REME • Rev Min Enferm. 2021;25:e-1409
DOI: 10.5935/1415-2762-20210057

REVIEW

ASSISTANCE PROVIDED BY HEALTH PROFESSIONALS AFTER A STILLBIRTH: AN INTEGRATIVE REVIEW

ASSISTÊNCIA DOS PROFISSIONAIS DE SAÚDE EM SITUAÇÃO DE PERDA GESTACIONAL: REVISÃO INTEGRATIVA

ASISTENCIA DE PROFESIONALES DE LA SALUD EN SITUACIÓN DE PÉRDIDA DEL EMBARAZO: REVISIÓN INTEGRATIVA

Ravena de Sousa Alencar Ferreira[1]
Mariana Kelly Sousa da Silva[1]
Herla Maria Furtado Jorge[1]
Lívia Carvalho Pereira[1]
Girzia Sammya Tajra Rocha[1]

[1]Universidade Federal do Piauí - UFPI, Departamento de Enfermagem. Teresina, PI - Brazil.

Corresponding Author: Ravena de Sousa Alencar Ferreira
E-mail: ravenaa89@gmail.com

Authors' Contributions:
Conceptualization: Ravena S. A. Ferreira, Mariana K. S. Silva; ***Data Collection:*** Ravena S. A. Ferreira, Mariana K. S. Silva; ***Investigation:*** Ravena S. A. Ferreira, Mariana K. S. Silva, Girzia S. T. Rocha; ***Methodology:*** Ravena S. A. Ferreira, Mariana K. S. Silva, Girzia S. T. Rocha; ***Project Management:*** Girzia S. T. Rocha, Herla M. F. Jorge, Lívia C. Pereira; ***Visualization:*** Ravena S. A. Ferreira, Mariana K. S. Silva, Girzia S. T. Rocha, Herla M. F. Jorge, Lívia C. Pereira; ***Writing - Original Draft Preparation:*** Ravena S. A. Ferreira; ***Writing - Review and Editing:*** Ravena S. A. Ferreira, Mariana K. S. Silva, Girzia S. T. Rocha.

Funding: No funding.

Submitted on: 2020/12/21
Approved on: 2021/09/14

Responsible Editors:
Mariana Santos Felisbino-Mendes
Luciana Regina Ferreira da Mata

ABSTRACT

Objective: to analyze the assistance provided by health professionals after a stillbirth. **Method:** an integrative literature review was carried out in Lilacs databases via BVS, CINAHL, and Medline via PubMed in October 2020. Primary studies indexed in databases, published in English, Portuguese, and Spanish, linked to the research theme, and without a defined time frame were included. **Results:** the review covered seven studies. The critical analysis of the review led to the organization, synthesis, and discussion of the results with the findings in the literature. **Conclusion:** concerning the assistance of health professionals after a stillbirth, there was a lack of emotional and technical training in the care provided to mothers, family members, and close people involved in the stillbirth, which reflects failures in professional training on the subject. The literature points to the need to approach the theme throughout academic education and encourage training courses.

Keywords: Health Personnel; Delivery of Health Care; Fetal Death; Bereavement; Maternal Health.

RESUMO

Objetivo: *analisar a assistência dos profissionais de saúde em situação de perda gestacional.* ***Método:*** *realizou-se revisão integrativa da literatura, nas bases Lilacs via BVS, CINAHL e Medline via PubMed no mês de outubro de 2020. Incluíram-se estudos primários indexados em bases de dados, publicados nos idiomas inglês, português e espanhol, relacionados à temática de investigação e sem delimitação de recorte temporal.* ***Resultados:*** *a revisão abrangeu sete estudos. A análise crítica da revisão levou à organização, à síntese e à discussão dos resultados com os achados da literatura.* ***Conclusão:*** *quanto à assistência dos profissionais de saúde em situação de perda gestacional, observou-se falta de preparo emocional e técnico na assistência prestada às mães, familiares e pessoas próximas envolvidas na perda gestacional, o que reflete falhas na formação profissional acerca da temática. A literatura sinaliza a necessidade da abordagem sobre o tema durante o ensino acadêmico e estímulo a cursos de capacitação.*

