REVISTA DE ENFERMAGEM REFERÊNCIA
homepage: https://rr.esenfc.pt/rr/
ISSNe: 2182.2883

RESEARCH ARTICLE (ORIGINAL)

Nurse-midwives' perceptions of parturient women's emotions during the COVID-19 pandemic

Um olhar das enfermeiras obstétricas sobre os sentimentos das parturientes durante a pandemia de COVID-19

Una mirada de las enfermeras obstétricas sobre los sentimientos de las parturientas durante la pandemia de COVID-19

Juliana Amaral Prata [1]
https://orcid.org/0000-0003-1315-7595

Jane Márcia Progianti [1]
https://orcid.org/0000-0003-3843-5192

Juliane Feitosa Teixeira [1]
https://orcid.org/0009-0003-5729-9066

Sophia de Santana dos Reis [1]
https://orcid.org/0009-0000-7931-8449

Alessandra Teixeira [1]
https://orcid.org/0009-0006-9982-4027

Mariana Leal Marcolino de Oliveira [1]
https://orcid.org/0009-0006-4594-3848

Débora Cecília Chaves de Oliveira [1]
https://orcid.org/0000-0003-1550-743X

[1] State University of Rio de Janeiro, Faculty of Nursing, Maternal and Child Department, Rio de Janeiro, RJ, Brazil

Corresponding author
Juliana Amaral Prata
E-mail: juaprata@gmail.com

Received: 27.12.23
Accepted: 13.06.24

Abstract

Background: The COVID-19 pandemic negatively affected the mental health of pregnant, parturient, and puerperal women.

Objective: To explore nurse-midwives' perceptions of parturient women's emotions during the COVID-19 pandemic.

Methodology: A descriptive and qualitative study was conducted with 22 nurse-midwives from Rio de Janeiro (Brazil). Data were collected from May to July 2021 through individual interviews and subjected to thematic content analysis.

Results: Emotions such as fear, anxiety, apprehension, anguish, and worry were associated with concerns about the new disease, the uncertainties of giving birth in a hospital setting, and the lack of information during prenatal care. Also, the restrictions on birth companions and visits led parturient women to feel abandoned and frustrated, increasing their distress.

Conclusion: The COVID-19 pandemic increased parturient women's emotional vulnerability and compromised their civil rights and personal experience of childbirth. This situation has underscored the importance of nurse-midwives' care as it considers and values the emotions of parturient women.

Keywords: nurse midwives; pregnant women; COVID-19; fear; parturition

Resumo

Enquadramento: A pandemia de COVID-19 trouxe implicações negativas para a saúde mental das gestantes, parturientes e puérperas.

Objetivo: Conhecer as perceções das enfermeiras obstétricas sobre os sentimentos das parturientes durante a pandemia de COVID-19.

Metodologia: Estudo descritivo e qualitativo, com 22 enfermeiras obstétricas do Estado do Rio de Janeiro (Brasil). Os dados foram colhidos de maio a julho de 2021, por meio de entrevistas individuais, e submetidos à análise de conteúdo temática.

Resultados: Medo, ansiedade, apreensão, angústia e receio associaram-se às preocupações com a nova doença, às incertezas de parir no hospital e à escassez de informações no pré-natal. As restrições à presença de acompanhantes e visitas geraram a sensação de abandono e frustração, potencializando o sofrimento das parturientes.

Conclusão: A pandemia acentuou vulnerabilidades emocionais, interferiu no exercício da cidadania e na produção de subjetividades na vivência do parto, apontado para a relevância dos cuidados das enfermeiras obstétricas, que valorizam os aspectos emocionais das parturientes.

Palavras-chave: enfermeiras obstétricas; gestantes; COVID-19; medo; parto

Resumen

Marco contextual: La pandemia de COVID-19 ha tenido consecuencias negativas para la salud mental de las embarazadas, las parturientas y las mujeres que han dado a luz recientemente.

Objetivo: Conocer la percepción del personal de enfermería obstétrica sobre los sentimientos de las parturientas durante la pandemia de COVID-19.

Metodología: Estudio descriptivo, cualitativo, con 22 enfermeras obstétricas del estado de Río de Janeiro (Brasil). Los datos se recogieron de mayo a julio de 2021, mediante entrevistas individuales, y se sometieron a análisis temático de contenido.

