

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

ORIGINAL ARTICLE

DOI: 10.9789/2175-5361.rpcfo.v17.13799

## OBSTETRIC NURSING RESIDENTS' PERCEPTIONS OF ABORTION IN BRAZIL

*Percepções dos residentes de enfermagem obstétrica em relação ao abortamento no âmbito do Brasil**Percepción del aborto por residentes de enfermería obstétrica en brasil***Sabrina Vieira Ricardo da Silva<sup>1</sup>** **Valdecyr Herdy Alves<sup>2</sup>** **Andressa Tavares Parente<sup>1</sup>** **Alessandra de Cássia Lobato Dias<sup>1</sup>** **Angela Mitrano Perazzini de Sá<sup>3</sup>** **Diego Pereira Rodrigues<sup>2</sup>** 

### RESUMO

**Objetivo:** compreender a percepção dos residentes de enfermagem obstétrica em relação ao abortamento no contexto do Brasil. **Método:** trata-se de um estudo do tipo descritivo exploratório, com abordagem qualitativa realizado com residentes de enfermagem obstétrica por meio de entrevista semiestruturada. As entrevistas foram transcritas na íntegra, e foram realizados o tratamento e análise dos dados. Em seguida foram estabelecidas duas categorias: Impactos do abortamento na vida da mulher e Legislação e discriminação do abortamento. **Resultados:** observa-se que os residentes destacaram os riscos do aborto inseguro para a vida da mulher, os impactos psicológicos vivenciados, bem como demonstraram conhecimento quanto ao aborto legal no Brasil. **Conclusão:** o conhecimento dos profissionais de saúde quanto as questões do abortamento, sejam físicas, psicológicas, sociais ou legais, para que seja possível promover a ampliação do acesso aos serviços de saúde, uma assistência integral e de qualidade às mulheres em processo de abortamento.

**DESCRIPTORES:** Enfermagem obstétrica; Papel do profissional de enfermagem; Internato e residência; Aborto.

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**Received:** 13/02/2025. **Accepted:** 05/05/2025

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**How to cite this article:** Silva SVR, Alves VH, Parente AT, Dias ACL, Sá AMP, Rodrigues DP. Obstetric nursing residents' perceptions of abortion in Brazil. R Pesq Cuid Fundam (Online). [Internet]. 2025 [cited year month day];17:e13799. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v17.13799>.



## ABSTRACT

**Objective:** to understand obstetric nursing residents' perceptions of abortion in Brazil. **Method:** this is a descriptive exploratory study with a qualitative approach carried out with obstetric nursing residents using semi-structured interviews. the interviews were transcribed in full and the data was processed and analyzed. Two categories were then established: Impact of abortion on women's lives and Legislation and discrimination against abortion. **Results:** residents highlighted the risks of unsafe abortion for women's lives, the psychological impacts experienced, and demonstrated knowledge of legal abortion in Brazil. **Conclusion:** health professionals need to be aware of abortion issues, whether physical, psychological, social or legal, in order to promote greater access to health services and comprehensive, quality care for women undergoing abortion.

**DESCRIPTORS:** Obstetric nursing; Nurse's role; Internship and residency; Abortion.

## RESUMEN

**Objetivo:** conocer la percepción de las residentes de enfermería obstétrica sobre el aborto en Brasil. **Método:** se trata de un estudio exploratorio descriptivo con abordaje cualitativo realizado con residentes de enfermería obstétrica mediante entrevistas semiestructuradas. Las entrevistas fueron transcritas en su totalidad y los datos fueron procesados y analizados. A continuación se establecieron dos categorías: Impacto del aborto en la vida de las mujeres y Legislación y discriminación contra el aborto. **Resultados:** las residentes enfatizaron los riesgos del aborto inseguro para la vida de las mujeres, los impactos psicológicos experimentados y demostraron conocimiento sobre el aborto legal en Brasil. **Conclusión:** es necesario que los profesionales de la salud conozcan las cuestiones relacionadas con el aborto, ya sean físicas, psicológicas, sociales o legales, a fin de promover un mayor acceso a los servicios de salud y una atención integral y de calidad para las mujeres que se someten a un aborto.

