

## Spirituality, religiosity and congenital malformation: an integrative literature review

*Espiritualidade, religiosidade e malformação congênita: uma revisão integrativa de literatura*

*Espiritualidad, religiosidad y malformación congénita: una revisión integradora de la literatura*

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### ABSTRACT

**Objective:** to investigate the scientific production about spirituality and religiosity in the context of congenital malformation.

**Method:** this integrative literature review, conducted in the PubMed, LILACS and SciELO databases, included papers published from 2007 to 2017. **Results:** textual analysis of the 28 publications examined enabled two categories to be constructed: Spiritual and religious practices, and families' coping with the diagnosis and birth; and Spirituality, religiosity, and care for the malformed child. **Conclusion:** the studies, although having different meanings, have shown that spirituality in health is often associated with religiosity. This human dimension proved to be important in coping with the diagnosis of congenital malformation, and served as a source of support in dealing with the care for those affected.

**Descriptors:** Spirituality; congenital abnormalities; caregivers; child.

### RESUMO

**Objetivo:** investigar a produção científica sobre a espiritualidade e religiosidade no contexto da malformação congênita.

**Método:** revisão integrativa da literatura, sobre o tema, com busca realizada nas bases de dados Pubmed, Lilacs e Scielo, a qual incluiu artigos de 2007 a 2017. **Resultados:** foram examinadas 28 publicações, cujas análises textuais permitiram a construção de duas categorias: práticas espirituais e religiosas e o enfrentamento do diagnóstico e nascimento pelos familiares; espiritualidade, religiosidade e cuidado com a criança malformada. **Conclusão:** mesmo possuindo significados diferentes, os estudos revelaram que a espiritualidade em saúde é, com frequência, associada à religiosidade. Essa dimensão humana mostrou-se relevante diante do enfrentamento do diagnóstico de malformação congênita e serviu como fonte de sustento para o enfrentamento do cuidado com seus portadores.

**Descritores:** Espiritualidade; anormalidades congênicas; cuidadores; criança.

### RESUMEN

**Objetivo:** investigar la producción científica sobre la espiritualidad y la religiosidad en el contexto de la malformación congénita.

**Método:** revisión integradora de la literatura, sobre el tema, llevada a cabo en las bases de datos PubMed, LILACS y SciELO, que incluyó artículos de 2007 a 2017. **Resultados:** se examinaron 28 publicaciones, cuyos análisis textuales permitieron la construcción de dos categorías: prácticas espirituales y religiosas y el enfrentamiento del diagnóstico y del nacimiento por los familiares; espiritualidad, religiosidad y cuidado del niño malformado. **Conclusión:** incluso teniendo diferentes significados, los estudios revelaron que la espiritualidad en la salud se asocia, frecuentemente, con la religiosidad. Esta dimensión humana demostró ser relevante en el enfrentamiento del diagnóstico de la malformación congénita y sirvió como fuente de sustento para enfrentar las dificultades del cuidado de sus portadores.

**Descriptor:** Espiritualidad; anomalías congénitas; cuidadores; niño.

## INTRODUCTION

The congenital malformation is understood as every anomaly of functional or structural involvement that occurs in fetal development, and it may cause anatomical, functional or aesthetic defects which, according to the level of severity, can lead to significant impairment of quality of life and even to death<sup>1</sup>.

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The technological advancements in the area of health, particularly within neonatal pediatrics, have allowed the survival of children considered to be at high risk, such as the ones affected by serious congenital malformations, to become a reality in our society<sup>2</sup>. Therefore, this evolution of the resources used in health has resulted in the exaltation of the scientific knowledge at the expense of the humanistic, resulting in a certain degree of forgetfulness of the considered essential values, such as spirituality and religiosity, for the provision of humanized care<sup>3</sup>.

For the parents, the fact that their child carries an injury with negative implication to health tends to cause a strong emotional impact, besides feelings such as shock, denial, and even the sensation of mourning the loss of the idealized child<sup>4</sup>. Faced with such an impact, it is common for parents to resort to spiritual aspects in an attempt to find a meaning for the child's deformity<sup>5</sup>.