Resultados: El miedo, la ansiedad, la aprensión, la angustia y el temor se asociaban a las preocupaciones por la nueva enfermedad, las incertidumbres de dar a luz en el hospital y la falta de información durante los cuidados prenatales. Las restricciones a la presencia de acompañantes y a las visitas provocaban un sentimiento de abandono y frustración, que se suma al sufrimiento de las parturientas.

Conclusión: La pandemia acentuó las vulnerabilidades emocionales, interfirió en el ejercicio de la ciudadanía y en la producción de subjetividades en la vivencia del parto, lo que resalta la relevancia de los cuidados de las enfermeras obstétricas, que valoran los aspectos emocionales de las parturientas.

Palabras clave: enfermeras obstétricas; gestantes; COVID-19; miedo; parto

How to cite this article: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S., Teixeira, A., Oliveira, M., & Oliveira, D. (2024). Nurse-midwives' perceptions of parturient women's emotions during the COVID-19 pandemic. *Revista de Enfermagem Referência, 6*(3), e34110. https://doi.org/10.12707/RVI23.152.34110

Introduction

The COVID-19 pandemic disrupted the access to and use of sexual and reproductive health services in several countries around the world. In Brazil, although pregnant, parturient, and puerperal women were identified as a high-risk group, the rates of prenatal care declined. This had a negative impact on preventable maternal mortality. Currently, research is being conducted on the adverse effects of pregnancy and childbirth on the mental health of pregnant, parturient, and puerperal women considering the impact of the social isolation measures and new behaviors and sanitary protocols introduced by the COVID-19 pandemic.

Nurse-midwives are recognized worldwide for promoting care humanization during pregnancy, childbirth, and the puerperium. Therefore, the importance of their work during the COVID-19 pandemic must be acknowledged and understood. Nurse-midwives promote women's physical, psychological, and social well-being by providing compassionate care, which in turn promotes self-care and provides emotional support, security, respect, and tranquility, as well as satisfaction with the childbirth experience (Almeida, Progianti, et al., 2022). In light of this, our study used a qualitative and descriptive methodological approach to explore nurse-midwives' perceptions of parturient women's emotions during the COVID-19 pandemic.

Background

The declaration of the COVID-19 outbreak as a pandemic triggered the implementation of measures to limit the spread of the disease, especially through the use of masks, hand hygiene, and social isolation. These measures significantly impacted people's lifestyles and healthcare services at different levels (Cruz-Ramos et al., 2023).

The pandemic aroused feelings of fear, insecurity, and anxiety among the populations, particularly due to the lack of scientific knowledge about effective therapeutic approaches, the growing demand for medium- and high-level health services, and the high rates of COVID-19 infection and death, mainly during the "first wave" (Almeida, Carvalho, et al., 2022; Joaquim et al., 2022).

In addition, the priority given to investments in the immediate response to the pandemic reduced the provision of primary health care by restricting access to health services and interfering, for example, with women's sexual and reproductive rights as well as their right to quality and safe care (Almeida, Carvalho et al., 2022; Joaquim et al., 2022; Sweet, 2022). During the COVID-19 pandemic, pregnant and puerperal women were identified as a risk group due to the increased risk of clinical complications and death associated with the infection by SARS-COV-2 (Joaquim et al., 2022; Sweet, 2022).

Regarding maternal mortality from COVID-19, Brazilian data from 2021 show that 59% of deaths among infected pregnant and puerperal women were not related to pre-pregnancy or pregnancy-related comorbidities. This suggests that maternal deaths were preventable and highlights the inadequacy of the Brazilian healthcare system in providing adequate services or resources for testing, diagnosis, hospitalization, and intensive care (Carvalho et al., 2023).

In light of the above, and considering that high-risk pregnancies are prone to the development of feelings of fear, guilt, frustration and anxiety, low self-esteem, and negative expectations about pregnancy and childbirth, it is possible to foresee the detrimental effects of the COVID-19 pandemic on the mental health of pregnant, parturient, and puerperal women.

Research question

How did nurse-midwives perceive parturient women's emotions during the COVID-19 pandemic?

