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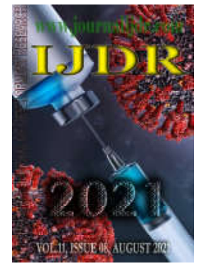

RESEARCH ARTICLE OPEN ACCESS

NURSES' ACTIONS IN THE URGENT AND EMERGENCY CARE OF PREGNANT WOMEN WITH PREVIOUS PLACENTAL ABRUPTION

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ABSTRACT

Introduction: Premature placental abruption (PDP) is defined as the rupture of the placenta implanted in the body of the uterus before the birth of the fetus in a pregnancy of 20 or more completed weeks. It results from a series of pathophysiological processes, often of unknown origin. Regarding the care of the pregnant woman with PPD, the nurse must be cautious, to meticulously evaluate the maternal-fetal conditions to avoid further damage. **Objective:** To identify the nurses' behaviors in the urgent and emergency care of pregnant women with PPD. **Methodology:** This is an Integrative Literature Review aimed at answering the guiding question: What are the nurses' attitudes in the urgency and emergency care of pregnant women with Premature Placenta Detachment? A search for articles in the electronic library SCIELO and in the Virtual Health Library (BVS) and in the LILACS database with the combination of descriptors Nursing, obstetrics, premature placental abruption, emergency. Articles available in full in the Portuguese language between the months of January 2010 to January 2018 were included, and monographs, dissertations and case reports were excluded. Titles and abstracts were read. **Results:** Among the care that nurses should perform are the verification of vital signs, identification of uterine hypertonia, immediate communication of any sign of shock or onset of labor and performing BCF auscultation. **Conclusion:** The study identified the nursing care provided to pregnant women with PPD and confirmed the need for adequate and permanent professional training to deal with this complication.

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INTRODUCTION

Premature detachment of the placenta (PPD), also called abruptio placentae, is defined as the rupture of the placenta implanted in the body of the uterus before the birth of the fetus in a pregnancy of 20 or more completed weeks. It results from a series of pathophysiological processes, often of unknown origin. PPD is a dramatic event that affects 0.5 to 3.0% of pregnancies, with a high potential to cause devastating outcomes and represents an important cause among hemorrhagic syndromes in the second half of pregnancy (CARDOSO et al., 2012). Although the cause of this obstetric disease is not known, it is associated, in many cases, with hypertension, anemia, malnutrition, mechanical factors (trauma, breech cord and torsion of the gravid uterus) and placental factors (circumvalent placenta and infarcts), in addition, an association is made between PPD and the use of illicit drugs (SOUSA; CAMANO, 2006). Occurring in approximately 1% to 2% of pregnancies, PPD is one of the obstetric complications that increases maternal mortality due to the higher incidence of hemorrhage and anemia, perinatal complications such as prematurity, fetal growth restriction, low birth weight, fetal distress and perinatal death (SASS; OLIVEIRA, 2013). The clinical diagnosis is made based on some signs and symptoms: sudden abdominal pain, timid bleeding of dark red color (which may even be occult in some

cases), hypertonic uterus, painful and sensitive to palpation inaudible fetal heartbeat (BCF), pallor of skin and mucous membranes. In some cases, it can evolve to severe shock and blood coagulation disorders and its diagnosis is confirmed by ultrasound imaging that reveals retroplacental hematoma and negative BCF (FRANCISCANI et al., 2010). The general procedures for the care of pregnant women with PPD include the control of bleeding and reversal of shock (monitor vital signs and fetal heart rate to detect impending shock and fetal vitality, assess blood loss and avoid shock, request blood count and plasma fibrinogen dosage frequently and relieve pain), uterine decompression and induction of labor, control uterine height, supervise to avoid postpartum complications (CARVALHO, 2002). It is essential that the nurse performs a Systematization of Nursing Care (SAE), developing strategies for coping and resolution of complications and problems that may occur during pregnancy. During the prenatal consultation, it is necessary and extremely important to know the clients individually for the adoption of specific measures, primary, secondary and tertiary care for a qualified and humanized care (XIMENES NETO et al., 2008). Regarding nursing care to pregnant women with PPD, it should be cautious, because it requires a meticulous assessment of maternal-fetal conditions. Information about the treatment and its causes should be provided to the woman and her family, and emotional support is also exceptionally important due to the possibility of fetal loss and the critical pathology of the mother (MONTENEGRO; BARBOSA FILHO, 2013). The objective of the study was to identify the nurses' behaviors in the urgent and emergency care of pregnant women with Premature detachment of the placenta.

