EMOTIONAL SUPPORT IN THE CASE OF SPONTANEOUS ABORTION

Written support material

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ABSTRACT

Tampereen ammattikorkeakoulu
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Spontaneous abortion is a common complication of pregnancy which happens in nearly every fifth case. A spontaneous abortion can be emotionally a very challenging experience for a woman and her family, therefore support in many different forms is needed. Tampere social and health services felt that they were lacking emotional support material and this is why support material in form of a leaflet was created.

The objective of this functional thesis was to create a leaflet that benefits both health care professionals as well as patients and their families. The leaflet was aimed to promote health and mental well-being. A literature review was conducted in order to collect information concerning the key concepts to form theoretical starting points which answer the research questions.

An emotional support leaflet was created as the product of functional thesis. The leaflet had information of the treatment in case of spontaneous abortion in the city of Tampere which was provided by Tampere social and health care services and a section that discussed emotional support. The part of emotional support was conducted using the literature review of the Bachelor's thesis. The support leaflet is beneficial to the patients and their families, since they can return to the information that it contains later on when they feel equipped to process the situation.

The continuous education of health care professionals should include more training on how to encounter a patient who has suffered a spontaneous abortion, since health care professionals are in close contact with these patients. Also the whole family's experience of spontaneous abortion should be studied more due to the lack of information in this area. In the future translating the support leaflet to other languages could also be beneficial to patients with different native language in order to ensure the comprehension of the information.

Key words: spontaneous abortion, emotional support, family nursing

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
Hoitotyön koulutusohjelma
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HELPIÖ, ADA & LUIRO, ROOSA:
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Keskenmeno on yleinen raskauden komplikaatio, joka tapahtuu lähes joka viidennessä raskaudessa. Keskenmeno voi olla emotionaalisesti hyvin vaativa kokemus naiselle ja hänen perheelleen, minkä takia tuen tarjoaminen erilaisissa muodoissa on tärkeää. Tampereen kaupungin sosiaali- ja terveyspalveluilta puuttui tähän tarkoitukseen soveltuva tukimateriaali ja tästä syystä emotionaaliseen tukeen keskittyvä lehtinen toteutettiin.

Toiminnallisen opinnäytetyön tarkoituksena oli luoda lehtinen, josta hyötyvät sekä terveysalan ammattilaiset, että potilaat ja heidän perheensä. Lehtinen pyrkii edistämään terveyttä ja henkistä hyvinvointia. Tutkimuskysymyksiin vastattiin muodostamalla teoreettiset lähtökohdat, jotka pohjautuivat kirjallisuuskatsauksessa kerättyyn tietoon tärkeimmistä konsepteista.

Toiminnallisen opinnäytetyön tuotoksena tehtiin emotionaalinen tukilehtinen, joka sisälsi Tampereen kaupungin toimittamaa tietoa keskenmenon hoidosta Tampereella. Lehtinen sisälsi myös osion, joka käsitteli keskenmenon emotionaalista tukea. Emotionaalisen tuen osio toteutettiin käyttäen kirjallisuuskatsauksesta ilmi tulleita asioita. Tukilehtinen on hyödyllinen potilaille ja heidän perheilleen, sillä se sisältää tietoa, johon he voivat palata, kun kokevat olevansa valmiita käsittelemään tapahtunutta.

Terveysalan ammattilaisten jatkuvan koulutuksen tulisi sisältää enemmän opetusta keskenmenon kokeneen potilaan kohtaamisesta, sillä terveysalan ammattilaiset ovat usein läheisessä kontaktissa näiden potilaiden kanssa. Myös koko perheen kokemuksia keskenmenosta tulisi tutkia enemmän, sillä tällä hetkellä aiheesta on vähän tutkimustuloksia saatavilla. Tulevaisuudessa lehtisen kääntäminen muille kielille hyödyttäisi potilaita, joiden äidinkieli on eri kuin suomi tai englanti, jotta tiedon välittyminen voidaan turvata.

Asiasanat: keskenmeno, emotionaalinen tuki, perhehoitotyö

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1 INTRODUCTION

Spontaneous abortion means unwanted and unplanned ending of pregnancy before the 22nd pregnancy week. Nearly every fifth pregnancy ends in spontaneous abortion and most of them happen before the 12th pregnancy week. Spontaneous abortion can be a traumatic experience for the woman and for the family. Encountering with a health care professional is imminent in the case of a spontaneous abortion, hence it is crucial that the health care professionals are equipped to address the situation professionally. (Niinimäki & Heikinheimo 2011, 67, 69–70.) These encounters are important since how the woman is able to overcome the spontaneous abortion is shaped by the care and support she receives from the health care professionals (Robinson 2014, 175).

The topic of this Bachelor's thesis is supporting a woman and their family who have suffered a spontaneous abortion. The product of this functional thesis is a support leaflet that is meant to be given to patients as well as used in practice as a tool for nurses, midwifes and public health nurses. The aim of the leaflet is to promote patient's health and mental well-being.

The product was needed by Tampere social and health services, for their hospital, and they act as the working life connection in this Bachelor's thesis. The hospital had existing material on the topic but it did not have proper information on support so they hoped that this aspect would be added to the material, and the appearance of the patient material changed. The working life connection felt that the patients might not comprehend all the necessary facts in the possibly traumatic circumstances, therefore the material that they can later return to is needed.

The working life connection primarily needed Finnish support material but the writers suggested that the leaflet could be done in both Finnish and in English, since the Bachelor's thesis is done in English and the working life connection was lacking English material altogether. The working life connection requested that the focus of the leaflet would be on spontaneous abortions that occur before the end of the 12th pregnancy week and wanted recurring spontaneous abortions to be excluded.

2 PURPOSE, TASKS AND OBJECTIVE

The purpose of this Bachelor's thesis is to create an emotional support leaflet on spontaneous abortion for Tampere social and health services. The leaflet will be in electronic form, which allows it to be printed out and modified when required.

