

Implications and consequences of the use of misoprostol for abortion induction in Brazil: Integrative review

Implicações e consequências do uso de misoprostol para indução ao aborto no Brasil: Revisão integrativa

Implicaciones y consecuencias del uso de misoprostol para la inducción del aborto en Brasil: Revisión integrativa

RESUMO

Objetivo: analisar as implicações e consequências do uso de Misoprostol para indução do aborto no Brasil. Método: Revisão Integrativa da Literatura, usando os descritores Abortamento; Aborto; Misoprostol e Equipe de Enfermagem nas bases de dados Scielo, Lilacs e Pubmed. Resultados: Foram incluídos 18 artigos científicos originais, publicados entre 2010 e 2020. As consequências do uso deste fármaco estão associadas a malformações em recém-nascidos, lesões físicas e problemas psíquicos nas mulheres. Durante um processo de aborto, as mulheres experenciam situações diversas que variam desde o acolhimento adequado às suas necessidades até o descaso e maus tratos por parte da equipe de enfermagem. Conclusão: A análise dos artigos que compuseram o corpus da revisão possibilitou entender a importância do planejamento familiar para a manutenção da saúde da população feminina, assim como da importância da atenção humanizada e livre de julgamentos diante da situação de abortamento.

DESCRIPTORES: Aborto; Misoprostol; Equipe de Enfermagem.

ABSTRACT

Objective: to analyze the implications and consequences of using Misoprostol to induce abortion in Brazil. Method: Integrative Literature Review, using the descriptors Abortion; Abortion; Misoprostol and Nursing Team in the Scielo, Lilacs and Pubmed databases. Results: 18 original scientific articles were included, published between 2010 and 2020. The consequences of the use of this drug are associated with malformations in newborns, physical injuries and psychological problems in women. During an abortion process, women experience different situations that range from adequate reception to their needs to neglect and mistreatment by the nursing team. Conclusion: The analysis of the articles that made up the corpus of the review made it possible to understand the importance of family planning for maintaining the health of the female population, as well as the importance of humanized and judgment-free care in the face of abortion.

DESCRIPTORS: Abortion; Misoprostol; Nursing, Team

RESUMEN

Objetivo: analizar las implicaciones y consecuencias del uso de Misoprostol para inducir el aborto en Brasil. Método: Revisión Integrativa de la Literatura, utilizando los descriptores Aborto; Aborto; Misoprostol y Equipo de Enfermería en las bases de datos Scielo, Lilacs y Pubmed. Resultados: se incluyeron 18 artículos científicos originales, publicados entre 2010 y 2020. Las consecuencias del uso de este fármaco están asociadas a malformaciones en los recién nacidos, lesiones físicas y problemas psicológicos en las mujeres. Durante un proceso de aborto, las mujeres viven diferentes situaciones que van desde la acogida adecuada a sus necesidades hasta el descuido y maltrato por parte del equipo de enfermería. Conclusión: El análisis de los artículos que integraron el corpus de la revisión permitió comprender la importancia de la planificación familiar para el mantenimiento de la salud de la población femenina, así como la importancia del cuidado humanizado y libre de juicios frente a la aborto.

DESCRIPTORES: Aborto; Misoprostol; Grupo de Enfermería

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INTRODUÇÃO

Abortion is a practice that occurs worldwide, especially among women who end up having an unwanted pregnancy and who do not want to continue the pregnancy. The word abortion comes from the Latin *aboriri* and means, according to the author Salomão¹, separation from the appropriate site. Miscarriage is related to the product of conception that is eliminated from within the uterine cavity or aborted. The term abortion, which is more in the medical field, is related to the process of threat to the pregnancy that may or may not have a pregnancy loss.²

Abortion is defined as the termination of pregnancy before fetal viability is reached.³ According to the World Health Organization (WHO)⁴, abortion should be considered as the voluntary or unintentional termination of pregnancy until the 20th week of gestation, when the fetus weighs less than 500 grams (in cases where the gestational age is not known). One of the most commonly used drugs to induce abortion is Misoprostol. This is a pharmaceutical active ingredient develo-

Unsafe abortion is a frequent event in Brazil, despite its illegality. According to Ganatra et al. 6, Africa, Asia and Latin America account for 97% of unsafe abortions.

ped for the treatment and prevention of gastroduodenal ulcers. Later, its abortive action was discovered, called oxytocytic, that is, it stimulates the uterus inducing contractions and the enlargement of the cervix. Therefore, Misoprostol is contraindicated in pregnancy because it produces uterine contractions, putting the fetus at risk, overlapping the benefit that the drug could provide to the pregnant woman, and may lead to abortion.⁵