Spirituality is understood as the search for the sense and the meaning of life, transcending the tangible and providing the human feeling to the experience of something bigger than our own existence, whether it is related or not to a formal religious practice<sup>3</sup>. That is an aspect that arises through the circumstances faced in daily life, where people, according to their world view, will attribute meaning to each individual's personal stories of life<sup>6</sup>.

Religiosity is related to the individual's belief about a particular religion. The latter, in turn, is linked to a doctrine based on rituals and beliefs practiced in search of a connection with the Divine that can be God<sup>6</sup>.

Spirituality and religiosity have been standing out in the health area because they represent a source of strength and comfort before the trials of life, such as facing diseases. Therefore, health professionals must not neglect spiritual care and must provide it without the issuance of judgment or imposition of religion<sup>7</sup>.

However, it is noticed that, in spite of the progression of the number of studies about spirituality within the area of health, the production of research that addresses this human dimension in relation to congenital malformation is still scarce. In that sense, spirituality needs more exploration, because it stands out as a resource that can assist the relatives, mainly the parents, in facing the situation, also serving to guide health professionals for the assistance practice in this context.

Given the above, this study aimed to investigate the scientific production about spirituality and religiosity in the context of congenital malformation.

## METHODOLOGY

This is an integrative review, a method that allows, through the analysis of relevant research, the synthesis of knowledge about a certain subject<sup>8</sup>. For this, the following steps were thoroughly followed: identification of the theme and the guiding question; establishment of inclusion and exclusion criteria; extraction of information from the selected studies; organization of information in a database; analysis and interpretation of the results obtained and review presentation<sup>9</sup>.

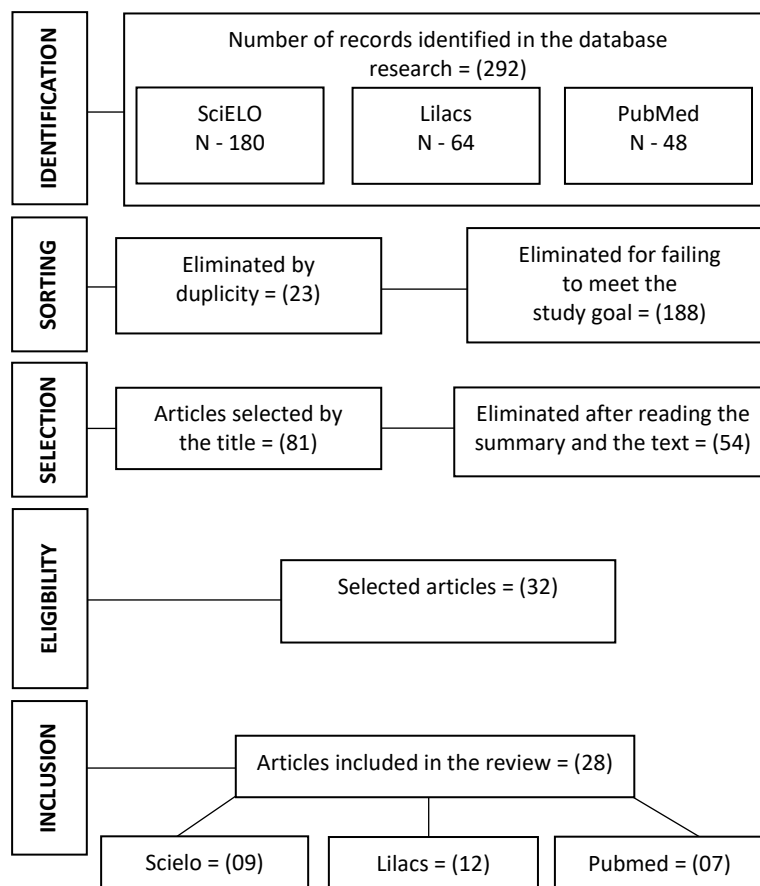
In order to make the search in the database possible, we elaborated the following guiding question: what is the scientific production existent in the national and international scenario regarding spirituality in the context of congenital malformation? To do so, the following online databases were used: SciELO (*Scientific Electronic Library Online*), PubMed (*U.S. National Library of Medicine*), and LILACS (Literature in the Health Sciences in Latin America and the Caribbean, in Portuguese).

