

MENTAL HEALTH OF WOMEN HOSPITALIZED FOR ABORTION IN THE AGRESTE OF PERNAMBUCO IN THE COVID-19 PANDEMIC

SAÚDE MENTAL DAS MULHERES INTERNADAS POR ABORTAMENTO NO AGRESTE PERNAMBUCANO NA PANDEMIA DA COVID-19

SALUD MENTAL DE LAS MUJERES INTERNADAS POR ABORTO EN EL AGRESTE PERNAMBUCO EN LA PANDEMIA DE COVID-19

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Objective: to verify the emotional state and vulnerabilities of women who experienced a spontaneous abortion in the agreste of Pernambuco during the COVID-19 pandemic. **Method:** a descriptive, exploratory, cross-sectional study with a quantitative approach that evaluated variables related to sociodemographic profile, self-esteem levels, anxiety and depression and alcohol consumption of 38 women hospitalized for spontaneous abortion. Data were analyzed descriptively using absolute and percentage frequencies. **Results:** 71.1% of the women interviewed expressed the feeling of sadness, only 36.8% had high self-esteem, but more than 80% had unlikely signs of anxiety and depression. In addition, 63.2% denied the habit of alcohol consumption. **Conclusion:** Despite the manifestation of negative feelings after a gestational loss in a pandemic context, most of the researched public kept their mental health levels stable. Excessive alcohol consumption represented a worrying practice in a small portion of the studied group.

Descriptors: Abortion. Women's Health. Mental Health. Alcohol Consumption. COVID-19.

Objetivo: verificar o estado emocional e as vulnerabilidades de mulheres que vivenciaram um abortamento espontâneo no agreste pernambucano durante a pandemia da COVID-19. Método: estudo descritivo, exploratório, transversal, com abordagem quantitativa, que avaliou variáveis referentes ao perfil sociodemográfico, níveis de autoestima, quadros de ansiedade e depressão e consumo de bebida alcoólica de 38 mulheres internadas por abortamento espontâneo. Os dados foram analisados descritivamente por meio de frequências absolutas e percentuais. Resultados: 71,1% das mulheres entrevistadas manifestou o sentimento de tristeza, apenas 36,8% apresentou a autoestima elevada, contudo mais de 80% apresentou sinais improváveis de ansiedade e depressão. Além disso, 63,2% negou o hábito de consumo alcoólico. Conclusão: Apesar da manifestação de sentimentos negativos após uma perda gestacional

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em contexto pandêmico, a maioria do público pesquisado manteve seus níveis de saúde mental estáveis. O consumo alcoólico excessivo representou uma prática preocupante em uma pequena parcela do grupo estudado.

Descritores: Aborto. Saúde da Mulher. Saúde Mental. Consumo de Bebidas Alcoólicas. COVID-19.

Objetivo: verificar el estado emocional y las vulnerabilidades de las mujeres que han experimentado un aborto espontáneo en el agreste pernambucano durante la pandemia de COVID-19. Método: estudio descriptivo, exploratorio, transversal, con abordaje cuantitativo, que evaluó variables referentes al perfil sociodemográfico, niveles de autoestima, cuadros de ansiedad y depresión y consumo de bebida alcohólica de 38 mujeres internadas por aborto espontáneo. Los datos fueron analizados descriptivamente por medio de frecuencias absolutas y porcentuales. Resultados: 71,1% de las mujeres entrevistadas manifestó el sentimiento de tristeza, solo 36,8% presentó la autoestima elevada, sin embargo más del 80% presentó signos improbables de ansiedad y depresión. Además, 63,2% negó el hábito de consumo de alcohol. Conclusión: A pesar de la manifestación de sentimientos negativos después de una pérdida gestacional en contexto pandémico, la mayoría del público investigado mantuvo sus niveles de salud mental estables. El consumo excesivo de alcohol ha representado una práctica preocupante en una pequeña parte del grupo estudiado.

Descritores: Aborto. Salud de la Mujer. Salud Mental. Consumo de Bebidas Alcohólicas. COVID-19.

Introduction

According to the World Health Organization (WHO), abortion is the expulsion or extraction of the fetus before 20 weeks or weighing less than 500g. It is the most common complication of pregnancy, affecting about one in four women during their reproductive life. Causes of chromosomal origin account for 50% of cases, followed by several other factors. The therapeutic approach may be, in combination or not, pharmacological, expectant or surgical, through uterine curettage or intrauterine manual aspiration (IUMA)⁽¹⁾.

