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# RELIGIÃO NOS CUIDADOS DE SAÚDE MATERNA: RELATO DE CASO
# RELIGION IN MATERNAL HEALTH CARE: CASE REPORT
# LA RELIGIÓN EN LA ATENCIÓN DE LA SALUD MATERNA: INFORME DE CASO

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## RESUMO

**Introdução:** A religião desempenha um papel fundamental na vida cultural de diferentes grupos e lugares que é integrado em formas complexas nas crenças, ações e experiências dos fiéis.
**Objetivo**: Elaborar uma proposta de plano de cuidados com enfase nas intervenções realizadas consoante as crenças religiosas e as suas decisões perante uma utente grávida.
**Métodos:** Estudo caso organizado segundo as diretrizes do CAse REport referente a uma utente do sexo feminino, de 26 anos, grávida de 41 semanas e testemunha de Jeová. Para a colheita de dados foi usado o Modelo Teórico de Nancy Roper (modelo das atividades de vida diária) e para a elaboração do plano de cuidados de enfermagem, foi utilizada a taxonomia CIPE e NIC.
**Resultados**: Com base na avaliação inicial identificou-se 17 diagnósticos de enfermagem, dos quais se destacaram 2 diagnósticos como sendo os relevantes na questão da religião: Ansiedade atual e angústia moral presente.
**Conclusão:** As crenças religiosas muitas vezes levam a conflitos de ética nas decisões de uma transfusão sanguínea, pois há religiões que não o permitem e num caso de vida ou de morte os profissionais de saúde acabam por ter de decidir se respeitam a vontade do utente ou se a sua deontologia profissional, no entanto há cada vez mais alternativas a uma transfusão sanguínea, onde podemos diminuir este dilema ético.

**Palavras-chave**: religião; transfusão de sangue; gravidez; estudo de caso; bioética

## ABSTRACT

**Introduction:** Religion plays a fundamental role in the cultural life of different groups and places that is integrated in complex ways into the beliefs, actions, and experiences of the faithful.
**Objective**: Develop a proposal for a care plan with emphasis on interventions carried out according to religious beliefs and their decisions before a pregnant patient.
**Methods:** Case study organized according to the guidelines of the CAse REport referring to a female user, 26 years old, 41 weeks pregnant, and Jehovah's Witness. For data collection, the Theoretical Model of Nancy Roper (model of activities of daily living) was used and for the elaboration of the nursing care plan, the ICNP and NIC taxonomy was used.
**Results:** Based on the initial assessment, 17 nursing diagnoses were identified, of which two diagnoses stood out as being relevant to the issue of religion: Current anxiety and present moral anguish.
**Conclusion**: Religious beliefs often lead to ethical conflicts in blood transfusion decisions, as there are religions that do not allow it and in a case of life or death, health professionals end up having to decide whether they respect the patient's wishes or if your professional deontology, however, there are more and more alternatives to a blood transfusion, where we can reduce this ethical dilemma.

**Keywords:** religion; blood transfusion; pregnancy; case reports; bioethics

## RESUMEN

**Introducción**: La religión juega un papel fundamental en la vida cultural de diferentes grupos y lugares que se integra de manera compleja en las creencias, acciones y vivencias de los fieles.
**Objetivo:** Desarrollar una propuesta de plan de atención con énfasis en las intervenciones realizadas de acuerdo con las creencias religiosas y sus decisiones ante una paciente embarazada.
**Métodos**: Estudio de caso organizado según las directrices del CAse REport referido a una usuaria de 26 años, 41 semanas de embarazo y Testigo de Jehová. Para la recolección de datos se utilizó el Modelo Teórico de Nancy Roper (modelo de actividades de la vida diaria) y para la elaboración del plan de cuidados de enfermería se utilizó la taxonomía ICNP y NIC.
**Resultados:** A partir de la valoración inicial se identificaron 17 diagnósticos de enfermería, de los cuales se destacaron 2 diagnósticos relevantes al tema de la religión: Ansiedad actual y angustia moral actual.
**Conclusión**: Las creencias religiosas suelen derivar en conflictos éticos en las decisiones de transfusión de sangre, ya que hay religiones que no lo permiten y en un caso de vida o muerte, los profesionales sanitarios acaban teniendo que decidir si respetan los deseos del paciente o si su deontología profesional, Sin embargo, cada vez hay más alternativas a la transfusión de sangre, donde podemos reducir este dilema ético.

