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ATITUDES DO ENFERMEIRO OBSTETRA NO CUIDAR CASAIS COM PERDA GESTACIONAL

OBSTETRIC NURSES' ATTITUDES TO CARING FOR COUPLES WITH PREGNANCY LOSS

ACTITUDES DEL PERSONAL DE ENFERMERÍA OBSTÉTRICA ANTE LA ATENCIÓN A PAREJAS CON PÉRDIDA DEL EMBARAZO

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RESUMO

Introdução: A perda gestacional é um evento traumático que afeta muitos casais, que, em muitos casos, relatam a falta de apoio social e emocional, necessitando de suporte profissional, onde se destaca o Enfermeiro Obstetra.
Objetivo: Compreender as atitudes do Enfermeiro Obstetra no cuidar casais com perda gestacional.
Métodos: Estudo qualitativo, fenomenológico-hermenêutico, tendo por base os pressupostos de Max Van Manen, estudo com aprovação da Comissão de Ética. Com recurso ao tipo de amostra por conveniente, em bola de neve, obtiveram-se 14 Enfermeiros Obstetras com experiência na área, para entrevista semiestruturada. Os dados coligidos foram analisados fenomenologicamente, recorrendo ao *software MAXQDA 24*.
Resultados: A análise dos testemunhos permitiu desocultar as "Atitudes do Enfermeiro Obstetra no momento em que o casal recebe a notícia de perda gestacional", onde se evidenciaram as seguintes subcategorias: "Apoiar incondicionalmente", "Dar espaço", "Dar tempo para o casal interiorizar a notícia", "Utilizar o toque", "Promover conforto". Nenhum enfermeiro possui formação específica em cuidar casais com perda gestacional. Entre os que referiram possuir alguma formação, relataram "Conteúdos lecionados na especialidade", "Participar em seminários", "Possuir autoformação", "Em serviço", "Participação em Congressos, onde o tema surge". De entre as emoções mais comuns vivenciadas, observou-se a frustração, a impotência, sentimentos de inadequação em conseguir gerir adequadamente nestas situações.
Conclusão: Necessidade emergente de melhorias no cuidar casais com perda gestacional a nível desenvolvimental do Enfermeiro Obstetra, ou seja, que lhes seja assegurada formação específica na área, para que possam cuidar casais com perda gestacional de forma mais efetiva e de acordo com as necessidades de cada casal.

Palavras-chave: enfermeiro obstetra; gravidez; luto; atitude

ABSTRACT

Introduction: Pregnancy loss is a traumatic event that affects many couples, who often report a lack of social and emotional support and need professional support, particularly from obstetric nurses.
Objective: To understand the attitudes of obstetric nurses when caring for couples with pregnancy loss.
Methods: A qualitative, phenomenological-hermeneutic study, based on Max Van Manen's presuppositions, approved by the Ethics Committee. Using snowball sampling, 14 obstetric nurses with experience in the field were selected for semi-structured interviews. The data collected was analyzed phenomenologically using MAXQDA 24 software.
Results: The analysis of the testimonies of the 14 Obstetric Nurses allowed us to uncover the "Attitudes of the Obstetric Nurse at the time the couple receives the news of gestational loss", where the following subcategories emerged: "Support unconditionally", "Give space", "Give the couple time to internalize the news", "Use touch", "Promote comfort". None of the nurses had specific training in caring for couples with pregnancy loss. Among those who reported having some training, they reported "Content taught in the specialty", "Participating in seminars", "Having self-training", "In service", "Participation in Congresses, where the topic arises". Among the most common emotions experienced were frustration, helplessness and feelings of inadequacy in being able to manage adequately in these situations.
Conclusion: The evidence from the research suggests an emerging need for improvements in caring for couples with pregnancy loss at the developmental level of obstetric nurses, i.e. that they should be given specific training in the area so that they can care for couples with pregnancy loss more effectively and according to the needs of each couple, taking into account their uniqueness.

