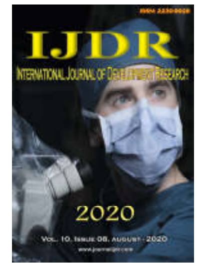
ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 10, Issue, 08, pp. 39665-39670, August, 2020
https://doi.org/10.37118/ijdr.19824.08.2020



RESEARCH ARTICLE OPEN ACCESS

MATERNAL MOURNING: SOCIAL REPRESENTATION FOR WOMEN

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ARTICLE INFO

Article History:

Received 18th May 2020
Received in revised form
09th June 2020
Accepted 21st July 2020
Published online 30th August 2020

Key Words:

Pregnancy,
Perinatal Death,
Mourning.

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ABSTRACT

Objective: To understand the social representations of maternal mourning for women who have experienced it. **Method**: Descriptive and exploratory study with a qualitative approach, based on Serge Moscovici's Theory of Social Representations. For data analysis, the Bardin Content Analysis Technique was used. **Results:** The results of this study were divided according to the characterization of the participants and the categorization of the statements in blocks, highlighting the most significant and frequent speeches, which were divided in two categories: Social representations of pregnancy for women and Social Representations of maternal mourning for women experiencing it. **Final consideration**: The social representations of mourning for women influence the way they experience maternal mourning, potentiating or mitigating it. In this study, the social representations of mourning influenced most women negatively, impacting the grieving process, making it longer prolonged due to the difficulty of reframing and accepting the perinatal loss.

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Citation: ***Thayná Mayara Resende de Gusmão, Amuzza Aylla Pereira dos Santos, Sueli Teresinha Cruz Rodrigues et al. 2020.*** "Maternal mourning: social representation for women*", International Journal of Development Research*, 10, (08), 39665-39670.

INTRODUCTION

The representation of the existence of the human beings translates into the idea that they are born, they grow, and they reproduce, age and die. However, in some situations, this sequence may not occur. Death can invade spaces that are not normally thought of, such as in maternity hospitals, environments in which pregnant women are immersed in a process of building representations about their child, through idealizations about the baby, their relationship with him/her and expectations about pregnancy, childbirth and the puerperium (Aguiar, 2016; Araújo, 2020). However, when the diagnosis of fetal loss confirmed, all this representational Construction is interrupted and prevented from materializing, resulting, commonly, in difficulty in accepting the grieving process by denying the loss. Because of this process, some women can suffer physical and psychological problems, causing lasting consequences (Assis, 2020). In this perspective, these women need time to experience and reframe the loss. Usually, this period consists of four stages: acceptance of the loss, elaboration of mourning, adaptation to a space where someone is missing, and repositioning/ resumption of life. However, they often do not go through each of these stages, as well as the stages are not always experienced completely, since mourning is singular and non-linear, being associated with the time and significance of the

loss, which can take days, months or years (Silva, 2020). Within this context, the following guiding question arose: "How do women feel when experiencing maternal mourning?". Thus, the present study aims to understand the social representations of maternal mourning for women who have experienced it. The importance of working with this theme is because perinatal loss is a complex phenomenon, so it is important to investigate how this fatality affects women. The relevance of the study is demonstrated by the impact that perinatal death causes on women and the unpreparedness of family members, society and health care professionals to deal with maternal grief.

METHODS

This is a descriptive, exploratory study, with a qualitative approach, with Serge Moscovici's Theory of Social Representations (TRS) as its theoretical-methodological framework. The scenario chosen to carry out the research was the maternity site of a University's Hospital in northeast of Brazil. Sixteen women, admitted to the maternity hospital, participated in this study, who experienced maternal mourning due to perinatal loss, due to late stillbirth (from the 28th week of gestation) and early neomortality (until the sixth day after birth). Women in pathological mourning due to maternal mourning, in a process of personal imbalance and illness, excluded from the research. Data collection carried out from July to November of 2018 through a semi-structured interview form for cases of perinatal death, containing questions that allowed the characterization of the participants, as well as questions that enabled the extraction of verbal information about the social representations of maternal grief. Before applying the form, there was a moment of approchement with the participants, where the goal of the research was clarified. Thus, when they agreed to participate in the study, they signed or left the fingerprint in the Free and Informed Consent Term, authorizing the interviews to be recorded, allowing for later transcription of the information. According to the ethical precepts, to preserve confidentiality, the responses of the participants identified by the names of flowers.