**Palabras Clave**: religión; transfusión sanguínea; embarazo; informes de casos; bioética

## INTRODUCTION

This case report refers to a 26-year-old female of the Caucasian race, married, with 12th grade, employed as an educational action technician, obstetric index 0010, gestational age of 41 weeks, with Oligohydramnios. Her religion is Jehovah's Witness, without a living will or statement signed by the pastor. She was admitted for induction of labor. The delivery occurred on the same day, and was a dystocia delivery by suction cup, with the extraction of a newborn male with 3750 kg and an Apgar score of 9/10.

Pregnancy is considered a natural physiological event that occurs without intercurrences, however, in 20% of the cases, unfavorable evolution is probable for both the fetus and the mother, thus configuring a high-risk pregnancy, defined by a wide range of clinical, obstetric, and/or social conditions that may lead to complications in pregnancy. These risks are mainly related to pre-existing diseases or pregnancy complications due to organic, biological, chemical, and occupational causes, as well as unfavorable social and demographic conditions (Brilhante & Jorge, 2020).

During vaginal delivery, there are several associated risks, namely the occurrence of postpartum hemorrhage (PPH). Hemorrhage in obstetrics is the leading cause of maternal morbidity and mortality, affecting about 2% of women in labor and 5-10% of deliveries, and concomitantly responsible for a quarter of maternal mortality. It is characterized by a loss of more than 500 ml after vaginal delivery and 1000 ml after a cesarean section, and, according to the American College of Obstetricians and Gynecologists, HPP was defined as blood losses equal to or exceeding 1000 ml or even hematic losses accompanied by signs and symptoms of hypovolaemia in the first 24 hours after delivery (Carvalhas et al., 2018). It can be triggered by prolonged labor, uterine atony (70% of cases), episiotomy, macrosomia, the use of forceps and suction cups, induction of labor, placental remnants, previous postpartum hemorrhage, and nulliparity. As prophylaxis, some studies point out that oxytocin has a more effective indication for prophylactic use than misoprostol, however, prostaglandins should be administered, uterine massage should be started after the identification of bleeding, and when it does not reverse, intravenous hydration should be administered and blood transfusion should be performed (Santos, 2020; Vieira et al, 2018). However, autologous transfusion is also increasingly used, and this treatment has shown safety and an increase in obstetric care, concerning few complications. This should be considered whenever the loss of a blood volume that implies the need for transfusion is anticipated, such as in pregnant women at increased risk of bleeding or in parturient where transfusion is not an option due to refusal (Vieira et al, 2018).

Religion plays a fundamental role in the cultural life of different groups and places which is integrated into complex forms into the beliefs, actions, and experiences of the faithful. Religion is understood as a vast system of principles, norms, and values, associated with sacred and spiritual elements, which determine the choices and behavior of human beings, structures, alongside other factors, and the cultural identity of social groups. According to Franca (2016, p.22) "the importance of religion, in structuring the identity of each one, is evident in three dimensions: an intellectual-emotional dimension, where beliefs, doctrines, reflection are included; a ritual-celebrating dimension; a praxis dimension, with the moral, charitable aspects, of the fight for justice; a community dimension, since the previous dimensions are lived communally and establish community ties". The faithful, by integrating religious beliefs and practices into their daily life, project their religious identity in the space and the social relations they establish with the community where they are inserted (Franca, 2016).

As a religion, we find their rights and duties in Law no. 16/2001, of 22 June, as well as the rights and duties of their faithful, it should be noted that Article 2, addresses the equality between all religions before the Portuguese State, which attests not only the principle of separation between the State and the churches, as well as reveals the importance that the religious phenomenon has for the legislator and Portuguese society (Pratas, 2016).

