REME • Rev Min Enferm. 2022;26:e-1479
DOI: 10.35699/2316-9389.2022.41101

REVIEW

EXPERIENCES AND BEHAVIORS OF HEALTHCARE PROFESSIONALS IN THE FACE OF NEONATAL DEATH: AN INTEGRATIVE REVIEW

EXPERIÊNCIAS E CONDUTAS DO PROFISSIONAL DE SAÚDE DIANTE DO ÓBITO NEONATAL: REVISÃO INTEGRATIVA

EXPERIENCIAS Y CONDUCTAS DE LOS PROFESIONALES DE LA SALUD ANTE LA MUERTE NEONATAL: REVISIÓN INTEGRADORA

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Funding: Graduate Program Fellowship from UNIEDU/FUMDES and from the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* - Brazil (CAPES) – Funding code 001.

Submitted on: 10/31/2021
Approved on: 08/29/2022

Responsible Editors:
Bruna Figueiredo Manzo
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ABSTRACT

Objective: to identify the experiences and behaviors of healthcare professionals in the face of neonatal death Available from the literature. **Method:** descriptive bibliographical study, of the integrative review type, with temporal delimitation from 2009 to 2020, carried out in the LILACS, BDENF, MEDLINE, Scopus, Web of Science, CINAHL and SciELO virtual library databases, by two researchers independently in June de 2021. A total of 511 articles were selected, but only 21 made up the final corpus of the study after applying the inclusion/exclusion criteria. **Results:** the studies showed that the experiences of professionals in the face of death are permeated by ambivalent feelings that influence the choice of their coping strategies. Among the behaviors adopted by the professionals, clear and sensitive communication, welcoming the grieving of family members, respect for the parents' decision regarding the care of the newborn and the delivery of memories were considered positive attitudes for overcoming neonatal death. **Final considerations:** the results show the unpreparedness of healthcare professionals to deal with the newborn's death process and the need for permanent education strategies focused on neonatal death.

Keywords: Perinatal Death; Early Neonatal Mortality; Attitude of Health Personnel; Attitude to Death; Hospice Care.

RESUMO

Objetivo: *identificar as experiências e a condutas do profissional de saúde diante do óbito neonatal disponíveis na literatura.* ***Método:*** *estudo bibliográfico descritivo, do tipo revisão integrativa, com delimitação temporal de 2009 a 2020, realizado nas bases de dados LILACS, BDENF, MEDLINE, Scopus, Web of Science, CINAHL e biblioteca virtual SciELO, por duas pesquisadoras de forma independente em junho de 2021. Foram selecionados 511 artigos, mas somente 21 compuseram o corpus final do estudo após a aplicação dos critérios de inclusão/exclusão.* ***Resultados:*** *os estudos evidenciaram que as experiências dos profissionais diante do óbito são permeadas por sentimentos ambivalentes que influenciam na escolha de suas estratégias de enfrentamento. Dentre as condutas adotadas pelos profissionais, a comunicação clara e sensível, o acolhimento ao luto dos familiares, o respeito à decisão dos pais em relação aos cuidados com o recém-nascido e a entrega de lembranças foram consideradas atitudes positivas para a superação do óbito neonatal.* ***Considerações finais:*** *os resultados mostram o despreparo dos profissionais para lidar com o processo de morte do recém-nascido e a necessidade de haver estratégias de educação permanente voltada ao óbito neonatal.*

Palavras-chave: *Morte Perinatal; Mortalidade Neonatal Precoce; Atitude do Pessoal de Saúde; Atitude Diante da Morte; Cuidados Paliativos na Terminalidade da Vida.*

RESUMEN

Objetivo: *identificar las experiencias y conductas de los profesionales de la salud ante la muerte neonatal disponibles en la bibliografía.* ***Método:*** *estudio bibliográfico descriptivo, tipo revisión integradora, con delimitación temporal de 2009 a 2020, realizado en las bases de datos LILACS, BDENF, MEDLINE, Scopus, Web of Science, CINAHL y la biblioteca virtual SciELO, por dos investigadoras de forma independiente en junio de 2021. Se seleccionaron 511 artículos, pero sólo 21 constituyeron el corpus final del estudio tras aplicar los criterios de inclusión/exclusión.* ***Resultados:*** *los estudios evidencian que las experiencias de los profesionales en el ámbito laboral están impregnadas de sentimientos ambivalentes que influyen en la elección de sus estrategias de enfrentamiento. Entre las conductas adoptadas por los profesionales, se destacan: la comunicación clara y sensible; atención al duelo de los familiares; el respeto a la decisión de los países en relación a los cuidados con el recién nacido; y la entrega de las memorias, fueron consideradas actitudes positivas para la superación del fallecimiento neonatal.* ***Consideraciones finales:*** *los resultados muestran la falta de preparación de los profesionales para afrontar el proceso de muerte del recién nacido y la necesidad de estrategias de formación continua centradas en la muerte neonatal.*