**DESCRIPTORES:** Enfermería obstétrica; Rol de la enfermera; Internado y residencia; Aborto.

## INTRODUCTION

The abortion process is one of the complications with high recurrence rates in the world, and has an important influence on maternal mortality rates.<sup>1</sup> According to the World Health Organization (WHO), there are around 73 million abortions in the world every year.<sup>2</sup> Abortion rates in Brazil are considered high, corresponding to approximately one million per year, making abortion a public health problem.<sup>3</sup>

In Brazil, the maternal mortality data provided by the Mortality Information System (SIM) still presents some vulnerabilities, as it is conditioned to the completion of the Death Certificate (DC), which often does not include abortion as a cause of maternal death. Thus, in Brazil there is still a lot of underreporting of maternal deaths caused by abortion.<sup>1,4</sup>

Most unsafe abortions are carried out in developing countries, which account for approximately 97% of unsafe abortions, with Africa, Asia and Latin America having the highest proportion of unsafe abortions, causing women to risk compromising their physical health and impacting on their mental and emotional health. The WHO emphasizes the risks that unsafe abortion can cause pregnant women, and the importance of access to information to prevent these complications.<sup>2</sup>

With regard to abortions in Brazil, according to the 2016 National Abortion Survey, which analyzed the profile of women who have abortions in the country, it found that 13% of those interviewed said they had already had at least one abortion. The highest percentage of abortions occurs among women of higher reproductive age, with around 29% of women aged between 12 and 19 and 28% aged between 20 and 24. In addition, the study found that the abortion rate is higher among women with low levels of schooling, accounting for approximately 22%, and among black (15%), brown (14%) and yellow (13%) women.<sup>5</sup>

In Brazil, according to the legislation in force in the Brazilian Penal Code, abortion is considered a crime, subject to penalties. However, the cases in which abortion is considered legal are due to a high risk to the mother's life, pregnancy resulting from sexual abuse and pregnancy with an anencephalic fetus, as long as it is carried out with the woman's consent.<sup>6,7</sup>

The impacts of abortion complications are diverse and directly influence the quality of life of women of reproductive age. Among the physical complications that can occur are infections, hemorrhages, organ perforations, infertility and death.<sup>8</sup> The occurrence of maternal death has an impact on various socio-economic aspects of society; with regard to the

social aspect, this process causes a breakdown in the family structure, influencing the health and lives of the woman's other children, and with regard to economic factors, there is a negative influence due to the loss of the woman's productive capacity, also interfering in the composition of family income.<sup>9</sup>

The abortion process is extremely broad and involves various issues, including legal, moral, religious, social, cultural and others.<sup>8</sup> In 2015, the United Nations (UN) included new Sustainable Development Goals (SDGs), in which the third goal is to promote well-being for all, including improvements in maternal health and reducing global maternal mortality to less than 70 deaths per 100,000 live births by 2030.<sup>9</sup>

Although Brazil has the potential to achieve the SDGs, the country still shows great inequality in the distribution of maternal deaths in the federative units.<sup>4</sup> This disproportion becomes more pronounced when the comparison is made across Health Regions. This is related to barriers in access to information, obstacles in the implementation of policies and programs to combat maternal mortality and shortcomings in care for the pregnancy-puerperal cycle and abortion.

The country's policies and programmes, especially the National Policy for Comprehensive Women's Health Care (PNAISM) and the Prenatal and Birth Humanization Programme (PHNH), are considered important tools for tackling maternal mortality. However, for Brazil to achieve the third goal of the SDG by 2030, it is essential to correct internal inequalities, i.e. that the application of public policies prioritizes the health regions with the highest maternal mortality rates and which most need support in tackling this type of mortality.<sup>4</sup>

The issue of abortion is extremely complex and involves various aspects of life, be they ethical, religious or moral. It is extremely important that health professionals have the knowledge and ability to discuss this issue, as it is essential for quality health care, free from prejudice and judgment.<sup>10</sup> The study's guiding question was: what is the perception of obstetric nursing residents on issues related to abortion in Brazil? In this sense, the aim of the study is to understand the perception of obstetric nursing residents in relation to abortion in Brazil.

## METHOD

This is a descriptive exploratory study with a qualitative approach, carried out in the obstetric nursing residency program at a federal higher education institution in the state of Pará.