This case was chosen to consider the religion of the person under study, a Jehovah's Witness practitioner. According to the 2020 World Report of Jehovah's Witnesses, in Portugal, there are about 51,991 practitioners, available on the official website of Jehovah's Witnesses (https://www.jw.org/pt-pt/biblioteca/livros/relatorio-do-ano-de-servico-2020/). Jehovah's Witness parturients constitute a unique obstetric population because, according to their religious beliefs, they refuse total blood transfusions and its four main components, as this is forbidden by the bible since blood is considered the soul. This refusal is based on the biblical command to "abstain from blood", but this orientation often raises ethical conflicts between health professionals and the patient, in the official website of Jehovah's Witnesses (https://www.jw.org/pt-pt/pesquisar/?q=transfus%C3%B5es+de+sangue) we could consult several texts where this issue is explained. Health professionals must know how to approach these people, which options they accept if they need this type of treatment, and plan nursing care according to their beliefs.

However, during childbirth, bleeding can be unexpected, and thus, women who refuse blood transfusions have over time generated conflict situations involving doctors, users, and family members. When treating pregnant women who refuse blood transfusions and blood products, the situation becomes even more delicate due to the risk for the pregnancy itself related to bleeding but forcing someone to perform a medical treatment without their prior consent is an unethical practice because a person cannot be deprived of the right to freedom and self-determination because of religious beliefs (Bezerra, Cesar & Lara, 2015).

Ethical, moral, and legal changes associated with the technical-scientific evolution in recent years have led to new health practices, more focused on respect for autonomy, in the same way, that haemocomponents and blood derivatives play an important role within blood-based treatments. The blood treatments that can assist in this and other physiological processes can be mentioned

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as whole blood (transfusion), haemocomponents (plasma, RBCs, platelets, platelet-rich plasma, and platelet gel), haemoderivatives (fibrin glue, serums, vaccines, plasma expanders, and coagulation factors), also the transfusion of fresh autologous whole blood (Pre-operative collection and storage of autologous blood for later reinfusion), is refused according to the religious and ethical position on medical treatments and related issues (https://www. jw.org/en/medical-library/strategies-discharge/religious-and-ethical-stance-on-medical-treatments-and-related-issues/). Among these, the most accepted are the haemoderivatives, although there are Jehovah's witnesses who consider them as blood, that is, as soul. Hemocomponents are then the least accepted because they have more blood constituents (Azambuja & Garrafa, 2010).

From an ethical point of view, if a patient is fully informed about the risks/benefits of not receiving a blood transfusion or blood components, and persists in refusing, this decision should be respected. The respect for this autonomy is one of the fundamental principles on which biomedical ethics is based, and the autonomy principle takes into account the freedom and responsibility of the user, in deciding what is good for her, even if the choice is not shared by the physician. However, to preserve the right to autonomy in their decisions, these users must use a document registered and signed by their pastor and two other witnesses and also have an updated living will, because, if the parturient/puerperal woman presents a hemorrhage and loses consciousness and has a living will where it states the alternatives to the defined health care or a responsible person to make decisions regarding her treatment, her will should be exercised (Bezerra, Cesar, & Lara, 2015).

Law No. 25/2012 then safeguards the right to a bloodless treatment, through the possibility of previously making their wishes known in conscience through a written document, which regulates advance directives of will, namely in the form of a living will, the appointment of a health care proxy and creates the National Registry of Living Wills. However, this wish does not always end up being fulfilled, because, in an emergency, the doctor may act without respecting the choice of treatment, to save the patient's life (Pratas, 2016).

In the course of a hospitalization, sometimes there are conscientious objector physicians, and despite not having the force of law, the Code of Medical Ethics establishes, that the doctor is not obliged to provide services that contradict his beliefs. And as Jehovah's Witnesses supporters do not accept transfusions of whole blood or its primary components because it contradicts the biblical principles they defend, this refusal becomes a sensitive issue when impacting the commitment of doctors (due to the Hippocratic Oath) to defend the health and welfare of their users. Therefore, ethical conflicts are sometimes generated, because if the patient expresses his/her will and refuses some medical treatment, such as blood transfusion, and their living will is updated, the patient's autonomy of will must be respected and the doctor must obey the patient's will, but, on the other hand, if the doctor obeys the patient's will in cases of life-threatening situations, he/she will be going against his/her oath to save lives (Junior, Mendes, & Baretta, 2020).