The task of the thesis is to answer the following research questions:

1. What kind of support the families need after a spontaneous abortion?
2. How can a health care professional provide emotional support to a family?
3. What is suitable support material and how to create it?

The objective of this Bachelor's thesis is to create leaflet that benefits both health care professionals as well as patients and their families. Based on relevant and reliable information the leaflet is aimed to promote health and mental well-being.

3 THEORETICAL STARTING POINTS

The theoretical starting points of this thesis are the purpose of prenatal clinics in Finland, spontaneous abortion, family nursing, emotional support and written support material (figure 1). When creating support material to use in the case of a spontaneous abortion it should be considered that the information is relevant for both professionals and patients. In order to combine relevant information in this Bachelor's thesis, concepts which gave the most responses from the data searches were chosen.

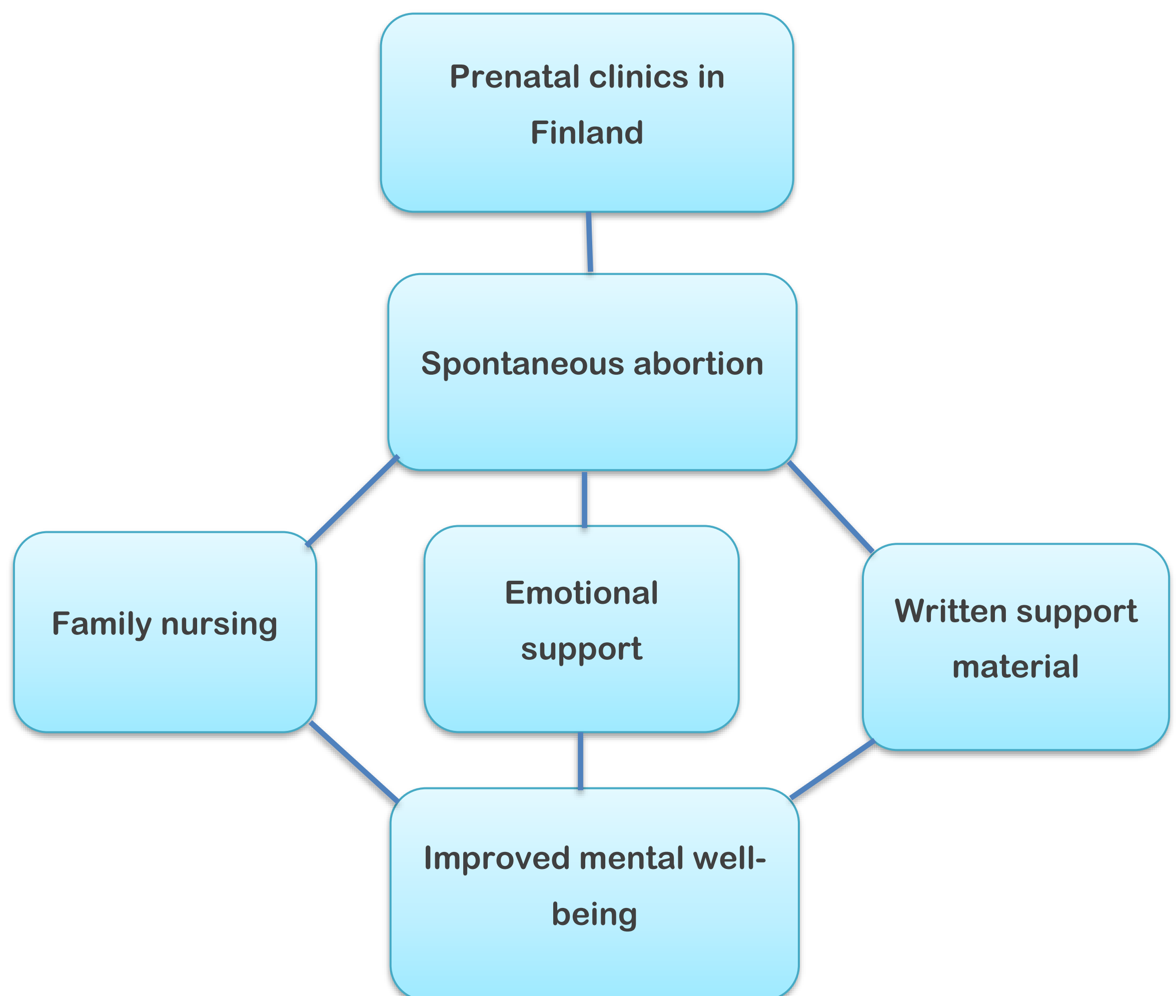

FIGURE 1. Theoretical starting points

3.1 Prenatal clinics in Finland

The purpose of prenatal clinics in Finland is to provide medical and social services to expecting mothers and families during and after their pregnancy. The main focus is in providing information, support and health promotion, as well as screening for possible risk factors. (Raussi-Lehto et al. 2013, 2364.) For first-time mothers 13 to 17 visits to a prenatal clinic are recommended, as for mothers with previous births the recommendation is 9 to 13 visits (Hakulinen-Viitanen, Pelkonen & Haapakorva 2005, 52). The aim of prenatal clinics in Finland is to promote psychosocial health aspects in addition to the physical ones. (Kangaspunta, Kilkku, Punamäki & Kaltiala-Heino 2004, 3521).

According to a report done by Raussi-Lehto et al. (2011, 7), for Finnish National Institute for Health and Welfare, approximately 99,7-99,8 % of expecting women attend prenatal services in Finland. As a result of the high attendance of expecting women in prenatal services, the clinics act as a resource to observe the overall health of the women. Women of reproductive age are generally healthy, therefore they might not use health care services as much as other citizens, hence prenatal clinics have an important role in intercepting health issues. (Ämmälä 2015, 569.)