We searched for the studies from June to September 2018, using as a strategy the investigation of the following descriptors: spirituality; congenital anomaly; family; child. All of them were indicated through the Health Sciences Descriptors (DeCSs) and searched in the Portuguese, English and Spanish languages on SciELO and LILACS. On PubMed, we researched through Mesh (Medical Subject Heading) congenital abnormalities; spirituality; religiosity. To cross the descriptors, we used the Boolean operator AND.

The inclusion criteria that we established were: articles written in Portuguese, English, and Spanish, entirely available online, published between 2007 a 2017 and that addressed the referred theme on their title, summary or text. We excluded: review articles, essays, theses, letters to the editor, editorials, experience report, and duplicate articles.

In order to facilitate the analysis of the evidenced results, we made figures which show the flowchart of the selection of works, the presentation of the synthesis of each study, which describes the items title, year, methodology; and, finally, the relation of the main conclusions about spirituality in the context of congenital malformation. The results were analyzed, interpreted and discussed in two categories: Spiritual and religious practices and facing the diagnosis and birth by the relatives; and Spirituality, religiosity and the malformed child care.

The flowchart referring to the path chosen by the researchers for the bibliographic survey and presented in Figure 1.



**FIGURE 1:** Flowchart of the systematic search in the databases Scielo, Lilacs, Pubmed, Redalyc João Pessoa, Brazil, 2018.

## RESULTS AND DISCUSSION

We analyzed 28 scientific articles<sup>10-37</sup> concerning the investigated theme, from which 20 (71.5%) are available in Portuguese, 7 (25%) in English and only 1 (3.5%) in Spanish. The methodological approach that prevailed was the qualitative – 20 (71.5%), followed by the quantiquantitative – 4 (14.2%), the quantitative – 2 (10.7%) and 1 (3.6%) case study. The years that most produced were 2011 (21.4%), 2012 (17.9%), 2013 (14.3%), and 2016 (14.3%).

From the total sample, the studies that brought the theme of spirituality/religiosity among the relatives of malformed children prevailed – 85,71% (24), and only 4 studies (14.28%) bring the spirituality/religiosity concerning the communication and the care provided by health professionals with the malformed child.

The complete distribution of the empirical material used in this review is specified in Figura 2 and the main conclusions of each study are shown in Figure 3.

We will now analyze both the categories resulting from this integrative review.

### Spiritual and religious practices and facing the diagnosis and birth by the relatives

The arrival of a child with congenital malformation makes impactful changes in the dynamics of the family and demands adjustments in order to face a new situation. Under this aspect, a study shows that the way that the diagnosis is informed to the parents can interfere in the process of their acceptance of the child, especially when the communication is given late or through incomplete and confusing information<sup>14</sup>.

Based on the analyzed magazines, we noticed that the spiritual and religious practices, since they are associated with feelings of hope and faith faced with a situation that demands overcoming, acceptance and complex decision-making, can represent a source of support for the parents shaken by the discovery of the congenital malformation<sup>12,34,36</sup>.

We observed that such practices are frequently shown by the relatives through attitudes that express faith in God, prayer, hope for a miracle and the sensation of tranquility, therefore contributing to keeping away the despair of having a baby affected by a genetic defect<sup>32</sup>. In that way, it is comprehensible that the parents turn to spiritual practices as a way of support to cope with the diagnosis of the anomaly of their child<sup>13</sup>.

It is known that spirituality and religiosity in the health field influence the sick person and their family<sup>38</sup>. In that sense, the feelings of faith and hope obtained through spiritual support positively influenced the psychic state of women pregnant of malformed babies<sup>34</sup>, including those women who have already been through the experience of mourning related to the traumatic fetal loss, due to an anomaly in the previous pregnancy<sup>31</sup>.

We noticed that, despite the fact that religiosity is seen as a practice shared by the high participation of the female public<sup>12,13</sup>, men also seek spiritual support in religious practices, as a way of softening the suffering, and in the search for encouragement to deal with events associated to the condition of their malformed child<sup>11</sup>. It is common that they seek for orientation of a higher power<sup>27</sup>. For some of them, faith is expressed when they give their child's destiny in God's hands, which gives comfort in the middle of the situation they are living<sup>18</sup>.