This case report aims to develop a proposal for a care plan with emphasis on the interventions performed according to the religious beliefs and decisions of a pregnant patient.

## 1. METHODS

The present case study is defined as a structured research method, that was applied to explore, describe, and explain the situation more deeply, based on evidence, allowing for a better understanding of certain life phenomena (Andrade et al., 2017). This case study follows the CAse REport (CARE) guidelines (Riley et al., 2017), and the flowchart was used to expose the case according to the Equator Network (2019) model.

Data collection was conducted through the interview, observation, and physical examination, of the user. To this end, it was necessary to explain to and clarify to the user about the case study and its purpose, clarifying her rights, and ensuring anonymity and confidentiality of all data obtained. Thus, we respected verbal informed consent and the ethical principles of nursing research about beneficence, non-maleficence, fidelity, justice, veracity, and confidentiality (Nunes, 2020). Verbal consent was obtained from the patient, but due to the current pandemic context, it was not possible to obtain written consent. However, to publish the study, data were substantiated, anonymity was respected, complying with the principles established in the Helsinki Declaration for studies involving human subjects (2013), and we followed the recommendations of the Oviedo Convention (Portugal, 2001) to ensure human dignity.

This case study was developed according to the Nursing Model Based on Activities of Daily Living - Roper, Logan & Tierney (2001) since its main assumption is that quality of life is assessed by dividing this assessment into the individual's activities of daily living. This is centered on the person, who is defined as an open system in permanent interaction with the environment, comprising twelve daily life activities which are influenced by biological, psychological, socio-cultural, environmental, and political-economic factors, i.e., these activities are conditioned by the stages of life. The individual may have times when he/she can or cannot carry out a certain activity independently. Throughout the life cycle until adulthood, individuals go through events that can affect the way they perform the activities of daily living (ADLs), becoming less or more independent in them (Fonseca, Coroado, & Pissarro, 2017).

The initial assessment of the patient was based on the Activities of Daily Living Model and, after collecting data on the person and her context, a nursing care plan was developed. Next, we present the user's assessment according to the selected theoretical model (Table 1).