In Finland prenatal clinics can work in co-operation with contraception clinics, family planning clinics or children's clinics. Approximately one in every six prenatal clinics operate independently. In most prenatal clinics a health care physician is responsible for the medical treatment and specialist services are used if needed. Public health nurses are the most common practitioners and nurses with both midwife and public health nurse qualification are the second most common. The recommendation for the number of pregnant women in a year per one public health nurse is approximately 80, this ensures that the workload is not excessive and there are enough patients to maintain the nurses' professional skills. (Raussi-Lehto et al 2013, 2364–2368.)

3.2 Spontaneous abortion

According to Niinimäki and Heikinheimo (2011, 67) loss of pregnancy is defined as spontaneous abortion if it happens before the end of pregnancy week 22, whereas Evans (2012, 35) claims that spontaneous abortion "– – is defined as the unintended end of a pregnancy

before a fetus can survive outside of the mother, which is recognised as being before the 20th week of gestation”. From discovered pregnancies approximately 15 to 20 % end in spontaneous abortion which in most case happen already before the end of the 12th pregnancy week. The most common symptoms of spontaneous abortion are lower stomach pains and bleeding but these symptoms do not necessarily always indicate the loss of pregnancy. (Niinimäki & Heikinheimo 2011, 67.)

Spontaneous abortion can be diagnosed based on anamnesis, clinical and ultrasound examinations. As a part of the anamnesis the physician is interested in possible pain or bleeding and furthermore the location and severity of the pain, as well as the amount and quality of the bleeding. When conducting the clinical diagnosis, the duration of the pregnancy must be taken into account. (Niinimäki & Heikinheimo 2011, 67.)

Most often the reason for a spontaneous abortion is unknown, however according to research up to 50 % of spontaneous abortions are caused by genetic abnormalities (Calleja-Agius 2008, 656). Other influencing factors that can lead to spontaneous abortion are maternal smoking, hyper caloric diet, infections, female obesity and exposure to air pollution (Calleja-Agius 2008, 656; Green et al. 2009, 1939; Hahn et al. 2014, 412). Research made by Slama et al. (2005) suggests that maternal and paternal age of 35 years or more increases the risk of spontaneous abortion. The risk was found to be higher with first trimester pregnancy losses. (Slama et al. 2005, 816.)

Spontaneous abortion is often inevitable and there are no medications or treatments to prevent it (Tiitinen 2015). Even though up to one in every fifth pregnancy ends in spontaneous abortion this does not increase the risk of future pregnancies. There are no reasons to abstain from intercourse after the bleeding has stopped, however the patient should not attempt a new pregnancy before the first menstruation after the spontaneous abortion. (Halmesmäki 2009; Tiitinen 2015.) If three or more spontaneous abortions occur a habitual abortion can be suspected. A habitual abortion is rather rare, concerning 1 % of women, but it requires further examinations and treatment in a special outpatient clinic. (Halmesmäki 2009.)

3.2.1 Stages of spontaneous abortion

There are different stages of spontaneous abortion, which can be determined by a clinical ultrasound made by a physician. If the ultrasound shows a fetus without a heartbeat it often means that a missed abortion has happened. (Niinimäki & Heikinheimo 2011, 68.) In the case of an ultrasound finding which reveals an empty intrauterine gestational sac without a fetus the condition is called early embryonic demise (Calleja-Agius 2008, 657).

In an incomplete spontaneous abortion bleeding is often inevitable. With an ultrasound examination some pregnancy mass can be detected in the uterus since the uterus has not completely emptied. If the bleeding increases, this can mean that the rest of the pregnancy mass is coming out, hence leading to a complete spontaneous abortion. In a complete spontaneous abortion an ultrasound examination can still reveal some clots and pregnancy mass, though the uterus has nearly emptied completely. (Niinimäki & Heikinheimo 2011, 67–68; Calleja-Agius 2008, 657.)

3.2.2 Treatment of spontaneous abortion

Spontaneous abortion can be treated with either a medical or a surgical approach. Until the 1990s the surgical approach was the only treatment in practice for spontaneous abortion in Finland, however the studies have since shown that the medical treatment is as valid option as the surgical one. (Niinimäki & Heikinheimo 2011, 68.) A study made in Australia by Shelley, Healy and Grover (2005) offer a third treatment option: expectant management, which means that neither the surgical nor the medical approach is used. The results of their randomised trial study states that compared to the surgical treatment the medical and expectant options are slightly less effective but still valid approaches. Shelley et al. concluded in their study that expectant and medical treatment are especially good options for patients who wish to avoid surgery. (Shelley et al. 2005, 122, 126.)

In expectant management the body is expected to remove the fetus and the pregnancy mass naturally from the uterus without any assistance. A follow up doctor's appointment is crucial in expectant management for ensuring that the uterus has completely emptied and no further treatment is needed. (Heikinheimo & Niinimäki 2011, 69.) According to a study made by Shelley et al. (2005) patients who were randomised to receive expectant

care experienced less infections than the patients who received surgical or medical care. The patients in expectant care were also the most satisfied and most likely to choose this treatment option again if needed. (Shelley et al. 2005, 125.)

Medication for spontaneous abortion adds the contractions of the uterus leading to the uterus emptying the pregnancy mass with bleeding (Tiitinen 2015). Medication can be administered orally, sublingually or intravaginally. The medical treatment is beneficial since the patient can often be treated at home and the risks of surgery or anesthesia can be avoided. (Niinimäki & Heikinheimo 2011, 69.) There are also risks to the medical treatment of spontaneous abortion as Shelley et al (2005, 125) state, up to 30 % of their precipitants who received the medical treatment got an infection, whereas in the surgical and expectant management rates of infection remained under 18 %.

Surgical treatment of spontaneous abortion, curettage, is most often done under general anesthesia in Finland. Using local anesthetics is also an option during this treatment. Surgical treatment is a safe and effective option since only approximately 5 % of patients who undergo curettage require the procedure done again, whereas 15 to 20 % of patients given medical treatment may require also a curettage. (Niinimäki & Heikinheimo 2011, 68-70.) There are also recent trials that suggest that the surgical treatment of spontaneous abortion does not have a major advantages compared to expectant management, however approximately 28 % of the patients in expectant management will need a curettage (Nanda et al. 2012, 8–9). If the patient is bleeding heavily or experiencing severe pain and has pregnancy mass remaining in the uterus, surgical treatment of spontaneous abortion is often the only treatment option (Niinimäki & Heikinheimo 2011, 68–70).

