

RESEARCH ARTICLE (ORIGINAL) 

The experiences and feelings of women during pregnancy

Experiências e sentimentos vivenciados pelas mulheres na gestação
Experiencias y sentimientos de las mujeres durante el embarazo

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Abstract

Background: Pregnancy is a natural stage of life involving new situations and experiences. Therefore, women must receive guidance and information about the changes occurring during pregnancy so that they can make the most of this period of their lives.

Objective: To identify the experiences and feelings of women during pregnancy.

Methodology: This qualitative descriptive study was conducted with 13 pregnant women. Data were gathered from semi-structured interviews and analyzed using the Collective Subject Discourse method.

Results: The analysis of the results identified three central ideas based on the participants' responses regarding their experiences and feelings during pregnancy – physical changes women perceive during pregnancy; negative feelings women experience during pregnancy; and positive feelings women experience during pregnancy.

Conclusion: During pregnancy, women go through many different changes and associate pregnancy with positive and negative feelings.

Keywords: women's health; pregnancy; nursing

Resumo

Enquadramento: A gestação é uma condição natural da vida em que surgem novas situações e experiências. Nesse período, as mulheres devem receber orientações e informações acerca das mudanças ocorridas durante a gestação para que possam lidar com esse momento da melhor forma possível.

Objetivo: Identificar as experiências e sentimentos vivenciados pelas mulheres durante a gestação.

Metodologia: Investigação de caráter descritivo, com abordagem qualitativa, realizada com 13 gestantes. A colheita de informações foi realizada por meio de entrevista semiestruturada e analisadas com base no uso da técnica do Discurso do Sujeito Coletivo.

Resultados: Com base nas respostas sobre as experiências e sentimentos relatados pelas participantes durante a gestação, foram identificadas três ideias centrais – modificações físicas percebidas pelas mulheres na gestação; sentimentos negativos experienciados pelas gestantes e sentimentos positivos experienciados pelas gestantes.

Conclusão: São muitas as alterações percebidas pelas mulheres durante o período gestacional, além disso, elas são capazes de identificar os sentimentos positivos e negativos associados ao período que estão vivenciando.

Palavras-chave: saúde da mulher; gravidez; enfermagem

Resumen

Marco contextual: El embarazo es una condición natural de la vida en la que surgen nuevas situaciones y experiencias. Durante este periodo, la mujer debe recibir orientación e información sobre los cambios que se producen durante el embarazo para poder afrontar este momento de la mejor manera posible.

Objetivo: Identificar las experiencias y los sentimientos de las mujeres durante el embarazo.

Metodología: Se realizó un estudio descriptivo con enfoque cualitativo con 13 mujeres embarazadas. La información se recogió mediante entrevistas semiestructuradas y se analizó utilizando la técnica del Discurso del Sujeto Colectivo.

Resultados: A partir de las respuestas sobre las experiencias y los sentimientos relatados por las participantes durante el embarazo, se identificaron tres ideas centrales – cambios físicos percibidos por las mujeres durante el embarazo; sentimientos negativos experimentados por las mujeres embarazadas, y sentimientos positivos experimentados por las mujeres embarazadas.

Conclusión: Son muchos los cambios que perciben las mujeres durante el periodo gestacional y también son capaces de identificar los sentimientos positivos y negativos asociados al periodo que están viviendo.

Palabras clave: salud de la mujer; embarazo; enfermería



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Introduction

Pregnancy is a natural process in which a new being develops inside a uterus. The novel experiences and situations introduced by the weekly progression of pregnancy significantly impact the parents' lives, with pregnant women going through several biopsychosocial changes that affect them both physically and psychologically. Therefore, expectant mothers require information to learn more about their bodies and understand the changes occurring during this stage.