Participants were selected intentionally from among obstetric nursing residents. The study participants were 14

obstetric nursing residents from the 1st and 2nd year of the program. The inclusion criteria were: being an obstetric nursing resident; having worked in reference units for women undergoing abortion. The exclusion criteria were: residents on leave or on vacation during data collection.

Data collection was carried out from February to May 2023, using a semi-structured script with open and closed questions related to the residents' profile regarding gender, age, religion, undergraduate training institution, year of training, previous experience in obstetrics, and experience in caring for women undergoing abortion. In addition to guiding questions such as: What is your perception of abortion? What impact does abortion have on women's health? What is your perception of the decriminalization of abortion?

Those who met the study's eligibility criteria were invited to take part in the interviews; those who accepted were given a date, time and place according to the resident's availability. The interview took place in a place indicated by the resident, without the participation of third parties and with only the interviewer and the interviewee. The data was captured using a digital device, with the aim of capturing all of the participant's statements, so as not to miss any important data during the interview. The recordings of the discussion were transcribed in full by the lead researcher to ensure the reliability of what was said by each participant.

Data interpretation took place in conjunction with the data collection and transcription process, which is a fundamental analysis process for delving deeper into the subject matter, as well as contributing to the formulation of problems and the creation of hypotheses.<sup>11</sup> The data was analysed using content analysis techniques, organized into the following stages: pre-analysis; exploration of the material; and treatment of the results, inference and interpretation. The first corresponds to the phase of organizing and systematizing ideas; the second is the analysis phase itself, in which the content is systematized, and the last refers to the interpretation of the results obtained from the research.<sup>12</sup>

In the pre-analysis phase, the interviewees' answers were collected and then transcribed in full into Microsoft Word, so that the data could be reliable and organized in a clear and objective way, with a floating reading of the material. When the material was explored, it was subjected to detailed content analysis. The material was then categorized, i.e. the results were grouped by similarities and differences in ideas, words and elements. When the results were processed, the categories were analyzed and interpreted and discussed on the basis of specialized literature on abortion and public policies.<sup>12</sup>

At this point, record units were identified as: psychological impacts, risks of unsafe abortion, barriers to accessing services, prejudice, women's rights over their bodies, knowledge of current abortion policy, establishment of criteria for performing abortions; effects of decriminalization; risks of unsafe abortion; importance of access to healthcare; reduction in maternal deaths and reduction in the number of abortions.

By processing the results, inference and interpretation enabled the identification of units of meaning, the categorization of elements and the regrouping of meanings, with the following categories being drawn up: 1) Impact of abortion on women's lives; 2) Legislation and discrimination against abortion.

The research was approved by the Ethics and Research Committee of the Institute of Health Sciences of the Federal University of Pará, as recommended by Resolution 466 of December 12, 2012 of the National Health Council, which determines the Guidelines and Regulatory Norms for Research Involving Human Beings.

During the data collection technique, the Free and Informed Consent Form was signed, a term that shows consent to participate in the research. It clarifies the theme, objectives, data collection techniques and data analysis, as well as the risks, benefits and other issues related to the research. In order to guarantee the confidentiality of the information collected in the research, the letters R (nursing resident) will be used, followed by Arabic numerals (R1, R2, R3,..., R14) to mention the research participants.

## RESULTS

The profile of the obstetric nursing residents showed that the majority of participants were female, with thirteen. With regard to age, there was a predominance of eight aged between 20 and 25. With regard to religion, seven said they were Catholic. As for the institution where they graduated, seven graduated from public institutions and seven from private institutions. Seven residents graduated in 2021. With regard to experience in obstetrics before residency, thirteen of the participants said they had previous experience. All of the interviewees stated that they had, at some point, seen a patient undergoing an abortion.

### Impact of abortion on women's lives

During residency in obstetric nursing, technical knowledge based on scientific evidence related to the pregnancy-puerperium cycle is improved, making it possible to apply

it to the practice of caring for women in the fields where residents are assigned. With regard to the impact of abortion, the risks that unsafe abortion can have on women's health were highlighted:

*Many women try to circumvent this criminalization by having clandestine abortions and putting themselves at risk: risk to their lives, risk of infection. (R1)*

