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REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

THE ROLE OF OBSTETRIC NURSES IN THE CONTEXT OF SPONTANEOUS ABORTION

ATUAÇÃO DO ENFERMEIRO OBSTETRA NO CONTEXTO DO ABORTO ESPONTÂNEO

EL PAPEL DE LAS ENFERMERAS OBSTÉTRICAS EN EL CONTEXTO DEL ABORTO ESPONTÁNEO

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Received/Recebido: 2025-07-16 Accepted/Aceite: 2025-08-06 Published/Publicado: 2025-08-08

DOI: [http://dx.doi.org/10.60468/r.riase.2025.11\(0\).764.6-16](http://dx.doi.org/10.60468/r.riase.2025.11(0).764.6-16)

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VOL. 11 SUPPLEMENT 1 JULY 2025

Abstract

Background: Spontaneous pregnancy loss is a clinically prevalent event with significant implications for women's mental health. Despite its high incidence, it remains insufficiently addressed in healthcare settings, particularly in terms of emotional support. Within this scenario, obstetric nurses occupy a strategic position, although their interventions are often constrained by training gaps, institutional limitations, and structural barriers. **Objective:** To analyze the obstetric nurse's intervention in emotional accompaniment during spontaneous abortion, focusing on the physical and emotional care provided to the woman, based on the care strategies described in the literature. **Methodology:** An integrative review was conducted following the Joanna Briggs Institute method (JBI, 2024), with searches in PubMed and EBSCOhost (2020-2025). Studies in Portuguese, Spanish, and English addressing emotional support by obstetric nurses during spontaneous abortion were included. Selection was based on methodological quality using the JBI critical appraisal tool and the PRISMA protocol, resulting in 6 articles for final analysis. **Results:** It was found that the midwife's role has a direct impact on the woman's emotional experience of pregnancy loss. Strategies such as active listening, validating the loss, creating memories and cognitive-behavioral intervention have been shown to be effective in reducing post-abortion grief symptoms. However, most obstetric nurses report not feeling prepared to deal with these situations. There were also gaps in basic and continuing training, a lack of specific protocols and institutional barriers, such as work overload, the invisibility of the issue and a lack of emotional support for obstetric nurses themselves. **Conclusion:** The intervention of obstetric nurses in the context of abortion is essential to guarantee comprehensive, ethical and humanized care. There is an urgent need to invest in specific training, strengthen institutional protocols and recognize the fundamental role of obstetric nurses in humanizing emotional care during pregnancy loss.

Keywords: Abortion; Midwifery; Nurse Midwives; Psychosocial Intervention.

Resumo

Introdução: A perda gestacional espontânea é uma experiência comum, mas ainda amplamente silenciada nos serviços de saúde, trazendo implicações significativas para a saúde mental das mulheres. Apesar da frequência deste evento, o cuidado emocional permanece subvalorizado, e os profissionais de saúde, especialmente os enfermeiros obstetras, enfrentam desafios para oferecer uma atenção adequada, empática e humanizada. **Objetivo:** Analisar a intervenção do enfermeiro obstetra no acompanhamento emocional durante o aborto espontâneo, com enfoque nos cuidados físicos e emocionais prestados à mulher, com base nas estratégias de cuidado descritas na literatura. **Metodologia:** Realizou-se uma revisão integrativa conforme o método do Joanna Briggs Institute (JBI, 2024), com busca na PubMed e EBSCOhost (2020-2025). Foram incluídos estudos em português, espanhol e inglês que abordassem o acompanhamento emocional por enfermeiros obstetras durante o aborto espontâneo. A seleção seguiu critérios de qualidade utilizando a ferramenta de avaliação crítica do JBI e o protocolo PRISMA, resultando em 6 artigos para análise final. **Resultados:** Constatou-se que a atuação do enfermeiro obstetra tem impacto direto na experiência emocional da mulher perante a perda gestacional. Estratégias como a escuta ativa, a validação da perda, a criação de memórias e a intervenção cognitivo-comportamental mostraram-se eficazes na diminuição dos sintomas de luto pós-aborto. No entanto, a maioria dos enfermeiros obstetras relatam não se sentirem preparados para lidar com estas situações. Evidenciaram-se também lacunas na formação de base e contínua, ausência de protocolos específicos e barreiras institucionais, como a sobrecarga laboral, a invisibilidade do tema e a falta de apoio emocional ao próprio enfermeiro obstetra. **Conclusão:** A intervenção do enfermeiro obstetra no contexto do aborto é essencial para garantir uma atenção integral, ética e humanizada. É urgente investir em formação específica, reforçar os protocolos institucionais e reconhecer o papel fundamental dos enfermeiros obstetras na humanização do cuidado emocional durante a perda gestacional.

Palavras-chave: Aborto; Assistência ao Parto; Enfermeiro Obstetra; Intervenção Psicossocial.