These adaptations and/ or changes concern the way they eat, the quality of their sleep and rest, and their sexual life, a topic that causes doubts in them and their partners. Changes also occur in their appearance and how pregnant women dress, affecting personal and interpersonal relationships, particularly in the social, family, and work spheres (Gandolfi et al., 2019). It is worth noting that some women experience these and other expected body changes negatively due to society's imposition of "perfect body" standards, even on pregnant women (Benevides et al., 2021; Gandolfi et al., 2019).

Apart from physical changes, pregnant women also undergo psychological changes. They imagine possible situations and strive to meet certain ideals to satisfy their expectations or those imposed by society. Pregnant women begin to imagine what their children will be like, and such mental activities are vital for the development of the mother-child relationship (Rezende, 2020). It is the moment when the woman changes her mentality and takes on the role of mother. For some women, motherhood is a wish and/or a dream, but for others, it happens by chance, and with it comes anxiety, uncertainty, and worry (Rezende, 2020).

Therefore, prenatal care is crucial in coaching women on how to prepare for this period, offering all-encompassing support for their physical, psychological, and societal needs via health promotion, education, and disease prevention. Health professionals provide health education during the prenatal period, centering their guidance on the pregnant woman's needs. This approach encourages women's active participation in their care plans (Hailu et al., 2022; Melo et al., 2020; Shen et al., 2022). However, before carrying out any educational intervention, health professionals must first be aware of their target audience's reality and health needs. Research and data collection facilitate the understanding of the realities experienced by individuals, thus allowing health professionals to intervene and provide self-knowledge and health protagonism to the intended public. Hence, the present study aimed to identify the experiences and feelings of women during pregnancy.

Background

Pregnant women require the assistance of family, friends, and health professionals to navigate the many changes that occur during pregnancy. Research indicates that although these changes are expected during this stage,

not all women undergo and cope with them in the same way (Fernandes, 2020; Marques et al., 2020; Meireles et al., 2015; Zanatta et al., 2017).

Prenatal care involves a range of interventions to promote the woman's and fetus's health during the gestational period, thus ensuring a healthy pregnancy and the preparation for childbirth (Barcellos et al., 2022; Silva et al., 2022). It must provide pregnant women with guidance, information about the changes that occur during pregnancy, and the answers to their doubts for them to be prepared to deal with the moment as best as possible (Fernandes, 2020; Souza et al., 2020).

Therefore, health professionals must tailor the prenatal care plan to each woman's needs. To accomplish this goal, it is necessary to conduct regional surveys to identify the health requirements of the target population. These surveys should be followed by the development of prenatal care plans that are adapted to the realities of pregnant women and easy to understand and implement. They should also be individualized, multidimensional, equitable, and based on active listening, care, and health education (Barcellos et al., 2022; Fernandes, 2020; Silva et al., 2022; Souza et al., 2020).

Research question

What are the experiences and feelings of women during pregnancy?

Methodology

This qualitative descriptive study used the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines to describe its implementation.

This article is an excerpt from the research study "Educational Acts for Self-Knowledge of the Changes Experienced by Women during Pregnancy." It was conducted in connection with a public higher education institution in Alto Sertão Paraibano and initiated after receiving the approval of the Ethics Committee of the Federal University of Campina Grande, Cajazeiras Campus, under number 2.904.835, on September 19, 2018.

The study was conducted at the Manoel Camilo Family Health Unit (FHU), located in the city of São José de Piranhas, in the state of Paraíba, Brazil. The data were collected by an undergraduate nursing student under the guidance of a Ph.D. nursing professor who trained the student to minimize potential bias.

Thirteen pregnant women residing in the geographical area covered by the Manoel Camilo FHU were recruited for this study. To be eligible, individuals had to meet the following inclusion criteria: to be a woman with a positive pregnancy test and to have already started prenatal care. Women with high-risk pregnancies requiring referral to a specialized healthcare service were excluded from the study. The number of participants in the study was determined based on the principle of data saturation, which occurs when enough data have been collected to

draw conclusive results, and additional data collection will not provide further valuable elements (Nascimento et al., 2018).