Title	Year	Method
The experience of parents of children with congenital heart disease: feelings and obstacles <sup>10</sup>	2016	Qualitative
Father's confrontation with his child's congenital malformation before and after his birth <sup>11</sup>	2016	Quantitative
Emotional impact and mother's confrontation of the congenital anomaly of her baby in the UTIN (Neonatal Intensive Care Unit, in Portuguese) <sup>12</sup>	2016	Quantitative
Stress, anxiety, depression and maternal coping in congenital anomaly <sup>13</sup>	2016	Quantitative
Doctors' experience in communicating the diagnosis of deficiency of babies to their parents <sup>14</sup>	2015	Qualitative
Pregnancy continuation and organizational religious activity following prenatal diagnosis of a lethal fetal defect are associated with improved psychological outcome <sup>15</sup>	2015	Quantitative
Latino families with a child with prader-willi syndrome: exploring needs for support <sup>16</sup>	2014	Qualitative
Care with a child with congenital anomaly: a family experience <sup>17</sup>	2013	Qualitative
Parents of malformed babies: a focus on their experience <sup>18</sup>	2013	Qualitative
Loss and mourning: the experience of women who interrupt their pregnancy due to lethal fetal malformation <sup>19</sup>	2013	Qualitative
Children with hydrocephalus: the difficulties and the experience of mothers <sup>20</sup>	2013	Qualitative
Care with the newborn with congenital anomaly: the nurses' strategy of facing it <sup>21</sup>	2012	Qualitative
Children with special health needs: family care in preserving the life <sup>22</sup>	2012	Qualitative
The conception of family and religiosity present in the discourses produced by medical professionals about children with genetic diseases <sup>23</sup>	2012	Qualitative
It's not what you were expecting, but it's still a beautiful journey: the experience of mothers of children with Down Syndrome <sup>24</sup>	2012	Qualitative
Stomata in neonatology: rescuing the maternal memory <sup>25</sup>	2012	Qualitative
The experience of disease in cystic fibrosis: pathways to integral care <sup>26</sup>	2011	Case study
Spiritual needs of couples facing pregnancy termination because of fetal anomalies <sup>27</sup>	2011	Qualitative
Mothers' feelings facing a neonatal surgery in congenital malformations <sup>28</sup>	2011	Qualitative
Perception of the quality of life of caregivers of children with congenital heart disease Cartagena, Colombia <sup>29</sup>	2011	Quantitative
Pediatric cardiac surgery under the parents' view: a qualitative study <sup>30</sup>	2011	Qualitative
Religiosity is an important part of coping with grief in pregnancy after a traumatic second trimester loss <sup>31</sup>	2011	Quantitative
Evaluation of the families of children with congenital heart disease and the nursing intervention <sup>32</sup>	2010	Qualitative
Suffering softened over time: the family's experience in the care of a child with congenital anomaly <sup>33</sup>	2009	Qualitative
The impact of the fetal malformation: affective indicators and coping strategies of the pregnant woman <sup>34</sup>	2009	Quantitative
Perception of the family that experiences the care of a child with myelomeningocele: a descriptive study <sup>35</sup>	2009	Qualitative
Values parents apply to decision-making regarding delivery room resuscitation for high-risk newborns <sup>36</sup>	2008	Qualitative
The nursing professionals faced with the birth of a child with congenital malformation <sup>37</sup>	2007	Qualitative

FIGURE 2: Articles included in the integrative review, published from 2007 to 2017. João Pessoa, Brazil, 2018.