*We have women who resort to various illicit means, clandestine means in order to get assistance and manage to terminate their pregnancies, and these are means that favor an infected abortion, a retention of fetal material, and later this woman arrives at the obstetric emergency room with an infection, some even evolving with a generalized infection into sepsis. Many even die from hemorrhage. [...] If we stop and think about it, it's a chain reaction because if I lose a woman who has resorted to a clandestine abortion, I'm losing, for those who like to be more pragmatic, more practical about things, I'm losing a workforce, I'm losing a citizen. (R12)*

The impact that abortion has on a woman's life goes beyond changes related to physical aspects, as it can also affect her psychological and emotional state, regardless of how it was carried out, according to the following statements:

*I think it has a very big impact on her reproductive life, on her cycle, because it's an invasive process after the abortion. There's a curettage process, so I think it's going to cause a trauma in this woman, which would be something if she were to evolve, not have a miscarriage, evolve into a pregnancy, a pregnancy and childbirth. I think it ends this cycle that would be something good and ends up causing a trauma, the miscarriage, of this pregnancy cycle, of this part of the woman's life. (R6)*

*I think it's a very painful process for women. Some women induce it, but whether they induce it or not, it's a difficult process, it's a process that requires a support network. (R9)*

*I think it must be a huge psychological upheaval, an impact on life, on customs, both for the woman who wanted it and for the woman who didn't want it. (R10).*

In addition to the risks of complications and the psychological influence on women who are going through an abortion process and need health care in a hospital environment, there are still barriers to accessing services for these women. The lack of prioritization in health care is one of the obstacles mentioned, according to the following statements:

*I think that among all the issues of the pregnancy-puerperium cycle, abortion, for many, is an issue that is left aside, for many it isn't important, for many it won't*



*cause very serious damage to the woman, but we end up forgetting that it can. (R13)*

*Women who are still having an abortion, or who have already had one, are often left for later. (R14)*

With regard to the possible complications of abortion, it is important to highlight the risk of maternal death. In this sense, we analyze the possible effects of legal restrictions and the decriminalization of abortion.

*I think that if there wasn't this decriminalization and they could provide care in a safe hospital environment, I think it would decrease, I don't think so, it's proven that it would decrease maternal deaths. (R6)*

*So it's a public health problem. Decriminalization is not that we want more abortions, but we want fewer women to die. [...] So, as I've seen some studies in countries that have had decriminalization, the rate of abortions has decreased, so I don't think it would interfere with many women wanting an abortion. (R9)*

### **Abortion legislation and discrimination**

In order to provide comprehensive health care to women going through the abortion process, it is also important for health professionals and nursing residents to be familiar with the current legislation on abortion in the country and to know the flows of care for these women within maternity hospitals and/or other hospital institutions in Brazil. With regard to current legislation, the participants highlighted their knowledge of Brazilian legislation, highlighting abortion for women who have suffered sexual violence, risk to the mother's life and fetuses with malformations, such as anencephaly:

*The cases in which I believe abortion is considered legal are in cases of rape. In minors who are also considered to be victims of rape, or when the fetus is considered incompatible with life, in cases of anencephaly, or when there is a risk to the mother, so these are the situations. (R5).*

*There are certain situations in which it is legal here, according to our current law, in the case of rape, cases of fetuses that are anencephalic or if there is a risk to the mother. (R8)*

In Brazil, current legislation on abortion allows it to be performed under Brazilian law. Some residents stress the importance of the current legislation, with the inclusion of legal abortion in specific situations, but some do not go beyond the legal sphere, i.e. they do not extend abortion to all situations in women's lives, be it legalization.

*As far as criminalization is concerned, in my view I believe that abortion should be allowed in cases of necessity, as there already are, in cases where the fetus is anencephalic, in cases of rape. (R13)*

Health care is fundamental for promoting the health of the population, as are the laws that permeate it, regulating health care and establishing the rights of users of Brazilian health systems. In this sense, some residents list the impacts that possible decriminalization would have on health systems and on women.

*The impacts, greater use of health services, because we were going to decriminalize, but then it would also fill up the health service a bit, which is already very full. So I think that's the strongest point. We'd need to increase care, but we're already suffering from the issue of not being able to attend to all of that public, so if decriminalization comes in, we're already going to stop attending to those who are already pregnant, those who are already in labor, in order to be able to provide care. (R13)*

Access to health care is a fundamental factor in guaranteeing citizens comprehensive health care. It is established in the Brazilian federal constitution and is one of the main components of the Unified Health System. With regard to the rate of abortion in countries, factors include the degree of legal restriction, previous abortions and lack of access to contraceptive methods.