Resumen

Antecedentes: La pérdida gestacional espontánea constituye un evento clínico frecuente, con implicaciones relevantes para la salud mental de las mujeres. No obstante, continúa siendo un fenómeno escasamente abordado en los servicios de salud, especialmente en lo que respecta al acompañamiento emocional. En este contexto, la enfermería obstétrica desempeña un papel estratégico, aunque su intervención se ve limitada por factores formativos, estructurales e institucionales. **Objetivo:** Analizar la intervención de la enfermera obstétrica en el acompañamiento emocional durante el aborto espontáneo, centrándose en los cuidados físicos y emocionales proporcionados a la mujer, a partir de las estrategias de cuidados descritas en la literatura. **Metodología:** Se realizó una revisión integrativa siguiendo el método del Joanna Briggs Institute (JBI, 2024), con búsqueda en PubMed y EBSCOhost (2020-2025). Se incluyeron estudios en portugués, español e inglés que abordaran el acompañamiento emocional por enfermeras obstétricas durante el aborto espontáneo. La selección siguió criterios de calidad mediante la herramienta de evaluación crítica del JBI y el protocolo PRISMA, resultando en 6 artículos para análisis final. **Resultados:** Se descubrió que las acciones de la matrona tienen un impacto directo en la experiencia emocional de la mujer ante la pérdida del embarazo. Estrategias como la escucha activa, la validación de la pérdida, la creación de recuerdos y la intervención cognitivo-conductual resultaron eficaces para reducir los síntomas del duelo postaborto. Sin embargo, la mayoría de las enfermeras obstétricas afirman no sentirse preparadas para afrontar estas situaciones. También se observaron lagunas en la formación básica y continuada, falta de protocolos específicos y barreras institucionales como la sobrecarga de trabajo, la invisibilidad del tema y la falta de apoyo emocional para las propias enfermeras obstétricas. **Conclusión:** La intervención de las enfermeras obstétricas en el contexto del aborto es fundamental para garantizar una atención integral, ética y humanizada. Es urgente invertir en formación específica, reforzar los protocolos institucionales y reconocer el papel fundamental de las enfermeras obstétricas en la humanización de los cuidados emocionales durante la pérdida del embarazo.

Descriptores: Aborto; Asistencia al Parto; Enfermero Obstetra; Intervención Psicossocial.

Introduction

Pregnancy loss, including spontaneous abortion, is an emotionally complex experience that deeply affects women and their partners. It is estimated that up to 20% of clinically recognized pregnancies end in spontaneous abortion, revealing the magnitude of the phenomenon and its relevance to clinical practice. This experience can trigger an intense grieving process, marked by feelings of sadness, guilt, anxiety, and, in some cases, symptoms of post-traumatic stress, with medium- and long-term repercussions on women's mental health⁽¹⁾.

Despite its frequency, pregnancy loss often remains invisible in health services. Several studies point to the inadequacy of the emotional support offered to women, highlighting gaps in both the training of professionals and the existence of protocols to guide care practices. The lack of adequate spaces, the low institutional value placed on emotional care, and the stigma associated with abortion are recurring barriers that compromise the quality of the support offered⁽¹⁾.

Obstetric nurses occupy a strategic position in this scenario. They are often the first and main professionals to come into contact with women facing loss, which gives them a central role in listening, welcoming, and validating pain. However, studies show that many obstetric nurses report feeling unprepared to offer this type of support, experiencing ethical and emotional dilemmas that affect both the quality of care and their own well-being⁽²⁾.

Evidence-based interventions, such as cognitive behavioral counseling and the facilitation of symbolic rituals, have shown a positive impact on the grieving process. For these practices to be implemented consistently, it is essential to invest in specific training, clinical supervision, and the construction of a care model centered on the emotional needs of women and their families^(3,4).

Gestational loss, especially when it occurs unexpectedly, such as in spontaneous abortion, is a deeply traumatic event for women and their partners. Studies show that up to 20% of clinically recognized pregnancies end in spontaneous abortion, which is a common

occurrence but, despite this, is often silenced in the context of reproductive health⁽⁵⁾. The emotional effects of this loss are widely documented and include feelings of intense sadness, guilt, anxiety, depression, and symptoms of post-traumatic stress^(6,7).

Despite its impact, many women report not feeling validated in their grief, encountering a healthcare system unprepared to emotionally support these experiences⁽²⁾. The social and institutional invisibility of perinatal grief contributes to its complexity, requiring a sensitive and trained professional eye.

The perinatal grief process is unique and goes through a range of manifestations that vary according to life history, the support received, and the moment of loss⁽⁸⁾. Women and partners express the need for recognition of the loss, spaces for listening, clear information, and the possibility of performing symbolic rituals, such as seeing the fetus or creating memories^(9,10).

Adequate emotional support can mitigate the effects of grief and facilitate the grieving process. To this end, it is essential that healthcare professionals have communication skills, empathy, and availability to respect the individuality of each experience⁽¹¹⁾.

Obstetric nurses play a central role in caring for pregnancy loss, providing both clinical care and emotional support. The literature shows that their proximity to women allows for more humanized and relational care^(5,11). However, many report feeling unprepared to deal with the suffering of others, afraid of saying something inappropriate or becoming emotionally involved in a harmful way⁽⁷⁾.