Unsafe abortion is a frequent event in Brazil, despite its illegality. According to Ganatra et al.⁶, Africa, Asia and Latin America account for 97% of unsafe abortions. Latin America stands out, as it has a higher frequency of this method of abortion (44/1,000), despite the existence of legislative restrictions in most of its countries.⁷ It is estimated that around 4.4 million abortions occur annually in this region and that 95% are performed unsafely.⁸ In Brazil, it is possible to perform an abortion if the woman's life is at risk, if the pregnancy is the result of rape and, since 2012, if fetal anencephaly occurs. The study by Martins-Melo⁹ showed that in Brazil, on average, about 994,465 unsafe abortions are performed annually.

WHO estimates show that approximately 55 million abortions occurred between 2010 and 2014 worldwide, with 45% of these considered unsafe abortions.⁶

The study by Carvalho Filho et al.¹⁰, carried out with health professionals, revealed that more than 44% of the professionals questioned said that, in the presence of a woman in a situation of abortion, they act by providing care and talking about the case. On the other hand, 26.5% of the professionals reported that, in the face of such an occurrence, they perform the service, but without talking about it with anyone.

Aiming to analyze the implications and consequences of the use of Misoprostol to induce abortion in scientific productions carried out in Brazil from 2010 to 2020, this study will contribute to pointing out the flaws and inconsistencies of the current procedural model to deal with women in the abortion process, while suggesting realistically applicable legal modifications.

In this context, the present work is justified by the fact that unsafe abortion, mainly due to the use of Misoprostol, is a serious public health problem that exposes women to risks that can cause physical, mental consequences and even lead to death.

METHOD

This is an Integrative Literature Review (ILR), which will gather the results obtained from primary research, synthesize, analyze and compare these studies on the chosen theme, to develop a comprehensive explanation of the phenomenon.¹¹ She followed the following steps: formulation of the problem; establishment of inclusion and exclusion criteria in the research; scientifically based data collection; selection of articles; analysis and presentation of results.

The selection of articles was based on the following inclusion criteria: original scientific articles, published between 2010 and 2020, which addressed the implications and consequences of the use of Misoprostol for inducing abortion in Brazil, without restriction as to the type of

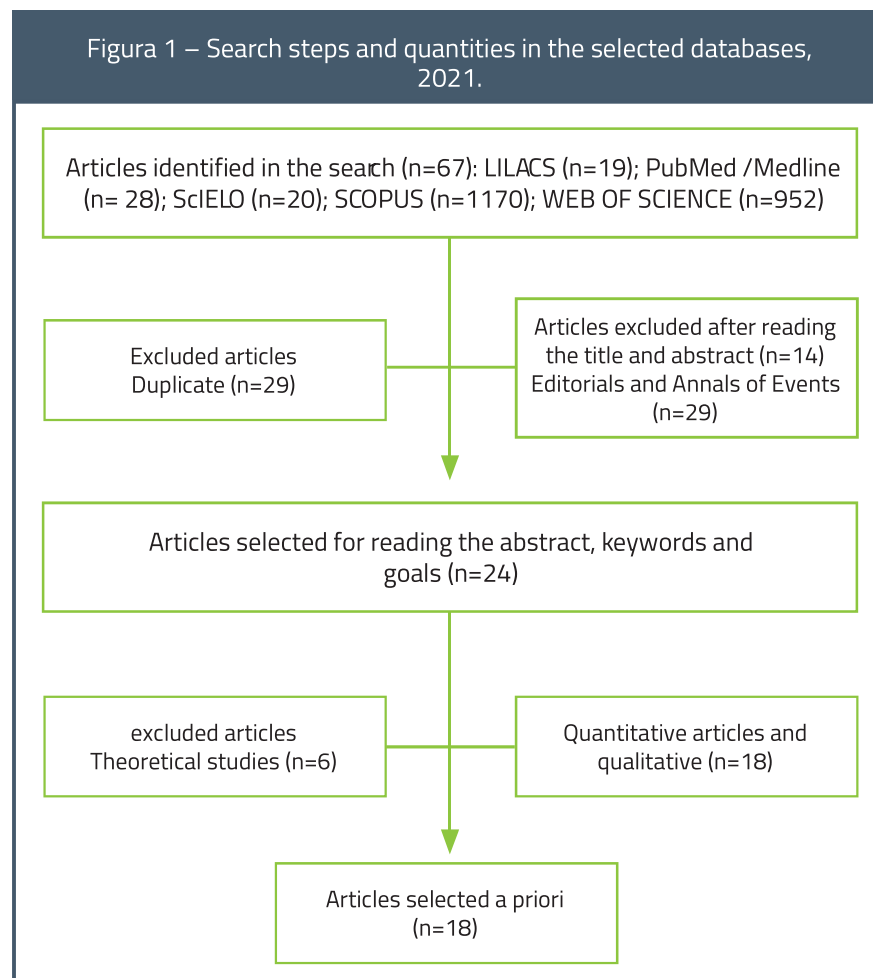
design. This time frame was chosen according to the availability of data and better quality of information. Repeated or off-topic articles, dissertations, theses, thesis chapters, books and book chapters were excluded.