Palavras-chave: *Pessoal de saúde; Assistência à saúde; Morte fetal; Luto; Saúde Materna.*

RESUMEN

Objetivo: *analizar la asistencia de profesionales de la salud en situaciones de pérdida del embarazo.* ***Método:*** *se realizó una revisión integrativa de la literatura en las bases de datos Lilacs vía BVS, CINAHL y Medline vía PubMed en octubre de 2020. Se incluyeron estudios primarios indexados en bases de datos, publicados en inglés, portugués y español, relacionados con el tema de investigación y sin delimitación del marco temporal.* ***Resultados:*** *la revisión abarcó siete estudios. El análisis crítico de la revisión condujo a la organización, síntesis y discusión de los resultados con los hallazgos en la literatura.* ***Conclusión:*** *en cuanto a la atención de los profesionales de la salud en situaciones de pérdida del embarazo, hubo una falta de preparación emocional y técnica en la atención brindada a las madres, familiares y personas cercanas involucradas en la pérdida del embarazo, lo que refleja fallas en la formación profesional en el tema. La literatura indica la necesidad de abordar el tema durante la formación académica y fomentar los cursos de formación.*

Palabras clave: *Personal de Salud; Atención a la Salud; Muerte Fetal; Aflicción; Salud Materna.*

How to cite this article:
Ferreira RSA, Silva MKS, Jorge HMF, Pereira LC, Rocha GST. Assistance provided by health professionals after a stillbirth: an integrative review. REME - Rev Min Enferm. 2021[cited _____ _____ __];25: e-1409. Available from: _____ DOI: 10.5935/1415-2762-20210057

INTRODUCTION

The natural gestational development process leads to several physical, psychological, and social changes in the lives of women and their families, which require adaptation and restructuring. In this context, a stillbirth is usually an unexpected fact, being experienced with great suffering by the family, especially the parents. Thus, the process becomes painful, regardless of the gestational age in which it occurs.[1,2]

With this, the idealization of the baby's features together with all the dreams and plans created is suddenly interrupted. Notably, the unexpected death of a baby causes great pain for the parents, thus, the lack of empathy and social preparation for the construction, acceptance, and confrontation of the process of bereavement may interfere with its natural course and, consequently, with their resilience.[3]

It is critical that, often, the pain of the stillbirth is socially underestimated. And the performance of a qualified health team in this process produces positive impacts on the life of the affected family, which focuses on embracing and helping to build the mourning process in a humanized way.[4]

Simple procedures for the professional can turn into moments of pain and trauma for the patient, due to the loss, therefore, it is necessary to watch over the mechanical attitudes that the hospital may provide because of the routine. Thus, it emphasizes the importance of assistance that takes into consideration the subjects' psychic needs, offering listening, sensitivity, and empathy.[5]

Having a scientific basis on the subject becomes necessary for behavioral change and improvement in clinical practice. Currently, in terms of literature, there is an understanding of the abstraction and inconstancy of pain caused by stillbirth and its impacts on the construction of overcoming difficulties.[6]

Considering the need to offer comprehensive health care to the mother, family, and others involved in this process of loss and to provide emotional support in a humanized way, based on the need for scientific evidence on the subject, there was an awareness in contributing to the scientific community with analysis in the literature on the assistance of health professionals after a stillbirth. Thus, the following research question arose: "how the assistance of health professionals is carried out after a stillbirth?" Thus, this study aims to analyze the assistance provided by health professionals after a stillbirth.

METHOD

This is an integrative literature review. This type of research involves the analysis of relevant research that provides a source for decision-making and for the improvement of clinical practice, which allows for the synthesis of the state of knowledge on a given subject and the detection of areas that need further studies. This research method focuses on the synthesis of several published studies, allowing overall conclusions about a specific study field.[7] This research was conducted in five steps: a) identification of the theme and selection of the hypothesis or research question for the elaboration of the integrative review; b) establishment of inclusion and exclusion criteria of studies/ sampling or literature search; c) definition of information to be obtained from selected publications/ their categorization; d) evaluation of articles included in the integrative review; e) interpretation of results.[7]

The concept of the guiding question for the review was based on the acronym population, interest, and context (PICo), in which P=population: "health personnel"; C=concept: "health care"; and C=context: "fetal death/ stillbirth". Then, the following research question was raised: "how the assistance of health professionals is carried out after a stillbirth?".