The care provided by obstetric nurses is more effective when it is institutionally validated and supported by specific training, clear protocols, and sufficient time to bond. The relationship established with women is decisive in their perception of care and satisfaction with the service^(7,12).

Studies point to several barriers that limit the role of obstetric nurses in the face of pregnancy loss. These include work overload, lack of institutional space for emotional care, lack of specific training, and the absence of guiding protocols^(8,9).

In addition, the emotional suffering of the professionals themselves is often neglected. Obstetric nurses report feelings of frustration, helplessness, and isolation, which can negatively affect their mental health and the quality of care provided⁽¹³⁾.

Several interventions have been studied to improve support for pregnancy loss. Cognitive behavioral counseling has been shown to be effective in reducing complicated grief, anxiety, and depression⁽⁶⁾. Training based on real stories from users, clinical simulations, and reflective workshops also contribute to the development of emotional and communication skills⁽¹⁰⁾.

Encouraging spaces for listening among professionals, institutional monitoring, and the development of humanized protocols are identified as urgent measures to ensure comprehensive care for women, families, and obstetric nurses themselves^(7,12).

This study aims to analyze the intervention of obstetric nurses in emotional support during spontaneous abortion, focusing on the physical and emotional care provided to women, based on the care strategies described in the literature. The importance of building more humane, empathetic care centered on the needs of each woman and her context is emphasized.

Methodology

This review followed the integrative literature review method proposed by the Joanna Briggs Institute Reviewer's Manual, with the aim of gathering, critically analyzing, and synthesizing the available scientific evidence on the role of obstetric nurses in emotional support during spontaneous abortion, with a focus on the physical and emotional care provided to women⁽¹⁴⁾.

Inclusion and exclusion criteria

For the present study, inclusion and exclusion criteria were defined for the selection of studies. The inclusion criteria were articles published between 2020 and 2025, written in Portuguese, Spanish, or English. The studies should address emotional management by midwives or obstetric nurses in the face of pregnancy loss, explore the emotional experience of the pregnant

woman and/or couple, and be available in full with free access.

To ensure the methodological quality of the included studies, the Joanna Briggs Institute (JBI) critical appraisal tool was used, which is internationally recognized for its applicability in qualitative and quantitative health studies. This tool allows for the systematic assessment of methodological consistency, the validity of results, and compliance with ethical principles, contributing to a careful and informed selection of the articles analyzed⁽¹⁴⁾.

Articles published before 2019, studies with low methodological quality, or that had not been peer-reviewed, as well as documents whose full text was not accessible, were excluded.

Search strategy

This review sought to answer the following question: What is the role of obstetric nurses in emotional support during spontaneous abortion, and how do the care strategies described in the literature contribute to the physical and emotional care provided to women?

The research was conducted in PubMed and EBSCOhost between October 2024 and April 2025, using the PICO strategy, as follows:

P (Population): Midwives and obstetric nurses, as well as women who have experienced pregnancy loss; I (Intervention): Emotional support provided by midwives and obstetric nurses during spontaneous abortion; C (Comparison): Intervention strategies described in the literature; O (Outcomes): Contributions to the development of skills and tools for the emotional support of women.

Controlled descriptors and keywords were used in combination with the Boolean operators "AND" and "OR", namely: "Psychosocial intervention", "Nurse Midwives", "Midwifery" and "Abortion".

The search strategy was complemented by the use of the PRISMA flowchart (Figure 1), a tool that ensures transparency and rigor in the process of identifying, screening, and selecting studies for inclusion in the review⁽¹⁵⁾. PRISMA (Preferred Reporting Items

for Systematic Reviews and Meta-Analyses) is a widely recognized international guideline that aims to improve methodological quality and reproducibility in the presentation of systematic reviews⁽¹⁵⁾.

Initially, 380 articles were identified in PubMed and EBSCOhost. After applying the inclusion criteria, time frame (from 2020), language (Portuguese, Spanish, and English), and free access, as well as eliminating duplicates, incomplete articles, and those unrelated to the topic of emotional management in abortion, 291 articles were excluded.

The selected texts were read in two stages: initially, in an exploratory manner, to assess their thematic and methodological relevance; then, a more in-depth and critical reading was carried out, considering the scientific quality defined by the JBI assessment tool.

The screening and analysis of the articles were carried out individually by three researchers, independently. Subsequently, the results were compared jointly by all authors, discussing differences and reaching a consensus on the final inclusion of the studies, which contributed to the validity and reliability of the selection process. Finally, a total of six articles were selected for final analysis, which formed the basis for the discussion developed in this study.