Palabras clave: *Muerte Perinatal; Mortalidad Neonatal Precoz; Actitud del Personal de Salud; Actitud Frente a la Muerte; Cuidados Paliativos al Final de la Vida.*

How to cite this article:
Rosa R, Gomes IEM, Costa R, Alves IFBO, Aires LCP. Experiences and behaviors of healthcare professionals in the face of neonatal death: an integrative review. REME - Rev Min Enferm. 2022[cited _____ ___ __];26:e-1479. Available from: _____ DOI: 10.35699/2316-9389.2022.41101

INTRODUCTION

In recent decades, infant mortality rates (deaths of children under 1 year of age) and childhood mortality (deaths of children under 5 years of age) have decreased in several countries.[1,2] In Brazil, this reduction represented a 77% drop, one of the highest in the world, and was achieved three years early on the world agenda after mortality reduction was established as the fourth goal of the Millennium Development Goals (MDGs).[2]

This success is due to the progressive inclusion of children in public healthcare policies, which have contributed significantly to achieving these rates. An example is the National Policy for Comprehensive Child Health Care (PNAISC, *Política Nacional de Atenção Integral à Saúde da Criança*), launched in 2015, which included surveillance and prevention of infant, fetal and maternal death.[2-4] On the other hand, neonatal mortality (deaths of children between 0 and 27 days of life) reduces at a slow pace.[1] In 2020, the neonatal mortality rate in Brazil was 8.67 deaths per 1,000 live births, indicating an improvement in this indicator. However, it is a high rate compared to developed countries such as Canada, which had a rate of 3.18 deaths per 1,000 live births.[5]

It is a fact that healthcare teams can witness the death of several patients throughout their professional trajectory; however, the death of a newborn is a peculiar event, felt with greater intensity. Due to the responsibility for the baby's life and the formation of a bond with the family, many professionals end up sharing the emotions of grief experienced by the parents and are faced with the feeling of having failed as health promoters. In this way, many find themselves in a conflict situation, in which they need to deal with their own feelings and also help the parents to face the grieving process.[6,7]

Grieving is understood as the period of elaboration and re-signification of bonds experienced by a person after the death of a loved one. It is a unique and particular moment that occurs in different ways for each person, depending on their life history, beliefs and available support network.[7,8] Authors comment that the grieving process has five phases: denial (rejection of death), anger (revolt and questioning the reason for death), bargaining (attempt to negotiate with some religious entity to get the loved one back), depression (sadness and feeling of emptiness due to the loss) and acceptance (conformity and ability to move on).[8,9] Although the stages of grief do not follow a sequential order or necessarily occur to all people, it is important that they are experienced in a healthy way, since the suffering of the loss can compromise the behavior of the bereaved, affecting health and other areas of life.[7-9]

Being present during the death of a newborn (NB) can be particularly challenging, stressful and traumatic for healthcare professionals, who, in general, are prepared to work with the life, not the death of a baby.[6,10] In this life journey, it is essential to recognize the experiences and behaviors of healthcare professionals in the face of neonatal death so that other workers can equip themselves to face this moment safely, avoiding damage to their health and their professional practice.[11-13]

Since this is a moment of emotional overload, knowing what the best evidence says about the experiences of other professionals in these situations can help create coping strategies and facilitate the conduct of care in the face of neonatal death. By exploring the knowledge produced, the present investigation aims to contribute to a qualified and humanized care for the NB and his/her family.

The relevance of this investigation is to seek strategies used for care in neonatal death and for professionals to cope with grief. Therefore, this study aimed to identify the experiences and behaviors of healthcare professionals in the face of neonatal death Available from the literature.

METHOD

This is an Integrative Literature Review. In the operationalization of this review, a protocol was elaborated, and six steps were followed.[14] In the first step, the theme was identified, and the research question was elaborated based on the PICO strategy,[15] where P (Population) are healthcare professionals; I (Phenomenon of interest) experiences and conduct; CO (Context) neonatal death. The question elaborated was: what are the experiences and behaviors of the healthcare professional in the face of neonatal death?

