



## REPERCUSSIONS OF MATERNAL DEATH BY COVID-19 ON THE FAMILY UNIT: A CASE STUDY<sup>1</sup>

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**Objective:** to understand the repercussions of Maternal Death by COVID-19 on the family nucleus of a woman who was treated and evolved to maternal death at a university hospital, a reference for obstetric care of women infected with COVID-19, in the municipality of Cuiabá, Mato Grosso. **Method:** this is a case study of a life story with a qualitative approach, carried out in Cuiabá with data collected in 2022 in a city in the countryside of the state where the study participant and her family lived. The data was collected from three sources: analysis of medical records, face-to-face and digital interviews and text messages. Thematic content analysis was carried out. The research was approved by the Research Ethics Committee. **Results:** the data shows that the family has been going through a difficult process of mourning. There was also family breakdown, which led to the separation of the woman's siblings, who were her children. **Final considerations:** the mother's death had significant repercussions on the lives of this family members. There is a need for further studies to look at the short-, medium- and long-term repercussions, as well as the factors associated with these experiences.

**Keywords:** COVID-19. Mortalidade Materna. Estrutura Familiar.

### INTRODUCTION

In December 2019, a new virus was identified in China and quickly spread around the world. This virus, SARS-CoV-2, which causes the disease called COVID-19, belongs to the coronavirus family, known for causing respiratory infections and flu-like symptoms ranging from simple to severe, with a significant risk of complications, sequelae and death. As a result, in March 2020, the World Health Organization (WHO) declared a pandemic, which ended on May 5, 2023.

Since its inception, SARS-CoV-2 has caused extremely high levels of morbidity and mortality worldwide<sup>(1)</sup> and this pandemic has exposed a reality that had not previously been so visible, regarding the problems and difficulties faced by health services. This pandemic scenario has had significant repercussions for the entire population, including pregnant women, who have shown

emotional symptoms such as fear about their pregnancy (92.3%), fear of being contaminated (74.4%) and fear of dying as a result of the disease (28.2%)<sup>(2)</sup>. But also fears about the possible repercussions for the infant.

During pregnancy, there are physiological changes related to the pregnancy-puerperal process, especially in the respiratory, circulatory, excretory and immune systems, which can worsen in the face of COVID-19 contamination, generating the need for hospitalization in ICU beds and respiratory support assisted by mechanical ventilation (MV)<sup>(3)</sup>. When it comes to pregnant women infected with COVID-19, they are at greater risk of their clinical condition evolving unfavorably and may even die<sup>(4)</sup>. In light of this, the WHO has classified pregnant and postpartum women as a population at risk of COVID-19<sup>(5)</sup>.

Considering the need to minimize the risks of contamination by COVID-19 and optimize the care

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provided to pregnant women, the Ministry of Health (MoH) recommended that care for the pregnancy-puerperal cycle be maintained, taking into account the pregnancy condition, gestational age, fetal vitality, etc.<sup>(6)</sup>, making it routine to screen pregnant women for respiratory symptoms and risk factors. In addition to maintaining prenatal care for pregnant women who are not infected with COVID-19 and screening and monitoring those who are.

The routine of childbirth care was also modified. It is now recommended to maintain the care practices already recommended by the Ministry of Health, as well as the presence of the companion of your choice (as long as they are asymptomatic). The route of delivery must be individualized, taking into account clinical aspects at the time of delivery, and cesarean sections are not indicated in cases of COVID-19 contamination, only if there is a clinical indication for it<sup>(5)</sup>, since caesarean section is a risky surgery and, coupled with the gestational condition of hypercoagulability and the very characteristic of COVID-19, which is a pro-thrombotic and pro-inflammatory condition.<sup>(7)</sup>, and should therefore be performed with caution. In addition to the fact that cesarean sections increase the length of stay for puerperal women, they are also at greater risk of COVID-19 contamination<sup>(8)</sup> and, if practiced indiscriminately, increases the risk of maternal and infant morbidity and mortality<sup>(9)</sup>.

In general, it is clear that in Brazil the numbers of maternal deaths associated with COVID-19 were disproportionate at the time, especially in the postpartum period<sup>(4)</sup>, highlighting this concern with cases of contamination and maternal death by COVID-19. In 2020 alone, the pandemic was responsible for a 20% increase in the maternal mortality rate in Brazil<sup>(10)</sup>.