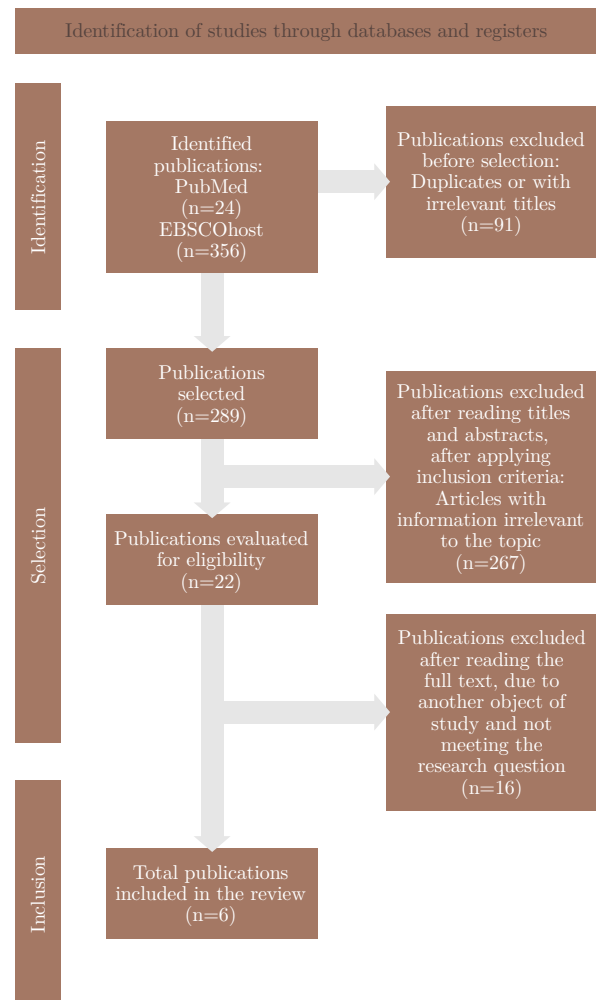


Figure 1: PRISMA flowchart.

Results

Table 1 presents the six articles selected following the search, in order to analyze each article in line with the defined research question.

Table 1: Analysis of the articles included in the review.

Article identification	Objective	Results	Conclusion
<p>1. Toward Optimal Emotional Care During the Experience of Miscarriage: An Integrative Review of the Perspectives of Women, Partners, and Health Care Providers.</p> <p>Lysha Lee, Winn Ma, Sidney <i>et al.</i> 2022.</p>	To review in an integrative manner the emotional needs of women experiencing miscarriage, their partners, and the challenges faced by health care providers in this context.	Sixty studies were analyzed. Deficiencies were identified in the training of professionals, the absence of specific protocols, and emotional care perceived as insufficient by patients.	The review highlighted that miscarriage has a significant emotional impact on women and their partners, and that the quality of care received can influence their well-being in the short and long term. Women and partners pointed to the need for more information, recognition of their loss, and emotional support. Health professionals, in turn, reported deficiencies in training, lack of specific protocols, and institutional barriers to providing adequate care. Five priority areas for future research were identified as essential to improving the care provided to bereaved families and supporting the professionals involved.
<p>2. Death is a sensitive topic when you are surrounded by life: Nurses experiences with pregnancy loss.</p> <p>Mariana V. Martinsa, Vanessa A. Valentea, <i>et al.</i> 2023.</p>	To explore the experiences of nurses in caring for pregnancy loss, based on the self-actualization communication model.	Qualitative analysis of interviews with 16 nurses revealed three main themes: stressful working conditions, personal factors of the professionals (such as discomfort with loss, empathy, and communication skills), and elements related to the bereaved woman's journey, including the role of the partner, the moment of loss, and farewell rituals.	Nurses who care for patients with pregnancy loss face the challenge of providing quality care while maintaining their professional commitment. However, their development and the quality of care are impacted by several factors and the lack of ongoing training in grief and communication. Participants identified the need to improve care management and clinical practice to increase their resilience and professional well-being. It is concluded that interventions such as supervision and continuing education on grief and communication can strengthen nurses' resilience and improve the care experience.
<p>3. Evaluation of a pregnancy loss education intervention for undergraduate nursing students in Northern Ireland: A pre- and post-test study.</p> <p>Martina Galeotti, Suzanne Heaney, Áine Aventin. 2023.</p>	To evaluate the effectiveness of a brief, self-directed educational intervention to increase nursing students' knowledge, skills, awareness, and confidence regarding pregnancy loss.	Most of the 244 nursing students who participated had no previous training or experience in pregnancy loss and felt little or no confidence in dealing with the topic. The educational intervention proved useful, especially through the use of real-life stories, which helped demystify the topic and provide practical tools. Participants suggested including more content on memory creation, support networks, and mental health after loss.	The educational intervention increased students' knowledge and confidence, improving their preparedness to provide adequate emotional care in cases of pregnancy loss. This type of specific training has the potential to improve the quality of care provided, contribute to greater patient satisfaction, and promote better health outcomes.
<p>4. Exploring interactions between women who have experienced pregnancy loss and obstetric nursing staff: a descriptive qualitative study in China.</p> <p>Jiahui Qian, Weihong Wang, Shihwen Sun, Mengwei Wu, <i>et al.</i> 2022.</p>	To explore the interactions between women who have experienced pregnancy loss and obstetric nurses in China and to understand how both parties view these interactions and what factors influence their experience.	The study analyzed the communication approaches adopted by nursing staff and identified several factors that negatively influence interaction with women experiencing pregnancy loss, such as high workload, lack of communication skills, and the emotional impact on professionals. Nurses highlighted the need for additional training in clinical knowledge and humanized care. Among the proposals for improvement are the qualification of professionals, the optimization of personnel management, the improvement of the hospital environment, and the structuring of care provided during bereavement.	The study emphasizes the importance of adopting an attitude of respect and empathy when communicating with women who have suffered a pregnancy loss. It recommends strengthening information support and providing patient-centered care. Ignorance of women's needs and the use of disrespectful language were identified as factors leading to negative interactions. To improve the quality of care, it is essential to train staff in perinatal bereavement care and provide emotional support to nursing staff. Additional efforts are needed to optimize medical services and promote positive interactions in induced abortion care.
<p>5. The impact of midwife/nurse-led psychosocial interventions on parents experiencing perinatal bereavement: An integrative review.</p> <p>Xie, J., Hunter, A., Biesty, L., & Grealish, A. 2024.</p>	To synthesize existing evidence on the types of midwife/nurse-led psychosocial interventions for parents experiencing perinatal bereavement, their impacts on the mental health of bereaved parents, and the experiences of midwives and nurses in providing these interventions.	Nine types of psychosocial interventions that can be implemented by midwives and nurses were identified. These interventions have demonstrated positive impacts on grief, anxiety, depression, post-traumatic stress disorder, and other psychosocial outcomes among parents experiencing perinatal loss.	Psychosocial interventions led by midwives/nurses have the potential to improve the psychological outcomes of parents experiencing perinatal loss. The need to consider training, workload, time costs, and emotional support for midwives/nurses when developing these interventions is highlighted.
<p>6. Experiences of care in pregnancy losses: Methodological triangulation between meta-ethnographic and empirical studies.</p> <p>Sara Fernández Basanta, Carmen Coronado, María Jesús Movilla Fernández. 2022.</p>	The objective is predominantly methodological and reflective, presenting the triangulation between empirical research and a meta-ethnographic review, with the aim of deepening the understanding of care experiences in contexts of pregnancy loss.	Nurses and midwives who provided care to parents who suffered an involuntary pregnancy loss faced difficulties that required them to step outside their comfort zone. This often led them to avoid becoming emotionally involved with the parents, and when they did, the care they provided was based primarily on their intuition. This conclusion was reached through methodological triangulation between a meta-ethnographic study and an empirical study with a phenomenological-hermeneutic design.	The methodological triangulation allowed us to have greater confidence in the credibility of the study's findings. Both studies contribute to the body of knowledge in nursing science and promote a change in clinical practice, as the results highlight the complexity of the nursing and midwifery experience in the face of involuntary pregnancy loss.