Methodology

A descriptive qualitative study was conducted with 22 nurse-midwives from Rio de Janeiro (Brazil), who had provided care to parturient women during the years 2020 and 2021 (inclusion criterion). Professionals who exclusively cared for parturient women in the private sector and home-based birth settings were excluded.

Snowball sampling was used to select participants. This sampling method begins by selecting an individual with the right profile to be the initial participant (also called the seed). Next, this initial participant is asked to recommend other potential participants. These are also asked to refer other potential participants, and so on, until the sample is saturated (Curtis & Keeler, 2021). In our study, the initial participant (the seed) was intentionally selected based on the authors' proximity to midwifery clinical teaching tutors. Using a messaging application, the potential participants were contacted and presented with an introduction and explanation of the study, followed by an invitation to participate. Those who agreed to participate were asked to sign an informed consent form, which was sent by email.

Our study had three initial participants (seeds) from which three referral chains were formed.

Data collection took place from May to July 2021 through individual interviews following a semi-structured script. This included closed-ended questions to briefly characterize the participants and the following open-ended questions: "During the COVID-19 pandemic, what emotions did parturient women express while receiving care? In your opinion, why did they express those emotions?" Because data collection took place during the pandemic, interviews were conducted via videoconference at a date and time chosen by the participants. The interviews were conducted by two authors of our study, who were previously trained and took turns conducting the data collection. The interviews lasted an average of 40 minutes and were recorded using an image and audio recording application, after obtaining the participants' consent. The collected

data were transcribed using a word processor (Word). Three pilot tests were conducted before data collection began. The pilot tests confirmed the suitability of the instrument and formed the analytical corpus.

No participants were lost during the study. However, eight nurse-midwives declined the invitation to participate due to work overload. Following the principles of thematic saturation, it was observed that no new themes were identified in the eighteenth interview conducted. Data collection ended when saturation was confirmed after four more interviews.

A thematic content analysis was conducted (Minayo, 2014) through three stages. In the pre-analysis stage, the transcribed material was read, considering the criteria of exhaustiveness, representativeness, and homogeneity. This was followed by the stages of exploration and categorization, with the identification of recording and contextual units, the selection of significant extracts, and the definition of categories. Finally, the data were processed and interpreted through the construction of an interpretative synthesis, involving inferences and the comparison with the scientific literature.

Our study was approved by the Research Ethics Committee of the State University of Rio de Janeiro, under opinion number 4.518.637, dated February 1, 2021. Participants were enrolled in the study only after reading and signing the informed consent form. The anonymity of the participants was guaranteed by using the letters "NM", referring to nurse-midwife, followed by the number corresponding to the order in which they were interviewed.

Results

All 22 participants in our study sample were female and most were between the ages of 30 and 39. In terms of education, 13 obtained the title of nurse-midwife through nurse residency programs and nine through traditional postgraduate specialization programs. Regarding the length of time in the specialty, 11 participants had worked in midwifery for one to nine years, seven for 10 to 19 years, two for 20 to 29 years, and two for 30 to 40 years. Regarding the employment relationship with the maternity service, eight nurse-midwives had an open-ended contract (they were public servants), 10 had a fixed-term contract, and three participants accumulated both.

Emotions associated with the experience of hospital birth during the COVID-19 pandemic

The participants recognized that fear, anxiety, and distress were common emotions among parturient women. These were related to the uncertainties and concerns surrounding the COVID-19 pandemic, especially because it was a new disease: "[It was] more the fear of the pandemic, of something unknown to them! It was the fear of the moment of birth plus the fear of the disease" (NW4); "We realized that it caused fear in them because everything was new! At first it was a shock! The idea that: I'm pregnant in the middle of a pandemic! What am I going to do?" (NW8); "I noticed a higher level of fear, worry, anguish in the women . . . They were very afraid!" (NW7).

Participants also noted that parturient women experienced fear, doubt, and uncertainty about giving birth in a hospital environment during the COVID-19 pandemic: "Their fear of contracting the virus in the hospital" (NW11);

Whether they want it or not, women are in a hospital environment and this often causes fear, anxiety . . . I observed that for them having to experience a unique moment like pregnancy and childbirth during a pandemic changes what they had idealized (NW15).

We noticed their fear of coming to the maternity ward. [Before] patients would come with 5 or 6 centimeters of dilation, but they are starting to come during the expulsive stage because they are afraid to leave the house and go to a health unit (NW9).