As inclusion criteria, articles from primary studies indexed in databases, published in English, Portuguese, and Spanish, on the research theme and without a time frame were selected, aiming to cover the largest number of available studies.

Notes, monographs, dissertations and theses, literature reviews, those that did not address the professionals' health care after a stillbirth were excluded. And duplicate publications were only counted once. The bibliographic survey was carried out in electronic databases: Latin American and Caribbean Literature on Health Sciences (LILACS) via the Virtual Health Library (VHL), Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed, in November 2020. Access to the literature took place through the Coordination for the Improvement of Higher Education Personnel *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - (CAPES)* journal portal. For the searches, controlled and uncontrolled descriptors were used, which were selected by consulting the terms of the Medical Subject Headings (MeSH), Descriptors in Health Sciences (DeCS), and List of Headings from CINAHL Information

Systems and are described in following: health personnel (AND) delivery of health care (AND) fetal death. *Pessoal da saúde* (AND) *assistência à saúde* (AND) *morte fetal*, in Portuguese. In this review, uncontrolled descriptors were also selected, in English and Portuguese, such as healthcare workers (AND) health care (AND) stillbirth. To compose the search expressions, the Boolean operators "OR" and "AND" were used. The search strategies followed the databases and the index's peculiarities (Table 1). The selection of studies was performed by reading the title and abstract and then reading the full text.

To properly store and organize the references found in the search, a reference manager, the online software Endnote Web, was used, which allowed automatic access to the references by more than one researcher. The selection of included studies was performed by two independent reviewers. Disagreements were settled after a discussion between them and a third reviewer.

The form recommended by the Joanna Briggs Institute (JBI)[8] protocol was used to extract data and to enable the synthesis of information and the quality of the recommendations. For the mapping of information, data collection took place through an instrument adapted from the form, with the following fields: publication data (title, authors, year, country); the journal of publication; methodological characteristics (type of study and level of evidence); main results. The extracted results were shown in tables and discussed narratively.

RESULTS

As for the selection and inclusion of articles, the PRISMA[9] flowchart was followed, as shown (Figure 1). A total of 728 potentially eligible studies were retrieved (Lilacs/BVS=58; MEDLINE/PubMed=633; CINAHL=37), observing that duplicated articles in more than one database or index were counted only once, with 77 being removed for duplicates. Thus, at first, a total of 651 articles were selected for reading the title and abstract. Then, inclusion and exclusion criteria were applied, resulting in 446 discarded articles (246 reviews, 166 were not related to the theme, seven were notes and 27 were monographs, dissertations. and theses). In the second step, 205 articles were eligible for full-text reading, 198 being excluded for not addressing the theme, with seven in the final sample which was analyzed by the researchers and authors of the study.

Sweden stood out as the country with more publications - two productions - and the year 2018 with two articles. Only one article was published in Portuguese, the others in English. The study design was the qualitative approach and quasi-experimental studies.

The model proposed by Melnyk and Fineout-Overhol was used to classify the evidence. According to him, they can be classified as follows: level I – evidence from systematic review or meta-analysis of all relevant randomized controlled clinical trials or clinical guidelines based on systematic reviews of randomized controlled clinical trials; level II – evidence resulting from at least one well-designed randomized controlled clinical trial; level III – evidence resulting from well-designed clinical trials with no randomization; level IV – evidence from well-designed cohort and case-control studies; level V – evidence from a systematic review of descriptive and qualitative studies; level VI – evidence from a single descriptive or qualitative study; and level VII – evidence of the opinion of authorities and/or reports from expert committees.[10] Thus, the level of evidence VI stood out in four articles.

The synthesis of the findings was organized as shown in Table 2.

