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Olgu Sunumu / Case Report

Retrospective Evaluation of the Care Process of a Woman Experiencing Perinatal Loss According to Swanson's Theory of Caring: A Case Report

Swanson Bakım Kuramı Doğrultusunda Perinatal Kayıp Yaşayan Bir Kadının Bakım Sürecinin Retrospektif Değerlendirilmesi: Olgu Sunumu

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Abstract:
Aim: Perinatal loss is a profound life event that affects women's physical, psychological, social, and spiritual well-being and requires holistic nursing care. This case report aimed to retrospectively evaluate the care process of a woman who experienced intrauterine fetal death according to Swanson's Theory of Caring.
Methods: Data were obtained through a face-to-face interview conducted approximately 20 days after delivery and a review of the patient's medical records. The care process was evaluated based on the five caring processes of Swanson's Theory of Caring: Knowing, Being With, Doing For, Enabling, and Maintaining Belief.
Results: The findings indicated that care primarily addressed physical needs, whereas psychosocial assessment, therapeutic communication, individualized bereavement support, counseling, and hope-promoting interventions were limited.
Conclusion: Swanson's Theory of Caring provided a useful framework for identifying unmet psychosocial care needs and evaluating the comprehensiveness of nursing care. This case highlights the importance of theory-guided, holistic nursing care in improving the quality of care for women experiencing perinatal loss.

Key Words: Perinatal loss; stillbirth; swanson's theory of caring; bereavement; nursing care.

Özet:
Amaç: Perinatal kayıp, kadınların fiziksel, psikolojik, sosyal ve ruhsal iyilik hâlini etkileyen ve bütüncül hemşirelik bakımını gerektiren önemli bir yaşam olayıdır. Bu olgu sunumunun amacı, intrauterin fetal ölüm yaşayan bir kadının bakım sürecini Swanson Bakım Kuramı doğrultusunda retrospektif olarak değerlendirmektir.
Yöntem: Veriler, doğumdan yaklaşık 20 gün sonra gerçekleştirilen yüz yüze görüşme ve hastanın tıbbi kayıtlarının incelenmesi yoluyla elde edilmiştir. Bakım süreci, Swanson Bakım Kuramı'nın beş bakım süreci olan Bilme, Birlikte Olma Yerine Yapma, Güçlendirme ve İnancı Sürdürme doğrultusunda değerlendirilmiştir.
Bulgular: Bulgular, bakımın öncelikle fiziksel gereksinimlere odaklandığını; buna karşın psikososyal gereksinimlerin değerlendirilmesi, terapötik iletişim kurulması, bireyselleştirilmiş yas desteği, danışmanlık ve umudu destekleyici girişimlerin sınırlı kaldığını göstermiştir.
Sonuç: Swanson Bakım Kuramı, karşılanmamış psikososyal bakım gereksinimlerinin belirlenmesi ve hemşirelik bakımının kapsamlı biçimde değerlendirilmesi için yararlı bir kuramsal çerçeve sunmuştur. Bu olgu, kuram temelli bütüncül hemşirelik bakımının perinatal kayıp yaşayan kadınlarda bakım kalitesinin geliştirilmesindeki önemini ortaya koymaktadır.

Anahtar Kelimeler: Perinatal kayıp; ölü doğum; swanson bakım kuramı; yas; hemşirelik bakımı.

Introduction

Perinatal loss is defined as the loss experienced by parents following fetal death, stillbirth, or neonatal death.[1] Perinatal loss is a biopsychosocial life experience that affects a woman's physical and mental health, parental identity, and family life.[2] According to the World Health Organization, approximately two million stillbirths occur worldwide each year.[3] Therefore, perinatal loss is regarded not only as an obstetric outcome but also as a significant health problem requiring holistic care for women and their families. The literature emphasizes that care should be planned holistically according to women's physical, psychological, and social needs. However, studies have shown that care provided to women experiencing perinatal loss primarily focuses on physical needs, while psychosocial care remains inadequate.[4,5]

The use of nursing theories is important for the holistic and systematic planning of care for women experiencing perinatal loss.[6] One such theory is Swanson's Theory of Caring, which was developed from the care experiences of women who experienced pregnancy loss.[7-9] The theory consists of five caring processes: knowing, being with, doing for, enabling and maintaining belief.[7] These processes are based on understanding the individual's experience from her own perspective, promoting well-being, and establishing a therapeutic relationship between the nurse and the person receiving care.[7,10]

This case report aimed to retrospectively evaluate the care process of a woman diagnosed with intrauterine fetal death at 24 weeks of gestation in accordance with Swanson's Theory of Caring.