Conclusion of the analyzed magazines
<p>Spirituality has stood out as a significant factor for coping with malformation, expressed through faith in the cure and/or in the recovery of the child with heart disease<sup>10</sup>.</p> <p>Religion has been pointed out as the second strategy of coping that the parents use, GR (3,92); GA (3,78), showing that the way men face the situation is similar to their partner's<sup>11</sup>.</p> <p>Religion was the most used way of facing (score of 4,14), with 0,64 above standard average, which shows high search for religiosity when coping with stressful health events<sup>12</sup>.</p> <p>The search for religious practice was pointed out as the coping strategy most used by the participants, even by the mothers who reportedly did not belong to any formal religious segment<sup>13</sup>.</p> <p>It was signaled inadequate and inefficient approaches, the lack of preparation and difficulties in communicating the news, associated with the lack of academic formation to perform this task<sup>14</sup>.</p> <p>The group that chose to interrupt the pregnancy reported a higher level of despair (<math>p=0,02</math>), avoidance (<math>p=0,008</math>), and depression (<math>p=0,04</math>), compared to the group that chose to continue the pregnancy. In both groups, the organizational religious activity was associated with a decrease in mourning<sup>15</sup>.</p> <p>Spirituality has emerged through the mothers' speeches as a reference to the religious aspect. Faith is referred to as a way of dealing with and accepting the daily challenges<sup>16</sup>.</p> <p>The family turns to religion in search of support for them to continue in the path of taking care of the child and in search of answers for their questions about the reason this baby was born<sup>17</sup>.</p> <p>The parents sought for spiritual support through their faith in God when they gave their child's destiny in his hands. Faith was pointed out as a way of conforming to their child's situation<sup>18</sup>.</p> <p>While searching for explanations, some women based themselves on religion and belief pointing God as the responsible for the malformation, being able to accept and conform with it or associate it with a punishment<sup>19</sup>.</p> <p>Spirituality helps when facing adversities. The deponents demonstrated conformism by associating the care given to the child as a mission determined by a greater Being<sup>20</sup>.</p> <p>The most used coping strategies were problem-focused and emotion-focused, both shown, among other aspects, by their religious convictions<sup>21</sup>.</p> <p>The relatives seek support in religiosity and spirituality. Given as a support network, spiritual support works so that they continue to believe in the child's recovery<sup>22</sup>.</p> <p>We identified four cultural traditions very present in the medical speech: norm, reason, family and the Judeo-Christian religiosity<sup>23</sup>.</p> <p>Both spirituality and the organized religion have been useful for the mediation of stress and for mothers of children with Down Syndrome, as well as for their personal growth<sup>24</sup>.</p> <p>Mothers turn to religion in a way of giving it a meaning and facing the fact that they have a baby who needs to wear a stoma<sup>25</sup>.</p> <p>There was a recognition of the religious and spiritual spheres in care planning. Such elements were mentioned as a support since the diagnosis until the future projection of children with anomalies<sup>26</sup>.</p> <p>The parents' main necessity was the orientation of a higher power and somebody to pray for them. The parents did not want that the health team discussed their faith nor that they prayed with them<sup>27</sup>.</p> <p>Health professionals, besides the technoscientific skill, need to have sensitivity and perception to intervene in the child's and their relatives' biopsychosocial and spiritual dimension, especially in the mother's<sup>28</sup>.</p> <p>Among the caregivers (84.8%), they point to spiritual well-being as the most affected component, interfering in their quality of life<sup>29</sup>.</p> <p>Mothers of children with heart disease also said that they use religion, among other aspects, as a support network, which seems to contribute to a resilient behavior<sup>30</sup>.</p> <p>Religiosity was pointed out as an important resource when facing the mourning among pregnant women who suffered losses of previous pregnancies due to fetal malformation<sup>31</sup>.</p> <p>Regardless of the religious segment, religion associated with the faith in God has represented a help in facing the disease, through prayer, strength, and faith<sup>32</sup>.</p> <p>Spirituality and religiosity, through trust in God, gives comfort and strength to the family<sup>33</sup>.</p> <p>Among the participants, 12 (54.5%) of them used as a coping strategy the search for religious practices because they include feelings of hope and faith faced with the diagnosis of fetal malformation<sup>34</sup>.</p> <p>Spirituality was mentioned as a source of support to cope with the child's disease<sup>35</sup>.</p> <p>Religion, spirituality, and hope served to help the parents in making a decision regarding the resuscitation of their child with a serious malformation in the birth room<sup>36</sup>.</p> <p>The search for a Supreme Being and for faith was pointed out as a way of overcoming adversities that appeared in the professional practice associated to the care provided to the malformed child<sup>37</sup>.</p>

**FIGURE 3:** Main conclusions brought by the magazines included in the integrative review, published from 2007 to 2017. João Pessoa, Brazil, 2018.