Keywords: obstetric nurse; pregnancy; grief; attitude

RESUMEN

Introducción: La pérdida del embarazo es un acontecimiento traumático que afecta a muchas parejas, que a menudo informan de una falta de apoyo social y emocional y necesitan apoyo profesional, en particular de las enfermeras obstétricas.
Objetivo: Conocer las actitudes de las enfermeras obstétricas en la atención a parejas con pérdida de embarazo.
Métodos: Estudio cualitativo, fenomenológico-hermenéutico, basado en los presupuestos de Max Van Manen, aprobado por el Comité de Ética. Mediante un muestreo de bola de nieve, se seleccionaron 14 enfermeras obstétricas con experiencia en el campo para realizar entrevistas semiestructuradas. Los datos recogidos se analizaron fenomenológicamente mediante el programa MAXQDA 24.
Resultados: El análisis de los testimonios de las 14 Enfermeras Obstétricas permitió desvelar las «Actitudes de la Enfermera Obstétrica cuando la pareja recibe la noticia de una pérdida de embarazo», donde emergieron las siguientes subcategorías: «Apoyar incondicionalmente», «Dar espacio», «Dar tiempo a la pareja para interiorizar la noticia», «Utilizar el tacto», «Promover el confort». Ninguna de las enfermeras tenía formación específica en atención a parejas con pérdida de embarazo. Entre las que refirieron tener alguna formación, señalaron «Contenidos impartidos en la especialidad», «Participar en seminarios», «Tener autoformación», «En servicio», «Participar en Congresos, donde surja el tema». Entre las emociones más comunes experimentadas se encuentran la frustración, la impotencia y los sentimientos de incapacidad para desenvolverse adecuadamente en estas situaciones.
Conclusión: Las evidencias de la investigación sugieren una necesidad emergente de mejoras en la atención a las parejas con pérdida de embarazo en el nivel de desarrollo de las Enfermeras Obstétricas, es decir, que se les proporcione una formación específica en el área, para que puedan atender a las parejas con pérdida de embarazo de forma más eficaz y de acuerdo con las necesidades de cada pareja, teniendo en cuenta su singularidad.

Palabras clave: enfermera obstétrica; embarazo; duelo; actitud

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INTRODUCTION

The literature documents that a pregnancy loss has a profound effect on the couple and can contribute to intense psychological suffering, including grief, post-traumatic stress disorder, anxiety, and depression. A subsequent pregnancy may also be considered more stressful due to the fear of a recurrent loss. As such, Obstetric Nurses must be sensitive and empathetic towards the needs of these couples (Donegana et al., 2023). Pregnancy loss is extremely painful and traumatic for many parents and is associated with substantial direct and indirect psychological and social costs for parents, families, and society (Smith et al., 2020).

Perinatal death can negatively affect women and men, both physically and emotionally, in the long term. Most family members feel its effects individually. Although parents experience painful grief after a perinatal loss, grief reactions vary according to gender (Moreira et al., 2024). As these authors state, some studies have observed that grief reactions are worsened by insensitive healthcare systems, healthcare professionals, friends, a tense marital relationship, and financial burdens. Moreover, men, as fathers of stillborn babies, have received less attention in terms of research (Moreira et al., 2024). Despite studies conducted in other contexts showing that, after a perinatal loss, men tend to hide their grief, provide support to their partners, and engage in decision-making and practical tasks, little is known about their experience following perinatal death. The grief reactions of parents who suffer a perinatal death are influenced by the social and cultural context (Arach et al., 2022).