If the patient is feeling well, the check up after a spontaneous abortion happens in three to six weeks from the first appointment. At the follow-up appointment a gynecological examination, ultrasound examination or a urine pregnancy test is made to make sure that the uterus has emptied and that the patient has recovered accordingly. (Niinimäki & Heikinheimo, 2011, 72; Tiitinen, 2015.) If, however the patient experiences unusual symptoms such as excessive bleeding or signs of infection, these can indicate that the treatment has not been successful and that the patient should seek further treatment without delay (Niinimäki & Heikinheimo 2011, 72).

3.3 Emotional support

In their research article Weber, Johnson and Corrigan (2004) discuss the different possible ways to define emotional support. One definition that they introduce is that emotional support is "– – expressions of concern, compassion, sympathy, and esteem for another individual". (Weber et al. 2004, 316.) Definition provided by Mattila et al. (2009, 295) suggest that emotional support consist of respect, encouragement, compassion and listening. When providing emotional support one should avoid criticism or accusations (Dennis 2003, 325).

Emotional support is offered usually to reduce feelings such as depression and grief. As it is challenging to know what an individual needs in terms of support, it is difficult to determine unified intervention protocols. It has been acknowledged that emotional support is an important need and sought by individuals in time of emotional distress. If emotional support it is not actively demanded it is challenging to provide. (Robinson 2014, 179.)

A study made by Aho et al. (2011) identifies support as a combination of affirmation, affect and aid. Affirmation is a concept where a person confirms an act or statement of another person, whereas affect refers to manifestations of positive emotions. Giving concrete assistance such as money or information is referred as aid. (Aho et al. 2011, 882–883.) Majority of support is attained from close long-term relationships. In order for a relationship to work and enhance well-being, support needs to be equal. If support is not in balance, it can cause struggles and distress in a relationship. (Weber et al. 2004, 317.) According to Reblin and Uchino (2008) individuals may gain more support by giving support to others. Giving support was connected with lower blood pressure values and lowered stress as well as improved health and decreased mortality, therefore giving support indicates that individuals benefit from helping others. (Reblin & Uchino 2008, 202–203.)

3.3.1 Emotional responses in case of spontaneous abortion

Despite the fact that spontaneous abortion is the most frequent complication of pregnancy, it is a significant incident for every woman. Séjourné, Callahan and Chabrol

(2010a) state that half of the women who have suffered a spontaneous abortion will experience symptoms such as anxiety, depression and feelings of shame and guilt. (Séjourné et al. 2010a, 403.)

A study done by Séjourné, Callahan and Chabrol (2010b, 293–294) on using psychological intervention for coping with spontaneous abortion, states that most women who suffer a spontaneous abortion experience psychological distress. The clinical aspects of spontaneous abortion are in most cases easily treated and often do not require a long recovery period, however the psychological symptoms can be more complicated and have an impact on patient's health and recovery. Spontaneous abortion is a different experience for every patient, hence ensuring that help and support is available for the patient and their families is crucial. (Robinson 2014, 175.)

Lim and Cheng (2011) discuss grief as a fundamental emotion associated with pregnancy loss. They defined grief as "emotional reaction to a loss shown as shock, numbness, anger, guilt, sadness or anxiety" that has an impact on the mother and the father. (Lim & Cheng 2011, 215.) Grief following a spontaneous abortion is often similar and as intense as grief following other types of losses (Brier 2008, 460). Aho et al. (2011) discuss grief in their study claiming that it is complex process containing several emotions. In their study they studied the effects and magnitude of grief associated with loss. They focused on emotions surrounding grief such as: despair, personal growth and anger, on which the participants answered according to their emotions. (Aho et al. 2011, 889.)

Women who undergo pregnancy loss are in high risk for complicated grief. Factors that may contribute to complicated grief are for instance suffering from a mental illness, personality disturbances and physical illness. Maternal age is also a contributor for complicated grief due to the fear of menopause and the inability to conceive again. As pregnancy loss is emotionally demanding for all the concerned parties an intervention in early stages is essential. In order to shorten the duration and intensity of the grief, patients showing signs of complicated grief should be referred to get specialized psychological aid. (Lim & Cheng 2011, 216.)

3.3.2 Emotional support provided in health care

According to Séjourné et al. (2010b) patients who suffered a spontaneous abortion and were offered immediate support showed less symptoms of anxiety and depression than those who were not. The study showed that the women found the intervention useful and hoped for even more support from health care professionals. All patients may not require the same level of emotional support, however it is beneficial and important to offer early interventions to all patients who have suffered a spontaneous abortion (Séjourné et al. 2010b, 293–295.) Health care professionals should acknowledge that some patients may reject advice and support immediately after the spontaneous abortion, since they may not be ready to process the situation (Evans 2012, 37). Even though there are many existing methods of providing support, it is important to implement new methods and make them available for patients (Séjourné et al 2010a, 410).

A study conducted by Mattila. et al. (2009) suggested that emotional support provided in health care should include listening, encountering the patient with respect and using understandable language. Health care professionals should strengthen the patients' trust towards the treatment through their actions. Receiving support is connected with organisational variables such as the number of patients, the patient nurse ratio and the work hours of nursing staff. At times when the organisational variables were found challenging, patients felt that the nursing staff was not familiar enough with their issues and did not give enough sympathy or room for questions. (Mattila et al. 2009, 294, 298–299.)