A busca dos artigos foi realizada no período de fevereiro a março de 2021, nas bases de dados LILACS, SCIELO, PUBMED, a partir da combinação dos descritores: Aborto; Abortamento; Misoprostol e Equipe de Enfermagem. Na articulação das palavras, foi adotado o booleano “AND” que permite a inserção de duas ou mais palavras. A pergunta que norteou o presente estudo foi: quais as implicações e consequências do uso de Misoprostol para indução do aborto nas produções científicas realizadas no Brasil no período de

2010 a 2020?

Após a exclusão das publicações repetidas, foi realizada uma triagem inicial por dois pesquisadores independente baseada nos títulos, com exclusão de todas aquelas não relacionadas às implicações e consequências do uso do Misoprostol no aborto. Após a leitura dos resumos, os artigos que não atenderam aos critérios de elegibilidade também foram excluídos. A análise dos artigos selecionados foi a partir de fichamentos e leitura integral e exaustiva, possibilitando uma visão abrangente do conteúdo. Para construção da metodologia foram seguidos os passos do Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA). Um total de 18 artigos foram selecionados, pois abordavam a temática pesquisada. As etapas de

Figura 1 – Search steps and quantities in the selected databases, 2021.



Source: The authors, 2021.

busca nas bases de dados estão ilustradas na figura 1.

RESULTS

The analysis of the 18 articles that make up the corpus of the integrative review allowed them to be classified according to the type of study, being 10 quantitative and 8 qualitative. The largest number of articles was published in 2012, with 6 articles, followed by 2010 with 3 publications.

The data were systematized in the stages of organization and gave rise to two empirical categories, namely: Consequences of the use of Misoprostol in the abortion process: how is the physical and mental body at this time? and the performance of the Nursing team in the care of women undergoing abortion.

DISCUSSION

Consequences of Misoprostol use in the abortion process: how is the physical and mental body at this time?

The consequences of using Misoprostol were described in 10 articles out of the total analyzed. These consequences range from malformations in newborns resulting from unsuccessful abortions, physical injuries and psychological problems in women who have abortions with consequent pressure on the health system due to the increase in hospitalization rates or necessary post-abortion treatments due to the inappropriate use of Misoprostol. The consequences range from colic, bleeding, infections and in some cases the need for curettage.¹²

Diniz and Medeiros¹³ identified greater demand for hospital care by women under 21 years of age due to complications from abortion. On the other hand, Rosso et al.¹⁴ showed that the age group of women who underwent abortions ranged from 20 to 29 years old, which indicates that although the ages are different, young women are the ones who go through the situation the most.

The consequences of abortion are not

restricted to physical complications, but include social, cultural and economic aspects. Among all the articles analyzed, eight evidenced these effects on women's health, whether the psychological pressures suffered before and after the abortion process, as well as the physical violence and consequences to their bodies. It is known that women go through different situations during the abortion process, and many of them are alone, as they do not find support in their families, partners and health system professionals.

Financial aspects contribute to the choice of unsafe and clandestine abortion methods that can lead to hemorrhages, infections, perforations, sterility and death.¹⁵ In the article by Carvalho and Paes¹⁶, of the 22 cases of abortion analyzed, 12 had some type of complication, with 9 occurring in the first abortion and 3 in the subsequent ones. The most cited physical complication was hemorrhage, as well as colic, fainting, fever and pain. On the other hand, the findings by Silva et al.¹⁷, showed that among the 538 women studied, 259 caused an abortion, and signs of infection were noted in 13.5% of the women and 10% reported hemorrhage.