Data collection and analysis were conducted between August and December 2018. Semi-structured individual interviews were carried out in a private location in the nursing ward to collect data and ensure participant confidentiality. An interview guide was prepared with guiding questions such as: “What changes occurred in your life after you found out you were pregnant?”; “What feelings and sensations did you experience when you found out you were pregnant, and how do you feel now?”; “What changes do you expect to see in your body during pregnancy?”. Participants were free to answer these questions as they saw fit. After the participants gave their consent, their responses were recorded using a mobile recording application. On average, the interviews lasted 20 minutes. The recordings were transcribed using Microsoft Word 2010 and then validated by the pregnant women. Once the participants approved the transcripts, the statements were analyzed using the Collective Subject Discourse (CSD) method. CSD is a method that seeks to retrieve social representations and allows for the tabulation and organization of qualitative research data. The CSD method facilitates the understanding of the beliefs, values, and ideals of a particular social group (Figueiredo et al., 2013). Researchers perform a fundamental role in obtaining social representations via the CSD method, as they support participants in expressing their views and opinions (Lefreve & Lefreve, 2014).

According to Figueiredo et al. (2013), the CSD method comprises “Key Expressions” (KEs) and “Central Ideas” (CIs). The KEs are fragments/excerpts from the discourse that the researcher should highlight, as they reveal the essence of the content of the discourse or the underlying theory. The CIs are terms or linguistic expressions that reveal, describe, and name, in the most synthetic and precise way possible, the meaning(s) present in each individual response analyzed and in each homogeneous set of KEs that will later produce the CSD.

To ensure the reliability and validity of the CSD, two researchers conducted the analysis process independently. Any disagreements were resolved through consultation and discussion with the senior researcher who supervised the study to ensure the consistency of the analysis.

All study phases adhered to the ethical principles of beneficence, non-maleficence, autonomy, justice, and equity recommended by Resolution 510/2016 of the Brazilian National Health Council. Data collection only began after the participants signed the informed consent forms containing information on the study’s nature, objectives, methods, benefits, and potential risks. The information collected and analyzed was kept confidential and anonymous. Moreover, to ensure the confidentiality of the data collected, all participants were identified with the abbreviation PW (Pregnant Woman), followed by the sequential number of their interviews, ranging from PW01 to PW13.

Results

Three CIs were generated based on the experiences and feelings reported by the participants during pregnancy. The first CI concerns the physical changes perceived by women during their pregnancy. Eleven women collaborated in developing the CSD for this CI (PW01, PW03, PW04, PW06, PW07, PW08, PW09, PW10, PW11, PW12, and PW13).

CI01 – Physical Changes Women Perceive During Pregnancy CSD01:

At first, my hormones were the main issue. I felt sick and had some pain at the base of my belly, my stomach was upset, I also felt tired and had trouble sleeping, especially now towards the end, I cannot sleep properly because my belly is growing and it is uncomfortable, you cannot find a position to sleep in, I experienced cramps, gas, and pain from sleeping in one position, I get a little forgetful, but nothing major, I used to have a lot of spots on my skin, they got smaller, and my nipples used to be like brown, and they got darker, my breasts got bigger, harder, my feet swell more at night or when I sit for a long time, while my hands swell in the afternoon. I did not feel sick the first time, but this time, I feel sick often. I have stretch marks and slightly swollen hips due to weight gain. My body undergoes many changes.