Faced with the impact caused by the discovery, it is common for parents to go through a process of adjustment to the new reality, where the more different the child is from the one desired prior to diagnosis, the more difficult it will be to adapt to their birth<sup>33,34</sup>. This fact confirms the research results that point out the experience of mourning before

the non-fulfillment of the expected child, and still some degree of rejection of the malformed child, alleging that the parents do not deserve such a burden<sup>17</sup>.

Still regarding the process of mourning, a research recognizes that the practice of religious activity has represented a way to reduce it among those who experienced the concrete loss of their child, due to interruption of pregnancy, with judicial authorization, as well as among those who continued the pregnancy even though they knew that their child would die after their birth because of a fatal congenital defect<sup>15</sup>.

We also emphasize that spirituality gives strength to keep on going in this difficult journey, and it can also influence the conclusions obtained about the problem. In that sense, many mothers base themselves in religious explanations when trying to give a meaning to the experience of having a child who does not correspond to the planned during the pregnancy<sup>25,26</sup>. Through faith in God, the relatives of special children affirm to find comfort and hope faced with the situation<sup>33</sup>.

Despite the fact that spirituality/religiosity is indicated by several studies as a practice used to overcome negative feelings associated with the discovery of the anomaly, a research shows that the expression of spirituality, when connected to religious beliefs, has caused some parents to attribute their child's malformation to a kind of divine punishment, which intensifies the feeling of guilt associated with the child's condition<sup>19</sup>.

Even though the initial diagnosis causes some restlessness and anger against God, arousing several questions over the reason why having a child with an anomaly, as time goes by, spiritual experiences can promote the overcoming of preambular concerns, according to what mothers of children with Down Syndrome said<sup>24</sup>. It is noticeable that faced with situations where the inexistence of a cure is a reality, the pursuit for the Divinity seems to give meaning to something which at first seems unacceptable.

Despite the advances in research about spirituality in the context of health and disease, the current studies concerning such needs, in the vast majority, direct their theme towards the context of the finitude of people with advanced age or towards the oncologic area<sup>39</sup>. However, couples that face situations such as infertility, complicated pregnancy or the loss of a child before or after their birth also share the same needs, concerning the spirituality taken as a component of the care, requiring the awakening of researchers for the production of specific studies for this issue<sup>31</sup>.

Through the analyzed studies, spirituality/religiosity has shown to serve as a source of support for parents shaken by the diagnosis and birth of a child with congenital malformation because it helps them in the search for meanings, as well as in the decision-making faced with a complex, unplanned event. However, a greater exploration of the theme is necessary in order to perfect the practice for the spiritual comfort of these people.

Given the above, we emphasize that the spiritual/religious support cannot be ignored during the assistance provided by health professionals to the family of malformed children.

### **Spirituality, religiosity and the malformed child care**

The postpartum period is the time when the mother will actually know the limitations of the malformed child, which can lead to stress, anxiety and even depression. Such feelings can be intensified with the need to hospitalize the baby in a neonatal intensive care unit<sup>13</sup>. During this period, the parents will, in fact, dealing with a way of caring other than the conventional, which can be considered a challenge, provided that, when they are going back home, they are going to be the responsible ones for the assistance given to their child<sup>21</sup>.

It is clear that technological advancement allows many of these children to benefit from advanced surgical techniques to repair damages resulting from the anomaly<sup>2</sup>. However, the need for complex proceedings, such as surgical intervention, represents for the parents an event associated with fearing that the child may die, with guilt, impotence, anguish, and anxiety<sup>30</sup>.

It is relevant to emphasize that, in some circumstances, surgical interventions result in the placement of devices which require learning for the parents to deal with a way of caring other than the conventional, such as in the case of colostomy children. On the other hand, a study shows that mothers tend to turn to God in search for strength to face the story they have experienced<sup>10,16,25</sup>.

It is known that taking care of a child with a congenital anomaly is a difficult practice at first, surrounded by periods of imbalance and the facing of difficulties. In that sense, studies have shown that the spiritual/religious support remains as a significant support network, strengthening the family, especially the parents, who are the main caregivers, in the journey of taking care of the malformed child<sup>17,33</sup>. We observed that the relation that these caregivers establish with the Divine contributes to keep the faith and hope in the recovery and also in the cure<sup>10,22</sup>, even when medicine denies that possibility<sup>4</sup>.