Case Presentation

Data for this case report were collected through a face-to-face interview conducted approximately 20 days after delivery in the obstetrics and gynecology ward of a tertiary training and research hospital. Because the patient was illiterate, the informed consent form was read aloud and explained verbally. After confirming that she understood the information, written informed consent was obtained in the presence of a family member. As this study was conducted as a single case report, ethics committee approval was not required.

The patient was a 21-year-old illiterate Syrian woman who had migrated to Türkiye because of war and was living with her nuclear family. Her obstetric history included two pregnancies, one abortion, and one stillbirth. At 24 weeks of gestation, she attended a routine antenatal examination, during which intrauterine fetal death was diagnosed. She reported that she was alone during the ultrasonographic examination and described learning of her baby's

death without her husband present as one of the most distressing experiences she had ever faced. Her husband arrived shortly after she was admitted to the labor ward, and she stated that his presence provided emotional comfort.

Labor was induced, and after approximately 10 hours she vaginally delivered a stillborn female infant weighing 650 g and measuring 33 cm. Throughout labor, she continued to pray and hoped that her baby might survive despite the diagnosis. She described hearing healthy newborns crying and seeing other mothers with their babies as emotionally overwhelming. Immediately after birth, she briefly saw her baby but chose not to hold her. During the interview, she expressed regret about this decision and stated that she continued to miss her daughter.

Following delivery, the baby's body remained in her room for approximately six hours without any explanation from healthcare professionals. She reported that she was not supported in saying goodbye to her baby before the body was transferred to the morgue. During hospitalization, she shared a room with another postpartum woman, frequently cried, experienced loss of appetite with inadequate food and fluid intake, and felt distressed by repeatedly being reminded of her loss. No keepsakes, such as footprints, photographs, or identification bracelets, were offered before discharge.

Two days after delivery, the onset of lactation intensified her grief by reminding her of the baby she had lost. After discharge, she continued to think about her daughter every day and cried frequently. Although she expressed a wish to have another child in the future, she stated that she would leave the timing to God's will.

At the postpartum interview, menstruation had not yet resumed. Therefore, postpartum family planning counseling was provided, including education on the recommended interpregnancy interval, effective contraceptive methods, and protection of reproductive health. The woman's care process was subsequently retrospectively evaluated according to the five caring processes of Swanson's Theory of Caring.

The woman's care process was subsequently retrospectively evaluated according to the five caring processes of Swanson's Theory of Caring, as presented in Table 1.

Table 1. Retrospective Evaluation of the Care Process According to Swanson's Theory of Caring

Swanson Caring Process	Findings Identified in the Case	Theoretical Evaluation
Knowing	• The patient reported receiving the diagnosis of stillbirth alone. •During the interview conducted on postpartum day 20, she described the meaning of her loss as well as her emotions and thoughts in detail. •No evidence of psychosocial assessment related to the bereavement process was identified in the interview findings or medical records.	No evidence indicated that the meaning of the patient's loss or her psychosocial care needs had been systematically assessed. Review of the medical records showed that care primarily focused on physical needs. These findings suggest that the patient's loss experience and psychosocial care needs were not systematically evaluated and that nursing care mainly focused on physical care.
Being With	• The patient reported receiving the diagnosis of stillbirth alone. • She stated that she felt safer after her husband arrived. • She described her emotions related to the loss in detail. •She reported that she did not receive professional emotional support. • No evidence of therapeutic communication or emotional support related to bereavement care was identified in the interview findings or medical records.	No evidence was found indicating that the patient received professional emotional support or that a therapeutic nurse–patient relationship had been established during the bereavement process. Therefore, the caring process of Being With appeared to be insufficiently reflected in clinical practice.
Doing For	• She stated that her baby's body remained in her room for approximately six hours. • No explanation was provided regarding why her baby remained in the room. • She was not supported in saying goodbye to her baby. • She shared a room with another postpartum woman. •No keepsakes or memory items were provided at discharge.	No evidence was found indicating that bereavement-specific care practices—including ensuring privacy, facilitating farewell rituals, supporting memory-making, and providing individualized supportive care—had been implemented. These findings indicate that supportive interventions specific to bereavement care were insufficient.
Enabling	• No explanation was provided regarding why her baby remained in the room.	No evidence was found indicating that education, counseling, or guidance was