The collected data were transcribed in full and analyzed according to the Bardin Content Analysis technique, which is configured as a set of techniques for analyzing communications through systematic and objective procedures, enabling the inference related to production and reception knowledge, through the application of the following steps: pre-analysis, material exploration and treatment of results, inference and interpretation. The research was authorized by the Research Management and Technological Innovation sector of the University's Hospital and approved by the Research Ethics Committee of the Federal University of Alagoas, through CAAE nº 87699918.6.0000.5013. In addition, the research was carried out in accordance with resolutions 466/12 and 510/16.

RESULTS

The presentation of the results of this study was divided according to the characterization of the participants and the categorization of the statements in blocks, highlighting the most significant and frequent speeches. Two categories emerged "Social representations of pregnancy for women" and "Social representations of maternal mourning for women experiencing it".

Characterization of participants: Sixteen women who experienced maternal grief as a result of perinatal death were interviewed, which was categorized according to sociodemographic, gynecological and obstetric data. Regarding sociodemographic data, the majority was between 20 and 35 years old. Seven women considered themselves of black ethnicity, five of mixed race, two of white ethnicity, one of Indian ethnicity and one of yellow ethnicity. All had a religion, most were Catholic, five protestants and one candomblé. Most had a low level of education (two were illiterate, six had incomplete elementary school and one had completed elementary school), three had completed high school, two were in undergraduate school and two had completed higher education. Regarding the gynecological and obstetric data, the majority were multiparous and multigestous, only three were primiparous and primigestous. Eight women had not had an abortion, seven of them had had an abortion and one woman had had more than one abortion. Most had not suffered previous stillbirth. Nine women had at least six prenatal consultations and seven had one to five consultations. All had family support during pregnancy.

Social Representations of pregnancy for women: The experiences that women had about their pregnancies were considered important information to be analyzed, since they have consequences for the representation of maternal mourning. Most participants did not plan to become pregnant; however, all of them had pregnancies surrounded by care, expectations and dreams, as illustrated in the following statements:

"Everything was already organized, clothes, cradle, I was already waiting, because I was prepared to give birth and not to lose it, right." (Azalea)

"He was already part of the family life." (Jasmine)

Only three of the participants were aware of the risk factors for perinatal death. During prenatal care, they were informed about the risks that were prone due to fetal malformation, as shown in the following statements:

"I already knew what he had... so, I already expected, you know, that if he did not die during labor he would die before or right after." (Amaryllis)

"It was not surprising, it was not that thump. I knew it from the beginning! It was my choice to continue until the end." (Rose)

However, most women were surprised by the news of perinatal death:

"I imagined that I would leave here with my daughter in my arms and not leave in mourning, it was very unexpected what happened to me." (Lily)"I wanted him in my arms, to go out with him alive and not dead." (Tulip)

Social representations of maternal mourning for women experiencing it: Perinatal loss generates a process of maternal grief, which demands time for mothers to be able to reframe the loss and accept the grief. Therefore, it is extremely

important to understand the social representations involved in it. Thus, women were asked what the loss means to them, obtaining answers that can be grouped, as follows:
"It means everything, right. Because it's a life, right. And my son!" (Hibiscus)

"A piece of me that has gone away." (Alteia)

"It means ... How can I explain? I do not know how I can explain it! So, because I do not know how to accept this separation, this loss, I think." (Camellia)

Most of them reported the feeling of pain in the face of the loss of the baby, when they were asked about what they felt at the moment that the death was verified:

"I cried a lot, you know. In fact, I am still crying, because it is a pain that I had never been through and I also do not wish for anyone. It is an unbearable pain!" (Azalea)

"Very painful! Sad, very sad indeed! I got to see my son there, my God, it was the worst pain in the world." (Violet)