Emotions related to lack of information and restrictions on birth companions and visits

During the COVID-19 pandemic, the nurse-midwives observed that pregnant women arrived at the maternity hospital with a lack of information about health services and the childbirth process. The participants believed that these situations resulted from weaknesses in prenatal care, including the absence or reduction of face-to-face educational activities and the suspension of visits to the maternity hospital of referral.

During the pandemic, I no longer had women and their families informed about childbirth . . . I've noticed that they arrive less informed and don't know what's going to happen, as they used to . . . It is a scenario of anxiety, despair, and fear of misinformation about the process itself, not just about COVID-19 (NW16).

The lack of face-to-face educational groups makes it very difficult for us because women can't interact with other women in person. This way they can understand better, [it is] more emotional because childbirth is emotional, [it is] listening to other women talk (NW6).

Previously, women knew where they were going to give birth, which was the point of visiting the maternity hospital of referral. Today, they do not know the environment, because the pandemic has limited this first moment of women's connection between their primary care unit and the place where they are going to give birth. Often, she doesn't know from the beginning of her pregnancy where she is going to give birth (NW2).

According to the participants, the lack of information during prenatal care led to pregnant women being unprepared for childbirth, which in turn triggered the expression of emotions such as insecurity, fear, anxiety, apprehension, and worry.

Women have less information and this causes insecurity, anxiety, and fear. All of this becomes visible during childbirth and is a major obstacle to a more peaceful labor (NW20).

They are more insecure and more afraid of the unknown, even women who have been through childbirth. So, my perception is that they are less prepared because of a lack of information. They are more anxious! [They are] very afraid of everything. So, they get more nervous. It is hard

for them to relax (NW14).

This scenario is further exacerbated by restrictions on birth companions and visits to maternal and obstetric care services. As a result, participants noted that without a support network, women felt more abandoned and alone. This contributed to making them more anxious, nervous, stressed, frustrated, and sad: "They were more anxious because the presence of the companion was restricted. I can see how anxious parturient women are! It was difficult to disconnect them from the outside world and connect them to the active phase of childbirth. Emotionally, it's very difficult!" (NW22).

In the beginning, the presence of the companion was limited, and I think that was very detrimental . . . It's a person they know, someone who's there to hold their hand when we can't sometimes. And with that restriction, they became more nervous and more stressed (NW1).

"The birth companion restriction is very difficult because I see them more abandoned and without a support network. They are very alone!" (NW3); "It was very hard for women to go through childbirth without a companion, without having someone by their side, without emotional support" (NW10); "Because I see them more anxious because they want their family and visitors. She wanted people closer to her . . . but because of the pandemic . . . This causes sadness, anxiety and frustration" (NW13).

Discussion

During the first year of the COVID-19 pandemic, nurse-midwives noticed a predominance of negative emotions among parturient women. Fear, anxiety, and worry were associated with concerns, doubts, and insecurities about giving birth in a hospital setting during a pandemic scenario caused by a new disease with high rates of hospitalization and death.

Pregnancy is an event in reproductive life that involves some degree of emotional instability, as it arouses joy and a sense of empowerment, but also generates negative emotions, such as fear of childbirth and death; sadness, worries and doubts related to the ability to sustain the life of another being; and fears and insecurities related to the acceptance of pregnancy and family, social, economic, and cultural issues (Boeck et al., 2022; Hense et al., 2023).

These emotions are more common during the first and third trimesters of pregnancy, with short- and long-term effects on maternal and fetal well-being, including an increased risk of depression, miscarriage, pre-eclampsia, intrauterine growth restriction, preterm birth, and low birth weight (Boeck et al., 2022; Hense et al., 2023).

Thus, women's adaptation to the changes of the pregnancy-puerperium cycle alters their overall status and may be detrimental to their mental health, depending on each woman's specific life context (Boeck et al., 2022).

Considering the social and economic impact of the COVID-19 pandemic on people's physical and psychosocial health and well-being, it is clear that this scenario was even more devastating for pregnant, parturient, and puerperal women. As a result, these women felt more fear, anguish, and stress when faced with isolation and health measures, the risk of contracting the disease, new care protocols, lack of socialization and support network, and the spread of misinformation (Boeck et al., 2022; Cruz-Ramos et al., 2023; Hense et al., 2023; Joaquim et al., 2022; Leal et al., 2023).