According to data from the National Abortion Survey (NAS), abortion occurs in women regardless of their sociodemographic conditions, but those of lower social classes, black and with low education are considered more vulnerable⁽²⁾. Among the public policies aimed at the female population, the Unified Health System (UHS) has the National Policy of Comprehensive Care for Women's Health (NPCCWH), implemented in 2004 with the aim of improving the assistance provided to women considering their biopsychosocial context^(3,4).

Such vulnerabilities were further evidenced with the Coronavirus Disease 2019 (COVID-19) pandemic⁽⁴⁾. Situations such as constant fear of illness, restrictions on social contact and

financial losses can affect the psychological state of the population, especially those who are already emotionally affected^(5,6,7), as in the case of women who have gone through a gestational loss, and are more likely to have low levels of self-esteem or even develop depressive and anxiety symptoms^(8,9).

Concerning issues focused on mental health and feelings experienced with high frequency in contemporary times, self-esteem is an important concept, because it is the assessment or judgment made by the individual about him/herself, from experiences in different areas and moments of life and suffers interference from negative or positive experiences, which result in low or high levels of self-esteem⁽⁹⁾.

Depression is considered an important public health problem because it affects the population worldwide^(10,11). Likewise, anxiety has increased considerably in the last decade⁽¹²⁾. Both are characterized by symptoms and behaviors that interfere with the performance of daily activities of the affected individual. According to some studies, women, especially in the gestational and postpartum periods, are more susceptible to the development of depressive and anxious conditions⁽¹⁰⁾, in addition, alcohol consumption

also represents a risk factor for the emergence of such problems in this public^(11,13,14,15).

In recent years, there has been a considerable increase in women who use alcohol in Brazil^(16,17). In addition to these aforementioned conditions, what makes women even more vulnerable, in most cases, is the fact that they do not receive the necessary attention from their social support network or even from the health professionals who provided assistance to them⁽¹⁸⁾.

Therefore, this study aims to show how these emotional and risk factors during the pandemic situation affect women, in order to contribute to health promotion and improvements in the quality of care provided to them. For this, the study's question was: what is the occurrence of low self-esteem, anxiety and symptoms compatible with depression in women who went through abortion process in pandemic period? Would they be more likely to use and abuse alcohol? Thus, the objective is to verify the emotional state and vulnerabilities of women who experienced a spontaneous abortion in the agreste of Pernambuco during the COVID-19 pandemic.

Method

This is a descriptive, exploratory cross-sectional study with a quantitative approach. The study was conducted in the maternity hospital of a regional public hospital, located in the Southern Agreste of Pernambuco (PE). The institution has several specialties, being a reference for more than 500 thousand inhabitants of the 21 cities that make up the V Health Region of the state⁽¹⁹⁾.

The study population consisted of women who had undergone the experience of the spontaneous abortion process, and were hospitalized in the rooming-in sector. According to records of the institution, from January to December 2020, 476 cases of spontaneous abortion with uterine curettage were assisted, and these data were used as a basis to obtain the sample of this study. The total amount of the last year was divided by 12 months, resulting in an average of 39.6 cases per month. Considering

95% confidence and 5% margin of error, the sample consisted of 38 women (rounded value: $39.6 - 5\% = 37.62$) who met the inclusion criteria of this study.

The survey was conducted in December 2021 and January 2022. According to the inclusion criteria, patients aged over 18 years who had undergone uterine emptying due to a miscarriage were included. The exclusion criterion was applied to those who already had some diagnosis related to mental health.

During the collection period, the amount of human resources of the institution had been affected by the rise of COVID-19 cases that occurred at the beginning of the year, resulting in absences, closed or restricted shifts, and consequently, there was a low demand for hospitalizations expected per month. However, despite this setback, the minimum amount of 38 women proposed for the sample was reached.

The sample was evaluated from variables that were distributed into two groups. The first comprises the description of the sample characteristics and the obstetric situation, according to the indications in the literature, namely: age; race; sexual orientation; marital status; number of people living in the same house; economic situation; obstetric background; type of last delivery; prenatal care; presence of a companion during hospitalization; comorbidities; alcohol use during pregnancy; COVID-19 infection during pregnancy; feeling of suffering a gestational loss amid the COVID-19 pandemic.