Acknowledging the pain and offering support to grieving couples strengthens their ability to cope with a pregnancy loss. In addition to family and community members, Obstetric Nurses must provide emotional support and holistic, culturally appropriate care to these parents so they can go through this experience in the least painful way possible. Furthermore, this event may contribute to decreased marital satisfaction and increased risk of separation while creating a sense of isolation (Berry et al., 2021). The same authors state that many parents feel that the nursing care received does not consider the meaning of the loss and focuses more on biomedical rather than biopsychosocial care. In this regard, the aim of this study is to understand the attitudes of Obstetric Nurses in caring for couples experiencing pregnancy loss.

1. THEORETICAL FRAMEWORK

Nursing is based on the principle of providing humanized care. Caring involves taking care of and providing care to clients. The first of these two main domains of holistic nursing concerns professional expertise and knowledge, while the second relates to the client's religious and emotional considerations. Adopting the principle of human care as a foundation or guide for the nursing profession is a way to ensure that care is meaningful to clients' experiences. Watson's care theory (2007) states that nursing care goes beyond human interaction and instead focuses on the soul of the person being cared for. When a nurse cares for someone, Watson (2007) argues that the nurse enters that person's living space and detects their psychological state.

As previously mentioned, pregnancy loss is a traumatic event that alters the couple's life path, bringing negative consequences (Fernández-Férez et al., 2021; Kaydirak & Aslan, 2021). It is extremely painful and traumatic for many parents and is associated with substantial direct and indirect psychological and social costs for parents, families, and society (Voss et al., 2020). It has a profound effect on parents and can contribute to intense psychological suffering, including post-traumatic stress disorder, anxiety, and depression. A subsequent pregnancy may also be considered more stressful due to the fear of a recurrent loss (Voss et al., 2020; Donegana et al., 2023). For both men and women, pregnancy loss causes intense grief, despair, and difficulty coping with the situation, and for women in particular, evidence shows a higher prevalence of depression, anxiety, and post-traumatic stress (Moreira et al., 2024). In line with Galeotti et al. (2022), there is still little specialized nursing support for couples grieving pregnancy loss during hospitalization, after hospital discharge, and later in primary healthcare, to help them through this journey. This statement emerges from the results of the aforementioned authors' study, noting that couples are dissatisfied with the emotional support received in the hospital environment and describe a series of factors related to the lack of specialized support, which are seen as exacerbators of emotional suffering. The complexity of grief from pregnancy loss, compared to other types of grief, can lead to complicated or intense mourning (Galeotti et al., 2022; Donegana et al., 2023; Martins et al., 2023).

2. METHODS

2.1 Study Design

This was a qualitative, phenomenological-hermeneutic study based on the assumptions of Max Van Manen. This approach leads to the description and interpretation of the essence of lived experiences, recognizing their meaning and importance in pedagogy, psychology, and sociology according to the gathered experience. It gives a reflective character to everyday activity; it avoids categorizing or conceptualizing how the world is experienced and attempts to help the person understand the meaning of being unique and knowing oneself fully (Van Manen, 2003).

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2.2 Participants

The participants were obstetric nurses with experience in caring for couples with pregnancy loss, selected according to the following inclusion criteria: obstetric nurses with experience in caring for couples with pregnancy loss who agreed to participate in the study. Exclusion criteria: obstetric nurses without experience in caring for couples with pregnancy loss; nurses who were not obstetric nurse specialists. Using a snnowball sampling method, the sample consisted of 14 obstetric nurses with experience in caring for couples with pregnancy loss, recruited in the community, in the central region of Portugal. The sociodemographic and professional profile of the sample showed a mean age of 43.35 years, with 13 female and 1 male participant; 7 nurses with a Master's degree in Maternal and Obstetric Health Nursing, 6 with a Postgraduate degree in the same field, and 1 with a PhD in Maternal and Obstetric Health Nursing. This was a sample with extensive professional experience, with a minimum of 10 years and a maximum of 32 years, averaging 20.78 years. Their experience in caring for couples with pregnancy loss ranged from a minimum of 5 months to a maximum of 21 years, with an average of 14.76 years of experience in this field.