DISCUSSION

The stillbirth process involves physiological and psychological aspects that affect the woman, partner, their families, and other close people. Furthermore, care, in this context, requires knowledge and emotional structure on the part of health professionals. Thus, the critical analysis of this review led to the organization,

Table 1 - Search strategies used for the searched databases. *Teresina* - PI, , Brazil, 2020

Database	Search strategy
Lilacs via VHL	(("pessoal de saúde") OR ("Profissionais da Saúde") OR ("Profissionais de Saúde")) AND (("Assistência à Saúde") OR ("Cuidados de Saúde") OR ("Prestação de Assistência à Saúde")) AND (("Morte Fetal") OR ("Óbito Fetal") OR (natimorto) OR ("nascido morto"))
Medline via PubMed	(((((("health personnel"[MeSH Terms]) OR ("healthcare workers"[All Fields])) AND ("delivery of Health Care"[MeSH Terms])) OR ("health care"[All Fields])) AND ("fetal death"[MeSH Terms])) OR ("stillbirth"[MeSH Terms])
Cinahl	(MH "health personnel" OR MH "healthcare workers") AND (TX "delivery of health care" OR TX "health care") AND (TX "fetal death" OR TX "stillbirth")

Source: research protocol.

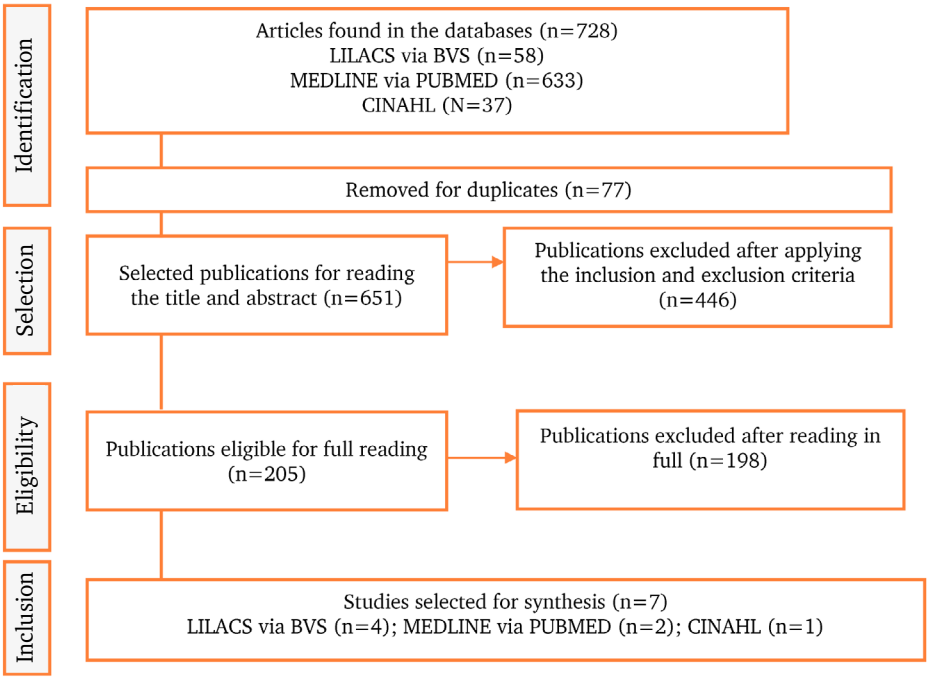

Figure 1- Study search and selection flowchart. *Teresina* - PI, , Brazil, 2020

synthesis, and discussion of the results with the findings in the literature.

A qualitative pilot study conducted in England found two different approaches of health professionals in the approach of stillbirths (a scientific discourse and a traditional one). In the traditional discourse, normal delivery in stillbirth was perceived by professionals as psychologically beneficial for mothers, it was reported that women who chose cesarean later regretted it. Likewise, the two discourses differed on whether women were able to make an informed decision about stillbirths regarding the mode of delivery, as it is an event of the stressful and emotional burden. Thus, those within the scientific discourse saw women as competent decision-makers in stillbirths, while those in the traditional discourse did not.[11]

In another study of this review,[12] it was identified that most parents thought that, in the situation of fetal death, the mode of delivery should be cesarean. When they realized that a normal birth would occur, they stated that they needed information, advice, and support at all stages with the stillborn baby. In this situation, parents recognized that caregivers had an important role to play.

