMEN'S KNOWLEDGE ABOUT THE CAUSES OF ABORTION*

This category of thematic analysis aims to investigate the knowledge and perceptions of women in relation to the causes of abortion. Through the qualitative analysis of the collected data, the different perspectives and knowledge of women about the factors that lead to abortion were identified, allowing a more comprehensive understanding of the beliefs and information that permeate this theme.

Through the reports of the interviewees, it was possible to evidence that some women do not really know what may have caused the abortion, while one makes an association with an unlikely cause of miscarriage:

*“I was 2 months pregnant, and did not know I was pregnant, I took triviral vaccine, and I was robbed, being threatened with a firearm, then the abortion happened.” (A3)*

*“I was only fed with fruit and could not eat anything else due to feeling nauseous and vomiting a lot. The abortion was spontaneous, I think because of the nausea.” (A4)*

*“I was three months old when I felt a strong colic and I bled a lot, as if it were a hemorrhage, but I think it was also the use of controlled medicine, and also I fought a lot with my husband and I was very stressed.” (A6)*

Participant A3 associates abortion with the trauma experienced during a violent assault, suggesting a possible relationship between extreme emotional stress and miscarriage. In view of participant A4's report, the abortion is attributed to the symptoms of intense nausea and vomiting that led her to adhere to a restricted diet, indicating a possible influence of the symptoms of hyperemesis gravidarum in triggering the abortion.

The speech of woman A6 relates abortion to the combination of the use of controlled medications, symptoms of severe colic and emotional stress from marital conflicts, suggesting a complex interaction between pharmacological and emotional factors.

The statements presented in this category highlight the importance of considering multiple factors, such as trauma, physical and emotional symptoms in understanding the possible causes of abortions experienced by women. This understanding enables a more comprehensive and individualized approach to the care of women who go through this experience, considering the physical, emotional and contextual aspects involved.

As one interviewee mentioned the use of a medication with the intention of inducing abortion, as presented in the report:

*“I think my miscarriage occurred because of family problems that caused me to induce abortion. I used cytotec.” (A7)*

The analysis of the content of the speech presented reveals a possible association between family problems and the decision to induce abortion. The respective participant suggests that these family problems were a contributing factor to her choice to use the drug Misoprostol, a medication known for its potential to induce abortion.

In this context, the analysis of the content presented in this speech points out the importance of considering the contexts and the social and emotional factors that can influence the decision to abort, as well as the need to address emotional and family issues during the process of support and care for women who undergo an abortion.

#### **THEMATIC CATEGORY 2: FEELINGS EXPERIENCED BY WOMEN WHO HAVE SUFFERED ABORTION:**

This thematic category sought to understand and explore the feelings and emotions experienced by women who went through the abortion process. Through qualitative analysis, the different emotional aspects reported by the women were identified and categorized, providing a more comprehensive view of the psychological and social impacts of abortion.

Through the speech of some women who have had abortions, it is possible to perceive that the feelings that are most repeated among them are those of sadness and anger.

*“It was a pregnancy desired by my family, I was very disappointed, angry, angry, but then I conformed.” (A5)*

*“I felt a lot of sadness for the loss of my son, but I am aware that the loss was due to stress and medications used.” (A6)*

In the first speech, the woman expresses a series of negative emotions, including disappointment, anger and revolt such as abortion, since it is a pregnancy desired by her and her family members. However, she mentions that she later found conformity with the situation, a narrative that indicates a process of acceptance and emotional adjustment over time.

In the second speech, the woman expresses sadness for the loss of her child, attributing it to stress and the medications used. This suggests a conscious understanding of the possible causes of miscarriage and an emotional connection to the loss of the baby. The reference to stress and medications may indicate a search to understand the circumstances that led to the abortion.

This content analysis highlights the emotional complexity of women going through an abortion, showing a range of reactions that can include negative emotions such as disappointment and anger, as well as feelings of sadness and a process of seeking explanations and understanding. These narratives reflect the importance of a sensitive approach and appropriate emotional support for women going through this experience.