Regarding the use of Misoprostol for abortion, the first national survey on abortion (PNA - pesquisa nacional sobre aborto) showed a high prevalence of the use of this substance in attempted abortions. The article by Duarte, Moraes and Andrade¹⁸, analyzed abortion cases exposed in online media, 13 women out of a total of 18 claimed to have used Misoprostol to perform an abortion. To Correia and Mastrella¹⁹ the correct use of Misoprostol to induce abortion causes fewer complications and lower demand for hospital care. Women who use Misoprostol to induce abortion often seek hospitals only to complete the uterine evacuation, without evidence that allows the suspicion of induced abortion.

In this sense, Ramos, Ferreira and Souza²⁰, analyzed hospital data in Recife over the decades in relation to hospitalizations for abortion and showed that there was a decline in the number of hospitalizations due to abortion, especially after the po-

pularization of Misoprostol in the early 1990s.

However, studies estimate that the use of this medication has been done inappropriately, in doses lower than those effective for complete uterine emptying, which increases the number of complications and the demand for health services.¹²

Fetuses exposed to Misoprostol, the result of an abortion attempt, can be born with permanent and limiting damage, so it is essential that women have access to information about the possible risks of congenital diseases for the baby.^{5,12,21,22}

Regarding the feelings and psychological consequences suffered by women who have an abortion, throughout the process women go through different feelings and many of them are ambiguous, from relief and well-being to feelings of pain, guilt, fear, sadness and a sense of loss.^{23,24} In the article by Carvalho and Paes 16 women showed sadness, regret, despair and a "heavy" conscience for having taken a life, but others showed relief, tranquility and indifference, as they achieved their goal, which was abortion.

The article by Ferrari and Perez²⁵ analyzed the situation, feelings and consequences of clandestine abortion in adolescents living in favelas in Rio de Janeiro, all of the interviewees found a way to perform the abortion without the knowledge of their family members, with or without the support of the partner or under pressure from the partner. For the authors, the high incidence of abortions among adolescents demonstrates that the induced method is a real event in the reproductive life of these women. This topic is still little discussed, but it is essential to protect rights and face the processes of social exclusion, gender oppression and social injustice in the scope of sexuality and reproduction at the beginning of the reproductive trajectory.

The findings by findings by Carvalho and Paes 16 show that if, on the one hand, there are women who suffer from the fact of "taking a life", being judged and criminalized by society, on the other hand, those who felt relief demonstrate that they are exercising their right over their body.

In this sense, Villela et al.²⁶ reinforce that the most serious mental suffering may be related to the criminal conditions in which women find themselves, carrying out the interruption of pregnancy alone and with fear.

Thus, in the context experienced by these women, there is an increase in the exposure of moral, psychological and physical risks, due to social vulnerabilities, such as lack of own resources, lack of family participation, loneliness to achieve their goals and inexperience with unplanned pregnancy.^{12,18}

Another important factor in the lives of women who undergo abortions is the domestic violence they experience alongside their partners, a fact evidenced in the article by Diniz and Castro.²⁷ To Mariutti and Furegato²⁸ violence is a risk factor for the emotional integrity of women who have abortions, often associated with conditions of socioeconomic exclusion, decreased affective bonds and lack of social and family support.

In countless situations, women undergo abortion alone, with physical vulnerability, little information about contraceptive methods, difficulty in negotiating the use of contraceptive methods with their partners, facing a hegemonic social discourse of reproductive control under the exclusive responsibility of women.¹⁶

The psychological pressure on women who have an abortion originates from all sides of society, the study by Diniz and Castro²⁷ analyzed the way the media approach the subject addressed. Most of the articles published were about women who were arrested for abortion, in addition to articles that debate political aspects and life stories of women who have abortions. With the exception of the news about abortions resulting from rape or incest, the rest of the reports presented some judgment of value, without impartiality. Thus, the way in which Brazilian society views this issue lacks changes in the social, political, health services and media spheres, without promoting judgments or stigmatization.

Currently, Brazilian laws that crimina-

lize abortion make it difficult for women to access safer and more oriented procedures, such as the use of drugs, whose effec-

tiveness is proven.²⁹ Thus, we agree with Santos et al.³⁰ that it is essential to expand women's access to health care, particularly

to sexual and reproductive health services, particularly care for cases and complications resulting from unsafe abortions, in order to avoid deaths.