In a systematic review and meta-analysis study<sup>(11)</sup>, which aimed to investigate the effects of COVID-19 on the mortality of pregnant and postpartum women, it became clear that, by the date of publication of the article (February 2021), there had been 153 maternal deaths from COVID-19, of which 19 women belonged to developed countries and the other 134 deaths occurred in less developed countries. Among these, the country that stands out with a total of 124 cases of maternal death from COVID-19 is Brazil.

Maternal mortality is defined as the death of a pregnant woman or up to 42 days after childbirth, due to factors related to the pregnancy period,

aggravated by it or by the care received in this context, regardless of the duration of the pregnancy<sup>(12)</sup>. Examples of direct maternal death include the consequences associated with obstetric bleeding, gestational hypertensive syndromes, HELLP syndrome, placental abruption and caesarean section surgeries, while indirect maternal death refers to those whose causes of death are based on pre-existing diseases or diseases that developed during pregnancy without an obstetric cause, but which are aggravated by the pregnancy process, such as diabetes, kidney or cardiovascular diseases.

Maternal death is an important public health problem, especially in Brazil because it has shown high levels of this health indicator. Considering the pandemic scenario, it is understood that the number of maternal deaths may have worsened.

When it comes to maternal death, it should be emphasized that this loss shows more than just an epidemiological fact, but the absence of a fundamental person in the family structure, which has significant repercussions on the maintenance and structuring of the home<sup>(13)</sup>, such as family breakdown, reduced financial income and emotional impacts on the family<sup>(14)</sup>. Therefore, it is impossible to estimate the repercussions of this maternal loss in such a different context as the COVID-19 pandemic.

In view of the above, this study aimed to understand the repercussions of Maternal Death by COVID-19 on the family nucleus of a woman who was treated and died at a university hospital, a reference for obstetric care for women infected with COVID-19, in the municipality of Cuiabá, Mato Grosso.

## METHOD

This is a case study of the life story type, with a qualitative approach. This type of study makes it possible to explore contemporary and complex life phenomena more fully<sup>(15)</sup>, enabling extensive data collection and analysis of the object of study.

The study was carried out in Cuiabá, the capital of the state of Mato Grosso, where the University Hospital (UH) is located, which is a reference for high-risk pregnancy care in the state, whose service exclusively meets the demand of the Unified Health System (SUS), and in another municipality in the interior of the state, located approximately 1,100 km

from the capital, where the woman who died as a result of COVID-19 lived and where the members of her family who were the participants in this study live. Data was collected between June and August 2022.

Initially, access was requested to the medical records of all maternal deaths that had occurred in the HU in 2020 and 2021 because of COVID-19. Data was collected and analyzed, and then contact was made with the relatives of these women. The family in our study agreed to take part in the research and a face-to-face visit was scheduled in their city of origin for data collection.

Data was collected by means of an in-depth semi-structured interview, using an instrument designed by the author, after signing the Informed Consent Form (ICF). It was recorded via voice application and a field diary was filled in by the researcher. None of the women's family members refused to take part in the interview. During the transcription of the data and if further information was needed, it was requested via messaging app to the family members.

This data was analyzed using the content analysis technique, more specifically thematic analysis, which identifies and addresses the core meanings arising from the subjects' statements, those that are mentioned most frequently during communication, demonstrating that the topic mentioned is relevant to the study. The analysis followed the following stages: pre-analysis, in which the material was read and separated by nuclei of meaning, the exploration of the material, which is the analysis of the data itself by understanding the information obtained, and finally the treatment of the results, which is the interpretative synthesis of the data by interrelating it with the theoretical references. From this analysis, two categories of analysis emerged according to the importance given by the family in the report and the incidence of citations of these themes, namely "Flor's story" and "Repercussions of Maternal Death on the family nucleus".

In order to keep the participants confidential, they were all named according to their degree of kinship: Mother, Brother and Sister-in-law. The woman who died was named Flor, and the cities mentioned in the interviews by family members during data collection were randomly named City of origin, City of reference, and City in the southwest of the state.

The project was approved by the Research Ethics Committee of the University Hospital under Opinion number 5.469.802 and followed all the ethical precepts laid down in Resolution 510 of 2016 of the National Health Council.