In the second step, inclusion and exclusion criteria and sample selection were defined. The inclusion criteria adopted in the study were: original articles; fully Available from the selected databases - as shown in Table 1; published in Portuguese, English or Spanish, from 2009 to 2020. The exclusion criteria were articles that were unrelated to the theme and repeated articles.

The year 2009 was chosen as a time frame because it is the year in which the Child and Fetal Death Surveillance Manual and the Child and Fetal Death Prevention Committee were updated, published by the Ministry of Health.

Data collection regarding the search for studies was carried out on June 15, 2021, in the electronic databases Medical Literature Analysis and Retrieval System Online (MEDLINE), Scopus, Web of Science, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Literature (LILACS), Nursing Database (*BDENF, Base de Dados de Enfermagem*), and the Scientific Electronic Library Online (SciELO) virtual library from the following Health Sciences Descriptors (DeCS): "perinatal death", " neonatal death", "neonatal death", "perinatal mortality", "early neonatal mortality", "attitude of health personnel", "attitude of health professional", "attitude towards death", "palliative care", "care palliative", "palliative treatment", "palliative care at the end of life", also used in English and Spanish, and in the plural. And the Medical Subject Headings (MeSh) descriptors: "attitude to death", "attitude of health personnel", "perinatal death", "palliative care". After defining the descriptors and data sources, the search strategies were established (Table 1).

Table 1 - Search strategies in databases, *Florianópolis*, *Santa Catarina*, Brazil, 2021

Database	Crossovers
MEDLINE	(("Perinatal Death"[Mesh] OR "perinatal death" OR "perinatal deaths" OR "Neonatal Deaths" OR "Neonatal Death" OR "Early Neonatal Mortality") AND (("Attitude of Health Personnel"[Mesh] OR "Attitude of Health Personnel" OR "Health Personnel Attitudes" OR "Staff Attitude" OR "Staff Attitudes") OR ("Attitude to Death"[Mesh] OR "Attitude to Death") OR ("Palliative Care"[Mesh] OR "palliative care" OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Therapies" OR "Palliative Supportive Care" OR "Hospice Care")))
Scopus	(("perinatal death" OR "perinatal deaths" OR "Neonatal Deaths" OR "Neonatal Death" OR "Early Neonatal Mortality") AND (("Attitude of Health Personnel" OR "Health Personnel Attitudes" OR "Staff Attitude" OR "Staff Attitudes") OR ("Attitude to Death") OR ("palliative care" OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Therapies" OR "Palliative Supportive Care" OR "Hospice Care")))
Web of Science	(("perinatal death" OR "perinatal deaths" OR "Neonatal Deaths" OR "Neonatal Death" OR "Early Neonatal Mortality") AND (("Attitude of Health Personnel" OR "Health Personnel Attitudes" OR "Staff Attitude" OR "Staff Attitudes") OR ("Attitude to Death") OR ("palliative care" OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Therapies" OR "Palliative Supportive Care" OR "Hospice Care")))
CINAHL	(("perinatal death" OR "perinatal deaths" OR "Neonatal Deaths" OR "Neonatal Death" OR "Early Neonatal Mortality") AND (("Attitude of Health Personnel" OR "Health Personnel Attitudes" OR "Staff Attitude" OR "Staff Attitudes") OR ("Attitude to Death") OR ("palliative care" OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Therapies" OR "Palliative Supportive Care" OR "Hospice Care")))
LILACS e BDENF	(("perinatal death" OR "perinatal deaths" OR "Neonatal Deaths" OR "Neonatal Death" OR "Early Neonatal Mortality" OR "morte perinatal" OR "mortes perinatais" OR "morte neonatal" OR "mortes neonatais" OR "óbito neonatal" OR "óbitos neonatais" OR "mortalidade perinatal" OR "mortalidade neonatal precoce" OR "Muerte Perinatal") AND (("Attitude of Health Personnel" OR "Health Personnel Attitudes" OR "Staff Attitude" OR "Staff Attitudes" OR "Actitud del Personal de Salud" OR "Atitude do Pessoal de Saúde" OR "Atitude dos profissionais de saúde" OR "Atitude do profissional de saúde") OR ("Attitude to Death" OR "Actitud Frente a la Muerte" OR "Atitude Frente à Morte" OR "Atitudes Frente à Morte") OR ("palliative care" OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Therapies" OR "Palliative Supportive Care" OR "Hospice Care" OR "cuidados paliativos" OR "Assistência Paliativa" OR "Cuidado Paliativo" OR "Tratamento Paliativo" OR "Tratamentos Paliativos" OR "cuidados paliativos na terminalidade da vida" OR "cuidados paliativos al final de la vida")))
Scielo	(("perinatal death" OR "perinatal deaths" OR "Neonatal Deaths" OR "Neonatal Death" OR "Early Neonatal Mortality" OR "morte perinatal" OR "mortes perinatais" OR "morte neonatal" OR "mortes neonatais" OR "óbito neonatal" OR "óbitos neonatais" OR "mortalidade perinatal" OR "mortalidade neonatal precoce" OR "Muerte Perinatal") AND (("Attitude of Health Personnel" OR "Health Personnel Attitudes" OR "Staff Attitude" OR "Staff Attitudes" OR "Actitud del Personal de Salud" OR "Atitude do Pessoal de Saúde" OR "Atitude dos profissionais de saúde" OR "Atitude do profissional de saúde") OR ("Attitude to Death" OR "Actitud Frente a la Muerte" OR "Atitude Frente à Morte" OR "Atitudes Frente à Morte") OR ("palliative care" OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Therapies" OR "Palliative Supportive Care" OR "Hospice Care" OR "cuidados paliativos" OR "Assistência Paliativa" OR "Cuidado Paliativo" OR "Tratamento Paliativo" OR "Tratamentos Paliativos" OR "cuidados paliativos na terminalidade da vida" OR "cuidados paliativos al final de la vida")))