When asked how the participants experienced loss and grief, it is clear that most were in the phase of denying and isolating grief, as can be seen in the statements:

"With great difficulty. Very difficult! I'm here, God only knows..." (Violet)

"The mourning never ends, it is eternal! As much as we try to accept it, we do not accept it, no way." (Tulip)

"I do not think I have realized yet, it will not come to realization until I get home." (Orchid)

The minority was in the stage of acceptance of grief, precisely those women whose risk of perinatal loss were known:

"Normal, quiet. Because I think God is comforting me, giving me, you know, wisdom, comfort... I am calm!" (Lavender)

"Experiencing grief I think it is better (...) So I have to face it with the greatest naturalness." (Amaryllis)

When analyzing what the women's memories were in relation to the babies, it was noted that all of them had only memorable memories, since they had not yet come into contact with their belongings:

"To see his face, to see his head full of fur and the moments that he moved a lot in my belly." (crying) (Jasmine)

"At the time of the positive test (crying), the first time I heard the heartbeat on the ultrasound exam, the first time he moved and the worst (crying) knowing that he will never be here again." (Hydrangea)

It was asked how it will be for these women to return home and face everything they have prepared for their babies they lost, the answers were as follows:

"It will be difficult, but it will be a moment of longing. It will be as if I am enjoying him a little." (crying) (Jasmine)

"I haven't even thought about it yet. I do not even want to see it! I think it is better not to see it." (Alteia)

"So, the crib has already been taken apart, you know, I asked to take it apart. And, as soon as I arrive, I will not see it. When I am ready I will organize it and keep everything. I am going to let these days go by and do that." (Rose)

Regarding the babies' farewell, the women were asked if they held the baby after death, the majority replied that they did not, as follows:

"No! I didn't even want to see it." (cry) (Tulip)

"No, because they did not give it to me. I just saw it from a distance." (Violet)

"I only touched her (crying), but I do not remember it very well, because I was doped up, you know. I do not remember it very well, I remember she touched me (crying)... but I wish I could have picked her up." (Lily)

On the other hand, some of the interviewees responded that they held the baby, as can be seen:

"I held it! Because I did not see or hold the other one, so I kept it in my head until today." (Orchid)

"I held it! (laughs) And how I held it! It was happiness, they put him close to me, I kissed him, I touched him (...) so for me it is a moment of happiness, itwas a unique moment." (Amaryllis)

When asked about the funeral, all responded that they intended to bury the baby, however, most did not have the desire to see that moment, and those who wished to go, could not, as they were still hospitalized, as shown in the following statements:

"I intend to! He will be buried today, but I will not be able to go because I am hospitalized. I prefer him to be buried without me being present, then I will visit him."(Lily)

"For me, just touching him and seeing him I think it will increase the feeling that he was real, that I had another child. (Jasmine)

"He's already buried. I wanted to be there, but I couldnot go, because I was all numb and had no way out of bed." (Hibiscus)

"Yes! My husband buried it. He just took a picture of it, I saw it and then I told him to delete it. It is not good to see a piece of you, so tiny, inside a coffin." (crying) (Tulip)

All women had a support network to face the mourning, which was very important for their experience. When asked about who thei received support from, they replied:

"My family, especially God." (Camellia)

"Family members, my sister, husband, mother-in-law. My family and friends at the church where I attend." (Sunflower)