The second group used the variables of interest identified from the application of three instruments that were created and/or validated for Brazil, which suffered cross-cultural adaptation and deal with psychosocial characteristics and alcohol consumption of the women interviewed, namely:

1 - Rosenberg Self-Esteem Scale – RSS: originally developed in English by Morris Rosenberg in 1965, consists of 10 questions with content referring to feelings of value and acceptance of oneself. Half of the items are stated positively, and the other half, negatively. The overall score ranges from 10 to 40 points, ranking self-esteem

as high (30-40 points), median (26-19 points) and low (25 points or less)⁽²⁰⁾;

2 - Scale of Anxiety and Depression, Hospital Anxiety and Depression – HAD: intended to detect mild degrees of psychological disorders in non-psychiatric environments. Composed of two subscales, one with seven questions (1, 3, 5, 7, 9, 11, 13) about anxiety and another with seven questions (2, 4, 6, 8, 10, 12, 14) about depression, the score of each subscale varies from 0 to 21 points, characterizing the answers as unlikely⁽⁰⁻⁷⁾, possible⁽⁸⁻¹¹⁾ and probable⁽¹²⁻²¹⁾⁽²¹⁾;

3 - Instrument for characterization of alcohol intake: part of the questionnaire Gender, Alcohol and Culture: an International Study (GENACIS)⁽²²⁾ and the Alcohol Use Disorder Identification Test, identified by the acronym AUDIT, were used^(23,24).

From the GENACIS questionnaire, the questions that allowed the calculation of alcohol use, graduated in frequency and quantity and converted into a health risk, were applied. All alcohol consumption was standardized for a drink of 12g of ethanol, which is the size of the average drink in Brazil, so the interviewees were classified as Abstinent (those who reported not having drunk anything last year), Infrequent light consumption, Frequent light consumption, Infrequent moderate consumption, Frequent moderate consumption, Infrequent heavy consumption, Frequent heavy consumption and Problematic consumption for those who drank at least 5 doses per weekly occasion or more and had at least one negative consequence (for example, legal, clinical, psychiatric, family, work) at any time in the last 12 months or any criterion of dependence⁽²²⁾.

To characterize the presence of problems attributable to excessive alcohol use, the AUDIT test was used, which is the instrument indicated by the WHO for such investigation. Through the sum of the points obtained in the 10 questions that make up the test, it is possible to classify the individual in one of the four health risk zones attributable to alcohol consumption. Scores ranging from 0 to 7 require only advice on the risks of alcohol consumption. When

scores range between 8 and 15, the individual is classified in risk zone II, which requires vigilance that includes frequent counseling. If the points range from 16 to 19, the individual belongs to the risk zone III, requiring frequent counseling, monitoring of liver functions and scheduling frequent appointments. However, if the score equals or exceeds 20 points, the individual is classified as zone IV, requiring referral to a specialist for the treatment of alcoholism^(23,24).

The completion, calculation of the results and interpretation of each instrument were performed by the researcher responsible for the study from the answers provided by each user surveyed. Data were analyzed descriptively using absolute and percentage frequencies, and categorical variables were used: mean, standard deviation and median age variable. These data were tabulated by the Microsoft Excel® program 2016.

The study complied with Resolution n. 466/2012 (Guidelines and Regulatory Standards for research involving human beings) and Resolution n. 510/2016 (Standards Applicable to Research in Humanities and Social Sciences), both of the National Health Council (NHC) and the Ministry of Health (MH), registered in *Plataforma Brasil* and received authorization with opinion number: 5,189,820.

Data collection was performed at the time of preference of the participant and in a reserved place, with explanation of the objectives, risks and benefits of the research, as well as their rights to confidentiality of identification and withdrawal of consent to participate in the research at any time, without any harm. After clarification, all participants were invited to sign the Informed Consent Form (ICF).

As prevention and control measures against the COVID-19 pandemic, 70% alcohol was offered at the time of the approach, pens sanitized with 70% alcohol before and after use, as well as the request for a mask during the entire period of face-to-face contact, respecting the limits of distancing.

Results

Next, the results will be presented, which were obtained through the application of sociodemographic, clinical and obstetric data forms; the RSS and HAD scales; and the instruments of characterization of alcohol intake: GENACIS and AUDIT.

Table 1 shows the results of the demographic profile and life habits of the puerperal women analyzed. Regarding the age of the 38 women interviewed, it ranged from 19 to 46 years, had a mean of 30.92 years, standard deviation of 7.27 years and median of 32.50 years. More than half, 57.9%, were 30 to 46 years and the remaining 42.1% were between 19 and 29 years; 86.8% identified with the non-white

race and 13.2%, white; the highest percentage, 42.1%, lived in a stable union; 31.6% were married and 26.3% were single.