Regarding contact with the child, research identified that gynecologists who encouraged parents to hold the dead child in their arms were mostly female. The importance of this baby being photographed and given a name was also highlighted. However, there was a lack of knowledge about how siblings and close relatives can participate in bereavement, as evidence shows very young children as capable of suffering and sharing the family's pain.[13]

Research also identified that both mothers and fathers were resolute that physical contact with the dead child helped recovery. They stated that seeing and holding the baby and having memories and a photo would help them understand what happened and what they were mourning.[12]

Another study that aimed to analyze the perceptions of nurses regarding the Nursing care provided to women when faced with the diagnosis of fetal death converged with this result and highlighted the need to show the baby to the mother, to know, touch and give the baby a name, as this helps in the process of elaborating the loss and facing reality. Holding the baby as if it were alive, taking photographs and giving a name are also measures that help the process of assimilating the loss.[14]

Thus, health professionals play an important role in caring for women and families who experience fetal loss. Thus, understanding the aspects to be faced in these situations and offering a space for women to talk and express their feelings allows for better planning so that professionals offer more targeted care to those involved in this process.[15]

In a face-to-face cognitive-behavioral counseling approach to mothers of stillborn babies, the data analysis found that the severity of post-traumatic stress symptoms

Table 2 - Synthesis of the productions included in the study concerning title, author, year, country, journal, type of study and level of evidence and main results. *Teresina* - PI, Brazil, 2020

Title	Authors	Year and country	Journal	Type of study, Level of Evidence	Main findings
[18]Death in the maternity hospital: how health professionals deal with the loss	Lemos LFS, Cunha ACB	2015, Brazil	Psicol Est (Online)	Descriptive and qualitative, level VI	Physicians, nurses, and Nursing technicians who participated in the research mentioned feelings of solidarity, empathy, impotence, frustration, sadness, and limitation, as inherent to care for women bereaved for stillbirth. Many professionals claim not to feel prepared for this and call for the help of the Psychology team to do so
[19]Tertiary education regarding stillbirth for student midwives: The tears 4 SMS Project	Warland J, Glover P	2018, Australia	Women And Birth (Online)	Original article, level VI	Most participating universities did not include the practice of talking with the pregnant woman about stillbirth prevention or perinatal loss management in their clinical practice sessions
[13]Supporting parents through stillbirth: A qualitative study exploring the views of health professionals and health care staff in three hospitals in England	Brierley-Jones L, Crawley R, Jones E, Gordon I, Knight J, Hinshawe K	2018, England	Eur J Obstet Gynecol Reprod Biol	Qualitative study, level VI	There is a need for high-quality research evidence on the long-term sequelae of different approaches in stillbirths, mostly on the modes of delivery and varying time intervals and locations of women between diagnosis and delivery in stillbirth
[14]Physicians' role and gender differences in the management of parents of a stillborn child: a nationwide study	Saflund K, Sjogren B, Wredling R	2000, Sweeden	I Psychosom Obstet Gynecol	Cross-sectional study, level IV	The management of parents of stillborn children evolved positively, parents receive good support from the team in difficult situations. On the other hand, it was found that most siblings do not seem to participate in the family bereavement
[15]Impact of Psychological Grief Counseling on the Severity of Post-Traumatic Stress Symptoms in Mothers after Stillbirths	Navidian A, Saravani Z, Shakiba M	2017, Iran	Issues Mental Health Nurs	Semi-experimental, level II	Data analysis showed that the severity of post-traumatic stress symptoms significantly decreased after the implementation of intensive psychological counseling in the intervention group compared to the control group
[20]Reducing intrapartum fetal deaths through low-dose high frequency clinical mentorship in a rural hospital in Western Kenya: a quasi-experimental study	Shikuku DN, Mukosa R, Peru T, Yaite A, Ambuchi J, Sisimwo K	2019, Kenya	BMC Pregnancy Childbirth	Quasi-experimental study, level III	The LDHF mentorship improves the competencies of nurse/midwives to identify, manage and/or refer pregnancy and childbirth cases and/or complications of pregnancy and childbirth
[16]The Role of Caregivers after Stillbirth: Views and Experiences of Parents	Saflund K, Sjogren B, Wredling R	2004, Sweeden	Birth	Qualitative study, level VI	Parents identified caregivers' behavior and stillbirth management as important. The results showed that caregivers must support parents throughout the chaos and other difficult times. Parents needed help to cope with and separate from the baby