2.3 Data Collection

A phenomenological interview guide was used. The interview began with the presentation of the researcher and the study, followed by the signing of the informed consent form by the participants, in duplicate, along with brief demographic information collection. Open-ended questions were then asked, allowing participants to express themselves freely about the phenomenon under study. The interview concluded with a summary, thanks, and farewell. Data collection occurred mainly in person, with only two conducted online. These interviews took place between January 12 and February 3, 2024.

2.4 Data analysis

A qualitative content analysis was conducted, and to guide the methodological process, interview analysis was carried out using MAXQDA 24 software. Following the outlined objectives, the analysis was preceded by transcription and thorough reading of the interviews. The results presented include numerical values in tables referring to the number of recording units (RU) identified, indicating the frequency of ideas expressed by the participants. The n refers to the number of participants.

2.5 Ethical and scientific rigor

The phenomenological interview, conducted both in person and online, was scheduled between the researcher and the participants after obtaining their informed consent. The interviews were audio-recorded. Participant anonymity and data confidentiality were ensured by coding all collected information. The research team upheld the duty of professional secrecy. Consequently, to guarantee the anonymization and confidentiality of the collected data, no personal identification information was recorded; each participant was assigned a code, and all information was encoded without any possibility of identification.

3. RESULTS

Training in caring for couples with pregnancy loss

None of the nurses had specific training in caring for couples with pregnancy loss. Among those who reported having some training, they mentioned "Content covered in their specialist education", "Participation in seminars," "Self-training," "On-the-job experience," and "Participation in conferences where the topic arises" (see table 1).

Table 1 - Training in Caring for Couples with Pregnancy Loss

Training in Caring for Couples with Pregnancy Loss	N
No specific training	14
Some formo f training	
Content covered in specialist education	1
Participaion in seminars	1
Self-training	1
On-the-job experience	1
Participation in conferences where the topic arises	1

Attitudes of Obstetric Nurses at the time the couple receives news of a pregnancy loss

Several *Attitudes of Obstetric Nurses* at the moment the couple receives the news of a pregnancy loss were identified, represented in 17 subcategories. The most frequently mentioned were: “Support unconditionally”, “Give space”, “Give the couple time to internalize the news”, “Use touch”, and “Promote comfort” (see Table 2)

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Table 2 - Attitudes of Obstetric Nurses when the couple receives the news of the pregnancy loss

Attitudes of obstetric nurses when the couple receives the news of the pregnancy loss	80
Support unconditionally	13
Give sapce	11
Give the couple time to internalize the news	10
Use touch	9
Promote comfort	7
Be present	5
Listen actively	5
Show availability (be available)	4
Allow expression of feelings	4
Refrain from value judgments	2
Offer psychological support	2
Show empathy	2
Facilitate management of emotions	2
Facilitate couple/family experience	2
Give hope	1
Provide privacy	1
Alleviate physical pain as much as possible	1

As a way to give visibility to the most represented subcategories, a transcription of some Ur is presented (see table 3).

Table 3 - Attitudes of Obstetric Nurses when the couple receives the news of the pregnancy loss