The second CI addresses some of the negative feelings experienced by women during pregnancy. Five women contributed to the CSD of this CI. (PW02, PW03, PW05, PW07, and PW11)

CI02 – Negative Feelings Women Experience During Pregnancy CSD02:

When the pregnancy is planned, you feel happy, but when it is something that surprises you, you get scared, anxious, worried, a lot of feelings come up that make you feel depressed, like when I found out that I was pregnant with this one, I did not expect it, I was afraid because I already have a small child, because I was going to go to the operating room again, to tell you the truth I did not want another child, I was very nervous, but God gave it to me, it is already inside of me, it has to come out. There are worries, an extra person to look after, it changes the way you think, you think more about the child than about yourself, what will it be like later, will I be a good mother, because it is another responsibility, I started to get anxious, I started to look at baby things, I forgot to look at things for myself, two days ago, I needed someone to talk to because I live alone with my daughter and her father is away for work, I wanted to talk to someone so much, but I had no one to speak with, so I went to my bedroom and began to cry, it is something you cannot explain, you cannot explain why you have the urge to cry and all that. The third CI presents the positive feelings experienced by pregnant women. Seven women participated in

this CSD. (PW01, PW03, PW04, PW05, PW09, PW10, and PW13)

CI03 – Positive Feelings Women Experience During Pregnancy CSD03:

When you become pregnant, it is a thrilling feeling. Knowing that you are going to have a child is the best thing in the world, knowing that you are going to be a mother, you start to notice your body more, to feel the sensations that are happening inside your belly, in fact, even before the child moves, you already feel this delicious sensation inside your belly, your mentality starts to expand a little bit, you start to think like a mother, how am I going to take care of the child, how am I going to breastfeed? People become more generous, they want to give you what they eat, they become more welcoming, they give you more attention and more affection, and they want to protect you, my husband has always been very affectionate with me, he has always been very attentive, he has always taken care of me, the only thing that has changed is that he takes care of me even more, the family has always been really nuts about me because I am the only female child, and when my father found out, he cried, my mother jumped with joy, my brothers were all happy, so it was really just happiness.

Discussion

The CSD01 indicates that women perceive many changes during pregnancy, with participants reporting a significant number of changes documented in the literature.

The fertilized egg's implantation occurs in the initial weeks of pregnancy, causing the cramping sensations, described in CSD01 as "pain at the base of my belly," which are expected at this time, as well as light vaginal bleeding or spotting, known as implantation bleeding. However, as with many others, these symptoms are not a rule, and not all women may experience them (Zugaib, 2020).

Hormonal alterations play an essential role in preparing the female body for the process of conception. As progesterone levels increase, which is essential for the implantation process and pregnancy development, women become more prone to fatigue and drowsiness. The reason for this is that progesterone has a depressant effect on the central nervous system due to its anesthetic, tranquilizing, and mental activity-reducing properties. As a result, brain rhythms become slower, which explains the partial memory impairment reported by some women in CSD01 (Alves & Bezerra, 2020; Oliveira et al., 2020). High levels of estrogen and human chorionic gonadotropin (hCG) can cause hyperemesis gravidarum (HG), also reported in CSD01, which is characterized by excessive nausea and vomiting that can lead to weight loss, hydroelectrolytic disorders, dehydration, and nutritional deficiencies. HG is more common in the first trimester of pregnancy, and pregnant women should avoid fatty foods and odors that may trigger the condition, increase water intake, and avoid prolonged fasting (Elkins et al., 2022).

The participants also mentioned skin changes during pregnancy due to hormonal, immunological, and metabolic changes. It is crucial to differentiate between natural changes and dermatoses to prevent unnecessary treatments that may affect women's health (Oliveira et al., 2020).

The skin structures responsible for elasticity and resistance stretch during pregnancy, separating collagen and elastic fibers and causing the appearance of stretch marks in the skin (Pinheiro et al., 2022).

Still, regarding alterations to the skin system, participants reported the occurrence of melasmas, a form of hyperpigmentation of the skin that causes symmetrical spots of different shades, mainly affecting the face area. Although the pathophysiology of melasmas remains unknown, sunscreen is considered an essential ally in its treatment and prevention (Pinheiro et al., 2022).

Pregnant women identify changes in their breasts that are characteristic of this period, during which there is an increase in breast volume due to the development, expansion, and hypertrophy of the internal tissues in preparation for lactation. Furthermore, the hormonal changes reported in CSD01 can result in the darkening and enlargement of the areola due to increased melanin pigmentation (Oliveira et al., 2020).