## RESULTS

Understanding other people's life stories is a complex process, which requires broadening one's view of the facts and events narrated by the characters who lived these stories to understand their experience more comprehensively and in accordance with the reality reported.

As such, the life story told and discussed here belongs to the universe of memories and meanings of a specific family, and their narrative was based on their perspective at the time of data collection. Here is the life story because of data collection with the family in the face of maternal death from COVID-19.

### Flor's Story

Flor, 36, married, evangelical, completed high school, two children alive at the time of death (September 2020), one ten years old and the other one year old, both born by caesarean section. Flor had been married twice, during her first marriage she had her first child and during her second marriage, which she was going through at the time of her death, she had her second daughter and was pregnant with her third child. When she was admitted to the institution, she was 9 weeks and 4 days pregnant and had died as a result of COVID-19.

She had a comorbid condition of heart disease due to valvulopathy caused by rheumatic fever, which occurred in 1997. She had undergone two surgeries to replace her mitral valve, one in 2007 and the other in 2014.

She was no longer 100%, and she got pregnant when she couldn't get pregnant. According to what I know, [...], she couldn't. Then it went on and on and on. (Brother)

Her family up until the date of her death consisted of her husband, her mother, her underage son from her first marriage, her one-year-old daughter with her current husband, her brother, her sister-in-law, three nephews (all underage), and her father, who was still married to her mother.

In 2018, Flor had moved to a city in the southwest of the state, where she had lived for two years, and during that time she began to suffer from lung disease. After this time, she returned to her hometown in July 2020, still ill.

She arrived here and I said Flor you're breaking up, it was the last time I saw her. And then, the question of pneumonia, the doctor here always said that she had pneumonia. It looked like she had clay in her lungs. [...] And she moved to a city in the southwest of the state, and stayed there, I think it was a year [...] And then she called me one day to video call that she was leaving. That was a joy. But when Flor came back from there, she was very ill and we didn't know that she had a suspicion of Covid. And all those trains... We knew that she was being treated for pneumonia. (Sister-in-law)

Flor was experiencing an illness of the respiratory system, in addition to having a significant underlying illness, which led to her frequent search for health institutions, until on September 15, 2020, she made her last visit to the hospital in her hometown. At that time, when she left her home for the last time, she was unable to say goodbye to her relatives.

I took her to hospital on Tuesday [...] she was in a bad way, then she was getting up and said: my brother, could you take me to hospital, I'm too weak. She was even yellow. Almost the color of that train there (pointing to a blanket stretched out on the clothesline in the area of her home - observation described in the researcher's field diary), white, white that train. Then she asked if she could take me to the hospital when it was so bad, and I saw that she was walking very slowly, right? [...] She always stayed at home when it was so bad here, then she was fine when out of the blue she went to the hospital to get an IV, some medicine. From there she would come home and that's how it went until the day I took her. (Brother)

I remember her coming out [...] and the little baby stood in the area calling for her mother. People, very sad, Flor never came back. (Sister-in-law)

At the hospital in her city of origin, Flor started talking to her family on the phone, as she was no longer able to receive visitors or have a companion due to the suspicion of COVID-19. She remained in the institution for 24 hours and, after her condition worsened, she was transferred to the reference city, which has more resources and is located 70 km from the city of origin.

Until then, there had been no positive laboratory

test for COVID-19, but in view of her clinical condition and imaging tests, she was diagnosed with the disease and needed better-structured healthcare support because of the risk of worsening and death.

In the city of reference, Flor remained hospitalized for 24 hours and, due to the worsening of her condition, she was regulated via the National Regulation System (SISREG), to the reference hospital in the state capital, the University Hospital, approximately 1,100 km from the city she was in, being transferred by air ICU to Cuiabá after the vacancy was released.

But in the reference city, she also got a little worse. She was short of breath. [...] {Flor} She called me at 9 o'clock, I said [...] what's wrong, my daughter? Mom, they're transferring me to Cuiabá, I don't know why. I said, "Why are you so bad? Oh mom, I'm not that bad, I don't know why I'm just feeling the pain in my back and the flu. But I don't need to go there. (Mother)

She was admitted directly to the HU's ICU and her clinical condition worsened rapidly, requiring interventions and orotracheal intubation and MV and, two days later, she evolved to maternal and fetal death.