	• She received no guidance about saying goodbye to her baby. • She did not receive bereavement counseling before discharge. • No evidence of education or counseling related to bereavement care was identified in the interview findings or medical records.	provided to help the patient understand and adapt to her loss. Therefore, interventions supporting adaptation to the bereavement process appeared to be insufficiently implemented.
Maintaining Belief	• She maintained hope throughout labor that her baby might survive. • She expressed regret about not holding her baby. • She wished to have another child in the future but left the timing to God's will. • No evidence of professional interventions aimed at supporting hope, coping, or future adaptation was identified.	No evidence was found indicating that professional nursing interventions were provided to strengthen the patient's hope, coping capacity, or adaptation to the future. These findings suggest that the Maintaining Belief process was insufficiently reflected in clinical practice.
Overall Theoretical Evaluation	Overall, the five caring processes of Swanson's Theory of Caring were not comprehensively implemented. In particular, interventions related to understanding the patient's loss, providing emotional support, delivering individualized bereavement care, offering counseling, and maintaining hope were limited.	

Discussion

In this case report, the care process of a woman who experienced intrauterine fetal death was evaluated in accordance with Swanson's Theory of Caring. The Knowing process refers to understanding the individual's experience from her own perspective, avoiding assumptions, and comprehensively assessing her care needs.[7] In cases of perinatal loss, current guidelines recommend assessing the woman's emotional responses, psychosocial needs, and individual expectations from the moment the diagnosis is communicated.[11,12] In the present case, care was found to focus primarily on physical needs, while no assessment of the meaning of the loss for the woman, her emotional responses, or her psychosocial needs was documented.

The Being With process involves sharing the individual's emotions through an empathetic approach, being emotionally present, and helping the individual feel understood.[7] Current guidelines recommend that the diagnosis of fetal death should be communicated with empathy and clarity, that women should be given sufficient time to express their emotions, and that a support person of their choice should be involved in the care process.[11,12] In this case, no nursing interventions aimed at providing therapeutic communication or professional emotional support were identified.

The Doing For and Enabling processes involve meeting the individual's physical and psychosocial needs through an individualized approach, helping her make sense of her experience, and supporting her throughout the decision-making process.[7] Current recommendations for perinatal loss care include offering parents the opportunity to see, hold, and say goodbye to their baby, create memories, receive clear information about the care process, maintain privacy, and receive individualized bereavement care.[11-13] In this case, the mother remained in the same environment as other postpartum women, was not supported in saying goodbye to her baby, was not offered memory-making opportunities, did not receive adequate information about the care process, and was not provided with counseling before discharge. These findings indicate that the Doing For and Enabling processes were not adequately reflected in clinical practice.

The final caring process, Maintaining Belief, refers to sustaining the individual's belief in her ability to overcome the situation and supporting hope for the future.[7] In the care of women experiencing perinatal loss, healthcare professionals are expected to support coping abilities and, when necessary, facilitate referral to appropriate psychosocial support services.[11,14] In this case, the woman appeared to rely primarily on her own spiritual beliefs to maintain hope for

the future, while no professional nursing interventions aimed at strengthening hope or supporting coping abilities were identified.

Several challenges have been reported in translating theoretical knowledge into clinical nursing practice. Previous studies have indicated that the theory–practice gap may be associated with system inadequacies, resource constraints, challenges within the clinical learning environment, and problems related to clinical practice and supervision,[15] as well as challenges in clinical practice and insufficient collaboration between academia and clinical settings.[16] Accordingly, the insufficient reflection of Swanson's caring processes in the present case may also be considered within the context of the theory–practice gap in nursing. In this case, theory-guided care should have included assessing the woman's experience of loss and psychosocial needs, providing emotional support, facilitating privacy and the opportunity to say goodbye, offering bereavement counseling, and strengthening her coping capacity and hope for the future. To reduce this gap, theoretical knowledge should be integrated into clinical practice, collaboration between education and clinical practice should be strengthened, and theory-guided care should be incorporated into clinical care processes.

This case demonstrates that psychosocial care interventions for women experiencing perinatal loss were not fully consistent with current guideline recommendations. The use of Swanson's Theory of Caring in the care of women experiencing perinatal loss may facilitate the systematic and holistic assessment of care needs, thereby improving the quality of care and supporting the implementation of evidence-based guideline recommendations in clinical practice.

Conflict of Interests

No conflicts of interest have been declared by the authors.

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No institutional or financial support was received for this study.

Author contributions

Author contributions: Study design: BY, EO, AS; Data collection: EO, AS; Data interpretation: BY, EO, AS; Study supervision: BY; Manuscript writing: BY, EO, AS; Critical revisions for important intellectual content: BY, SK; Language editing: BY, SK; Final manuscript review and approval: BY, EO, AS, SK.

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