While the feeling of anguish is also presented, followed by the "acceptance" of women in relation to abortion, based on the religious aspect, as expressed:

*“Anguish was all I felt. I accepted it because God is the one who knows all things. Because he could be born ‘defective.’” (A1)*

The speech presented reveals a range of feelings and thoughts experienced by the woman who went through the abortion process. The main emotion expressed is distress, suggesting that the experience of abortion was accompanied by deep emotional distress. In addition, the woman mentions her acceptance of the situation on the basis of belief in God and his wisdom. This aspect points to a religious and spiritual dimension in decision-making related to abortion.

Concern about the possibility of being born a child with defects is mentioned as an additional factor that influenced their "acceptance". This content analysis highlights the emotional complexity and the various elements that may be present in the experience of a woman who goes through an abortion process, who tends to feel guilty about the abortion and sad for the loss of the child she so desired.

## DISCUSSION

Regarding the age of the participants, there is a rate of women of advanced maternal age, which may be related to the postponement of pregnancy by most women who have an academic and/or professional career, given the need to reconcile with their interpersonal relationships<sup>12</sup>.

In the context of high schooling among the participants, this fact is directly related to access to education in our country, which is growing every day and enabling a greater number of people to enter higher education<sup>13</sup>.

Pregnancy, when conceived in a stable relationship, tends to have fewer socioeconomic risks for the mother and child. When abortion is involved, the presence of a partner who offers emotional support becomes essential in a delicate moment when the couple tends to face together the adversities that arise<sup>12,14</sup>.

Family support for the acceptance of abortion becomes fundamental to relieve the stress caused by the abortion, because the presence of the family to share the frustrations and pain caused by the loss of the baby helps the parents to endure in the grief in this process, helping to overcome this painful context<sup>12</sup>.

With regard to religion, in Brazil, there is still a predominance of the Catholic religion, because according to the last census of the Brazilian Institute of Statistical Geography (IBGE), conducted in 2010, the Catholic population represents about 64.6% of the Brazilian population, corroborating the findings of the research<sup>15</sup>.

With regard to family income, it was found that most of the research participants had more than one minimum wage, as family income. The Brazilian reality, involved in the income variable, demonstrates an economic rise in terms of income, and most families, currently, both men and women, exercise paid activity, allowing family income to become higher<sup>14,15</sup>.

The causes of abortion are little known to women who suffer abortion. Even the symptoms are perceived only when the abortion process is already complete, at the expulsion of the fetus and/or at the time of the ultrasound that confirms the abortion. It is worrisome that women do not have knowledge about the symptoms that may pose risks to them and to the fetus, since the early detection of a threat of abortion can prevent the abortion process from taking place<sup>16</sup>.

Abortion results from a combination of factors, genetic and non-genetic, that may be interconnected. With regard to genetic factors, chromosomal abnormalities and polymorphisms stand out. Regarding non-genetic causes, the presence of infectious agents, socioeconomic, environmental and occupational factors, life history, endocrine disorders and thrombophilias can be mentioned.

Miscarriage is an event that occurs in about 10 to 15% of pregnancies, while stillbirth has a rate of 11.4 per 1000 live births. It is important to highlight that the Northeast and North regions of the country have the highest rates of infant mortality and still birth, as evidenced by previous studies<sup>17</sup>.

It is estimated that about 25% of miscarriages would be preventable if risk factors were reduced. However, approximately 50% of abortion cases still have unknown causes<sup>18</sup>.

Stress was reported by more than one research participant, being a significant cause of abortions in Brazil, and this stressful situation can result from a simple family discussion to more conflicting situations, such as a robbery, and others. In agreement with the results presented, a study conducted with 22 women admitted to a public hospital in Floriano - PI related abortion to stressful situations, which tend to cause large gestational impacts<sup>19</sup>.

There is evidence to suggest an intrinsic relationship between stress and family conflicts with abortion. Intense emotional stress, whether caused by tense family situations, abuse, or other adverse circumstances, can trigger physiological responses in the body that can impact reproductive health. In addition, persistent family conflicts can create an emotionally unfavorable environment, which negatively affects the physical and emotional health of the woman, and may increase the risk of miscarriage<sup>20,21</sup>.