*I think it needs a lot more social support, you know... social and psychological, and health education too so that this woman... either we invest in preventing this pregnancy, with more health education or, if she's already pregnant, we invest in education during prenatal care and pregnancy so that she doesn't even want to think about losing it. (R2)*

*Decriminalization? Certainly a reduction in deaths from abortion and infection. I think there should also be public policies to invest in education, because there's no point in decriminalizing it if it's a public health issue. Why are these women seeking abortions? Is it because they don't have access to reproductive planning? Or is it because they don't have the option of not getting pregnant because of the relationship they're in, that they can't prevent themselves? So I think there are many issues involved in the context of a woman seeking an abortion. (R5)*

## **DISCUSSION**

The consequences of the abortion process on women's lives, such as the need for invasive procedures in some situations and the possible complications that abortion can cause, such

as bleeding, infections, hypovolemic shock and death.<sup>3</sup> In this sense, abortion is an extremely complex process experienced by women, given the risks it can cause to their lives and the impact on their bodies and/or reproductive lives.

The risk of developing complications related to abortion is mainly related to unsafe abortion, which occurs when it is carried out in an unsuitable environment and by unqualified professionals. This has a direct or indirect impact on hospitalization rates and maternal morbidity and mortality.

In addition to the physical impacts of this complex process, the psychological and emotional repercussions experienced by women going through abortion are undeniable. Abortion involves not only the physiological aspects, but also the psychological and emotional aspects of the woman, including feelings of fear, worry, guilt, sadness and, above all, a lack of emotional support.<sup>10</sup>

In this sense, it can be said that the process of abortion has a major impact on women's lives in various aspects, whether they are related to physical, psychological, emotional or social issues. Thus, given this complexity, it is essential that health professionals have knowledge about abortion and its impact on women's lives, especially obstetric nursing residents, who are professionals who provide care to women in their pregnancy-puerperal cycle and in their care practice attend to women going through the abortion process.

In the databases of the Hospital Information System (SIH) of the Unified Health System (SUS) from 1992 to 2012, the rates of unsafe abortions are different between the states, which suggests that these regional differences may be related to difficulties in accessing information and the prevalence of barriers to accessing contraceptive methods in the states where unsafe abortions are higher.<sup>13</sup>

The 2021 National Abortion Survey, which conducted interviews with random samples of women aged between 18 and 39 living in Brazil's urban areas, found that rates of unplanned pregnancy remain high, accounting for 66% of those interviewed. It also found that 10% of women said they had had at least one abortion in their lives. Abortion rates and hospital admissions have fallen, but abortion in Brazil remains a recurring event and a public health problem.<sup>14</sup>

A study<sup>15</sup> that analyzed women going through the abortion process stated that most of them had not had a planned pregnancy and reported feelings of fear, despair, sadness and anguish, as well as the physical discomfort they experienced at the time. This shows the influence that abortion can have on women's mental health.

Knowledge of and access to family and reproductive planning is a fundamental tool for exercising sexual and reproductive rights, as well as helping to increase the rate of

planned pregnancies. Furthermore, it is important that health professionals have knowledge of the subject, so that they can provide guidance and educate the population.

Obstetric nursing residents are professionals who provide direct care to women throughout their pregnancy and puerperal cycle, as well as working on issues involving reproductive processes. In addition to knowledge of the physical and psychological aspects of caring for women, knowledge of sexual and reproductive rights and legislation related to women's care is extremely important.

Between 2008 and 2015, the SIH recorded approximately 200,000 hospitalizations/year related to abortion. The main procedure is post-abortion/puerperal curettage, corresponding to 95% of the cases described, and MVA corresponded to only 5%.<sup>1</sup> Despite the data, Brazil showed a reduction in hospital admissions for abortion-related procedures. However, this decrease differed between federal units.

Thus, knowledge of abortion legislation by nursing residents is essential, since its implications directly interfere with access to health services, knowledge of care flows, guarantee of rights and can reflect on the rate of maternal morbidity and mortality.

With regard to unsafe abortion, it can be said that it is associated with an increase in the number of hospital admissions due to abortion complications, as well as increasing the risk of death in these women.<sup>16</sup> Thus, unsafe abortion is generally carried out in an unhealthy environment and by unqualified professionals, and is responsible for unfavorable consequences for the woman who is having this procedure.