Health care professionals are important contributors in detecting the need for emotional support and providing it. A vital factor in giving emotional support is providing necessary information when needed and when providing it, it is important to create an atmosphere that is friendly and secure. (Mattila et al. 2009, 295.) Health care professionals need to understand their roles in providing emotional support for a patient and their family who have suffered a spontaneous abortion, in order to provide on-going quality care (Lim & Cheng 2011, 215). Swanson et al. (2007), conducted a study where they recorded women's responses to spontaneous abortion four times after the incident in the course of one year. Their findings suggest that a crisis period usually lasts for six weeks and after that it would be the most suitable time to acquire how the woman is managing and if they have any questions. (Swanson et al. 2007, 13–14.)

Providing emotional support is the responsibility of all professionals, not only the ones specialised in psychological care (Johnson 2015, 276). As all health care professionals are faced with patients with emotionally challenging situations it is advisable to maintain these skills with specific training courses (Robinson 2014, 180). In a health care setting nurses often have a major role in caring for the emotional needs of the patient and their family. A part of nurse's professional competence is also to know when the patient requires more specific care and therefore needs to be referred to specialist. (Johnson 2015, 276.)

3.3.3 Peer support

Solomon (2004) states in her article that peer support has been recognised as an important part of emotional support for patients with psychiatric disorders. She defines peer support as "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful". (Solomon 2004, 393.) An alternative way to define peer support as reciprocal support where people in the same life situations or people who have experienced similar challenges in their lives work individually or in a group to share their experiences and overcome their difficulties. Depending on the municipality, peer support can be offered by social and health services, private organisations or it can happen without any provider in a private setting or for example through on-line groups. (Parviainen, Kaunonen & Aho 2011, 151; Dennis 2003, 325.) There may be compensations for people offering peer support or it can be voluntary (Solomon 2004, 393).

Peer support is an important form of support in difficult life situations. According to research done by Parviainen et al. (2011) parents who lost their child found individual peer support to promote their survival. Parents who lost their child felt individual peer support beneficial due to mutual understanding, feeling of togetherness and the personal approach to the subject. (Parviainen et al. 2011, 151, 160.) Fathers who experienced a loss of a child felt that they gained positive experiences from groups with people of similar background. Peer support has been shown to give grieving fathers tools to cope better with the loss. (Aho et al, 2011, 882, 900.)

Peer support is more beneficial when it occurs between people who have similar experiences, thus they can relate better and provide adequate empathy and endorsement (Repper & Carter 2011, 394). Since people have different needs and circumstances, there is need for diverse peer support that considers cultural differences and gender specific demands (Solomon 2004, 399). Peer support is most effective when the focus is on the positive aspects such as strengths and recovery and when it emphasises support (Repper & Carter 2011, 394).

According to Repper and Carter (2011) there are a limited amount of research done on the effectiveness of peer support, nevertheless they suggest that peer support is beneficial. In their research article they state that peer support is more successful in promoting hope and empowerment compared to what health care professionals can promote. (Repper & Carter 2011, 400.) Solomon (2004, 399) also suggests that although lacking studied evidence, peer support is useful to all patients and acts as complementary addition to professional mental health services.

3.4 Coping from spontaneous abortion

Coping can be defined as an aspiration to reduce and control external and internal demands that strain one's mental resources. In order to cope from grief one needs to overcome stress factors by using physical and psychological problem solving methods. Physical methods can be for example engaging oneself in hobbies, working, and continuing daily routines, whereas psychological methods include expressing emotions, receiving and giving support, and searching for information. (Aho, Tarkka & Kaunonen 2008, 204, 207.)

Patients who have suffered a spontaneous abortion can be greatly affected by the society's norms and attitudes, hence that may affect their ability to cope with their loss. Acknowledging the loss and allowing patients to grieve in public and providing them empathy can have positive effect on their coping process. (Rowlands & Lee 2010, 283–284.) Since 25 % to 50 % of women who suffer a spontaneous abortion experience posttraumatic stress symptoms, it is vital that they receive enough support from their partners in order to cope with their loss. (Adolfsson 2010, 76.)

Grief manifests itself differently in every situation and with every patient. Since there is no one single process of grieving, every patient has to find their own personal way to cope and overcome loss. (Harvard Health Publications 2011, 3.) In their research article Scheck McAlearney, Hefner, Sieck and Huerta (2015) discuss the Kübler-Ross's model that was developed to help one understand the process of death and grieving. Kübler-Ross's model consists of five stages which are: denial, anger, bargaining, depression and acceptance. Denial is usually the first emotion which is characterized with feeling shocked and overwhelmed and it is usually followed by anger where the pain of the loss is acknowledged. The third stage of grief is bargaining, from which a patient often transfers into depression where they feel empty. The final stage, acceptance, means that the patient has come to understand their new reality and accepts it as a part of their life. (Scheck McAlearney et al. 2015, 468–473.)

In order to cope from difficult and stressful changes in life, one must have hope. Hope can be described as a personal process that includes thoughts, emotions and actions. Hope is future orientated and one of the main emotional resources, hence it is beneficial for a person experiencing changes in their life. (Betts, Dahlen & Smith 2014, 654; Kohonen, Kylmä, Juvakka & Pietilä 2007, 64.) Hope is associated with health and well-being and thus reinforcing hope is an important method in health promotion. Hope can be reinforced by supporting the patient and their family in their difficult life situation, ensuring adequate information and providing a possibility for peer support. An essential part of hope reinforcement is to discuss with the patient about their fears, recognizing personal resources and establishing goals for future. (Kohonen et al. 2007, 64, 68).

In the case of spontaneous abortion health care professionals can suggest ways to cope and honor the loss. Creating memories of the lost pregnancy can help comprehend what has happened. A way to remember the pregnancy can be for example to save important items such as a sonogram or hold a memorial service to concretize the loss and give closed ones an opportunity to pay their respects and offer support. (Brier 2008, 461.)