According to the medical records, she was admitted to the University Hospital in a debilitated clinical state, with desaturation, tachycardia, tachypnea, with significant alterations in laboratory and imaging tests, as well as rapidly presenting endocrine and metabolic decompensations, which added to her previous condition and comorbidities, culminating in her death. He evolved to OTI + MV on the day he was admitted to the ICU, where he suffered his first cardio-respiratory arrest (CRA). Afterwards, his condition remained hemodynamically unstable, with significant decompensations, such as hypo- and hyperglycemia, hyperkalemia, arrhythmias, hypotension, liver and kidney involvement, metabolic acidosis and hypothermia. He evolved to a new cardiac arrest two days later, without reversal of the condition.

I don't know, but it was the intubation that killed my daughter [...] I'm sure she died from being intubated. When I got there they just said [...] she arrived weak and when it was time we did three procedures on her, but it didn't help and she died. But she died of cardiac arrest. (Mother)

The family was informed by telephone about the worsening of the patient's condition and the need for a relative to come to the institution to receive

information and, later, about his death.

Soon they called, {they said} you'll need your mother to come [...], but they didn't say that she had died. She'd already died, she died during the time there. Ours, which was 7.40 a.m. And hers was 6.40 a.m. And he had called at 9 o'clock in the morning, and his mother had to be coming, and she was already dead. (Brother)

Her mother traveled to the state capital to decide for her daughter's health. Flor's mother arrived in the state capital 24 hours after the death. After being informed of what had happened, she tried to get Flor's body released so that it could be transferred to her city of origin. She was unsuccessful and Flor was buried in Cuiabá, in the presence of her mother and a few acquaintances who lived in the capital.

Then everyone says: why don't you pull the body out and do the DNA to find out if it's her. Then I don't know if it was her they buried, because they wouldn't let me see, but the brother from the church says that [...] her name was there, that they even put a piece of paper on top of that glass, her name was there. I still have the video from when she was buried. No, I'm still in doubt about that train to this day. Then we arrived at a cemetery, I'd already arrived with her, I'd already gone inside with the cars, she was already there waiting for me. Everything was locked inside the car. And the only time I saw her from there was when she was pulled out [...] But everyone thought it was wrong. Why couldn't I bring my daughter? We weren't going to mourn her. We just wanted to see her and bury her. She knew we were burying her. The only thing I wanted was to bring her. Now I've gone to get her. And I came back alone.

Nurses are key players in structuring, organizing and planning health actions and care. In the context of the pandemic, this professional has shown greater importance, especially in terms of coping with the disease, leading health teams, drawing up flows, planning key areas and promoting care<sup>(16)</sup>. However, in the specific reconstruction of this life story, there was no mention of this health unit or the nurse, either in relation to the care provided to Flor as a user, or to her family after the death.

### Repercussions of maternal death on the family unit

This family's account of the loss of COVID-19 demonstrates the difficult scenario that the pandemic has determined in farewell rituals. In the short term, the family has experienced a more difficult

mourning process due to so many significant changes.

*So it was a death that left many doubts. And we can't answer them. [...] There were people from inside the hospital who told my mother-in-law that Flor hadn't died of it, that it could have been eclampsia. (Sister-in-law)*

In this context, Flor's family, even two years after her death, is still experiencing the repercussions of this inability to watch over, say goodbye to and bury their loved one. Another important repercussion of Flor's maternal death for her family was the breakdown of the family. Four days after her death, her husband moved to another state, taking their one-year-old daughter with him, abandoning Flor's ten-year-old first-born son, the fruit of her first marriage, who was left orphaned by his mother's death and estranged from his only sister.

An important reflection that this family has experienced is the reorganization of the nucleus of care in the face of the orphanhood of Flor's eldest son. His mother, especially in terms of responsibility for his upbringing. Shortly after Flor's death, her mother also separated from her husband (Flor's father) and moved into the house where her daughter lived, along with her grandson, who lives under her legal guardianship.

You can see, therefore, the constant movement that this family goes through in the new organization and conformity of the home and care in the face of the mother's death. The family has adapted to the loss of Flor as best they can, in the face of the latent grief they are experiencing.