Cardiovascular changes during pregnancy increase cardiac volume and output due to a decrease in blood pressure, reduced peripheral vascular resistance, and increased plasma volume. The uterine volume increases during pregnancy, compressing the pelvic veins and increasing venous pressure in the lower limbs, which can lead to the development of edema in this region (Saliba-Júnior et al., 2022; Silva et al., 2020), which the pregnant women in CSD01 reported as swelling.

As uterine enlargement and weight gain progress, the compression of the organs in the abdominal and thoracic cavities causes symptoms such as increased urinary frequency, dyspnea, constipation, and flatulence. In addition to the fact that the woman's abdomen now has a different volume than the one she is used to, these symptoms also affect her sleep and rest due to the difficulty of finding a suitable sleeping position (Oliveira et al., 2020; Zugaib, 2020).

Pregnant women may experience a variety of physical changes that aim to meet the needs of the mother and the fetus.

Physiological weight gain during pregnancy is natural, but it must be controlled to avoid complications caused by excessive weight gain (Monteschio et al., 2021). The understanding of these changes by both health professionals and pregnant women is crucial to promoting quality of life and safety throughout pregnancy.

The CSD02 explains the feelings that negatively affect women during pregnancy. Some pregnant women may not know how to deal with these feelings or may not seek professional help, putting them at risk for significant health problems.

Supporting the findings of this study, several other studies show that some pregnant women experience feelings of sadness, anxiety, worry, and fear after their pregnancy is confirmed. Some even question their capacity as a mother

and whether they can effectively fulfill this role (Alves & Bezerra, 2020; Silva et al., 2021).

Studies demonstrate that anxiety is the most common disorder experienced by pregnant women and is more prevalent in the third trimester of pregnancy. Risk factors for pregnancy complications include a prior history of miscarriage, previous pregnancy complications, certain types of jobs, tobacco use, illicit drug use, and maternal desire (Alves & Bezerra, 2020; Paz et al., 2020).

Figueiredo et al. (2022) point out that another risk factor for anxiety is the lack of guidance from health professionals and the situation in which pregnant women live. The authors propose prenatal psychological care and psychological interventions as tools for maternal health care, not only to prevent such distress but also to detect it at an early stage to reduce future complications.

Family support and the presence of a partner are significant factors in pregnant women's health, making them feel protected, happy, and cared for. These aspects have a profound effect on the entire pregnancy-puerperium cycle, as well as the need to support the pregnant woman and her newborn during the puerperium. In the absence of such support, the mother may experience postpartum complications, such as difficulties with breastfeeding and bonding with her partner (Santos et al., 2022; Silva et al., 2021).

Additionally, unintended pregnancy and insufficient family planning can trigger a range of negative emotions, including fear, anxiety, sadness, guilt, insecurity, disillusionment, and anxiety about the future. These feelings relate to both the baby and other issues, such as financial problems, lack of time or ability to care for the child, or lack of acceptance of the pregnancy by the partner (Sousa et al., 2022).

The CSD02 highlights the importance of the multidisciplinary health team during the prenatal period in identifying possible signs and symptoms of mental disorders. As this is a time of intense change, women and their families must be supported, encouraging them to cope and take care of their physical health without neglecting their mental health.

The CSD03 outlines some of the positive emotions that pregnant women often experience. Although this period brings about various changes and struggles, it is also a time of joy and personal growth. Furthermore, it can strengthen the bond between family members, the expectant mother, her partner, and the unborn child.

Studies confirm that pregnancy is a multifaceted experience that elicits different reactions, such as the experience of motherhood for women who tried several times to conceive or those who underwent fertility treatments. The announcement of pregnancy is usually met with gratitude, and the mother-baby relationship is strengthened during this stage, particularly if the piece of news is well received by the partner and family, thus laying the foundation for pregnancy well-being (Silva et al., 20-21; Zanatta et al., 2017).