In Brazil, abortion is considered a public health problem due to its magnitude and persistence. Despite scientific advances to promote safe methods, unsafe abortions continue to occur, causing increased costs to health systems, complications and maternal deaths.<sup>1</sup>

With regard to abortion, in countries where abortion has been decriminalized, there was an initial increase, but then a gradual decrease. Thus, in countries that have decriminalized abortion, unsafe abortion rates have fallen.<sup>17</sup>

Furthermore, in order to reduce unsafe abortions, it is also important to expand sex education, knowledge and access to contraceptive methods, especially long-acting and highly effective methods, as well as promoting strategies to reduce sexual violence against women.<sup>17</sup>

In this sense, the residents demonstrate knowledge of the effects that abortion has on a woman's life, whether related to physical or psychological aspects, as well as listing the obstacles to women's access to healthcare services.

Legislation on abortion differs greatly depending on the region. In developed countries, specifically the European

Union, there is a greater predominance of countries where abortion is legalized.<sup>18</sup> In Latin America, more and more countries have decriminalized abortion, such as Colombia, Argentina, Uruguay and Mexico.<sup>19</sup> Brazil has restrictive legislation, allowing abortion only in certain circumstances.<sup>20</sup>

With regard to knowledge about abortion legislation in Brazil, a study<sup>10</sup> showed the knowledge of nursing students about abortion-related issues, and it was possible to see that the majority of participants were aware of the cases in which abortion is considered legal<sup>10</sup>. Corroborating these results, most of the residents in the survey adequately listed the situations in which abortion is legal in the country.

Another study<sup>21</sup> found that the professionals who made up the legal abortion care team at a maternity hospital were not fully aware of the legislation. The lack of knowledge about the legal precepts on abortion in Brazil makes it difficult to enforce the law and interferes with the quality of care provided to women.<sup>10</sup>

In Brazil, even in cases where women have the right to have a legal abortion in the cases provided for by law, there are still obstacles to having one, due to a number of factors: lack of referral services, lack of coordination between service networks, lack of knowledge of the legislation by society and by health professionals themselves, and requirements for unnecessary documentation.<sup>22</sup>

In Brazil, it is difficult to obtain data on legal abortions, which is mainly due to the lack of standardized information, and so there are still under-reporting.<sup>22</sup> This problem makes the real number of legal abortions performed in health services invisible.

## CONCLUSION

This study allowed us to understand the perception of obstetric nursing residents in relation to abortion. Knowledge of abortion-related issues is extremely important for health professionals, especially those who work in reference services for women undergoing abortion, such as obstetric nursing residents.

The residents demonstrated their knowledge of the possible complications of abortion in women's lives, as well as the main factors that can increase this risk. These complications are reflected in the health services, in terms of the increase in hospital admissions for abortion-related procedures, as well as increasing the country's maternal morbidity and mortality indicators.

The psychological impacts reflect feelings shared by the majority of Brazilian women who go through the abortion

process. However, some health professionals are still unprepared to provide adequate care to women, in terms of looking at the biopsychosocial issues faced by these women during the process, regardless of the type of abortion.

Knowledge of the country's abortion legislation was emphasized by the participants, especially in cases of legal abortion due to sexual abuse. In this sense, knowledge of the legislation by health professionals is fundamental to guaranteeing women's rights and improving the quality of care.

Obstetric nursing residents are professionals who provide care to women throughout their pregnancy and childbirth cycle and also work in referral services for abortion care. All the obstetric nursing residents reported having assisted a woman undergoing an abortion at some point.

Therefore, it can be said that they are able to assist women in the process of miscarriage, providing guidance, clarification and/or assistance either at the initial moment of discovery or confirmation of the miscarriage, or after procedures have been carried out.

It is therefore essential to expand knowledge about the various aspects related to abortion, as this can improve the quality of care provided to women. It is also essential to strengthen access to information for women in general, regarding family planning, contraceptive methods, as well as information about abortion legislation in the country, in order to reduce unsafe abortion rates.

The study had limitations, since it was developed based on a particular reality of the scenario and did not allow for relationships and generalizations, since the guarantee of representative distribution requires statistical proof for the sample calculation.

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