Still concerning table 1, when analyzing the place of residence, the lowest percentage, 13.2%, corresponded to families who had three people in the residence, the percentages of the other categories (one, two, four or more people) ranged from 23.7% to 31,6%; the percentage that claimed not to have income was 44.7%, 13.2% had family allowance and the remaining 42.1% had income; the most cited cities of residence were: Garanhuns (21.1%), other cities outside the V GERES (18.4%) and Lajedo (10.5%) and the percentages of the other cities listed ranged from 2.6% to 7.9%.

Table 1 – Assessment of the demographic profile. Garanhuns, Pernambuco, Brazil – 2021-2022. (N = 38)
(continued)

Variables	N (%)
Age group	
19 - 29	16 (42.1)
30 - 46	22 (57.9)
Sexual orientation: Heterosexual	38 (100.0)
Race/color	
White	5 (13.2)
Non-white	33 (86.8)
Marital status	
Married	12 (31.6)
Single	10 (26.3)
Stable union	16 (42.1)
Number of people in the residence	
One	12 (31.6)
Two	9 (23.7)
Three	5 (13.2)
4 or more	12 (31.6)
Income	
None	17 (44.7)
Yes	16 (42.1)
Family allowance	5 (13.2)
City of residence	
Garanhuns	8 (21.1)
Other (Outside V GERES)	7 (18.4)
Lajedo	4 (10.5)
Águas Belas	3 (7.9)
Capoeiras	3 (7.9)
Angelim	2 (5.3)
São João	2 (5.3)
Bom Conselho	1 (2.6)

Table 1 – Assessment of the demographic profile. Garanhuns, Pernambuco, Brazil – 2021-2022. (N = 38)

Variables	N (%) (conclusion)
Brejão	1 (2.6)
Correntes	1 (2.6)
Itaíba	1 (2.6)
Jupi	1 (2.6)
Lagoa do Ouro	1 (2.6)
Palmeirina	1 (2.6)
Paranatama	1 (2.6)
Saloá	1 (2.6)

Source: Created by the authors.

The results contained in Table 2 show that: the majority (86.8%) of those surveyed did not have comorbidities and of the 5 with comorbidities, two had chronic arterial hypertension and each of the comorbidities renal calculi, endometriosis and hyperthyroidism had unit frequency (2.6%);

alcohol use was cited by 18.4%; the feeling most cited after suffering a gestational loss amid the pandemic was sadness with 71.1%, followed by 10.5% who cited tranquility, 7.9% that cited fear and the other three feelings listed had frequencies ranging from 2.6% to 5.3%.

Table 2 – Assessment of clinical profile, lifestyle and feelings. Garanhuns, Pernambuco, Brazil – 2021-2022. (N = 38)

Variables	n (%)
Comorbidities	
None	33 (86.8)
Chronic arterial hypertension	2 (5.3)
Renal calculi	1 (2.6)
Endometriosis	1 (2.6)
Hypothyroidism	1 (2.6)
Alcohol use before and after pregnancy	
Yes	7 (18.4)
No	31 (81.6)
Feeling after gestational loss during the pandemic:	
Sadness	27 (71.1)
Tranquility	4 (10.5)
Fear	3 (7.9)
Frustration	2 (5.3)
Resilience	1 (2.6)
Blame	1 (2.6)

Source: Created by the authors.

As for the obstetric profile of those surveyed, detailed in Table 3, the results show that: in relation to the number of pregnancies, 28.9% were in the second pregnancy, the lowest percentage, 10.5%, was in the third, and the other categories had percentages ranging from 15.8% to 23.7%; in relation to parity, the highest percentage, 47.4%,

corresponded to multiparous, and nulliparous and primiparous each with 26.3%.

When asked about the follow-up of prenatal care, 73.7% of them went through consultations; as for previous births, 47.4% had a normal delivery and 26.3% had cesarean section surgery, and 26.3% had never given birth; regarding the presence of the companion, 13.2% said they did

not have their presence during hospitalization to perform uterine curettage, 31.6% of them were accompanied by their partner, 15.8% by their

sister/brother, 13.2% by the mother and other companions listed had percentages ranging from 2.6% to 7.9%

Table 3 – Assessment of the obstetric profile. Garanhuns, Pernambuco, Brazil – 2021-2022. (N = 38)