Methodological evaluation of studies according to JBI criteria

The studies in this review were ranked based on the levels of evidence proposed by the JBI, which assigns a rating from 1 to 5 according to methodological robustness and study design (Table 2). Systematic reviews of randomized clinical trials occupy level 1, followed by randomized clinical trials themselves at level 2, quasi-experimental studies at level 3, observational studies at level 4, and finally descriptive studies and expert opinions at level 5. This hierarchy allows the findings to be interpreted in light of the strength of the evidence, lending greater rigor to the integrative analysis⁽¹⁴⁾.

Presentation of the topic

Pregnancy loss, whether through miscarriage or induced abortion, is an emotionally complex experience that deeply affects women and their partners. Recent scientific literature has highlighted the importance of emotional support provided by obstetric nurses in this vulnerable context^(2,5,7).

The studies analyzed in this review point to the existence of important emotional needs on the part of women and their families, which are often unrecognized or insufficiently addressed in health services^(7,8). Empathetic communication, recognition of loss, and the possibility of performing symbolic rituals are strategies valued by families and considered fundamental to a more respectful experience of grief^(1,9).

From a professional point of view, several studies highlight the lack of specific training for midwives and obstetric nurses in dealing with pregnancy loss, which can lead to feelings of helplessness, insecurity, and emotional distress^(1,5,9). Work overload, the absence of clear protocols, and the lack of institutional appreciation of emotional care are additional barriers to woman-centered care^(1,4,5,7-9).

Despite these limitations, studies also identify promising initiatives, such as educational interventions and psycho-emotional support programs led by midwives and obstetric nurses, which have shown a positive impact on the quality of care and the well-being of users and professionals themselves^(3,4).

Table 2: Assessment of methodological quality and level of evidence.