The search in the databases was carried out by two researchers independently, using the "double blind" methodology, in which each researcher performed the review separately and, afterwards, selected the publications by mutual agreement. In discordant cases, a third researcher performs the review. 511 publications were identified. Duplicate articles and non-original articles were excluded. After reading the titles and abstracts of publications, articles that were unrelated to the topic were excluded. Twenty-one articles were selected for reading in full, and all were included in the review, as they responded to the objective of the study. The study selection process is illustrated in Figure 1 through the PRISMA flowchart, adapted for the integrative review.[16]

In the third step, a spreadsheet was created in Microsoft Excel to collect data and extract information from the selected studies [title, journal, year, author(s), descriptors, objectives, theoretical framework, method of data collection and analysis, place of study and sample, results, conclusions, experiences and conduct of professionals in the face of neonatal death].

In the fourth step, the included studies were carefully evaluated by the researchers. To classify the level of evidence of the selected articles, a method was used that proposes an analysis based on three types of questions, based on the question of the original study, namely:

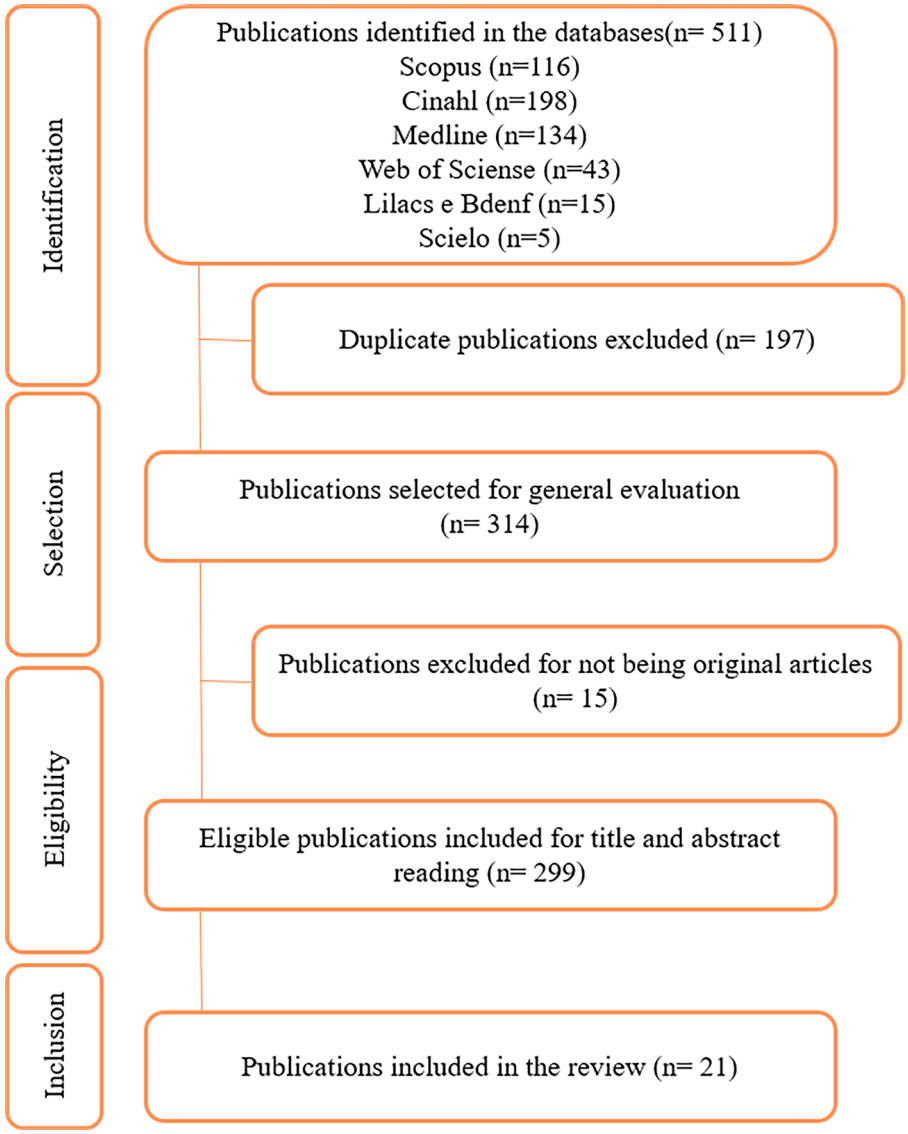

Figure 1 - Flowchart of the study selection process, according to the adaptation of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) model.16 *Florianópolis*, *Santa Catarina*, Brazil, 2021

1. **Intervention or diagnosis,** with the following levels (L) of evidence – L1 – Systematic reviews (SR) or meta-analysis of randomized clinical trials (RCT), L2 – RCT, L3 – CE without randomization, L4 – cohort or control case, L5 - descriptive/qualitative SR and L6 - descriptive/qualitative;
2. **Prognosis or etiology,** L1 – Synthesis of cohort or case-control studies, L2 – One cohort/case-control study, L3 – Meta-synthesis of qualitative studies or descriptive studies, L4 – Only one qualitative or descriptive study and L5 – Expert opinion;