**Table 1-** Assessment of Daily Living Activities

| |
|---|
| **Work and leisure:** She worked as an educational technician and spent her time in her parish, as well as with her members. She liked to read, watch television, and cook. |
| **Communication:** She was conscious and oriented in time and space. While in the delivery room she was anxious because of the blood transfusion situation and the refusal to perform a cesarean section. She was communicative with health professionals, was collaborative during the procedures as well as presenting a coherent speech with the articulation of thought, and managed to express herself understandably and fluently. She sometimes presented an appealing speech due to her religious issues, and not having a document with a legal value that informs that she does not wish to receive blood transfusions under any circumstances, she feared that she would not be respected. When she arrived in the delivery room, she was in pain and had a VAS of 8, and after analgesia, she reported a VAS of 3. However, even though a pharmacological intervention had been made for pain control, she was still performing non-pharmacological interventions for pain relief. |
| **Diet:** In the delivery room, the user only drank tea, but said that throughout pregnancy she did not have a very healthy diet, eating sweets, salty and in quantities that she should not have. The puérpera before the pregnancy used to weigh about 74 kg, but she suffered a weight increase of 35 kg so she ended the pregnancy with about 109 kg. Being a lady of about 1.71 m, her BMI was calculated at about 37.3 kg/m2. We can therefore conclude that she is over the recommended weight, reaching a degree of obesity. She is aware of her body image and the fact that she is obese but is aware that she needs to lose weight because she is aware that she is a cardiovascular risk. |
| **Respiration:** Upon entering the delivery room and after analgesia, her blood pressure was measured, and she was 106/59 mmHg and 99 bpm. She always remained normotensive and normocardic until around 5 pm when she had an episode of hypotension (83/53 mmHg and 98 bpm) which improved around 5.30 pm (94/53 mmHg 100 bpm), after continuous perfusion of ringer lactate. The values improved to 103/60 mmHg and HR 110 bpm on transfer to the puerperium. She presented with thoraco-abdominal and rhythmic breathing. As the patient had a history of tachycardia episodes, I can conclude that she was at risk due to the administration of oxytocin and the anxiety she experienced during the entire labor. However, the heart rate was between 98 bpm and 110 bpm. The uterus had Pinard's globus of security below the umbilical scar, with moderate amounts of hemorrhagic lochia. Sublingual misoprostol was administered after episiorrhaphy**.** |
| **Personal hygiene and clothing:** The mucous membranes were ruddy and hydrated. After expulsion efforts, and the mother's tiredness it was decided to apply a suction cup, where there was a need to perform an episiotomy and in turn, an episiorrhaphy, presenting perineal edema in this location. She presented episiorrhaphy due to the use of the suction cup, however, it was without inflammatory signs and with slight edema, so the ice was put on the perineum and hygiene instructions were given. Obstetrically, the patient had soft breasts with colostrum and prominent nipples. She intended to breastfeed her NB within the first hour of life, however, she had some difficulties in positioning and holding the NB. The user also had periods of pruritus when sequential analgesia was performed, as this is one of the complications related to the technique and also to the administration of sufentanil. |
| **Maintaining a safe environment:** She arrived in the delivery room conscious and a little agitated with some anxiety. She had a peripheral venous catheter in the back of her right hand, where ringer lactate was placed in continuous perfusion. At around 05:55 a sequential analgesia technique was performed, where 1 ml of sufentanil was administered, three reticulations with ropivacaine + sufentanil and two reticulations with 10 ccs of ropivacaine were performed. At around 10:08 oxytocin was started at 20 ml/h, and at 10:20 it was increased to 25 ml/h for not showing contractility, which was maintained until 15:41 when complete dilatation was seen. Because she had undergone analgesia and had made a greater effort than normal, the risk of falling was assessed, with a score of 20 points**.** |
| **Elimination:** Frequent urination in the toilet, however, as she presented with a bladder globe, it was necessary to perform bladder emptying before applying the suction cup. There was no need for her to urinate spontaneously before being transferred to the puerperium, because when the obstetric evaluation was carried out, she did not have a bladder globe, nor did she need to urinate. |
| **Control of body temperature:** She was always apyretic and said she was able to assess temperature and knew the measures to be adopted when the temperature was high. She can recognize the sensation of cold and heat. |
| **Mobility:** She was admitted to the delivery room for ambulation and after sequential analgesia, she continued to ambulate and perform relaxation exercises. |
| **Sleep:** She reported sleeping for long periods during the night, however, in the last few weeks she has been waking up during the night due to discomfort in her stomach. |

Nursing diagnoses (ND) were selected according to the Taxonomy of the International Classification for Nursing Practice [ICNP] (Ordem dos Enfermeiros [OE], 2016); nursing interventions were justified by the Nursing Intervention Classification [NIC] (Butcher, Bulechek, Dochterman & Wagner, 2018), outcomes were supported and assessed according to the ICNP taxonomy. The flowchart (figure 1) according to CARE guidelines (Equator Network, 2019) was elaborated for a better understanding of the case. The assessment data presented report only to the time of collection, without reference to individual habits before hospitalization.