Source: review data.

significantly decreased after the implementation of psychological counseling in the intervention group compared to the control group (who did not have psychological counseling).[16]

In this psychological support, another work highlighted that male gynecologists are more likely to prescribe tranquilizers for mothers of stillborn children. However, mental pain cannot be relieved with sedatives, instead, they delay the process. Thus, if tranquilizers are used instead of dialogue to work on conflicts, drugs are used mistakenly.[13]

In this sense, weaknesses concerning the care provided to women in situations of fetal loss are identified. They are often related to the care provided by health

professionals, which can be considered insufficient and with a tendency to underestimate and mischaracterize the fact, trivializations, and iatrogenic practices. Besides this reality, there are problems related to the structure of health services that also contribute to the impact of care on deficiencies.[17] On the other hand, positive attitudes and support from health professionals, family and communities can improve the bereaved experience.[18]

As for professional training on stillbirth, a study found that most participating universities did not include the practice of having a discussion with pregnant women about stillbirth prevention or perinatal loss management in their clinical practice sessions and additional research on how and when such content could be included in these sessions. This indicates that the current focus of education seems to be loss and grief, with less focus on preventing and/or managing risk factors for stillbirth.[19]

On the other hand, in another investigation, of the quasi-experimental type carried out in Kenya, another reality was discovered with a focus on professional training focused on this theme. Through a targeted clinical intervention, a reduction in fetal deaths at the time of delivery was achieved. The intervention improved the skills of the nurse/midwife to detect, manage and/or refer cases and/or complications of pregnancy and childbirth, contributing to the decrease of fetal deaths during childbirth.[20]

In this context, exploratory-descriptive research with a qualitative approach, carried out in a city in the interior of Rio Grande do Sul, which aimed to understand the influence of Nursing performance among parents who experience the death of a viable fetus, did not reveal a significant influence of care in the experience of fetal death. This emphasized the need for and importance of professional preparation to act in extreme situations, such as fetal loss.[21]

Thus, it is noteworthy the urgent need for evidence--based training in care after the birth of a stillborn parent-oriented, to improve the experience of bereaved parents. Training should include evidence-based care and management principles in the bereavement care setting, including common challenges and how to address them, psychological theories, and good communication principles. Thus, a multidisciplinary approach should be adopted, with better links between primary and secondary care.[22]

Considering the feelings involved in the care of bereaved women, it was found that the participating professionals put themselves in the shoes of the woman who suffered the loss, reflecting a feeling of solidarity and empathy. It was also observed that professionals create strategies to manage the discomfort and anxiety caused because of the death situation, such as keeping a certain distance, to reduce their anguish. However, such a strategy of distancing oneself from the patient's pain, to protect themselves from the impact that suffering can cause, can mean a feeling of unpreparedness in dealing with these loss situations.[23]

Another study, which aimed to analyze nurses' perception of Nursing care for mothers of stillborn children, reported similar findings. The nurses recalled personal losses and felt touched by the situation experienced by the mothers, which implied a feeling of empathy, resulting in sadness, pain, emotion, crying and melancholy, as well as lack of preparation for support after a stillbirth.[24]

Thus, one of the publications underlined that midwives need to show the attributes of communication, emotional intelligence, mindfulness and resilience. These qualities are especially important in teaching and learning about sensitive issues such as stillbirth risk communication and care after a stillbirth. Thus, it is recommended that all universities dedicate at least eight hours to this important topic, including at least one hour on each of the following topics: the stillbirth experience from a bereaved person's perspective, understanding grief and loss, the role of midwives in the management of stillbirths (discharge diagnosis), and the role of midwives in reducing the risk of stillbirth and caring for themselves and others.[19]

The study limitations refer to the few articles found for this review. It is expected that the results presented are used by managers and health professionals to improve the guidance and assistance of these professionals after a stillbirth since the topic is predominantly investigated from an epidemiological perspective.