Zanatta et al. (2017) found that many women are less concerned with the aesthetic changes in their bodies and more focused on changing the way they are, maturing and

taking on more responsibility, enjoying every moment, and taking advantage of every adaptation of their bodies to create and sustain a new life.

These experiences are not limited to the women but also involve their families and partners. Positive emotions fostered by devoted care and support are crucial for maintaining maternal and fetal health throughout pregnancy, childbirth, and puerperium. The prenatal period is pivotal for monitoring fetal growth and maternal health, as well as for preparing pregnant women emotionally and helping them understand the changes that occur at each stage of pregnancy.

The study had some limitations. Most users of the Manoel Camilo FHU live in rural areas, so it was difficult for pregnant women to attend meetings at the family unit where the study was conducted. Also, it should be added that the results of this study represent the reality of a local community, which makes it difficult to draw generalizations.

Conclusion

The study accomplished its objective by identifying the women's experiences and feelings during pregnancy, as seen in the CSDs developed based on the pregnant women's statements. The situational diagnosis revealed that the interviewed women recognized the physical changes that occur during pregnancy. A wide range of sensations and feelings characterizes this period. Joy, love, fear, and anxiety were reported, but the positive feelings outweighed the negative ones. Acquiring knowledge about individuals' experiences and feelings toward their present health status is crucial for identifying gaps, deficits, and doubts related to their current circumstances. With this information, health professionals can develop and implement health education interventions to improve the community's quality of life.

The content of this study is expected to serve as a basis for further research and interventions, highlighting the importance of expanding health education actions aimed at promoting health and forming an autonomous and well-informed community. Furthermore, it is recommended that health teams be more involved in regular educational interventions aimed at empowering women throughout pregnancy.