Support unconditionally	*To begin with, because I consider myself a somewhat sensitive person, or 'easily moved to tears' if we can say so, I try to have the couple see in me someone they can talk to, that the couple sees in me someone who gives them space (E2)* *It is essential that we be present at the moment of the news because we are nurses and a nurse never abandons anyone (E2)* *We, as nurses, always have to be there, especially in the most difficult moments, because it is in those moments that they really need us. They are in an environment that many of them are unfamiliar with, where the rug has just been pulled out from under their feet. Therefore, we have to be present. For me it is fundamental. Even if I don't open my mouth to say anything, it's important that the couple knows that I am with them and that I am available for whatever they need. (E2)* *As a professional and as a human being, I have the obligation to help them, to support them unconditionally (E5)*
Give space	*I only step away if I feel that they need privacy (E4)* *As I said, it's about giving the couple space, because it is a very awkward and difficult situation and therefore I think we end up having to give the couple space (E8)* *Give space for their silence (E9)* *Provide the couple with more private time and space to digest the news (E10)*
Give the couple time to internalize the news	*It's an extremely heavy diagnosis and we have to give a bit of space to the person – the pregnant woman, to the couple – we have to give them space so they can also internalize what has just happened (E2)* *Of course I have to give them time; I try to give them space to internalize the whole situation (E5)* *Give them time to absorb the news (E14)*
Use touch	*Sometimes just touching a hand, because there aren't many words that can be said at that moment. At least that's how I feel (E2)* *I don't think words are needed; essentially, one needs to reach out and touch (E6)* *Sometimes it's the touch – my touch, touching her hand. Sometimes the fact that I touch the woman and she cries… sometimes the strategy I usually use is to give of myself (E13)*
Promote comfort	*If the news of the pregnancy loss is given to the couple in my presence, we always try to comfort them in some way (E3)* *At the end of the outburst of emotions, I offer them a cup of tea, a bit of comfort (E7)* *I try to provide comfort (E12)*

Feelings Experienced by Obstetric Nurses in Caring for Couples with Pregnancy Loss

In the category *Feelings experienced by the obstetric nurse in caring for couples with pregnancy loss*, 11 subcategories emerged that express these feelings. The most prominent were "Helplessness" and "Weight of responsibility" (see table 4).

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Table 4 - Feelings experienced by Obstetric Nurses in caring for couples with pregnancy loss

Feelings experienced by Obstetric Nurses in caring for couples with pregnancy loss	**33**
Helplessness	8
Weight of responsibility	5
Heartache	4
Sadness	4
Vulnerability	2
Anguish	2
Frustration	2
Inability to manage one's own emotions	2
Emotional strain	2
Discomfort	1
Confidence	1

Some illustrative Ur are transcribed below, representing the most frequently reiterated subcategories (see table 5).

Table 5 - Feelings experienced by Obstetric Nurses in caring for couples with pregnancy loss

Helplessness	*In the face of the pregnancy loss the couple has experienced… it seems that we have nothing to offer the couple in that very painful moment… it seems that we can't do anything (E1)* *A loss is always a loss. It's a shame that people in obstetrics—how should I say this— in a way it's considered almost a taboo subject, because we know that this happens, and our daily practice, our evidence, tells us that it happens without us being able to, many times, control it or give a reason for it. And this is very difficult for a couple who had planned for it to be their baby. It is very hard to make them see that it happens without us or them being able to control it (E2)* *This situation is difficult for us, because it's a time when words fail us (E2)* *But indeed, the care we have to take in the choice of words, in our approach, in how we touch, how we talk to the couple, the answers we don't have to give – it all results in helplessness (E6)* *It signifies helplessness, that is, at that moment I have to care for a couple whose expectations were completely shattered, and I must have the ability to somehow provide relief – to inform and to alleviate in some way (E10)*
Weight of responsibility	*In the face of a pregnancy loss, I feel that somehow I may be failing to support these couples in a situation that is very difficult for them (E1)* *Pregnancy loss means a very large responsibility to me because it is a very difficult moment for the bereaved couple (E5)* *It is always a very demanding experience to care for couples with pregnancy loss… you cannot say that we have a good experience with it, because none of us wants it to happen (E6)* *Caring for a bereaved couple requires much more from us; in other words, it ends up being much more demanding, more responsibility (E6)*

Improvements proposed by Obstetric Nurses at the Developmental level in caring for couples with pregnancy loss

Regarding the Developmental level improvements proposed by the Obstetric Nurses, participants most frequently reiterated "Providing specific training to the team in the area of gestational loss" and "Grief process (in-service training)" (see table 6).