DISCUSSION

When analyzing the sociodemographic data of the participants, maternal age is a significant infotmation in assessing the risks for perinatal death, since pregnancy after 35 years is a risk factor for several maternal and fetal complications. In this study, only six women were older than 35 years old, most were between 20 and 35 years old, as in another study, which observed that more than 60% of mothers were in the 20 to 34 age group (Saloojee, 2015; Rêgo, 2018). Education is another important factor in the assessment of risks for perinatal loss, since it is directly related to economic income. That is, the lower the education level, the lower the income, therefore the greater predisposition to risk factors for stillbirth and neomortality. This fator was also true for the participants in this study, where the majority of women presentrd incomplete level of elementary education (Pereira, 2020). In relation to obstetric data, although the literature brings a previous history of fetal losses and nulliparity as a risk factor for perinatal loss, in this study, most women did not present previous fetal losses, were multiparous and, consequently, had multiple pregnancies. The data found in this study corroborates with another study carried out in the southern region of the country, where 52.17% have had multiple pregnancies (Lemos, 2020). In addition, the research data highlights women's access to prenatal consultations. Health care assistance during pregnancy should start as early as possible, preferably in the first trimester of pregnancy, so that there is time to carry out the necessary examinations and diagnose diseases that may cause complications during pregnancy itself, childbirth and postpartum, and thus reduce maternal and child morbidity and mortality (Anjos, 2013).

According to the Brazilian Ministry of Health, women should have at least 6 to 7 prenatal consultations so they are more likely to have a healthy pregnancy and delivery. In this study, nine women had at least 6 consultations, but seven of them had 1 to 5 consultations, being it a significant number of those who did not perform prenatal care as recommended (Anjos, 2020). An important factor for women to take care of the pregnancy and participate in more prenatal consultations is family support. In this study, all women had family support during pregnancy and a pregnancy surrounded by care, expectations and dreams. The expected baby represented a reconstruction of life for the family and had its place idealized as a new member and resason of happiness (Silva, 2019). Thus, it can be seen that expectations and idealizations about the baby are very common and natural feelings among mothers, intensifying the mother-child bond since pregnancy. In addition, the way in which women represent care during pregnancy and the expectations of generating a new being, has a lot to do with the way that society interprets pregnancy according to social representation, even if the pregnancy has not been planned, having a child is always seen as a blessing (Asplin, 2015).

Despite all the care with pregnancy, women were surprised by the news of perinatal death. However, in the three cases where women knew the risk of loss, they were more prepared at the time of the news of the death, emotionally and physically. The diagnosis of early fetal malformation causes anguish, fear and suffering for mothers and family members, however it causes a period of preparation and acceptance of the situation (Afonso, 2017). These data corroborate with another study, which reports that mothers who knew about the risk of perinatal loss, felt more prepared at the time of their child's death. However, when the moment of death happens without prior knowledge of the outcome, women go through a longer lasting maternal mourning process, which demands more time for its elaboration and acceptance (Hutti, 2015). Perinatal loss is a very delicate moment, each mother reacts and expresses her feelings in a unique way, since the experience of grief is singular and non-linear, taking into account their social representations. In this study, most participants reported the feeling of pain about the loss of their baby, this pain does not depend on the age of the child nor the reason that lead to death. This feeling is caused by the loss of an idealized and desired human being (Assis, 2019; Lima, 2020). The phases of mourning that present immediately after the loss are denial and isolation since most women, with the attempt to not intensify the suffering, try to distance themselves from opinions and aggressive thoughts that death conceives. Then, it is possible to observe the other phases: anger, bargaining, depression and acceptance (Lima, 2015). In this study, it can be seen that most women were in the phase of denial and isolation, with difficulty in experiencing grief and accepting it. The others were in the acceptance phase, precisely those women whose risk of perinatal loss was already known. In addition, one of the participants mentioned spirituality as a comfort and hope in when going through grief. In this meaning, the woman finds a way to minimize the pain of the loss of her baby and, furthermore, establishes strategies to deal with maternal grief, believing in the divine's will, that God is in control of everything and that from that they will get strength to overcome the moment (Gonçalves, 2020). Still in relation to mourning, the baby's farewell is an important moment in this process, but it ends up being an occasion of choice, which may or may not occur. Depending on how the woman experiences the loss according to social representations, they need to decide in a short time how this farewell will be and whether or not they want to do it (Hutti, 2020). In this study, most women reported not saying goodbye to the baby, either because they did not want to or because they did not have the opportunity to. However, some of them had the opportunity to hold the baby before they had to say goodbye. In this perspective, three reactions were mentioned: the isolation of not wanting to see the baby, the regret that she should have held the baby, and finally, acceptance, happiness and tranquility to say goodbye. Studies claim that mothers who hold their children after perinatal death have less depressive symptoms and have an easier time reframing their babies' death. In this process, it is important to contact and establish the identity of the body, since a death without a body seems unreal. That is why, those who did not hold their children after perinatal death, have greater difficulty experiencing maternal mourning (Silva, 2020).