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References

- Alves, T. V., & Bezerra, M. M. (2020). Principais alterações fisiológicas e psicológicas durante o período gestacional. *Revista Multidisciplinar e de Psicologia*, 14(49), 114-126. <https://doi.org/10.14295/online.v14i49.2324>
- Barcellos, L. N., Ribeiro, W. A., Santos, L. C., Paula, E., Neves, K. C., Fassarella, B. P., Júnior, J. C., Souza, D. M., Martins, L. M., Lima, D. S., Castro, K., Martinho, M. N., & Arnaldo, C. R. (2022). Ações educativas no pré natal sob o olhar do enfermeiro. *Research, Society and Development*, 11(6), 1-9. <http://dx.doi.org/10.33448/rsd-v11i6.29274>
- Benevides, F. T., Lima, M. R., Nogueira, M. D., Nogueira, V. C., Maia, C. S., & Carvalho, F. H. (2021). As repercussões da gravidez no cotidiano de uma mulher. *Journal of Health & Biological Sciences*, 9(1), 1-6. <https://doi.org/10.12662/2317-3206/jhbs.v9i1.3784.p1-6.2021>
- Elkins, J. R., Oxentenko, A. S., & Nguyen, L. A. (2022). Hyperemesis gravidarum and nutritional support. *American Journal of Gastroenterology*, 117(10S), 2-9. <https://doi.org/10.14309/ajg.0000000000001957>
- Fernandes, L. M. (2020). Educação em saúde para gestantes: Experiência da implementação de um grupo de gestantes. *Revista Interdisciplinar em Saúde*, 7(1), 1608-1621. <https://doi.org/10.35621/23587490.v7.n1.p1608-1621>
- Figueiredo, L. M., Carneiro, J. M., Rego, R. C., Lins, A. C., & Cruz, C. R. (2022). Pré-natal psicológico como uma possibilidade de cuidado integral à saúde materna: Uma revisão integrativa da literatura. *Psicologia e Saúde em Debate*, 8(1), 1-13. <https://doi.org/10.22289/2446-922X.V8N1A1>
- Figueiredo, M. Z., Chiari, B. M., & Goulart, B. N. (2013). Discurso do sujeito coletivo: Uma breve introdução à ferramenta de pesquisa quali-quantitativa. *Distúrbio Comum*, 25(1), 129-136. <https://revistas.pucsp.br/index.php/dic/article/view/14931/11139>
- Gandolfi, F. R., Gomes, M. F., Reticena, K. O., Santos, M. S., & Damini, N. M. (2019). Mudanças na vida e no corpo da mulher durante a gravidez. *Brazilian Journal Surgery Clinical Research*, 27(1), 126-131. https://www.mastereditora.com.br/periodico/20190607_200629.pdf
- Hailu, G. A., Weret, Z. S., Adasho, Z. A., & Eshete, B. M. (2022). Quality of antenatal care and associated factors in public health centers in Addis Ababa, Ethiopia, a cross-sectional study. *Plos One*, 17(6), 1-12. <https://doi.org/10.1371/journal.pone.0269710>
- Lefreve, F., & Lefreve, A. M. (2014). Discurso do sujeito coletivo: Representações sociais e intervenções comunicativas. *Texto & Contexto Enfermagem*, 23(2), 1-6. <https://doi.org/10.1590/0104-070720140000000014>
- Marques, B. L., Tomasi, Y. T., Saraiva, S. S., Boing, A. F., & Geremia, D. S. (2021). Orientações às gestantes no pré-natal: A importância do cuidado compartilhado na atenção primária em saúde. *Escola Anna Nery*, 25(1), 1-8. <https://dx.doi.org/10.1590/2177-9465-e-an-2020-0098>
- Meireles, J. F., Neves, C. M., Carvalho, P. H., & Ferreira, M. E. (2015). Insatisfação corporal em gestantes: Uma revisão integrativa da literatura. *Ciência & Saúde Coletiva*, 20(7), 2091-2103. <https://doi.org/10.1590/1413-81232015207.05502014>
- Melo, D. E., Silva, S. P., Matos, K. K., & Martins, V. H. (2020). Consulta de enfermagem no pré-natal: Representações sociais de gestantes. *Revista Enfermagem UFSM*, 10(18), 1-18. <https://doi.org/10.5902/2179769237235>
- Monteschio, L. V., Marcon, S. S., Arruda, G. O., Teston, E. F., Nass, E. M., Costa, J. R., Oriá, M. O., & Pereira, A. L. (2021). Ganho de peso gestacional excessivo no Sistema Único de Saúde. *Acta Paulista de Enfermagem*, 34, 1-10. <https://doi.org/10.37689/acta-ape/2021AO001105>
- Nascimento, L. C., Souza, T. V., Oliveira, I. C., Moraes, J. R., Aguiar, R. C., & Silva, L. F. (2018). Theoretical saturation in qualitative research: An experience report in interview with schoolchildren. *Revista Brasileira de Enfermagem*, 71(1), 228-233. <https://doi.org/10.1590/0034-7167-2016-0616>
- Oliveira, T. L., Almeida, J. L., Silva, T. G., Araújo, H. S., & Juvino, E. O. (2020). Unveiling physiological changes in pregnancy: Integrative study focusing on nursing consultation. *Research, Society and Development*, 9(12), 1-16. <https://doi.org/10.33448/rsd-v9i12.10836>
- Rezende, C. B. (2020). Sentidos da maternidade em narrativas de parto no Rio de Janeiro. *Sociologia & Antropologia*, 10(1), 201-220. <https://doi.org/10.1590/2238-38752019v10i17>
- Paz, M. M., Diniz, R. M., Almeida, M. O., Cabral, N. O., Mendes, C. K., Araújo, J. S., & Assis, T. J. (2020). Ansiedade na gestação de alto risco: Um reflexo da atenção básica no alto sertão da Paraíba. *Revista Neurociências*, 28, 1-21. <https://doi.org/10.34024/rnc.2020.v28.10466>
- Pinheiro, A. C., Queirós, C., & Alvim A. S. (2022). Manifestações cutâneas na gravidez. *Acta Medica Portuguesa*, 35(5), 376-383. <https://doi.org/10.20344/amp.13520>
- Saliba-Júnior, O. A., Rollo, H. A. Saliba, O., & Sobreira, M. L. (2022). Percepção positiva e eficácia das meias de compressão na prevenção de edema em membros inferiores de gestantes. *Jornal Vascular Brasileiro*, 21, 1-7. <https://doi.org/10.1590/1677-5449.210101>
- Santos, R. M., Marquete, V. F., Vieira, V. C., Goes, H. L., Moura, D. R., & Marcon, S. S. (2022). Partner perception and participation in prenatal and birth care. *Revista de Pesquisa Cuidado é Fundamental Online*, 14, 1-8. <https://doi.org/10.9789/2175-5361.rpcf.v14.10616>
- Shen, Q., Huang, C. R., Rong, L., Ju, S., Redding, S. R., Ouyang, Y. Q., & Wang, R. (2022) Effects of needs-based education for prenatal anxiety in advanced multiparas: A randomized controlled trial. *BMC Pregnancy and Childbirth*, 22, 1-9. <https://doi.org/10.1186/s12884-022-04620-3>
- Silva, J. F., Sousa, E. O., Alves, B. R., Ambrósio, L. D., Oliveira, I.