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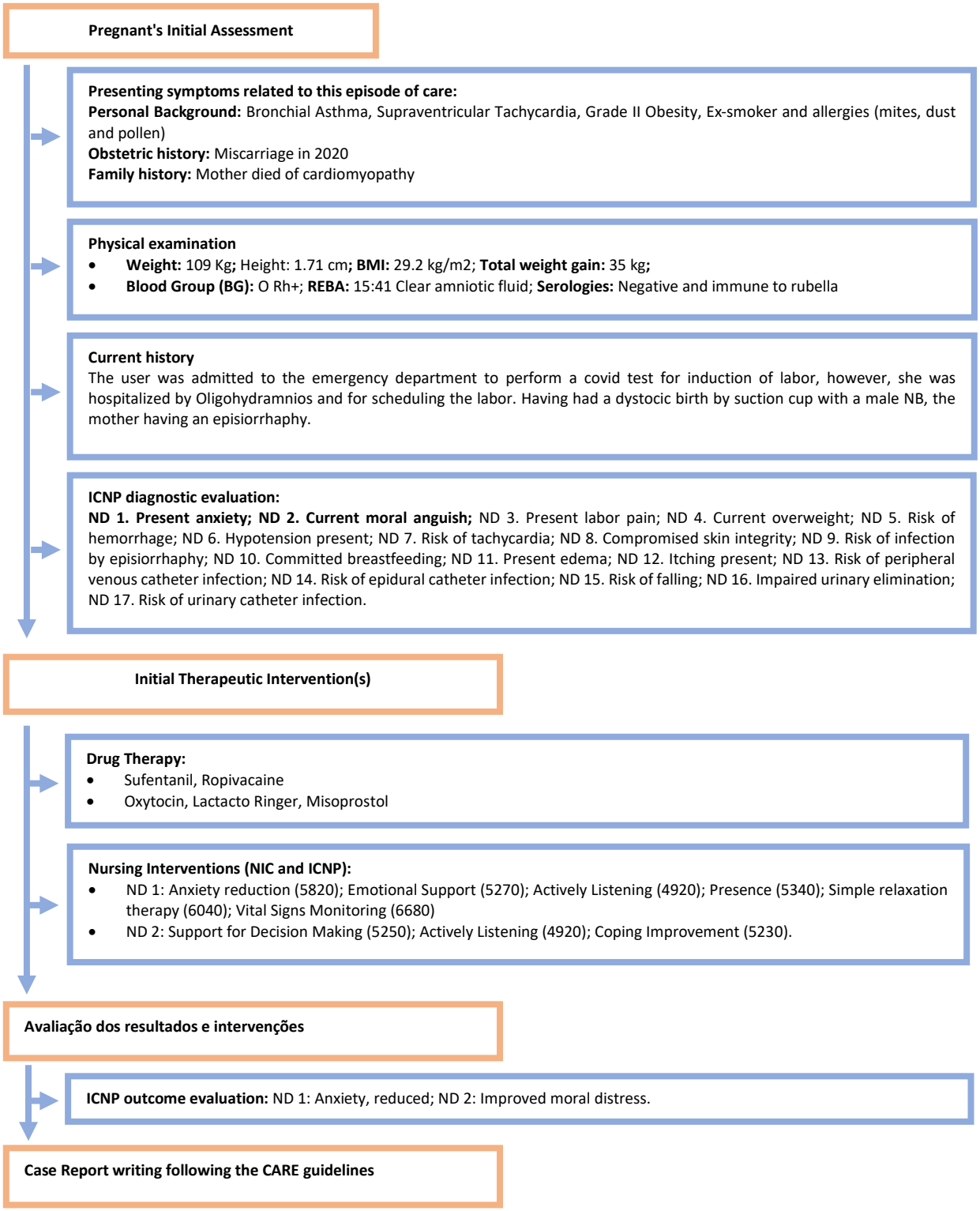


**Figure 1 -** Flowchart of the Case Report

## 2. RESULTS

Taking into account the data presented above and after having reached the 12 Nursing diagnoses, we will only address two ND in this article: 1. Present anxiety and 2. For current moral distress, it was necessary to determine the interventions that could be planned and applied to decrease this risk. Tables 2 and 3 show the care plan developed for each ND.

**Table 2 -** Care plan ND 1. anxiety

| ND 1. Anxiety (10002429) - "Negative emotion: feelings of threat, danger or distress" (ICNP, 2018). | |
|---|---|
| **Nursing focus:** Anxiety<br>**Nursing judgment:** Current | |
| **Interventions (NIC)**<br>(Butcher, Bulechek, Dochterman & Wagner, 2018) | 5820 - Anxiety Reduction<br>• Provide the user with the necessary information (and within our competencies) about their health/disease situation, taking into account the risks of a possible transfusion.<br>• Stay with the user and offer security.<br>• Understand the user's perspective on the anxiety-generating factor.<br>5270 – Emotional Support<br>• Offer emotional Support.<br>• Encourage dialogue as a means of reducing anxiety.<br>4920 – Actively Listening<br>• Use active listening when approaching the user.<br>• Demonstrate interest in the user and be attentive to their dialogue.<br>5340 – Presence<br>• Establish user trust.<br>• Offering privacy to the user, promoting comfort and well-being.<br>6040 – Simple Relaxation Therapy<br>• Keep the user at rest.<br>• Guide the user to relax.<br>6680 – Monitoring of vital signs<br>• Monitor blood pressure and heart rate. |
| **Expected result:** No anxiety<br>**Result obtained:** Anxiety none | |
| **Final assessment:** The patient was always very anxious because she refused a cesarean section and because of her religion. However, after the birth of her newborn, she no longer appeared anxious, since there were no complications in her delivery and so there was no need to return to the issue of blood transfusion. | |