Still in this perspective, despite intending to bury the baby, most women did not have the desire to experience that moment. In addition, hospitalization often made it impossible for them to be present. It turns out that, whether at will or not, the absence in the baby's farewell ritual tarnishes the process of accepting the loss. Therefore, the woman who had the opportunity to say goodbye will find it easier to reframe the loss (Paris, 2017). Another moment that can mean sadness in the mourning phase is when the women return home, which is caused by the feeling of emptiness, in front of an environment prepared for the baby. Despite this, this return is considered an important step for maternal grief, as it will be the moment when they will put away and dispose of the objects obtained for the baby's arrival, and thus, return to the old life routine

(Gonçalves, 2020). Family members usually tear down the baby's room before the woman returns home. Thus, she ends up being deprived of an important ritual, probably increasing the loneliness experienced, reducing the memories and traits that the baby left, and consequently hindering the process of redefining the loss (Aguiar, 2016).

Still in this context, it was possible to identify the tendency to avoid stimuli associated with the baby. This is considered a normal reaction in the grieving process, which at first tends to isolate the facts, but it is necessary to continue exploring it afterwards. There was also a minority that saw this moment of teading down the baby's room as a farewell or a moment of longing. When dealing with patients going through grief, it is relevant for health care professionals to provide information, support -in this case to bereaved mothers, helping them to cope with physical and psychological pain, as well as providing choices about saying goodbye to the recently lost child. Thus, it is necessary for maternity hospitals to review the protocols on perinatal death, allowing contact between mother and newborn, discharging the mother for the child's burial and even devising strategies to provide the baby's memories, such as photos, plantar or palm print (Lima, 2020). As well as the support of health professionals, family and spirituality at this time, it is extremely important for women to be able to experience this moment with quality and dignity, so they are able to accept the loss and rebuild new hopes. During the interviews, it was evident that all women had a support network to face the mourning process, which was very important for their experience (Silva, 2019). It is inferred from the research data that social representations influence the way women experience maternal mourning. Observing from the perspective of Moscovici's Theory, the idea of tension between the concepts of familiar and unfamiliar, determined by the consensual universes of each person, is included. However, the unknown can be understood, modifying beliefs and culture, through the process of anchoring and objectifying, making what was not familiar into known, familiar and common (Ferreira, 2020).

Anchoring is the step that classifies, finds and gives name to something to fit the unfamiliar. Objectification, on the other hand, elaborates concepts and images to reproduce the anchoring in the outside world, in this case, it aims to transfer what is in the mind into something that exists in the physical world. In this perspective, during pregnancy, the woman idealizes a healthy baby that will be born in a few months, creates expectations about pregnancy, childbirth and the puerperium, and, therefore, concludes the anchoring process. However, in maternal mourning, this process ends up not finding an identity with the objectification process, because, in fact, the reality they have to face is completely opposite to their expectation and idealization (Ferreira, 2020). To complete the process in through perinatal loss, the woman also needs support and encouragement, because only then will she be able to objectify this moment, when saying goodbye to the baby, getting rid of his objects, keeping memories to prove that he was real and learning how to live with maternal grief. So finally, maternal loss and mourning becomes familiar to mothers and their social environment (Afonso, 2017).

Final Consideration

The social representations of women influence the way they experience maternal mourning, enhancing or mitigating it. In this study, the representations of most women negatively influenced the grieving process, making it more prolonged due to the difficulty of reframing and accepting perinatal loss. It is necessary to make perinatal death humanized and familiar, enabling women to build the anchoring and objectification process, so that they can reframe and accept perinatal loss, and so experience the best grief possible.

In this sense, it is important that health professionals provide information and support to bereaved mothers, helping them to face physical and psychological pain, providing choices on how to experience the moment of perinatal loss.

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