Variable	n (%)
Pregnancies	
First	8 (21.0)
Second	11 (28.9)
Third	4 (10.5)
Fourth	9 (23.7)
Multigesta	6 (15.8)
Parity	
Nulliparous	10 (26.3)
Primiparous	10 (26.3)
Multiparous	18 (47.4)
Abortion	
One	27 (71.1)
Two - three	11 (28.9)
Prenatal follow-up	
Yes	28 (73.7)
No	10 (26.3)
Last delivery	
Normal	18 (47.4)
Cesarean surgery	10 (26.3)
No previous delivery	10 (26.3)
Presence of a companion during hospitalization?	
No companion	5 (13.2)
Companion	12 (31.6)
Sister/brother	6 (15.8)
Mother	5 (13.2)
Friend	3 (7.9)
Sister-in-law	3 (7.9)
Goddaughter	1 (2.6)
Daughter	1 (2.6)
Cousin	1 (2.6)
Mother-in-law	1 (2.6)

Source: Created by the authors.

After the application of the RSS, the result described in Table 4 below was obtained, which indicates that 36.8% of the interviewees

corresponded to the classification of high self-esteem and the median and low categories had respective percentages of 39.5% and 23.7%.

Table 4 – Rosenberg Self-Esteem Scale Classification. Garanhuns, Pernambuco, Brazil – 2021-2022. (N = 38)

Rosenberg Self-Esteem Scale Classification	n (%)
High	14 (36.8)
Median	15 (39.5)
Low	9 (23.7)

Source: Created by the authors.

Concerning the classification of the anxiety and depression scale, a percentage of 81.6% was considered with unlikely anxiety, followed by 15.8% as possible and 2.6% as probable; most of

the respondents, 84.2%, were considered with unlikely depression, 10.5% as possible and 5.3% as probable, according to the results contained in Table 5 below.

Table 5 – Depression Anxiety Scale Classification. Garanhuns, Pernambuco, Brazil – 2021-2022. (N = 38)

HAD scale score	n (%)
Anxiety	
Unlikely	31 (81.6)
Possible	6 (15.8)
Probable	1 (2.6)
Depression	
Unlikely	32 (84.2)
Possible	4 (10.5)
Probable	2 (5.3)

Source: Created by the authors.

Regarding the results of the AUDIT and GENACIS scales, described in Table 6, most women were classified in zone I (requiring only counseling), corresponding to 89.5%; the others, 5,3%, were in zone II and in equal percentage in zone III; by the GENACIS questionnaire, most women, 63.2%, were in abstinence and

those who consumed alcoholic beverages, the two most frequent categories were those of infrequent light consumption, with 13.2% and frequent heavy consumption, with 10.5%; the other categories listed had frequencies ranging from 2.6% to 5.3%.

Table 6 – Classification of the AUDIT and GENACIS scales. Garanhuns, Pernambuco, Brazil – 2021-2022. (N = 38)

Score of the scales	n (%)
AUDIT	
Zone I (Counseling)	34 (89.5)
Zone II of risk	2 (5.3)
Zone III of risk	2 (5.3)
GENACIS	
Abstinence	24 (63.2)
Infrequent light consumption	5 (13.2)
Frequent light consumption	1 (2.6)
Infrequent moderate consumption	1 (2.6)
Infrequent heavy consumption	1 (2.6)
Frequent heavy consumption	4 (10.5)
Problematic consumption	2 (5.3)

Source: Created by the authors.

Discussion

This study was conducted with 38 women hospitalized due to miscarriage in a maternity hospital of the V Health Region of PE. Most of the patients lived in the region, however, seven

of them lived in cities not belonging to the region, and justified that they were visiting relatives from that locality when the gestational loss occurred and, for this reason, sought the maternity.

As for sociodemographic data, the interviewees' mean age was 30.92 years, all self-reported as

heterosexuals and most self-reported as non-white. Regarding the number of people living in their homes, there was the same percentage among those who lived with at least one person and those who lived with four or more people. Most did not have their own income, because they depended financially on third parties or social programs. Studies indicate that unfavorable financial situations and unemployment potentiate the development of depressive conditions^(8,18). Such sociodemographic characteristics meet the data of the National Abortion Survey (NAS), which classifies this profile of women as more vulnerable⁽²⁾.

Regarding health history, a small portion had some comorbidity. Among those who had given birth at least once, almost half had been vaginal. Another important fact is that most had already started prenatal care and were in the first or second pregnancy and consequently experienced abortion for the first time. In the future, this obstetric outcome may negatively influence the mental health of these women in the face of a new pregnancy^(8,17), mainly because they do not yet have live children⁽¹⁸⁾.