Spirituality is a unique experience individually perceived, and it may be influenced by personal beliefs<sup>6</sup>. When expressing spirituality comprehension, mothers of children with Down Syndrome have related this human dimension to a deep state of connection with a higher being or with God, and have shown to recognize this element as a source of support faced with the experience of being a mother of a syndromic child<sup>24</sup>.

By dedicating herself unconditionally to taking care of her child, the mother, as the primary caregiver, becomes vulnerable to physical and emotional overload<sup>20</sup>. It is common that basic daily activities, such as sleeping and resting, get impaired, interfering in her quality of life. Thus, the need of these women to pursuit support in something transcendent and spiritual that helps them to find their desired peace<sup>4,35</sup>.

Although research highlights the importance of spirituality in this context, we see that the spiritual component of caregivers of children with heart disease is quite affected (84.8%), which has a negative impact on the quality of life of these people<sup>29</sup>. However, even when confronted with the stress generated by the overload, these women are guided by their spiritual convictions to accept the task of caring as a mission and believe that they do not have to ask any question about the malformation of the child<sup>20</sup>. In this regard, the mothers of children with Prader-Willi Syndrome believe that their children are angels sent by God with some purpose, which reflects the role that spirituality represents in a scenario where it is necessary to accept and deal with the daily challenges of taking care of a child with special health needs<sup>16</sup>.

It is noticeable that the daily care of a child with a special health need requires from the parents, especially from the mother, efforts in order to meet all the demands shown along with the necessities, such as the performance of complex proceedings (for example, aspiration of the airway, diet management by probe; child monitoring during medical consultations, physiotherapy, among others). Through all these demands, it is undeniable that by placing the control of the circumstance lived under God's charge, these caregivers, even if they do not totally exclude themselves from the natural stress in this process, can find reason and strength to firmly stand in the path of caring.

Among health professionals, studies have shown that spiritual practices and religious beliefs influence how the anomaly is perceived by them and how they feel regarding the mission of caring<sup>21,22</sup>. Under this aspect, some nurses describe discomfort when professionally dealing with the different and with the limits of life, resulting in suffering for these professionals, and the mentioned religiosity is a way of seeking comfort and overcoming the adversities associated with the daily care with these children<sup>37</sup>.

Although they are different concepts, we noticed that, in practice, the comprehension of religion/spirituality as indissociable is common. However, it is important that health professionals intervene in the patient's and their family's spiritual dimension with a huge respect for their culture and religion<sup>28,38</sup>.

Among some medical professionals, the fact that they carry out an arduous task of taking care of a malformed child is taken as a way to reach salvation after death, a belief based on the Christian doctrine. Those professionals, when participating in research, expressed the belief that both the mothers and themselves will have a good reserved place after their death, since they are dedicated with love to an extremely incapable child<sup>23</sup>.

It is also well-known that the attachment to religion can also become a risk factor for the establishment of a state of alienation before the real possibilities of healing, which can trigger the decision-making and the creation of expectations that do not match the seriousness of the problem presented by the malformed child<sup>13</sup>.

It is relevant to emphasize that the production of new researches that improve the comprehension of the spirituality in the context of congenital malformation has much more to contribute, because it can serve to extend the knowledge of health professionals regarding this human element as a source of strength, hope and overcoming in the face of difficult situations, as well as in order to make the assistance to the children and their parents happen under the perspective of integrality, so that the dimensions that transcend the physical body are also considered.

## CONCLUSION

When analyzing the scientific production on spirituality and congenital malformation, we noticed that, even if they have different meanings, several studies address the theme associated with religiosity. The analyzed results recognize the importance that spirituality has on the context of congenital malformation, whether it is before the discovery of the diagnosis, whether it is on the process of caring performed mainly by the parents, but also by the health professionals and by the other members of the family.

We noticed the lack of studies developed with health professionals that approach spirituality, especially in the context of congenital malformation, provided that among the magazines that composed the sample, only four brought the results obtained by those professionals.

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