Table 6 - Improvements proposed by the Obstetric Nurses in caring for couples experiencing gestational loss

Improvements proposed by the Obstetric Nurse in caring for couples experiencing gestational loss	
DEVELOPMENTAL	**53**
Provide specific training to the team in the area of pregnancy loss	17
Grief process (in-service training)	8
Increase research in the area of pregnancy loss	4
Promote reflection and sharing within the team	4
Obtain specific training in caring for couples with pregnancy loss	4
Assertive communication with couples with pregnancy loss	4
Create a team with specific training to care for couples with pregnancy loss	3
Deconstruct the taboo of death during pregnancy among healthcare professionals	3
Communication of bad news	2
Identify words that should be avoided	1
Support strategies for the couple	1
Empowerment of the couple to deal with pregnancy loss	1
Techniques for emotional self-control	1

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Table 7 below presents some Ur that justify this thematic area of improvements proposed by the Obstetric Nurse in caring for couples experiencing gestational loss.

Table 7 - Improvements proposed by the Obstetric Nurse in caring for couples experiencing gestational loss

DEVELOPMENTAL Provide specific training to the team in the area of pregnancy loss	*There should be more specific training for these situations. I think we are already talking a bit about it, because I notice that sometimes these situations are addressed, for example, in the media, and sometimes the way they are presented is a bit shocking (E2)* *Enable the training of professionals, so that professionals may choose whether or not to deal with bereaved couples after pregnancy loss, but do so consciously (E3)* *It's extremely important to have training on pregnancy loss tailored to specialist nurses. It was already suggested. Supposedly the health department was going to do it, but then it never happened and no one ever brought it up again. But yes, it would make perfect sense. The approach we have is not always the best, not only among us nurses, but also among doctors, who don't take care to say things with the right choice of words, with tact (E6)* *Even in our unit — I've only been there for six months — and talking with a colleague of mine who really likes this area (she works with me), she is currently trying to figure out how she could give us training or have someone knowledgeable in that area come give us training, because she feels that within the team there is that need (E9)* *Not only in cases of foetal deaths (and fortunately that wasn't what happened, but I have witnessed other couples' experiences closely) – it's not just about giving support to the couple. In cases of neonatal death, the professionals are devastated because it is something not expected at all and, in most cases, not even conceivable (E11)*