## DISCUSSION

Scientific literature has shown that people with comorbidities and previous illnesses are at greater risk of developing problems and complications resulting from COVID-19<sup>(17)</sup>, and that the majority of pregnant and puerperal women who died from maternal causes and had comorbidities had cardiovascular disease as a previous condition<sup>(18)</sup>.

The repercussions of maternal death from COVID-19 have been significant for this family. With regard to reporting the death, it is known that notifying family members of this news is not an easy task. In most cases, the doctors who work in emergency health services are on call, which usually means that they don't establish links with patients

and their families<sup>(19)</sup>. Specifically in Flor's case, due to the way in which the family was informed, through telephone contact, they reported difficulty in dealing with this situation and point out that the way of carrying out such communication could have occurred differently, since after so many months they remained stuck in that moment, in that experience of pain, of loss.

The COVID-19 pandemic meant that health services had to develop new ways of handling bodies after death, making it impossible to watch over the loved one and even sometimes making burial difficult. The imposition that bodies be handled and wrapped in plastic bags and buried in sealed coffins<sup>(20)</sup> highlights a problem not previously experienced in Brazilian society, the long-term consequences of which are still uncertain.

With regard to the process of mourning and saying goodbye, the family has experienced a difficult process of mourning, mainly due to the way in which Flor's death and burial took place. Saying goodbye to a loved one is an important aspect in the process of elaborating and accepting the death, and its non-occurrence may determine its non-realization. "The aspect of the denied goodbye, perhaps the most painful, is the separation or isolation that occurs with the COVID-19 patient in hospital"<sup>(21)</sup>.

The impossibility of saying goodbye leads to a process of complicated mourning. Complicated bereavement is understood as a process of intensification of the family member's suffering, in which there is no progression of improvement over time, resulting in emotional overload and difficulty in getting on with life<sup>(22)</sup>.

"Seeing the body brings concreteness to death and proves to us that we buried the right person"<sup>(23)</sup>. The impossibility of farewell rituals, imposed by the COVID-19 pandemic, has had significant repercussions on the lives of families, especially in the development of feelings related to frustration at not having a funeral perceived as dignified<sup>(24)</sup>.

The process of losing a family member is a painful process, especially when it occurs due to a cause as impactful as COVID-19, a new disease, little known and which imposes a condition of experiencing the moment of funeral and burial very different from the conventional one, making it impossible for the family to carry out their farewell rituals according to their beliefs and culture. And when it comes to a maternal death, this context takes

on more significant proportions, with important repercussions for the lives of families, both in terms of family organization and psycho-emotional aspects, as well as in terms of separations and family breakdowns.

The woman who was the central subject of this case study died in September 2020, the first year of the pandemic, a period in which there was not enough information about the pathophysiology of COVID-19, especially in this population. At that time, there were still no immunizers, and the whole world was still experiencing a scenario of high contamination rates and daily deaths from this cause.

This woman died during pregnancy and left two minor children, making it difficult to accept and understand her death. Today, the woman's relatives are still struggling to understand her death from the disease and the impossibility of keeping watch over and burying her body.

Maternal death is a condition that imposes significant changes on the family as a whole, especially with regard to the organization of the family nucleus and the financial maintenance of the home<sup>(13;14)</sup>. Therefore, this new family scenario demonstrates this need for reorganization, in which the responsibility for caring for the child ends up being left to another female member of the family, mainly the grandmother<sup>(25)</sup>.

Depending on certain family factors, such as the age of the orphaned child, their biological father and the number of siblings, it is common for there to be a family reorganization after the mother's death. Siblings are often separated and raised in different homes, and the orphan(s) end up in the care of a female maternal family member<sup>(26)</sup>.

We therefore understand a lived family organization. One that is organized individually within its conception of family, maintained through long-lasting relationships of affection and care between its different members<sup>(27)</sup>.

These repercussions cannot be measured in the long term. As the loss is still relatively recent, this family is uncertain about this death and is experiencing the repercussions of this woman's absence from the family in an intense way. Therefore, this family has experienced the repercussions of this loss in a similar way to that reported in studies on maternal death.

Given the results identified in this study, it can be deduced that the family is a unit in constant

movement, permeated by relationships of affection and care between its different members and at different ages and stages of life. It is organized and readjusts itself according to the needs faced by the family, as in the case under study, after the death of a family member.