3. **Meaning,** L1– Meta-synthesis of qualitative studies, L2 – A qualitative study, L3 – Synthesis of descriptive studies, L4 – Only a descriptive study and L5 – Expert opinion.[17]

In the fifth step, equivalent to the discussion and interpretation of the main results, the state of the art was presented regarding the experiences and conduct of healthcare professionals in the face of neonatal death. Finally, in the sixth step, the description of the phases covered by the researchers and the main evidence and results of the analysis of the included publications were contemplated, which took place through descriptive analysis.

Ethical aspects were respected, while ideas, concepts, and definitions of authorship of each article were assured, which were reliably referenced.

RESULTS

The results show that the countries with the highest number of published studies on the subject are the United States of America n=five (23.80%) and Brazil n=four (19.04%), followed by Spain, United Kingdom, and China, all with two publications each (9.52%). Other countries such as Finland, Malawi, Ghana, Canada, and Singapore were identified only one study each. The articles were published in 20 different journals [16 international (80%) and four national (20%)], and one of the journals presented two selected articles.

The qualitative approach was the most frequent n=13 (61.9%). Studies were selected between 2009 and 2020, most of which were published in 2016 n= three (14.28%). Of the studies that made up the final *corpus* of analysis, 17 (80.95%) were classified at evidence level 4, and four (19.04%) at level 2.

Below, we will present an overview of the 21 publications included in the review, with the characterization of the studies (Table 2) and their main results, focusing on the experiences and behaviors of healthcare professionals (Table 3).

Table 2 - List of included studies, according to title, authors, year, and level of evidence (LE), *Florianópolis*, *Santa Catarina*, Brazil, 2021