4. DISCUSSION

The objective of this study was to understand the attitudes of 14 Obstetric Nurses in caring for couples with pregnancy loss, who had extensive professional experience, on average, 20.78 years of practice, with 14.76 years specifically caring for such couples. Notably, none of the nurses had specific training in caring for couples with pregnancy loss, and only a few reported having some training, namely "Content covered in their specialty," "Participating in seminars," "Self-training," "On the job," or "Participation in conferences where the topic arises." This is an important issue, because without specific training it is more challenging for these professionals to provide holistic and appropriate care to couples bereaved by pregnancy loss. Similarly, in a qualitative exploratory study conducted in a delivery room and six maternity wards of a hospital in China, Qian et al. (2022) found that nurses lacked specific training to handle such situations. Other studies demonstrate that the care couples receive around gestational loss significantly influences their ability to cope with the situation (Dimitriadis et al., 2020; Di Nallo & Köksal, 2023). In an international online survey of bereaved couples (n=3769) who experienced gestational loss, a quarter (25.4%) reported disrespectful care towards themselves, and 23.5% reported disrespectful care towards their baby. These couples identified nursing care as being focused on physical aspects, without considering their individuality and specificities (Atkins et al., 2022). The same authors highlight the urgent need for obstetric nurses to have specific training to know how to handle situations involving grieving couples due to gestational loss, ensuring holistic well-being for the couples (Claudia et al., 2018; Atkins et al., 2022; Qian et al., 2022). It is essential to provide respectful and appropriate care to couples experiencing gestational loss, and nurses should be adequately prepared to deliver such care. Caring for these couples requires specific training, but little is provided to nurses (Qian et al., 2022). One of the emerging categories from the analysis of participant verbatim consists of the *Attitudes of the Obstetric Nurse at the moment the couple receives the news of gestational loss*, revealing various attitudes, among which the most represented are "Unconditional support," "Giving space," "Giving time for the couple to internalize the news," "Using touch," and "Promoting comfort." These results corroborate those found by Martins et al. (2023), where nurses also reported attitudes analogous to those referenced by our participants, with particular emphasis on unconditional support and comfort promotion as essential factors of humanized care. Adequate care from EESMO Nurses can alleviate the suffering of couples and improve their well-being, relationships, and adaptation for future pregnancies. Nurses are generally the first healthcare professionals to contact couples in this context and are often the most frequently seen. There is still contradictory evidence about the positive impact that nurses can have in situations of gestational loss with couples (Wright, 2020). Although some studies have shown that nurses can facilitate the grieving process (Quenby et al., 2021), others emphasize the lack of empathy and support that can lead to couples' dissatisfaction and increase their suffering (Craft-Blacksheare et al., 2018). However, Martins et al. (2023) and Mendes et al. (2023) point out that there is insufficient knowledge of Obstetric Nurses' perspectives on this impact. Among the most common emotions experienced by participants were frustration, helplessness, feelings of inadequacy in managing situations properly. Feelings of helplessness, heartache, anguish were also observed, with greater emphasis on "Helplessness" and the "Weight of responsibility." In this sense, when asked to propose improvements, participants reinforced developmental-level improvements, namely "Providing specific training to the team in the area of gestational loss" and "Grief process (in-service training)," which is in line with the study by Galeotti et al. (2023), in which, among 244 Obstetric Nurses, 96% reported having no prior training in managing

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and supporting couples who experienced gestational loss. Respondents suggested the inclusion of more information on the topic, specific training for the team, and more immediate and accessible support networks for couples.
The results obtained represent a challenge for Obstetric Nurses to offer individualized and holistic care that aims to meet the specific needs of couples grieving gestational loss and a call to society to give visibility and support to their mourning. They can also be used as a theoretical basis for future studies, filling the existing gap between the harsh experiences of these couples and the care provided for this marginalized grief.

CONCLUSION

Gestational loss is, in itself, a traumatic event in the lives of couples who experience it, not only because of the inherent feelings of guilt associated with the loss but also due to the social stigma linked to this type of loss. The results of this study allowed for an understanding of the attitudes of Obstetric Nurses in caring for couples experiencing gestational loss. Their experiences can be used as a starting point for greater theoretical and practical reflection on the phenomenon under study, so that developmental improvements can be implemented, allowing for more humanized care for these couples, translating into an indicator of quality in care processes, considering that quality care incorporates not only clinical aspects but also interpersonal, relational, and emotional aspects. The results suggest the need to promote active learning among Obstetric Nurses, enabling them to address these situations, as well as training that aids in the development of emotional intelligence, contributing to these healthcare professionals recognizing the significance of their emotions and relationships and using them as a basis for interacting with couples in this situation. Couples experiencing gestational loss may receive different treatment and support depending on where they live. It can also take a long time for new developments in care to reach them. The aim is, therefore, to change this situation by providing more reflection from Obstetric Nurses, so that all couples receive the best support after experiencing a particularly painful experience.

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AUTHORS' CONTRIBUTION

Conceptualization, A.R., P.M. and E.C.; data curation, A.R., P.M. and E.C.; formal analysis, A.R., P.M. and E.C.; investigation, A.R., P.M. and E.C.; methodology, A.R., P.M. and E.C.; project administration, A.R., P.M. and E.C.; resources, A.R., P.M. and E.C.; software, A.R., P.M. and E.C.; supervision, E.C.; validation, E.C.; visualization, A.R., P.M. and E.C.; writing-original draft, A.R., P.M. and E.C.; writing-review and editing, A.R., P.M. and E.C.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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