CONCLUSION

Assistance aimed at women after a stillbirth does not receive priority attention from health actions, which can be identified in the scarcity of health activities aimed at this care. In scientific production, few studies have addressed this issue focused on the health professional, a knowledge gap that reflects the need for further investigation in this regard.

There was a lack of emotional and technical training of health professionals after stillbirth in the care provided to mothers, family members and close people involved

in stillbirth, which reflects failures in professional training on the subject. The literature points to the need to approach the subject throughout academic education and encourage training courses.

REFERENCES

1. Maldonado MT. Psicologia da gravidez: gestando pessoas para uma sociedade melhor. São Paulo: Ideias & Letra; 2017.

2. Murkoff H, Eisenberg A, Hathaway S. O que esperar quando você está esperando. Rio de Janeiro: Record; 2016.

3. Carneiro HLB, Rodrigues AA, Alves MS. A dor silenciosa dos pais de filhos natimortos e neomortos. Humanidad. 2017[cited 2020 Oct 21];6(1):59-71. Available from: http://revistahumanidades.com.br/arquivos_up/artigos/a139.pdf

4. Barth MC, Vescovi G, Levandowski DC. Percepção de casais que vivenciaram perda gestacional sobre o apoio social. Psicol Argum. 2020[cited 2020 Oct. 21];38(102):772-91. Available from: https://periodicos.pucpr.br/index.php/psicologiaargumento/article/view/27079/pdf

5. Curi PL. Da curetagem aos restos psíquicos. Cad Psicanál. (Rio J., 1982). 2016[cited 2020 Oct 21];32(1):52-9. Available from: https://spcrj.org.br/ojs/index.php/cad_psi_spcrj/article/view/9

6. Lopes BG, Martins AR, Carletto MR, Borges PKO. A dor de perder um filho no período perinatal: uma revisão integrativa da literatura sobre o luto materno. Rev Stricto Sensu. 2019[cited 2020 Oct 21];4(2):29-40. Available from: http://revistastrictosensu.com.br/ojs/index.php/rss/article/view/77

7. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na Enfermagem. Texto Contexto Enferm. 2008[cited 2020 Oct 15];17(4):758-64. Available from: https://www.scielo.br/pdf/tce/v17n4/18.pdf

8. The Joanna Briggs Institute (JBI). Joanna Briggs Institute Reviewers' Manual: 2015 edition/ Supplement. Austrália: The Joanna Briggs Institute; 2015[cited 2020 Oct 15]. Available from: https://nursing. lsuhsc.edu/JBI/docs/ReviewersManuals/Scoping-.pdf

9. Moher D, Liberati A, Tetzlaff J, Altman DG, PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med. 2009[cited 2020 Oct 15];6(7):e1000097. Available from: https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000097

10. Melnyk BM, Fineout-Overholt E. Making the case for evidence-based practice. In: Evidence-based practice in Nursing & healthcare: a guide to best practice. Philadelphia: Lippincot Williams & Wilkins. 2005[cited 2020 Oct 15]. Available from: https://doi.org/10.1037/t68160-000

11. Brierley-Jones L, Crawley R, Jones E, Gordon I, Knight J, Hinshawe K. Supporting parents through stillbirth: a qualitative study exploring the views of health professionals and health care staff in three hospitals in England. Eur J Obstet Gynecol Reprod Biol. 2018[cited 2020 Oct 26];222:45-51. Available from: https://doi.org/10.1016/j.ejogrb.2018.01.007 0301-2115

12. Saflund K, Sjogren B, Wredling R. The Role of Caregivers after a Stillbirth: views and experiences of parents. Birth. 2004[cited 2020 Oct 26];31(2):132-7. Available from: https://www.researchgate.net/publication/8553458_The_Role_of_Caregivers_after_a_Stillbirth_Views_and_Experiences_of_Parents