Order	Title	Authors	Year	LE/Clinical Question
1	Investigating factors associated with nurses' attitudes towards perinatal bereavement care: a study in Shandong and Hong Kong[18]	Chan et al.	2009	Level 4 Meaning
2	Nurses' attitudes towards perinatal bereavement care[19]	Chan, Arthur	2009	Level 4 Meaning
3	A survey comparing the attitudes toward perinatal bereavement care of nurses from three asian cities[20]	Chan, Lou, Arthur	2010	Level 4 Meaning
4	Perceptions of intensive care Nursing professionals regarding the death of newborns[21]	Silva, Valença, Germano	2010	Level 2 Meaning
5	The experience of perinatal loss from the perspective of healthcare professionals[22]	Montero et al.	2011	Level 4 Meaning
6	Evaluating a Bereavement Follow-Up Intervention for Grieving Fathers and Their Experiences of Support After the Death of a Child - A Pilot Study[23]	Aho et al.	2011	Level 2 Intervention
7	Parent's perceptions of health care providers actions around child ICU death: what helped, what did not[24]	Brooten et al.	2012	Level 4 Meaning
8	Predictors of staff distress in response to professionally experienced miscarriage, stillbirth, and neonatal loss: a questionnaire survey[25]	Wallbank, Robertson	2013	Level 4 Prognosis
9	Experiences of nurses facing death in the neonatal intensive care unit[26]	Xavier et al.	2013	Level 4 Meaning
10	Women's perceptions of nurse-midwives' caring behaviors during perinatal loss in Lilongwe, Malawi: an exploratory study[27]	Simwaka, Kok, Chilemba	2014	Level 4 Meaning
11	Factors Related to Nurse Comfort When Caring for Families Experiencing Perinatal Loss[28]	Rondinelli et al.	2015	Nível 4 Significado

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Table 2 - List of included studies, according to title, authors, year, and level of evidence (LE), *Florianópolis*, *Santa Catarina*, Brazil, 2021

Order	Title	Authors	Year	LE/Clinical Question
12	Supporting families in neonatal loss: relationship and faith key to comfort[29]	Holston	2015	Level 4 Meaning
13	Caring for the dying newborn and his family: experiences of the neonatal intensive care nurse[6]	Almeida, Moraes, Cunha	2016	Level 4 Meaning
14	Resistance strategies of Nursing professionals newborn death situations[10]	Figueira et al.	2016	Level 4 Meaning
15	You have no choice but to go on: how physicians and midwives in Ghana cope with high rates of perinatal death[30]	Petrites et al.	2016	Level 4 Meaning
16	NICU bereavement care and follow-upsupport for families and staff[31]	Levick et al.	2017	Level 4 Meaning
17	Nurses' experiences of end-of-life photography in NICU bereavement support[32]	Martel, Ives-Baine	2018	Level 2 Meaning
18	Nurses' Perspective on Caring for Women Experiencing Perinatal Loss[33]	Willis	2019	Level 4 Meaning
19	Experience of Nursing care in a mourning process[34]	Sampayo	2019	Level 4 Meaning
20	'In the hospital there are no care guidelines': experiences and practices in perinatal loss in Spain[35]	Alcántara et al.	2020	Level 4 Meaning
21	Healthcare professionals' perceptions and experiences of using a cold cot following the loss of a baby: a qualitative study in maternity and neonatal units in the UK[36]	Smith,Vasileiou, Jordan	2020	Level 4 Meaning

Table 3 - Main results of the studies included in the review focusing on the experiences and behaviors of healthcare professionals, *Florianópolis*, *Santa Catarina*, Brazil, 2021

Experiences	Behaviors
- Ambivalence of feelings in search of coping strategies: sadness, compassion, anguish, empathy, indifference, anxiety, insecurity, resentment, guilt, anger, feeling of failure and impotence, feeling of failure, incompetence, naturalization of death, fear, normality, acceptance, consolation, silence, avoidance, isolation, denial, feelings of trauma, stress, pain;[6,10,21,22,25-27,30,33,34] - The moment to communicate the bad news generates anxiety in the professional;[22] - Nurses with more experience had a more positive and understanding attitude towards neonatal death than junior nurses and those without experience;[20] - Coping strategies: focus on physical care, avoiding the emotional aspect in order to reduce their anguish, search for information and communication that favor coping, assist in reviewing cases in order to determine the cause of death and avoid future losses, not providing Nursing care always to the same patients, expressing their suffering through crying or praying for the families, exchanging experiences and relying on the help of other colleagues.[10,18,22,28,30,35]	- Farewell ritual;[28] - Promote a welcoming environment;[6] - Ensure the privacy of family members and the entry of the extended family;[6,28,31] - Call the parents to participate: hugging, holding, preparing the body, bathing, choosing clothes (respecting the parents decision);[6,22,24,31,33] - Support parents (strengthen, embrace, give them time to process the loss);[18,19,21] - Develop communication strategies with bereaved parents in a clear, sensitive and honest way;[19] - Recognize and incorporate the family's cultural and spiritual beliefs;[28,29] - Multiprofessional service (social work, psychology, spiritual consultant, etc.);[6] - Promote formal education and training in grief counseling;[18,19] - Guarantee/establish Institutional policy for the management of bereavement care;[18] - Creating memories: memory box, end-of-life and death photograph of baby, baby diary, hand and foot prints, lock of hair, hospital ID book and wristbands, for parents to take home;[31,32] - Use of the cold crib as a way to preserve the color, smell and characteristics of the baby;[36] - Bereavement program with contact with parents after discharge.[18,23]