Article	Assessment according to JBI criteria	Methodological quality	Level of evidence
1	The objective is well defined, and the inclusion criteria are appropriate. A thorough search of several databases was conducted, and selection bias was minimized through review by three researchers. The synthesis is well structured with thematic analysis and the conclusions are consistent, highlighting areas for further research. No mention is made of whether a tool was used to assess the methodological quality of the studies or the reliability of the evidence. 7/9	High	1
2	The qualitative methodology used is consistent with the study objective. Semi-structured interviews and thematic analysis were used. The context is well defined, describing the clinical environment and the participants. It includes direct quotes from the participants and shows partial reflexivity, since, although researcher triangulation is mentioned, self-reflection is not explored in depth. The study complies with ethical criteria, presents well-structured results, and concludes with recommendations applicable to clinical practice. 8/9	High	3
3	Quasi-experimental study. It has a clear pre-test/post-test design, which allows for the evaluation of the effect of the educational intervention. A validated scale (PBCCS) and statistical analyses were used. The sample was large (n=244) and all participants received the same treatment. Ethical considerations were respected, and the results are presented clearly. Possible confounding factors, such as demographic variables, were not addressed. 8/9	High	2
4	The study shows clear consistency between the research question, the qualitative methodology used, and the data collection and analysis methods. Semi-structured interviews were conducted, and a thematic analysis was applied, with a detailed description of the coding process and cross-validation between researchers, which reinforces the credibility of the results. Although reflexivity and validation of the results with participants are mentioned, the discussion on the influence of the researcher in the process could have been more in-depth. The study obtained ethical approval and ensured the informed consent of participants, complying with the required ethical standards. The conclusions are clearly grounded in the data presented and offer practical recommendations for improving care in cases of pregnancy loss. 8/9	High	3
5	The study objective is well defined, and the research questions are relevant. The integrative review is well designed, with appropriate inclusion and exclusion criteria. It was conducted in multiple databases and accompanied by a detailed description of the selection process. Specific instruments were used to assess the methodological quality of the included studies, based on models such as JBI. The conclusions are consistent with the results presented and point to practical implications and future research. The method used to assess heterogeneity between studies is not specified. 8/9	High	1
6	The article presents a solid theoretical foundation and uses two complementary methodologies: meta-ethnography and empirical phenomenological-hermeneutic study. Methodological triangulation reinforces the validity and credibility of the results. The description of the context, participants, and procedures is clear and detailed. The article follows robust ethical and methodological criteria, with adequate qualitative rigor. The number of participants in the empirical study is small, which may limit the generalizability of the findings. 8/9	High	3

Qualitative analysis of the results obtained

The analysis of the six selected articles identified recurring thematic categories related to the challenges and potential of the role of obstetric nurses in the context of abortion and pregnancy loss.

The first emerging category refers to the need for specific and ongoing training in pregnancy loss, empathetic communication, and psycho-emotional care^(4,5,9). The lack of adequate training contributes to professional insecurity and limits the ability of obstetric nurses to respond to the emotional needs of women and their partners.

Secondly, the relevance of psychoeducational interventions and strategies for humanizing care, such as active listening, validation of loss, facilitation of symbolic rituals, and post-abortion follow-up, stands out^(1,4,7). These practices have been shown to have a positive impact on the grieving process and on the perception of the quality of care.

Another relevant dimension is the influence of the institutional context on care provision. Work overload, lack of privacy, pressure to provide care, and the absence of adequate protocols hinder sensitive and individualized care by professionals^(7,8,9).

Finally, the analysis revealed a lack of active inclusion of partners in care and the need for more inclusive and culturally sensitive care^(1,7). This shortcoming reinforces social stigmas and limits the reach of emotional support interventions.

These results highlight the complexity of the role of obstetric nurses in the face of pregnancy loss, which requires a multidimensional approach that combines technical, emotional, and relational skills, as well as organizational and educational changes that promote the humanization of care.

Discussion

The role of obstetric nurses in the context of spontaneous abortion is essential to ensuring comprehensive, ethical, and woman-centered care. This role goes beyond the physical care provided at the time of loss,

encompassing emotional, communicative, and relational dimensions that are crucial to the grieving process. The literature analyzed in this review indicates that the way women are accompanied in this process can significantly influence their emotional recovery, their bond with future reproductive processes, and their relationship with health services^(8,9).

Despite this, structural and symbolic barriers persist that limit the full performance of obstetric nurses in this context. Many professionals report insecurity and lack of preparation to deal with women's suffering, mainly due to the absence of specific training on perinatal bereavement, empathic communication, and management of emotionally complex situation^(5,7,9). Technical and scientific training still favors biomedical content and clinical procedures, often disregarding the subjective dimension of care.

At the same time, institutional conditions also compromise the provision of humanized care. Work overload, the absence of guiding protocols, the lack of adequate spaces for reception, and the low value placed on emotional care make it difficult to create therapeutic bonds and practice active and sensitive listening. In some contexts, care for women experiencing pregnancy loss occurs in environments shared with women in labor or newborns, which exacerbates the suffering of the women and the professionals involved^(7,8).

Another critical issue identified is the exclusion of partners and family members from the care process. Although the literature recognizes the importance of involving the couple and offering emotional support to those accompanying the woman, clinical practice is still focused exclusively on the woman, which reinforces a solitary experience of grief and perpetuates gender stereotypes^(5,7). In addition, there are few resources targeted at vulnerable populations, such as migrant women, LGBTQIA+ people, or those with low health literacy, highlighting a gap in terms of equity and cultural sensitivity^(2,10,12).