### FINAL CONSIDERATIONS

Understanding the scale of the loss of a family member is not an easy process. The study showed that maternal death has important repercussions on the lives of families. Both in terms of family organization and psycho-emotional aspects, as well as family separations and breakdowns.

The mother's death from COVID-19 has even more conflicting consequences in terms of accepting the death, since believing that the loved one has died from the disease and the impossibility of mourning and burying the family member in a conventional way has repercussions on the difficult process of mourning.

The family participating in the study has experienced the repercussions of this loss in the way it is reported in studies on maternal death. However, this death because of COVID-19 has not been well

accepted by this family. In the short term, we see a need for family reorganization, in which another female family member has taken over the care of the child of the woman who died, as well as family breakdown, since the widower has moved away from the family nucleus, taking the daughter of this marriage with him, which has culminated in the separation of the siblings.

In view of the data analyzed, there is a need to strengthen health care networks, especially regarding the mental health of these families who are going through losses associated with diseases such as COVID-19. Supporting these families in the process of illness, death, mourning and continuing life is fundamental to promoting quality of life and health for these people.

In this sense, there is a need for new studies that address the repercussions of maternal death by COVID-19 on families in the short and long term. In the area of nursing, research is important to raise awareness and focus on the perspective of caring for families in the face of maternal death from a serious, new and impactful disease such as COVID-19.

The limitations of this study are the low variability of information and the difficulty in generalizing the data.

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## REPERCUSSÕES DA MORTE MATERNA PELA COVID-19 NO NÚCLEO FAMILIAR: UM ESTUDO DE CASO

### RESUMO

**Objetivo:** compreender as repercussões da Morte Materna pela COVID-19 no núcleo familiar de uma mulher que foi atendida e que evoluiu para óbito materno em um hospital universitário, referência para o atendimento obstétrico de mulheres infectadas com COVID-19, no município de Cuiabá, Mato Grosso. **Método:** estudo de caso do tipo história de vida de abordagem qualitativa, realizado em Cuiabá com dados coletados no ano de 2022 em uma cidade do interior do estado onde residia a participante do estudo e sua família. Os dados foram coletados por três fontes, sendo elas análise de prontuário, entrevistas presenciais e por meio digital e por mensagens de texto. Foi realizada a análise de conteúdo do tipo temática. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa. **Resultados:** os dados demonstram que a família tem vivido um processo de elaboração do luto dificultoso. Também se constatou desagregação familiar que determinou a separação dos irmãos, filhos desta mulher. **Considerações finais:** a morte materna gerou repercussões significativas para a vida desta família. Identificou-se a necessidade da realização de outros estudos que abordem as repercussões a curto, médio e longo prazo, bem como os fatores associados a essas vivências.

**Palavras-chave:** COVID-19. Mortalidade Materna. Estrutura Familiar.

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## REPERCUSIONES DE LA MUERTE MATERNA POR COVID-19 EN EL NÚCLEO FAMILIAR: UN ESTUDIO DE CASO

### RESUMEN

**Objetivo:** comprender las repercusiones de la Muerte Materna por la COVID-19 en el núcleo familiar de una mujer que fue atendida con evolución para óbito materno en un hospital universitario, referencia para la atención obstétrica de mujeres infectadas con COVID-19, en el municipio de Cuiabá, Mato Grosso/Brasil. **Método:** estudio de caso del tipo historia de vida de abordaje cualitativo, realizado en Cuiabá con datos recopilados en el año 2022 en una ciudad del interior del estado donde vivía la participante del estudio y su familia. Los datos fueron recolectados por tres fuentes, siendo ellas: análisis de registro médico; entrevistas presenciales y por medio

digital y por mensajes de texto. Se realizó el análisis de contenido de tipo temático. La investigación fue aprobada por el Comité de Ética en Investigación. **Resultados:** los datos demuestran que la familia ha vivido un proceso de duelo dificultoso. También se constató disgregación familiar que determinó la separación de los hermanos, hijos de esta mujer. **Consideraciones finales:** la muerte materna generó repercusiones significativas en la vida de esta familia. Se identificó la necesidad de realizar otros estudios que traten las repercusiones a corto, medio y largo plazo, así como los factores asociados a esas experiencias.

**Palabras clave:** COVID-19. Mortalidad Materna. Estructura Familiar.

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