3.5 Family nursing

The concept of family is difficult to define, since people have different individual perceptions of what family means (Pitkänen, Åsted-Kurki, Laijärvi & Pukuri 2002, 225). Family

can consist of only the nuclear family or it can include other closed ones such as relatives or friends (Rantanen et al. 2010, 142). In many contexts a person can define themselves of whom their family consists of and often the definition is rationalized by emotions rather than biological ties. (Pitkänen et al. 2002, 225). There are many ways from which family can be observed and defined, due to the changing function and structure of a family. In nursing science family is an important aspect to study, however it is challenging, since multiple subjects are studied instead of an individual. (Joronen, Koski, Paavilainen & Åsted-Kurki 2008, 367.)

In order to define family nursing one has to examine the family from four different perspectives which are: patient's background, as sum of its parts, as a nursing client and as a part of the community. These perspectives can be used separately or simultaneously but they all need to be taken into account in order to implement family nursing properly. (Havukainen, Hakulinen-Viitanen & Pelkonen 2007, 25–26.)

Family nursing consists of co-operation with the patient, their family and health care professionals. The principles that guide family nursing include taking family members into account with open discussion and planning of care as well as evaluating the care in liaison. When implementing family nursing it is also important to remember the emotional well-being of the patient's family and the support they need. (Pitkänen et al. 2002, 223–227.) Since family is a significant part of an individual's life it should be taken into account when providing health care services. The welfare of the whole family has an effect on the health of an individual family member as well as the health issues of an individual may affect the other members of the family. In order to generate holistic health care, professionals need to also take patient's individuality into consideration. (Rantanen et al. 2010, 142.)

According to Mattila et al. (2009) there are studies that investigate the relationship between families with children and nursing staff but there are quite few studies that investigate the experiences of adult patients' close ones and their relationships to nursing staff. (Mattila et al. 2009, 295.) Family nursing is a clear principle of nursing and it is desired by the patients and their families, but it is not implemented well in practice (Pitkänen 2002, 224; Rantanen, Paavilainen & Åsted-Kurki 2006, 291). Recently there has been a rising amount of attention in taking the family into consideration in nursing care, however

according to research only 11 % of parents in prenatal clinics are offered family nursing centered care (Mattila et al. 2009, 295; Viljamaa 2003, 75).

3.5.1 Woman as a patient

There is limited knowledge concerning women's own experiences of spontaneous abortion. Most often the primary emotion amongst women is sadness. Many women cry after learning the news of spontaneous abortion and desire to be alone or be solely with their partner. (Adolfsson, Larsson, Wijma & Berterö 2004, 544–545.) Sadness and emptiness can be explained by the loss experienced after a spontaneous abortion, since the woman has already emotionally begun to prepare to be a mother. The woman might blame herself of the spontaneous abortion, because she might feel that her body failed to complete the pregnancy. (Andersson, Nilsson & Adolfsson 2012, 263.) According to the study made by Adolfsson et al. (2004, 555) the reasons why women felt guilty of the spontaneous abortion were that they did not want the baby enough, they made bad lifestyle choices, they had stress or were punished of previous abortions by God.

A French study made by Séjourné et al. (2010a) used an online questionnaire to collect data from women who had suffered a spontaneous abortion, and of their 305 participants 91 % would have wanted support after their own spontaneous abortion. In the questionnaire the women were offered eight possible forms of support, which they needed to evaluate in the terms of usefulness. The women found all forms of support beneficial but they found most useful the in-depth discussion with their doctor, the possibility of contacting a health care professional at any time, improved medical follow up and group therapy for women who had experienced a spontaneous abortion. Majority of the women felt that in terms of timing immediate support after the spontaneous abortion would have been the most beneficial. (Séjourné et al. 2010a, 406.)

After a spontaneous abortion, women often feel vulnerable and can experience that health care professionals are unsympathetic or unsupportive at a time when they need competent staff to answer their questions and provide support. Women often have a strong desire that their emotions and loss is acknowledged properly. (Andersson et al. 2012, 263.) If women can share their experiences with others, they may notice how common the spontaneous abortion actually is and gain support from people who have also gone through it.

(Adolfsson et al. 2004, 545.) After a spontaneous abortion women need support from their close ones but interactions do not always have positive outcomes. Women might feel that they cannot openly discuss their feelings or they can feel pressured to move on too soon. (Rowlands & Lee 2010, 275, 283.) A spontaneous abortion can have a negative impact on women's marital relationships, friendships and their children (Séjourné et al. 2010a, 404).

3.5.2 Family as a patient

Negative changes in life have an effect on how families cope and function, however individual members of a family have various ways of coping in these circumstances. Unexpected changes can cause both physical and psychological symptoms that appear differently with every person. (Rantanen et al. 2010, 142.) Including family into the care of one of its members is highly important, since providing them with adequate knowledge is vital to enable them to support the patient (Pitkänen et al. 2002, 226). In health care, families are often overlooked as part of the care even though family is a significant support system for an individual (Rantanen et al. 2010, 142).

The aim of supporting families in healthcare is to increase their recourse and well-being, which decreases their anxiety and helplessness. Family itself can be seen as a resource, since the members are important in providing needed information. Problems can also arise when family is involved in patient care, which may appear as talking for the patient, being over protective or not respecting the patient's recourses. Family might not always be wanted by the patient, which can cause tension and problems in family relationships and patient care. (Rantanen et al. 2010, 142–143.)

Within a family men and women tend to have different grieving reactions. In the case of spontaneous abortion men often experience less extreme grief and overcome it more quickly than women, because they do not experience the pregnancy physically. (Brier 2008, 456.) Men are often less motivated to talk about the loss and may not understand their partners need to grief for a longer period. In comparison men also cry less and are more willing to move on and focus on the next pregnancy. (Brier 2008, 456; Adolfsson et al. 2004, 554.) The intensity of men's reaction towards spontaneous abortion can be effected by the length of the pregnancy or their own thoughts of the baby (Brier 2008,

456). At its worse men's grieving can include alcohol abuse, unwillingness to share or show emotions or self-destructive behavior. Men often use more physical and active coping methods to distract themselves from grief and they try to stay emotionally in control to support their partners. (Aho et al. 2008, 204–205.)