METHODS

This is an integrative literature review. This is an important tool in the process of communicating research results, facilitating the use of the data collected in clinical practice, as well as providing a synthesis of the knowledge already produced and providing subsidies to improve health care (MENDES; SILVEIRA; GALVÃO, 2008). The integrative review process is classified into six phases: 1) elaboration of the guiding question, 2) definition of the inclusion criteria of studies and sample selection, 3) representation of the selected studies in table format, 4) critical analysis of the selected articles, 5) interpretation of results and 6) exposure, clearly and succinctly, the selected content. The search for data for this discussion was conducted between the months of December 2017 to January 2018, in the virtual library SciELO (Scientific Electronic Library Online), the Virtual Health Library (BVS) and the LILACS database, using the following Descriptors in Health Sciences (DeCS): Nursing, obstetrics, premature placental detachment, emergency. The inclusion criteria used were: complete articles directly related to the proposed theme, published in Portuguese, with results available in the selected database, in the period established between January 2008 and January 2018. Duplicate and incomplete studies were excluded, as well as those unrelated to the scope of this research, monographs, publications in English, and those that were not found in their entirety. The search yielded 42 articles, and after successive readings and elimination of duplicates, a total of nine articles were obtained as the final sample. The data were organized in a form adapted from the literature for better evaluation and interpretation. For data organization and tabulation, a table was prepared containing the title of the article, the author(s) and year of publication, the database where it was found, and the journal where it was published. After that, a discussion was held about the concepts and results presented in these papers, which were considered relevant to the debate about the theme proposed in this study.

RESULTS AND DISCUSSION

Most of the articles found were indexed in LILACS, six in all; only one in SCIELO and another in BVS. Of these articles, fiveare literature reviews and three are case studies. Of the review articles, four address, in separate topics, the pathophysiology, etiology, diagnosis, management and treatment of PPD, detailing each of these subjects. The other of the five articles of this type, brings an integrative review, not addressing these topics in separate topics, but making a running text analysis. However, the focus of this literature review is on the nursing conducts during an event of PPD in cases of urgency and emergency, and it is in this sense that the analysis follows, trying to evidence in these articles such conducts.

Nurses' conducts in the care of pregnant women with placental abruption: After analysis of the selected articles, it can be noted that all of them point to the seriousness of this obstetric problem, which is potentially fatal for the maternal-fetal binomial, and to the importance of diagnosis and timely intervention in pregnant women with the hypothesis of PPD to improve the prognosis. PPD is a serious hemorrhagic entity that can present itself in the second half of pregnancy and requires immediate treatment. The cases can evolve favorably in favor of the patient and the fetus, provided that the intervention is immediate, however, the possibility of death is undeniable in more severe cases (BRASIL, 2012). This serious public health problem is linked to several adverse conditions such as low quality prenatal care, insufficient obstetric and ICU beds, excessive medication in childbirth care, the abuse of caesarean sections, inadequate puerperal follow-up and lack of family planning (LEAL et al, 2014). Nursing care to pregnant women with moderate (chronic) to severe (classic) PPD is demanding, as they require meticulous assessment of maternal-fetal conditions, the degree of placental abruption (which reflects on the maternal hemodynamic status) and gestational age (CARDOSO et al., 2012; TEDESCO et al., 2014). Once PPD is diagnosed, a care plan must be developed in hospital units and its treatment will depend on maternal blood loss, fetal maturity and conditions (GARMIN and SALIM, 2012). Thus, it is necessary that, when faced with the diagnosis, the procedures are followed quickly and effectively. Eleuterio et al (2009), highlight the following principles: rapid parturition, adequate blood transfusion, adequate analgesia, monitoring of maternal condition and evaluation of fetal condition. Once PPD happens, the measures taken by professionals can improve the patient's prognosis, which includes early diagnosis and immediate delivery, conservative management to allow the administration of corticoids, and the transfer of the pregnant woman to a maternity hospital with support for premature infants. In addition, due attention should be given to cases that require hemotransfusion (VITORIA et al., 2010; ROCHA et al., 2017). When receiving the patient affected by PPD, the nurse must pass on all the information about the problem and the treatment in a calm way for her and her family in order to reassure and provide emotional support, since there is a risk of fetal loss due to the critical pathology of the mother. It is very important that the nurse keeps calm and knows how to pass on information properly (OLIVEIRA, PAIXÃO, FRAGA, 2017). One should also relieve the pain of the pregnant woman and for this, the administration of analgesics should be careful (as prescribed by the doctor), because central nervous system depressants can exacerbate the symptoms of shock, it can also be done the use of antispasmotic and, eventually, oxytocic, as prescribed by the doctor (ROCHA et al., 2017). Cardoso et al. (2012) specify the treatment of PPD according to the degree with the degree of detachment that is divided into 1, 2 and 3, which reflect the maternal hemodynamic status and fetal vitality. In the first degree, the authors state that the diagnosis is usually made in the postpartum period. In the second grade, delivery is possible if it is imminent, that is, with labor in full progress. Amniotomy should be done as soon as possible, to decrease intraulterine pressure with the outflow of amniotic fluid, which decreases both bleeding from the placental bed and the passage into the maternal circulation of thromboplastia. Still on stage 2 PPD, Cardoso et al. (2012) point out that the pregnant woman's hemodynamic status should be monitored with adequate volume maintenance and blood and derivatives, if necessary. Urine output should also be monitored and kept at 30ml/hour and the hematocrit monitored and kept above 30%. If the evolution of labor is not rapid and favorable, if there is maternal instability or fetal distress, a cesarean section should be performed immediately. In case of a dead fetus, which is stage 3, Cardoso et al. (2012) point out that natural childbirth is advisable, and maternal monitoring of the hemodynamic