DISCUSSION

Regarding the critical appreciation of the articles through the classification of evidence from primary studies according to the type of research question, most were of significance and level IV. On the other hand, prognostic/etiology, and intervention articles, at levels IV and II, respectively, indicate the need for primary cohort or case-control studies and clinical studies.

Regarding the theme investigated, studies show that the death of a newborn is a twisting moment for healthcare professionals, due to the bond they form with the baby and his/her family.[6,12,21,22,24,26] associated with an environment at the beginning of life, coping with death in the context of birth becomes difficult for professionals, due to the expectations of parents for the arrival of a healthy baby, which is usually associated with feelings of happiness, love and promises of life.[13,37]

Thus, faced with the outcome of a death, professionals do not know how to behave with the child's relatives, because with this death the idealizations involved in the birth also go away.[7,12,13,37] Authors credit part of this difficulty to advances in medicine and their conquests in favor of prolonging life, which would have sown, in the minds of professionals, the impression that it was their responsibility to fight death.[6-8,25,27,38]

The distress becomes even greater when death occurs in the context of birth, as most deaths are related to preventable causes, given that these are generally related to poor prenatal care.[39] Thus, many healthcare professionals experience the feeling of having failed and end up experiencing conflicting and negative feelings,[10,21,22,25-26,28,30] especially the younger ones and/or those with little professional experience.[20,25]

It is noted that healthcare teams never seem to be fully prepared for the moment of death,[6] which makes it even more difficult to accept it at the beginning of life. In this regard, studies demonstrate that expressing the emotions experienced in coping with neonatal death through crying, prayers or conversations with more experienced co-workers,[10,18,28,30,33,35] or even with the baby's relatives,[6,30] provides a more understanding attitude towards death, as it creates a support network among people who go through the same situation, facilitating the acceptance of what happened.[7,9,13,38]

The same happens when healthcare professionals dedicate themselves to reviewing the causes of death or lend themselves to acting on mortality committees.[27,28,30] According to studies, these investigations not only contribute to the improvement of public healthcare policies in general, but also allow recognize the risk factors of each region. In this way, they provide local managers with the necessary indicators for making more effective decisions regarding the care provided to maternal and child health.[39,40]

Professionals, when seeking answers to understand the phenomena involved in the death process, transform the feeling of professional failure into learning and a duty fulfilled.[6,27,28,30] At the same time, they bring the theme of death closer to people's daily lives and make it something more natural in the work environment, facilitating the exchange of information and discussions among other professionals,[7,8,12,34,38] as identified in some studies.[1,7,12,13]

On the other hand, the emotional detachment from the reality of death and the repression of feelings of grieving on the part of professionals interfere in the relationship with family members, as it conveys an image of indifference towards the feeling of loss they are experiencing.[22,25] Consequently, it makes it difficult for family members to process the loss, which ends up prolonging their suffering and intensifying feelings that are harmful to their well-being, such as revolt and anguish.[12,13,18,19,24,27] Such actions, in addition to being harmful to the health of professionals and families,[6,25,30] interfere with the empathic capacity of health personnel, impairing their ability to form interpersonal bonds.[22,27] Therefore, they end up reflecting in the communication that establish with the baby's relatives and in the care they provide to their patients.[7,8,10-12,22,38]

The way in which professionals convey the news of death to families is one of the most influential factors for coping with the loss. A systematized way of transmitting difficult news identified in the literature is the Spikes protocol. This is a guide that aims to guide professionals to make the grieving process less traumatic for family members.[8]

The Spikes protocol consists of six steps: 1) Setting up: choice and preparation of the environment where the news will be given; 2) Perception: verification of the family members' state of consciousness about the situation; 3) Invitation: identify how much the family wants to know about what happened; 4) Knowledge: transmission of the news itself, when it is recommended to use introductory phrases that indicate to those involved that bad news will come - without ever doing it in a sudden or too technical way; 5) Emotions: waiting and responding empathically to the reaction shown by the patient; 6) Strategy and Summary: reduce the anxiety or anguish of those present, revealing what will be done next.[40]