3.6 Written information for a patient

Providing information for patients about their condition and illness is an ethical principle in nursing care. The emphasis should be on patients' rights and autonomy, as well as providing patients with adequate information in order for them to have full control of their body and health. Four main principles of quality health information have been identified as: accessibility, acceptability, readability and comprehensibility of information. (Davies & Coppini 2012, 277.) The method of providing information in health care should meet the individual needs of patients. Different methods can include discussion, phone calls, audio- and videotapes, utilizing internet and using written information material. Combining verbal and written information is recommended, in order to provide wholesome information for patients. (Johnson, Sandford & Tyndall 2008, 3.)

Information leaflets are a way to provide patients information in health care. Information leaflets are often recommended, since they can help patients manage their own health, decrease recovery time, decrease stress and anxiety, as well as improve patient satisfaction. (Johnson et al. 2008, 3; Paul, Jones, Hendry & Adair 2007, 2309.) Written information material is beneficial, since it is available for patients at all times (Paul et al. 2007, 2309). According to Webster and Austoker (2007, 174–175) 38 % of patients who received an information leaflet improved their knowledge compared to the starting situation, proving that the written material had a positive effect on patient knowledge. Information leaflets are increasingly required in health care, however there are issues with their quality. By implementing standardised quality guidelines for leaflets the effectiveness and reliability can increase and therefore the leaflets could provide better patient information. (Paul et al. 2007, 2309.)

In the case of spontaneous abortion, a vast amount of information can be difficult to comprehend during the initial shock of the event, hence written information material should be available for patients when they are ready to process it. In a leaflet about spontaneous

abortion, the tone and cultural aspects need to be considered in order to produce appropriate material for patients. (Evans 2012, 37.) In their study Séjourné et al. (2010a) found that only 6.2 % of the participants felt that an informational brochure about spontaneous abortion was not at all useful and 37.4 % thought it somewhat useful. However, majority of the women participating, 55.4 %, perceived that an informational brochure was very useful. (Séjourné 2010a, 406.)

4 METHODOLOGY

In this section the Bachelor's thesis process is introduced. The goal of a functional thesis is to create guidance from a theory base for practice in form of a product. A functional thesis should be practical, done with the latest research, and good in quality. A desirable product is informative, consistent and clear. Criteria for the product is to meet the needs of the target group. (Vilkka & Airaksinen 2003, 9-10, 53.)

4.1 Planning

This Bachelor's thesis process began by choosing the thesis model and topic. The functional thesis model was chosen because the writers desired to create a product. The topic was chosen due to mutual interest and the connection to outpatient clinic nursing that it offered. The topic concerning spontaneous abortion and support was provided by Tampere social and health services which became the working life connection in this Bachelor's thesis process. What they wanted, was support material to provide to women and families who have suffered a spontaneous abortion. When meeting with the working life connection for the first time, it became more clear what was wanted and needed from the product. Previous patient material existed in Tampere social and health services on the topic but creating a leaflet with the focus more on supporting the patient was desired.

After the working life connection meeting a concise plan was constructed, including information about the content of the thesis and a plan concerning the timetable and implementation of the process. In the process of making the plan, the basic concepts were introduced and knowledge of the topic deepened based on current research. Preliminary research questions were also included in the plan. The plan was written according to Tampere University of Applied Sciences written guidelines. When the plan was completed and accepted by the working life connection and the tutor teacher, a permit for the study was applied and accepted in January 2016.

4.2 Literature review

A literature review is a critical summary done based on existing knowledge in order to create a foundation for new information (Polit & Beck 2012, 58, 94 ,732). Before conducting an information search there should be a clear idea of what the aim of the search is, what information is necessary and where it can be contained from (Vilkka & Airaksinen 2003, 56). Hirsjärvi, Remes and Sajavaara (2009) emphasize that it is important to be critical when choosing sources. One should avoid using textbooks and teaching material in academic writing. A way to critically assess the reliability of a source is to see if it is reviewed before publishing. (Hirsjärvi et.al. 2009, 113–114.)

In this Bachelor’s thesis the inclusion and exclusion criteria were decided prior to the data search. The key words for the data search were chosen using Termix database. The most frequently used key words were “spontaneous abortion”, “support”, “emotional support”, “family nursing” and “miscarriage”. The research questions were enhanced and answered by performing a thorough information search using CINAHL, Terveysportti, PubMed, and Joanna Brigs Institute, since these databases gave the most results. Mainly full text academic articles were used to ensure valid information. Articles which were relevant to the subject and from reliable sources were chosen. Three textbooks were used in this Bachelor’s thesis in order to describe the methodological actions. Both Finnish and English language sources were used in the data search. According to Vilkka and Airaksinen (2003, 72–73) research data changes rapidly, therefore it is important to use most resent information available. In this Bachelor’s thesis publishing years from 2002 to 2016 were used to get current information.

4.3 Creating a product

When creating a Bachelor’s thesis with a product, factors such as the product’s target group, informativeness, clarity, consistency and where the product is used should be considered. In order to achieve the set goals of the product, visual and communicational methods should be used in the creation process. A good product stands out by being unique and original but still containing relevant and reliable information (Vilkka & Airaksinen 2003, 51, 53.)

The process of creating a product began by meeting the working life connection and hearing what they wished from the product. The working life connection had material on spontaneous abortion but they were not satisfied with it. The material was a one A4 page with information about the process and treatment of spontaneous abortion in the city of Tampere. The wish was to incorporate the existing information with new material that focuses on emotional support in the case of spontaneous abortion. The new material was created based on the theoretical starting points of this thesis.

The previous material was not in a leaflet form, therefore the idea to create the new material in a form of a leaflet was introduced by the writers. In the meeting the inclusion and exclusion criteria for the leaflet were determined. In order to make it easy to print, a one two sided A4 form was chosen for the layout. The text font and the hospital logo, which the working life connection provided, were used in the final leaflet. The working life connection had no major requests concerning the appearance of the leaflet except that large images should be avoided.