The abortion process involves a "*rawcis pathway*", in which the woman travels a trajectory from the beginning of the abortion to the overcoming of her traumas. The feelings associated with abortion, even when it is induced by the woman, usually involve guilt, anger, revolt, and fear. The woman, faced with abortion, is fragile and does not have an understanding of whether or not she influenced the outcome<sup>2</sup>.

This description emphasizes the emotional complexity faced by women in this situation, highlighting the need for emotional support and sensitive understanding during the care process. It is important that health professionals are aware of these feelings and are trained to offer adequate support, helping women to deal with their emotions and to find ways to emotional recovery after abortion<sup>12,19,20</sup>.

The use of *Cytotec* (Misoprostol) usually leads to the process of complete abortion, with the expulsion of ovular material, and its use in clandestine abortions is very common in Brazil. Women who use this medication are at great risk due to the association of severe bleeding from the use of this medication. In most cases, women who use medications to perform abortion do not have the correct information about the use and side effects related to this practice<sup>23</sup>.

Overcoming abortion requires well-articulated emotional support and family that offers women what they need at this very delicate moment in their lives, allowing them to understand this abortion process and its causes, as well as the possibility of other pregnancies without the risk of abortion<sup>24</sup>.

Professional help allows these women to have a new look at this situation experienced, preventing them from triggering future problems, such as depression, for example, in addition to helping them cope with the grieving process and the expectation of a next pregnancy<sup>25</sup>.

In order to correctly interpret the results, it is crucial to consider the limitations identified in this abortion study. Among the main limitations, we highlight the sample size, which may have impacted the representativeness of the results; data collection was conducted by male professionals, which may have generated restrictions and discomfort for the female participants, potentially leading to contained responses or lack of full disclosure of sensitive information; and data collection in a single FHU, since the results obtained may not be generalizable to other FHUs or different populations.

With its potential, the study may favor a more comprehensive and in-depth understanding of the experiences of women who have gone through the abortion process, which may provide valuable insights into the emotional, psychological and social aspects involved, helping nursing professionals to offer a more empathetic and individualized care.

In summary, the study has the potential to improve the quality of care offered to women, help identify their specific needs and contribute to evidence-based nursing practice.

## CONCLUSION

The women had little knowledge about the causes of abortion. The students associated the occurrence of abortion with food, use of medication and the experience of stressful situations. Regarding the feelings involved in the abortion, the women reported the pain of the loss, along with anger, revolt and guilt, feelings that can negatively impact the lives of these women and, therefore, interfere with the desire for a new pregnancy, and may even cause family problems due to the conflicts that may arise from this stressful situation.

Based on the women's statements, analyzed through a thematic content analysis, it is possible to conclude that the abortion process is an emotionally complex experience, involving a variety of feelings, such as guilt, anger, revolt, fear, sadness and fragility. The women reported feelings of anguish, disappointment and conformation in the face of abortion, in addition to expressing uncertainties about its influence on the outcome.

The presence of stress, family conflicts, health problems and other personal and social factors was also mentioned as possible conditioning factors of abortion. These findings highlight the importance of a sensitive and understanding approach to the care of these women, providing emotional support, adequate information, and a safe environment in which to express their emotions. In addition, they emphasize the need to improve health policies that promote prevention and comprehensive support for reproductive health, aiming at reducing the risks and well-being of women who experience abortion.

Abortion is a delicate and challenging time for a woman, as the expectation of having a child and the subsequent sudden loss cause a profound impact and painful feelings. In this context, it is essential that health professionals, both in the hospital network and in Primary Care, adopt a careful and humanized approach to this public. This includes post-abortion orientation strategies, still in the hospital setting, emphasizing the importance of puerperal consultation to minimize the risks of unsafe abortion and subsequent unwanted pregnancy. In addition, it is critical to provide comprehensive information on appropriate and effective contraceptive methods in order to support women in making informed decisions and preventing unwanted pregnancies.



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