**Table 3 -** Care plan ND 2. Moral anxiety

| ND 2. Moral anguish (10025542) - "Conflict of decisions" (ICNP, 2018). | |
|---|---|
| **Nursing Focus:** Moral Distress<br>**Nursing Court:** Current | |
| **Interventions (NIC)**<br>(Butcher, Bulechek, Dochterman & Wagner, 2018) | 5250 - Decision Making Support<br>• Clarify the user about the complications of childbirth, be it eutocic, dystocic, or a cesarean.<br>• Help the user to identify the advantages and disadvantages of each alternative to blood transfusion.<br>• Clarify the user in terms of having in his vital will the decisions he wants for his health, as well as the declaration of his religion, for future occasions, there is no conflict of decisions between anesthetists and the user.<br>• Provide the information requested by the user.<br>4920 – Actively Listening<br>• Use active listening when approaching the user.<br>• Demonstrate interest in the user and be attentive to their dialogue.<br>5230 – Coping Improvement<br>• Recognize the user's spiritual experience:<br>• Assess the user's understanding of the health-disease process, to know the risks of labor. |
| **Expected Outcome:** Improved Moral Distress<br>**Result obtained:** Improved anxiety | |
| **Final Evaluation:** The user understood the whole situation and the conflict that was generated, as she was aware that she should present a declaration signed by the pastor, but she did not have it. She understood the justification of the anesthetists, however, neither party gave in regarding this issue, with an ethical dilemma between health professionals and the patient. However, it was not necessary to disrespect anyone's decision, so the labor was uneventful. | |

## 3. DISCUSSION

Labour is one of the most important moments for women, causing a constant change, i.e., it transforms the woman into a mother, physically and emotionally. Childbirth is much more than a physical event and what happens during it can have a decisive influence on the relationship between mother, child, and the remaining family, as well as the woman's reproductive future (Ferreira, 2017). However, it can cause a woman's risk of bleeding, the more pathologies the woman has associated, the longer the duration of