Despite these challenges, the studies included in this review also point to promising avenues. Psychoeducational interventions, workshops with clinical simulations, training based on real user reports, spaces for emotional supervision among peers, and the deve-

lopment of institutional protocols focused on the humanization of care have proven effective in improving the emotional and communication skills of obstetric nurses^(4,6,10). These strategies not only improve the quality of care provided to women but also promote the well-being of professionals, preventing burnout and moral suffering.

Thus, valuing the role of obstetric nurses as humanizing agents in perinatal care cannot be dissociated from broader structural changes. It is necessary to rethink training curricula, reformulate institutional policies, and invest in working conditions that allow obstetric nurses to fully exercise their technical and relational skills. Recognizing that emotional care is as important as physical care is the first step toward transforming the way pregnancy losses are experienced in health services^(10,12).

Conclusion

This integrative review showed that the role of obstetric nurses in providing emotional support during pregnancy loss is fundamental to building a more humanized, ethical, and woman-centered obstetric practice. Women and their partners express specific emotional needs when faced with a miscarriage, and obstetric nurses, as key professionals in this context, have the potential to welcome, listen to, and validate the grief experienced.

However, the data analyzed reveal structural and training deficiencies that hinder this care, such as the absence of institutional protocols, work overload, insufficient specific training, and lack of emotional support for the professionals themselves. These weaknesses compromise the quality of care and limit the full performance of obstetric nurses.

In view of this, it is urgent to invest in continuing education programs that address perinatal grief management, implement institutional policies that recognize the emotional dimension of care, and ensure psychological support for professionals. In addition, further research is recommended on effective interventions in the training and practice of obstetric nurses, contributing to the development of communica-

tion, interpersonal, and grief support skills. Thus, recognizing the impact of pregnancy loss and the importance of sensitive and prepared obstetric nurses is an essential step in building truly comprehensive care that values both the physical and emotional health of women and their families.

Despite the relevance of the topic, this review also highlighted a worrying lack of scientific studies that directly address the role of obstetric nurses in providing emotional support for pregnancy loss. From an initial search that identified 380 articles in the databases, only six met the inclusion criteria and had sufficient methodological quality to comprise the final sample. This finding reinforces the need for further research in this area. Several hypotheses can be raised to explain this scarcity: the persistent invisibility of perinatal grief in the field of public health; the social stigma that still surrounds spontaneous abortion, hindering an open and empathetic approach to the topic; and the historical tendency to prioritize biomedical aspects over the emotional and subjective dimensions of care. In addition, the role of obstetric nurses is often reduced to technical assistance, disregarding their ability to act as emotional and relational support agents. These gaps in recognition and appreciation may also be reflected in the low scientific output dedicated to the topic, especially with qualitative and interdisciplinary approaches that value the lived experience of women, their partners, and health professionals themselves.

This integrative review showed that the role of obstetric nurses in emotional support during spontaneous abortion is a central component in building a more ethical, sensitive, and humanized obstetric practice. Active listening, validation of suffering, creation of symbolic memories, and respect for women's time and subjectivity are essential elements for the healthy management of gestational grief. Obstetric nurses, being at the forefront of reproductive care, are in a strategic position to offer this support, provided they are properly trained and supported by institutions.

However, the data analyzed points to significant weaknesses in the current care model. Professional training still neglects content related to perinatal mental health, therapeutic communication, and loss

management, resulting in professionals who are insecure, emotionally overwhelmed, and often detached from the relational dimension of care. The absence of specific protocols, the scarcity of institutional resources, the social stigma surrounding abortion, and the invisibility of professionals' emotional suffering aggravate this scenario.

In light of these challenges, it is urgent to implement structural changes that include:

- (1) the incorporation of content on gestational grief and emotional health into initial and continuing education curricula;
- (2) the development of humanized and flexible protocols that respect each woman's individuality and allow for ethical and empathetic professional practice;
- (3) the creation of psychological support and supervision spaces for obstetric nurses themselves, recognizing the emotional impact that these situations also have on healthcare professionals.

Furthermore, it is essential to further scientific research on the subject. The scarcity of studies found in this review, with only six articles meeting rigorous methodological criteria, reveals not only a gap in the literature but also a historical invisibility of the subject in the field of public health and obstetric nursing.

It is therefore concluded that recognizing and strengthening the role of obstetric nurses in the context of spontaneous abortion is an urgent and necessary action to ensure truly comprehensive care that values not only the body, but also the pain, time, memory, and dignity of women facing pregnancy loss.