Chart 1. Description of the articles included in the integrative review according to title, author, year, database and journal

TITLE	AUTHORS/YEAR	DATABASE/DIFITAL LIBRARY	JOURNAL
Fetal death in placental abruption: comparison of two different time periods	CABAR, Fábio Roberto [*et al*], 2008	SCIELO	Revista da Associação Médica Brasileira
Premature detachment of the placenta	ELEUTERIO, Douglas Kind [*et al*], 2009	LILACS	Revista Médica de Minas Gerais
Premature placental abruption: case report	FRANCISCANI, Aparecida Andrade Ribeiro [*et al*], 2010	LILACS	Revista Médica de Minas Gerais
Premature placental abruption: a brief review	VITÓRIA, Kelly Martins [*etal*], 2011	LILACS	Revista Médica de Minas Gerais
Placentalabruption	CARDOSO, Andreia Santos [*etal*], 2012	LILACS	Revista Médica de Minas Gerais
Prematureplacentalabruption	TEDESCO, Morgana Girardi; PATELLA, Lúcia Helena Dupuy; CUNHA FILHO, Edson Vieira da.2014	LILACS	Acta Médica (Porto Alegre)
Evaluation of factors associated with neonatal outcomes in preterm placental abruption	NUNES, Rodrigo Dias; BERTUOL, Elisa; SIQUEIRA, Isabela Ribeiro, 2016	LILACS	ACM – Arquivos Catarinenses de Medicina
Produção científica acerca do descolamento prematuro da placenta	ROCHA, Bruna Dedavid [*et al*], 2017	BVS	J Nurs Health

point of view and coagulation status should be maintained. Despite uterine hypertonia, in some cases of massive PPD the uterus may become hypotonic, requiring the use of oxytocin. This should be used with discretion and constant monitoring. And finally, the authors emphasize that before performing a cesarean section, where possible, a transfusion of packed blood cells, platelet replacement and plasma should be done. Alves (2016) says that maternal complications can usually be reversed in emergency units with the necessary infrastructure and professionals (anesthesia, obstetrics, rapid access to blood products). Therefore, immediate concern for maternal health in cases of PPD with a viable fetus with compromised vitality should not contribute to the delay of pregnancy termination. Although PPD is an important cause of fetal death, it was observed in the literature analyzed that this occurrence is lower when pre and perinatal care is sufficiently adequate and effective, resulting in reduced intrauterine and neonatal mortality rates (CABAR et al.,2008; FRANCISCISCANI et al., 2010; NUNES et al., 2016). In the proper management of PPD, the training of nursing professionals, their team and doctors in obstetric urgency and emergency allow the identification of critical cases and the necessary intervention. It is of fundamental importance and prompt care and accurate assessment of the condition and the available supports. Among the attitudes that hinder the success of this care, one can highlight the devaluation of life and the anxiety of referral to reference hospitals. The intervention in PPD, in many cases, requires procedures only available in more complex hospitals, but the important thing is to institute all possible care and only refer the pregnant woman when there are safe conditions for removal (TEDESCO, PATELLA, CUNHA FILHO, 2014).

CONCLUSION

The present study allowed the identification of the actions to be taken by nursing professionals when facing cases of PPD. This intercurrence leads to the concentration of nursing care and the gestational impact. Among these cares can be identified the constant monitoring of VES, bleeding and BCF, administration of medications, hemodynamic stabilization (when necessary). We conclude that the nurse is a professional capable of dealing with obstetric urgencies and emergencies. He plays the role of a leader of the nursing team, capable of encompassing a repertoire of skills and knowledge in different forms and contexts to perform such care effectively. This research was extremely important, as it allowed the survey of the necessary care for pregnant women who present with PPD, in addition to broadening the debates about this subject. However, it is evident that greater investments are needed in health services and in the qualification process of nursing professionals regarding obstetric emergencies.

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