Concerning marital status, the marital status of marriage or stable union predominated. Part of those surveyed counted on the partner as their companion throughout their hospital stay, which could indicate a favorable point for their recovery during this difficult moment^(17,18). However, a small portion had no companion and only had the support of the team that provided care, especially the nursing team. The mode of action of these professionals can influence the way in which the woman is experiencing her loss, thus, all teams must be properly trained to identify and meet her demands, which will reflect on the quality of the assistance provided^(8,18).

In relation to the assessment of mental health, only 23.7% had low self-esteem, a state normally manifested in those who go through negative experiences and have difficulty coping with them⁽⁹⁾. Therefore, those who had medium and high levels of self-esteem prevailed, this result can be explained by the concept of Defensive Self-Esteem, which refers to the individual who expresses positive feelings despite experiencing

negative moments, that is, despite having a poor obstetric outcome, these women had good expectations regarding their coping process⁽⁹⁾.

Regarding anxiety and depression, most presented unlikely signs related to these problems. Nevertheless, the present study was conducted a few hours after the procedure of uterine emptying, which leads to reflect on the need for long-term monitoring of this public, in order to identify any sign of these mental problems, which may present late as a result of mourning⁽⁸⁾, because, according to a study previously conducted in women who suffered abortion, the presence of anxiety and depression was identified, especially in the first six months after loss⁽¹⁸⁾.

The COVID-19 context, which affected the general population in various ways triggering feelings that interfered with mental health^(5,6), was another point analyzed during the research. The interviewees were asked about their feelings after suffering a gestational loss amid the pandemic, and about 70% of them answered that they felt sad at that time. Although previous studies have shown sadness, among other feelings, as a factor capable of negatively affecting the mental health of women with unfavorable obstetric outcomes^(2,8,17), this fact did not occur in the interviewees of the present study, since the results (tables 4 and 5) showed that most of them did not show considerable changes in their mental health. However, it is important to consider all risk factors for the quality of care provided⁽¹⁷⁾.

Regarding alcohol intake, the results of this study showed that only a small portion had consumed during pregnancy. Therefore, most of the women interviewed did not have problems related to this practice, being identified as abstainers or consumers of low doses of alcohol by the GENACIS instrument⁽²²⁾. Thus, according to the AUDIT classification, they were classified as zone I of risk, with the indication of only one health education intervention, so that the current use pattern is maintained^(23,24).

This study showed that, soon after a miscarriage, most women did not have their self-esteem levels altered negatively, the depressive and anxiety symptoms were not so expressive,

which points to mental health preserved at the time of collection. The risk of alcohol abuse was not presented as a possibility for a large part of the studied public, since their history of consumption was non-existent or minimal.

These data contribute to the expansion of knowledge about this subject, so that all the health team that provides care to women, especially the nursing team, investigates the risk factors and signs suggestive of changes in mental health, through sensitive and individualized care, considering all the biopsychosocial aspects that involve it.

Conclusion

This study aimed to investigate whether abortion associated with the pandemic context interfered negatively with the mental health of women who underwent this obstetric intercurrent. Feelings, such as sadness, were present in most cases, but, despite this, there was no interference in the self-esteem of the studied public, nor was there the manifestation of suggestive pictures of anxiety and depression early. Regarding alcohol intake habits, their consumption was not a risk factor for trying to ease the pain of these women, since they denied the use or declared themselves as low-dose users during the period before the abortion.

Moreover, most of them were able to count on the presence of their social support network during their hospital stay, which can be considered as a positive factor in their recovery and mental stability.

Finally, the data of this study reinforce the importance of identifying evidence of possible damage to the mental health of women after gestational loss. Nursing, as a member of the multidisciplinary team, has the important role of accompanying them in their coping process, guiding them in a timely manner and making necessary referrals for their improvement, once its performance occurs more closely and continuously during the hospitalization period.

Therefore, new research should be conducted on this subject due to its relevance, in order to give more visibility to mental health during the

abortion process and, consequently, contribute to the health promotion of women who suffered gestational losses.

Collaborations:

1 – conception and planning of the project: Thaís Patrícia de Melo Bandeira;

2 – analysis and interpretation of data: Thaís Patrícia de Melo Bandeira;

3 – writing and/or critical review: Thaís Patrícia de Melo Bandeira, Lilian Silva Sampaio de Barros and Liniker Scolfield Rodrigues da Silva;

4 – approval of the final version: Lilian Silva Sampaio de Barros and Liniker Scolfield Rodrigues da Silva.

Competing interests:

There are no competing interests.

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