13. Saflund K, Sjogren B, Wredling R. Physicians' role and gender differences in the management of parents of a stillborn child: a nationwide study. J Psychosom Obstet Gynecol. 2000[cited 2020 Oct 26];21(1):49-56. Available from: https://www.tandfonline.com/doi/abs/10.3109/01674820009075608

14. Santos CS, Marques JF, Carvalho FHC, Fernandes AFC, Henriques ACPT, Moreira KAP. Percepções de enfermeiras sobre a assistência prestada a mulheres diante do óbito fetal. Esc Anna Nery Rev Enferm. 2012[cited 2021 Apr 30];16(2):277-84. Available from: https://www.scielo.br/scielo.php?pid=S1414-81452012000200010&script=sci_abstract&tlng=pt

15. Amthauer C. Vivências e impressões de profissionais de saúde acerca de possíveis causas de uma perda fetal. Rev Enferm UFPE On line. 2017[cited 2020 Oct 24];11(Suppl1):S334-40. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/11913/14400

16. Navidian A, Saravani Z, Shakiba M. Impact of psychological grief counseling on the severity of post-traumatic stress symptoms in mothers after stillbirths. Issues Mental Health Nurs. 2017[cited 2020 Oct 26];38(1):1-5. Available from: http://dx.doi.org/10.1080/01612840.2017.1315623

17. Schmalfuss JM, Matsue RY, Ferraz L. Women with fetal death: nurses' care limitations. Rev Bras Enferm. 2019[cited 2020 Oct 26];72(Suppl 3):365-8. Available from: http://dx.doi.org/10.1590/0034-7167-2018-0261

18. Shakespeare C, Merriel A, Bakhbakhi D, Blencowe H, Boyle FM, Flenady V, *et al*. The RESPECT Study for consensus on global bereavement care after stillbirth. Int J Gynecol Obstet. 2020[cited 2020 Oct 26];149:137-47. Available from: https://doi.org/10.1002/ijgo.13110

19. Warland J, Glover P. Tertiary education regarding stillbirth for student midwives: The tears 4 SMS Project. Women And Birth. 2019[cited 2020 Oct 24];32(3):409-12. Available from: https://doi.org/10.1016/j.wombi.2018.07.018

20. Shikuku DN, Mukosa R, Peru T, Yaite A, Ambuchi J, Sisimwo K. Reducing intrapartum fetal deaths through low-dose high frequency clinical mentorship in a rural hospital in Western Kenya: a quasi-experimental study. BMC Pregnancy Childbirth. 2019[cited 2020 Oct 24];19(1):1-12. Available from: https://doi.org/10.1186/s12884-019-2673-0

21. Ampese D, Perosa G, Haas RE. A influência da atuação da Enfermagem aos pais que vivenciam a morte do feto viável. Bioethikos. 2007[cited 2021 Apr 30];1(2):70-7. Available from: https://saocamilo-sp.br/assets/artigo/bioethikos/57/A_influencia_da_atuacao_da_enfermagem.pdf

22. Bakhbakhi D, Burden C, Storey C, Siassakos D. Care following stillbirth in high-resource settings: latest evidence, guidelines, and best practice points. Semin Fetal Neonatal Med. 2017[cited 2020 Oct 24];22 (3):161-6. Available from: https://www.sciencedirect.com/science/article/pii/S1744165X17300239

23. Lemos LFS, Cunha ACB. Morte na maternidade: como profissionais de saúde lidam com a perda. Psicol Est. 2015[cited 2020 Oct 24];20(1):13-22. Available from: https://doi.org/10.4025/psicolestud.v20i1.23885

24. Oliveira AWN, Pontes MTCM, Araújo CC, Mello FS, Souza LC, Reis RS, *et al*. Assistência de Enfermagem prestada as mães de filho natimorto: percepções e visão da morte. Braz J Dev. 2020[cited 2021 Apr 30];6(12):102086-101. Available from: https://www.brazilianjournals.com/index.php/BRJD/article/view/22157/17704