It is noticed that the adoption of an impersonal posture by healthcare professionals is a defense response to their lack of preparation to deal with neonatal death and the grieving of family members. They lack information to assist in the process of elaborating the loss and make it an experience with less risk to the health of those involved.[7-9,12,13]

Still, there is much evidence about the importance of the presence of health professionals at the moment that parents face neonatal death, in order to offer them support, affection and comfort, proving how much the attitude of these professionals can improve or hinder the process of grieving.[6,7,18-21,23,24,28,29,33]

Regarding the best practices adopted by healthcare professionals, studies highlight the importance of adopting clear and sensitive communication by healthcare agents when informing parents of the causes and actions that will be taken after neonatal death;[8,12,18,19,22-24,26,31] provide a private environment for family members to experience grief, guaranteeing them time to get to know and/or say goodbye to the child;[6,28,31,36] respect the family's decisions in relation to the baby's body, your desire to hold it or not, bathe it, perform a baptism ceremony.[7,9,11-13,18,29,31,33,35,36]

Providing a memory of the baby to the parents (memory box), such as a photograph, diary, hand and foot prints, lock of hair, books and/or hospital identification bracelets is another example of effective professional conduct highlighted by the literature.[6,28,31-33] These actions allow parents to enjoy moments of interaction with their child, create memories and carry out the farewell ritual, helping them to move on with their lives.[8,9,11-13,38]

The recognition of the family's religious-spiritual beliefs is an important resilience tool for the process of coping with neonatal death.[21] According to studies, faith is one of the resources most used by families, especially by mothers, since it offers them a transcendental sense of what happened; a greater purpose that becomes a tool to find strength and overcome the loss.[7,8,11,34-38]

It is relevant to point out that grieving occurs in different ways for each person and varies according to the emotional bond, beliefs, and life history of the bereaved person. However, the literature points out some essential indicators for the elaboration of a healthy grieving, such as: the bereaved recognize the experience of grieving and react to the separation; being able to create moments with the baby to vent their feelings and readjust to the situation; and develop the ability to move forward, maintaining and establishing new interpersonal relationships.[8,11,38] In this sense, the importance of the professional psychologist in monitoring the emotional health of families and the multidisciplinary action in health in the process of coping with neonatal death is highlighted.[6-8,11,35,38]

Finally, the findings of this review demonstrate that the behaviors adopted by healthcare professionals in caring for families in the face of experiences in neonatal death are, fundamentally, empirical, and intuitive acts, resulting from the condition of empathy or distance in which the professional is inserting. Therefore, it is implicit the importance of having training, support, and permanent education in healthcare establishments so that professionals can perform their role in a satisfactory, ethical, and humane way.[18,19,23,28]

Bearing in mind that bereavement care is improved over time and with experience gained,[18,28] the importance of training is highlighted, for systematization and standardization of conduits conducive to coping with bereavement; of multidisciplinary exchanges; and the formation of mortality committees to investigate the causes of death and promote preventive actions.

Because it is an integrative review that aims to synthesize the findings Available from the literature, this study has the following limitations: the collection period carried out in a single day; the generalization of the results, which may not represent the reality of specific contexts; and the impossibility of understanding the motivations behind the behaviors adopted by health professionals in coping with neonatal death.

FINAL CONSIDERATIONS

In summary, this review highlighted the following as the main positive behaviors adopted by healthcare professionals in the face of neonatal death: clear and sensitive communication; welcoming the grieving of family members; respect for parents' decisions regarding childcare, as well as their farewell rituals and religious beliefs; offering baby keepsakes, such as photos, a foot print or a lock of hair; and the search for causes of death based on participation in mortality committees, in order to prevent new cases from occurring.

The study also found that many healthcare professionals assume an attitude of flight in the face of neonatal death, probably related to their lack of preparation, and end up avoiding bonding with their patients. For this reason, they appear to be distant and cold towards their parents' grief, making it difficult to overcome the loss, an act that puts the health of all involved at risk. In this sense, the importance of presence, experience, training, and multidisciplinary exchanges is observed to help those who experience grief.

Thus, the work makes clear the relevance of further investigations on the subject, with different approaches and methodologies, to systematize and standardize care for families who experience the death of a child. Furthermore, it is important to give visibility to the scarcity of available productions with a high level of evidence.

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