The working life connection wanted to exclude specific aspects of spontaneous abortion which they did not need in the leaflet, which were recurring spontaneous abortion and becoming pregnant after spontaneous abortion. They also wished for the focus to be on spontaneous abortion that happens before week 12. The working life connection wanted the leaflet primarily in Finnish but the writers suggested making it also in English. Due to some negative connotations with the word “abortion”, it was decided to use the word “miscarriage” in the English leaflet instead of “spontaneous abortion”. According to Dr. Calleja-Agius terms such as “pregnancy failure” or “spontaneous abortion” should be avoided when talking to women and their families, since these may trigger feelings such as guilt or insecurity (Calleja-Agius 2008, 656).

When writing the Bachelor’s thesis certain issues need to be considered. It needs to be acknowledged that the product created is for the use of the working life connection. However, when creating written material, the writers have copyrights to the finished work (Vilkka & Airaksinen 2003, 162). When the leaflet is ready, the possibility of updating and modifications will transfer to the working life connection. An electronic form for the leaflet was chosen that the modifications and providing it to the patients would be easy. Close contact with the working life connection was kept throughout the process of making

the product by e-mail and meetings. Their wishes and ideas were heard during the editing process but they also respected the writers' own ideas and view.

5 DISCUSSION

In this part of the Bachelor’s thesis the ethical considerations and trustworthiness are discussed. Possible limitations are presented in order to ensure the quality of this thesis. The writing process of the Bachelor’s thesis is reflected on.

5.1 Ethical considerations

Polit & Beck (2012, 727) define ethics as “a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal, and social obligations to the study participants”. In this Bachelor’s thesis there were no study participants, however some ethical issues arose during the process, which required recognition. Though there are many areas in health care that can be sensitive, it was acknowledged that this particular Bachelor’s thesis topic requires an extremely subtle approach, since it involves the theme of loss. In the final product themes such as the possible causes of spontaneous abortion were left out to avoid blaming a patient already in distress.

Before starting the Bachelor’s thesis writing process a permit was applied with a research plan from the city of Tampere. The purpose of applying the permit was to ensure that the writers have considered the topic and created a concrete plan for the whole thesis process. When applying for the permit, it was also considered that the thesis itself will bring new knowledge and be useful and therefore be purposeful to create.

In this Bachelor’s thesis all findings were presented and discussed without leaving undesirable results out or falsifying any data. By clearly writing down the references throughout the text, plagiarism was avoided. Original ideas or statements from literature were not presented as the writer’s own, but clearly stated as someone else’s findings and no text was copied to this Bachelor’s thesis.

5.2 Trustworthiness

Trustworthiness it a term that explains the degree of assurance researchers have in their study. One way to measure trustworthiness is by examining the dependability of data, which refers how stable and consistent the information is. (Polit & Beck 2012, 175, 745). In this Bachelor's thesis the aim was to use mainly primary sources in order to ensure the quality of information and that it is current. Not all necessary information could be found from primary sources, hence secondary sources were used thoughtfully. In secondary sources the risk of information being altered is increased, because they are only interpretations of the primary sources (Vilkka & Airaksinen 2003, 73).

Trustworthiness can be determined by the authority, age, quality and credibility of the source. Choosing a current source that is written by an acknowledged researcher often ensures the best quality information. (Vilkka & Airaksinen 2003, 72.) Sources in this Bachelor's thesis were chosen by reading the abstracts of articles found from reliable data bases, in order to assess the content and quality of the articles. Also the references of articles were assessed to see their extent and quality.

In this Bachelor's thesis some limitations occurred. Some aspects of spontaneous abortion were left out due to the lack of results in the literature review, such as ectopic pregnancy or the children's experiences of their mother's spontaneous abortion. The leaflet had a limited amount of space due to the layout of the product, therefore all aspects of spontaneous abortion from the literature review were not discussed in the leaflet. Due to the linguistic skills of the writers only sources in Finnish or English language could be used, which narrowed the use of potential references.

5.3 Reflection

The Bachelor's thesis process was educational and writing academic text became more familiar. This thesis was made in close co-operation between the two writers, firstly to ensure that the text is coherent and secondly to see that both writers agreed on the choices made in the process. Although time schedule was occasionally demanding and writing together post some challenges, the writers preferred this way of working. As well as the

writing process, the data search and selection of sources were made in unison, which increased the quality of the literature review.

During the thesis process the writers kept close contact with the working life connection, the tutor teacher and the opponent. The working life connection was regularly informed of the progression of the thesis through e-mails and meetings. The tutor teacher was met often personally and ideas and questions were also sent via e-mail. The writers felt that the co-operation with the working life connection as well as the tutor teacher was successful and beneficial for the thesis process. Due to consideration towards co-operation partners, set timelines were met and respected throughout this process.

The writers were drawn to the subject when choosing the topic for the Bachelor's thesis even though previous knowledge of spontaneous abortion was quite limited and not specialized. During the year writing this Bachelor's thesis, knowledge of spontaneous abortion and the support aspect in nursing was deepened and defined. The writers feel satisfied of the entire process and are proud of their final thesis and product.

6 CONCLUSION

The aim of this Bachelor’s thesis was to create quality patient support material for Tampere social and health care services. The final product includes information about the treatment process as well as support and contact information for further need. The support leaflet is beneficial to the patient and their families, since they can return to the information that it contains later on when they feel equipped to process the situation.

According to the literature review women need and want support after a spontaneous abortion, however this may not always be a high priority in health care. Women feel that they benefit from all forms of support but hope for immediate interventions as well as long term follow ups. In some cases, the women did not receive the support they needed. It would be beneficial to study more about what the women want and how to meet their expectations in the case of spontaneous abortion. The continuous education of health care professionals should also include more training on how to encounter a patient in these circumstances. Since there were no studies that focused on the whole family’s experience of spontaneous abortion, this is an area that should be studied more. In the future translating the support leaflet to other languages could be beneficial to patients with different native language in order to ensure the comprehension of the information.

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