In fact, countries that criminalize abortion, such as Brazil, end up not providing adequate assistance to women, especially the less favored ones, exposing them to an environment of judgment and pressure.^{18,31}

In this way, the environment of illegality ends up causing some women to look for unsafe methods of terminating a pregnancy, which generates a high number of hospitalizations in the SUS. From 2015 to 2020, the SUS carried out 66,077 hospitalizations for intrauterine aspirations and 811,786 for curettage, and in many cases there was a need for hospitalization.³² On the other hand, countries where abortion is legal, such as Uruguay, show a reduction in abortion cases and complications resulting from this procedure.³³

Performance of the Nursing team in the care of women with abortion

The illegality and stigma of abortion in Brazil end up impacting the health care provided to women undergoing abortion. In the search for a health service to obtain care due to the consequences of an abortion process, women experience different situations that range from adequate reception to their needs to indifference on the part of health professionals.³⁴

According to Boemer and Mariutti²³, women who cause abortion are usually alone and fear humiliation and moral judgments from health service professionals, or even being denounced for the illegal practice of abortion. Thus, the experience of abortion itself, together with the lack of humanized care in health services, makes their experiences dramatic.³⁵

This reality shows the need for better preparation of health professionals to deal with these situations, not making value judgments and providing adequate assistance to these women. In this sense, the role of the nursing team in assisting postabortion women was reported in five articles out of the total analyzed. The article by Nomura

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et al.²⁴ reports that, on several occasions, care for these women occurs in an excluding way, limited by moral judgments, in addition to offering little or no access to information about the procedures that will be performed and the contraceptive measures that may later be adopted. Concerns and actions are more focused on the physical issues reported at the time, without considering the subjective aspects linked to the abortion experience.

Likewise, the findings by Carvalho and Paes¹⁶, show that the majority of women surveyed who had an abortion sought a health service after having an abortion due to complications. Regarding the care received by health professionals, they reported it as terrible or bad. Among the situations described as bad are discrimination and inadequate care when professionals perceived that the abortion was provoked.

Duarte et al.¹⁸ they also show the women's concern regarding the treatment of the medical team when they declare that they have had an abortion, and this information is suppressed or modified for fear of being stigmatized.

Diniz and Medeiros¹³, point out reports of mistreatment among adolescents in the hospital environment, such as moral judgment, threats to report to the police, rough manners in physical contact, hospitalization in collective rooms with women with newborns or long waits for care. Since, in this study, almost all the older women did not tell the medical team that they induced the abortion, describing it as spontaneous, the result of a fall, indigestion or a fright, even when doctors insisted on the induction thesis.

Thus, the findings demonstrate that the application and effectiveness of humanization in abortion care proposed by the Ministry of Health is not yet a reality in Brazil.³⁶

The document "Humanized care for abortion" (in the original "Atenção humanizada ao abortamento")³⁶ highlights the need to offer humanized, welcoming and comprehensive care to women who have experienced an abortion, without discriminating whether it was spontaneous or induced, in addition to offering adequate services for carrying out an abortion in the cases permitted by law.

To Cacique, Passini Júnior and Osis³⁷ even in cases provided for by law, the practice continues to be considered by the nursing team as a crime, a sin, because no one has the right to take their life. Professionals admit that they have the perception that they discriminate against women who cause abortion when they provide care and end up prioritizing care for parturients, puerperal women and high-risk pregnant women in relation to women who have abortions.

This type of behavior by health professionals is manifested in the delay in care, little interest on the part of the teams in listening to and guiding the women, or even in explicit verbal discrimination or through condemning and prejudiced attitudes.³⁸ This demonstrates how professionals still judge and discriminate against women who undergo induced abortion, escaping the purpose of providing humanized care.

In this way, it is necessary to improve the training of health professionals to pro-

vide health care for women in situations of abortion in a welcoming and humane way. This research has some limitations, including the time frame (2010-2020), the inclusion of only scientific articles leaving out theses and dissertations on the subject and the small amount of studies that discuss the performance of the nursing team in relation to women in situations of abortion.

CONCLUSION

The theme addressed in this study still causes controversy and discussions in Brazilian society and the scientific community. However, the analysis of the articles that composed the corpus of the review made it possible to understand the importance of an expanded discussion on abortion and reproductive health in Brazil and for the maintenance of the health of the female population. The vast majority of women who resort to induced abortion in Brazil are young, with steady partners and high school education, a fact that draws attention to possible flaws in the reproductive health education process in the country.

The results show the need for greater training of health professionals, especially the nursing team, in the care of women in a situation of abortion, without issuing a judgment of values, respecting professional ethics and in a humanized way. In this context, specifically the nursing team, should guide their work towards a humanized care for women, as well as understand the psychosocial vulnerabilities that involve such a situation.

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