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Preview Notes



Coping with stillbirth from the perspective of the mother: a time-series analysis

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ABSTRACT

This article discusses the project developed in the nursing post-graduate program at the State University of Maringá, in partnership with the University of Quebec in Outaouais. **Aims:** To analyze the pre-natal and post-partum care of women who have suffered stillbirth in order to understand their grieving process. **Method:** Analysis of time series data from the Mortality Information System (SIM); in the second phase, qualitative and descriptive research with women who have suffered stillbirth in Maringá, PR and the province of Gatineau (Canada). The data collection will be conducted via SIM and interviews using a semi-structured questionnaire. Statistical and technical content analysis will be used for data analysis purposes.

Descriptors: Fetal Death; Prenatal care; Postpartum Period; Grief.

THE SITUATION AND ITS SIGNIFICANCE

Each year, approximately 3 million pregnancies end in stillbirth⁽¹⁾ throughout the world. This is due to childbirth complications, maternal infections during pregnancy, maternal diseases mainly related to hypertension and diabetes, fetal growth restriction and congenital malformation⁽²⁾. These deaths occur mainly in low and middle-income countries such as those in South Asia and sub-Saharan Africa, which have more than 25 stillbirths per 1,000 births. Other nations are in an evolutionary process of reduction: Brazil presents currently between 5 and 14.9 stillbirths per 1,000 births. Canada and the United States have even better rates, with less than 5 stillbirths per 1,000 births⁽¹⁾.

Although fetal mortality share the same influences in terms of circumstances and causes as early neonatal mortality, little attention has been given to this fact, since there has been no inclusion of these deaths in the Millennium Goals.

Women with a history of recurrent spontaneous abortion, stillbirth, premature birth or early neonatal death have a worse quality of life and more symptoms of anxiety and depression during a subsequent pregnancy, compared with women without such history⁽³⁾.

The mourning of a stillbirth is different from any other form of grief, as parents face the change of months of planning and expectations giving way to the incomprehension of giving birth to a lifeless baby. Some parents who suffered fetal death can overcome the loss, but there are cases where the trauma causes psychological disorders such as depression and anxiety⁽³⁾.

Considering the literature that exists, studies of the ways in which women cope in relation to mourning are needed, to discover and support pathological cases. Improvement in terms of the nursing care provided to families facing fetal death implies an early evaluation of the process,

in order to program the interventions needed in each case.

GUIDING QUESTIONS

Is there stability in the coefficient of stillbirths? Is there a relationship between fetal death and unsuitable pre- and post-natal care? Is the mourning of a woman with regard to fetal death different in terms of the gestational age at loss, the time elapsed and the support received?

AIMS

General: To analyze the pre-natal care and post-partum process of women who experienced fetal death and to understand their grieving process.

Specific: Identify a trend in fetal deaths; describe the pre-natal care and the post-partum process of women who suffer stillbirths.

METHOD

Analysis of time series at two different moments of time: first, a survey of quantitative approach, of time series, with regard to all women who have suffered stillbirth in Maringá, PR between 2000 and 2013, from the data in the Mortality Information System (SIM). In the second moment, qualitative and descriptive research, involving interviews using a semi-structured questionnaire with women who have suffered stillbirth in 2013 in the municipalities of Maringá and Gatineau (Canada) will be carried out. All the residents in Maringá registered in the SIM, and all who attended the Centre d'études et de Recherche en Intervention Familiale (CERIF) in Gatineau, will be included. The exclusion criteria

will remove women who were non-resident in the municipalities after the loss.

The questionnaire with regard to the coping of women in relation to fetal death is currently used by CERIF and verified at the University of Quebec in Outaouais. It will be available in both official languages of the study population: French and Portuguese.

The questionnaire will be presented and answered at the women's homes. In 2013, data collection was carried out in Brazil. In 2014 it was undertaken by a doctoral student in Canada as part of his internship abroad through funding from the Doctoral Program Abroad (PDSE) as part of the Coordination of Improvement of Higher Education Personnel (CAPES).

The risks involved in participation in this research involves possible emotional distress resulting from the memory of the event, and fatigue due to the extensive nature of the questionnaire. However, the benefits outweigh the risks, as they allow feelings regarding the pregnancy loss to be expressed, and promote the mourning process.

The assessment of a trend in fetal mortality will be made with the use of a scatter diagram for the coefficients using the SPSS statistical program. The investigation of pre-natal and post-partum care, and how the mothers cope with stillbirth will be performed through thematic content analysis.

The study follows the guidelines for research involving human beings contained in Resolution 466/12 of the National Research Council, and was approved by the Ethics Committee in Research of Maringá State University and the University of Quebec.

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