- M., Berger, A. Z., Martins, V. M., Moura, L. C., Santos, K. L., Barcellos, L. G., Paula, S. L., Martins, Y. C., Sousa, Y. F., Cardoso, M. Q., & Cunha, M. S. (2021). Benefícios da participação paterna no ciclo gravídico-puerperal para a consolidação da tríade mãe-pai-filho. *Pesquisa, Sociedade e Desenvolvimento*, 10(11), 1-12. <https://doi.org/10.33448/rsd-v10i11.19927>
- Silva, J. M., Silva, H. T., & Tomaz, R. R. (2020). Fisioterapia na prevenção de edema no período gestacional: Um estudo de revisão. *Revista Carioca de Educação Física*, 15(1), 3-15. <https://www.revistacarioca.com.br/revistacarioca/article/view/85>
- Silva, N. G., Zveiter, M., Almeida, L. P., Mouta, R. J., Medina, E. T., & Pitombeira, P. C. (2021). Demandas emocionais durante a gravidez e suas consequências no processo de parto. *Investigação, Sociedade e Desenvolvimento*, 10(9), 1-22. <https://doi.org/10.33448/rsd-v10i9.17884>
- Silva, N. M., Queiroz, T. D., Silva, A. B., Silva, J. V., & Nascimento, E. G. (2022). Educação em Saúde com gestantes na estratégia saúde da família: Desafios e possibilidades. *Revista de Ciências Médicas e Biológicas*, 21(2), 203-210. <https://doi.org/10.9771/cmbio.v21i2.46713>
- Sousa, A. A., Sampaio, B. B., Damasceno, S. S., Oliveira, D. R., Albuquerque, T. R., & Cruz, R. S. (2022). Non-planned pregnancy in the Family Health Strategy: An integrative review. *Research, Society and Development*, 11(6), 1-10. <https://doi.org/10.33448/rsd-v11i6.29455>
- Souza, R. A., Santos, M. S., Messias, C. M., Silva, H. C., Rosas, A. M., & Silva, M. R. (2020). Avaliação de qualidade da assistência pré-natal prestada pelo enfermeiro: Pesquisa exploratória. *Online Brazilian Journal of Nursing*, 19(3), 1-10. <https://doi.org/10.17665/1676-4285.20206377>
- Zanatta, E., Pereira, C. R., & Alves, A. P. (2017). A experiência da maternidade pela primeira vez: As mudanças vivenciadas no tornar-se mãe. *Pesquisas e Práticas Psicossociais*, 12(3), 1-16. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-89082017000300005
- Zugaib, M. (2020). *Zugaib obstetria* (4ª ed.). Manole.