References

1. Lee C, Slade P. Miscarriage as a traumatic event: A review of the literature and new implications for intervention. *Journal of Psychosomatic Research*. 1996;40(3):235-44. Available from: <https://linkinghub.elsevier.com/retrieve/pii/002239999500579X>
2. Verdon C, deMontigny F. Experiences of Nurses Who Support Parents During Perinatal Death. *Journal of Obstetric, Gynecologic & Neonatal Nursing*. 2021;50(5):561-7. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0884217521000630>
3. González Castroagudín, Sonia; Suárez López, Isabel; Polanco Teijo, Flavia; Ledo Marra, Ma José; Rodríguez Vidal, Elena. Papel de la Matrona en el manejo del duelo perinatal y neonatal. 2013;19(60):113-7. Available from: https://www.agamfec.com/wp/wp-content/uploads/2014/07/19_2_ParaSaberDe_2.pdf
4. Munn Z, Stone J, Aromataris E, Klugar M, Sears K, Leonardi-Bee J, et al. Assessing the risk of bias of quantitative analytical studies: introducing the vision for critical appraisal within JBI systematic reviews. *JBI Evidence Synthesis*. 2022. Available from: <https://doi.org/JBIES-22-00224>
5. Lee L, Ma W, Davies S, Kammers M. Toward Optimal Emotional Care During the Experience of Miscarriage: An Integrative Review of the Perspectives of Women, Partners, and Health Care Providers. *J Midwife Womens Health*. 2023;68(1):52-61. Available from: <https://doi.org/10.1111/jmwh.13414>
6. Bagheri L, Chaman R, Ghiasi A, Motaghi Z. Cognitive behavioral counselling in post abortion grief: A randomized controlled trial. *Journal of Education and Health Promotion*. 2023;12(1):120. Available from: https://doi.org/10.4103/jehp.jehp_474_22
7. Xie J, Hunter A, Biesty L, Grealish A. The impact of midwife/nurse-led psychosocial interventions on parents experiencing perinatal bereavement: An integrative review. *International Journal of Nursing Studies*. 2024; 157:104814. Available from: <https://doi.org/10.1016/j.ijnurstu.2024.104814>
8. Qian J, Wang W, Sun S, Wu M, Liu L, Sun Y, et al. Exploring interactions between women who have experienced pregnancy loss and obstetric nursing staff: a descriptive qualitative study in China. *BMC Pregnancy Childbirth*. 2022;22:450. Available from: <https://doi.org/10.1186/s12884-022-04787-9>
9. Martins MV, Valente VA, Silva AD, Ramalho C, Costa ME. Death is a sensitive topic when you are surrounded by life": Nurses experiences with pregnancy loss. *Sexual & Reproductive Healthcare*. 2023;35:100817. Available from: <https://doi.org/10.1016/j.srhc.2023.100817>
10. Galeotti M, Heaney S, Robinson M, Aventin Á. Evaluation of a pregnancy loss education intervention for undergraduate nursing students in Northern Ireland: A pre- and post-test study. *BMC Nurs*. 2023;22:268. Available from: <https://doi.org/10.1186/s12912-023-01408-4>
11. Basanta SF; Coronado, C. Fernandez, MJM. Experiências de cuidado em perdas gestacionais: triangulação metodológica entre estudos metaetnográficos e empíricos. *Novas Tendências em Pesquisa Qualitativa*, 2022;13: e722. Available from: <https://doi.org/10.36367/ntqr.13.2022.e722>
12. Fernández-Basanta S, Rodríguez-Pérez R, Coronado C, Movilla-Fernández MJ. Knight by force and wounded, protecting without a shield: A meta-ethnography of men's experiences after an involuntary pregnancy loss. *Midwifery*. 2023;126:103827. Available from: <https://doi.org/10.1016/j.midw.2023.103827>
13. Ramsayer B, Fleming V. Conscience and conscientious objection: The midwife's role in abortion services. *Nursing Ethics*. 2020; 27(8): 1645-1654. Available from: <https://doi.org/10.1177/0969733020928416>
14. S Santos, WM dos., Secoli, SR, Püschel, VA de A. A abordagem do Instituto Joanna Briggs para revisões sistemáticas. *Revista Latino-americana de Enfermagem*, 2018;26:e3074. Available from: <https://doi.org/10.1590/1518-8345.2885.3074>
15. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. Declaração PRISA 2020: Um guia atualizado para a publicação de revisões sistemáticas, *Rev Esp Cardiol*. 2022;75:19210.1016/j.recesp.2021.10.020. Available from: <https://doi.org/10.1016/j.recesp.2021.06.016>
16. McKee, K., Adams, E. Nurse midwives' attitudes toward abortion performance and related procedures. *Journal of nurse-midwifery*. 1994;39(5):300-311. Available from: [https://doi.org/10.1016/0091-2182\(94\)90130-9](https://doi.org/10.1016/0091-2182(94)90130-9).

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 OZ; PB: Study coordination, review and
 discussion of results.
 All authors have read and agreed with the
 published version of the manuscript.

Ethical Disclosures/Responsabilidades Éticas
 Conflicts of Interest: The authors have no
 conflicts of interest to declare.
 Financial Support: This work has not received
 any contribution, grant or scholarship.
 Provenance and Peer Review: Not
 commissioned; externally peer reviewed.
 Conflitos de Interesse: Os autores declararam
 não possuir conflitos de interesse.
 Suporte Financeiro: O presente trabalho não
 foi suportado por nenhum subsídio ou bolsa.
 Proveniência e Revisão por Pares: Não
 comissionado; revisão externa por pares.

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