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labor and its assistance, such as prolonged third stage of labor, macrosomia, uterine atony, induction of labor, episiotomy, nulliparity, the use of forceps and suction cups, and difficulties in the descent of the fetal presentation (Vieira et al., 2018).
To ensure the decision of this patient, we had to consider her background, and since she had grade 2 obesity, bronchial asthma, and tachycardia, we had to analyze the risks of these to prevent a possible hemorrhage, as well as the possible risks of labor. Because the consequence of obesity in childbirth, regardless of the route of delivery, is more often the increased occurrence of endometritis, infection of the surgical wound, episiotomy lacerations, and postpartum hemorrhage. In addition, obesity makes pregnancy a high-risk pregnancy due to maternal and neonatal complications associated with cardiovascular diseases, gestational hypertension, diabetes mellitus, venous thromboembolism, increased incidence of cesarean sections, fetal macrosomia, shoulder dystocia, low birth weight, and neonatal hypoglycemia, among others (Paiva, Nomura, Dias, & Zugaib, 2012; Nogueira & Carreiro, 2013). As well as dystocia by suction cup delivery can sometimes lead to injuries in the perineum, and, in turn, increase the risk of postpartum hemorrhage. Sometimes the injury to the perineum is one of the most common traumas during childbirth, i.e., lacerations of the external genital organs, which, in turn, may increase hemorrhagic losses (Ferreira, 2017).
Being a Jehovah's Witness and refusing a blood transfusion, we had to try to explain the risks that could reverse labor and the possible forms of treatment, but she maintained her opinion and preferred us to administer the preventive forms (oxytocin, prostaglandins) and if she needed another treatment, she would consider another option. The possible treatments for postpartum hemorrhage depend on the severity of the hemorrhage and may require a blood transfusion. However, preventive measures are always taken, such as palpation of Pinard's globe of safety, uterine expression, surveillance of lochia loss, monitoring of vital signs, administration of intravenous oxytocin, administration of isotonic crystalloids to restore hydro-electrolyte balance (e.g. Ringer's lactate) (Vieira et al, 2018). However, considering the patient's religion and the need for health professionals to be constantly updated on new forms of treatment, we should consider other options accepted by the patient, such as autologous and blood product transfusion (Azambuja & Garrafa, 2010).
Based on the pathologies, risks of labor, and religion, and as shown in Tables 2 and 3, the diagnoses of Anxiety and Moral Distress were identified, and it was possible to conclude that, with the nursing interventions performed on both main diagnoses, there was an improvement in anxiety and, in turn, an improvement in moral distress, since no bleeding occurred, even though an episiorrhaphy and a suction cup delivery were performed (Freixo, 2015).
The importance of controlling anxiety is essential because it represents a risk to fetal growth and behavior and because of lower fetal weight (Pinto, Caldas, Silva, & Figueiredo, 2016). Pregnancy anxiety is sometimes triggered by a set of concerns related to childbirth and the newborn's health, and, in this case, it was because the user's decisions and beliefs were not respected. Therefore, nurses should pay attention to the user's beliefs and identify possible psychological changes during childbirth and postpartum, to perform preventive interventions and provide a proper reception to each parturient woman, improving the woman's level of knowledge and, in turn, providing less anxiety (Araújo et al., 2020). In other words, in this case, it was essential to accompany the pregnant woman and remove all her doubts regarding labor and its possible risks and provide her with the necessary knowledge regarding her decision on the treatment to be performed in a possible postpartum hemorrhage.
The nurse is then essential in the implementation of interventions and the understanding and interaction of the health disease process, to implement the interventions and subsequently assess them, considering the individualization of care. For, the role of nursing in childbirth should start early, helping and assisting women who wish to experience motherhood and trying to reduce its risks of it. The health professional who will establish a bond with the parturient woman will provide her with more security and confidence for her doubts and decisions aiming at the woman and fetus' health welfare.
However, the refusal of blood and blood component transfusion by parturients and puerperal has generated many legal, ethical, and bioethical conflicts, so when the life of a patient is at risk and she refuses blood transfusion, the doctor experiences a situation of difficult resolution, since she must choose between respecting the patient's autonomy or the legal codes governing her practice (Bezerra, Cesar, & Lara, 2015).

## CONCLUSION

About the relevant issue in this study, since this patient had no document proving her religion, the relationship between health care professionals and the patient was a little more complicated, because, on the one hand, they wanted to respect her decision, but, on the other hand, if there was any risk to her life, health care professionals would not be able to respect her. This meant that care was more directed to the patient's anxiety, trying to explain the situation and, on the other hand, giving hope to the patient to reduce anxiety.
The ethical dilemma was caused by the fact that the team of obstetricians and anesthetists were conscientious objectors and the fact that the patient did not have a legal document stating that she did not want to undergo the procedure.
with legal value stating that they do not wish to receive blood transfusions under any circumstances. The document is drawn up by local laws and informs what the bearer's personal decision is regarding blood fractions, procedures involving the use of her blood, and other matters of a medical nature. The medical team tried to explain the situation to the user so that she would be

aware of the problem that this issue was raised, however, the user kept her decision and at the end of delivery there were no complications and no need for treatment with blood transfusion.
This situation has led us to reflect on how important it is to have all our health decisions recorded in the living will so that the will is respected, even in the case of risk to life. But on the other hand, it is health professionals who make decisions that go against their ethical code.
The development of this case report allowed reflection on the importance of religion in the healthcare provided to patients, namely the importance of nursing care in these situations.
The possible limitations of this Case Study refer to the articles used since only the articles available online and free of charge were used, and the most recent ones possible, which may have led to the non-inclusion of some studies related to the topic, available in databases to which I had no access.

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