The COVID-19 pandemic introduced fear into the daily lives of these women. Although this feeling is a defense and adaptive mechanism to ensure survival in the face of real or potential threats, when exacerbated, fear can be detrimental to mental health, promote psychological disorders, and increase anxiety, stress, and uncertainty in healthy people or those with pre-existing conditions (Boeck et al., 2022; Chrzan-Detkos et al., 2021; Hense et al., 2023; Stampini et al., 2021).

Thus, pregnancy and childbirth during the COVID-19 pandemic were characterized by women's doubts, uncertainties, concerns, and, above all, feelings of anxiety arising from the risk of infecting and transmitting the virus to the fetus and having childbirth complications, the difficulties in accessing health services, the restrictions on the right to have a birth companion in the maternity hospital and the possibility of fetal death and loss (Almeida, Progianti et al., 2022; Boeck et al., 2022; Cruz-Ramos et al., 2023; Hense et al., 2023; Joaquim et al., 2022; Lamy et al., 2023).

These problems increased the feelings of sadness, loneliness, anguish, anger, irritation, and guilt, as well as a sense of helplessness, lack of support, and frustration resulting from the uncertainties and doubts about pregnancy and childbirth in the context of an unknown disease of pandemic proportions (Boeck et al., 2022; Hense et al., 2023; Joaquim et al., 2022; Mirzakhani et al., 2022).

In addition to the psychological suffering of pregnant, parturient, and puerperal women, the anxiety and anguish associated with seeking healthcare services, considered a high-risk environment for COVID-19 transmission and infection (Cruz-Ramos et al., 2023; Lamy et al., 2023), led to a decrease in women's attendance of prenatal care visits and increased interest in home births (Hense et al., 2023; Mollard & Wittmaack, 2021).

Particularly during the COVID-19 pandemic, which was characterized by a significant increase in maternal deaths, psychological symptoms, and mental health disorders among pregnant women, prenatal care emerged as essential for health promotion and prevention activities, pregnancy risk classification, and early diagnosis and timely management of problems (Boeck et al., 2022; Cruz-Ramos et al., 2023; Leal et al., 2023). In this sense, the implementation of care strategies such as patient welcoming, the offer of emotional support, and the implementation of informational and educational activities is essential to address women's negative feelings and concerns related to pregnancy and childbirth, minimize suffering, provide well-being, promote better psychological adaptation to events, and contribute to achieving better maternal and neonatal outcomes (Cruz-Ramos et al., 2023).

However, despite the public health measures that determined the maintenance of prenatal care, with the implementation of schedules for face-to-face consultations with adequate intervals and interspersed with teleconsultations

and online educational actions, many primary health care units reduced the provision of sexual and reproductive health care, at the same time that the low adherence of pregnant women and the abandonment of prenatal care due to the fear of contamination became a reality (Almeida, Carvalho et al., 2022; Cruz-Ramos et al., 2023). This situation resulted in a sense of social helplessness, loss of contact with health professionals, and lack of information, which increased the emotional instability of pregnant women. This was expressed in anxiety, altered sleep patterns, sadness, fear, insecurity, and uncertainty about pregnancy and obstetric care protocols, with implications for women's quality of life (Boeck et al., 2022; Cruz-Ramos et al., 2023; Joaquim et al., 2022).

The nurse-midwives in our study noted that the changes in prenatal care routines during the pandemic weakened the educational component of this care, particularly due to the suspension of face-to-face prenatal groups and visits to the maternity hospital of referral. Even though many institutions adopted online educational activities, participants felt that this strategy was not effective. Many pregnant women were admitted to the maternity ward with little information about childbirth and consequently felt more insecure and afraid.

In the face of restrictive health protection measures, the exceptional use of telehealth was a way to ensure the care of pregnant women. However, the low level of health literacy of the Brazilian population and barriers to digital access led to the low effectiveness of this strategy in providing counseling (Almeida, Carvalho, et al., 2022; Carvalho et al., 2023).

This lack of information created feelings of anxiety, apprehension, and fear about hospitalization and childbirth, making women feel insecure, unprepared for childbirth, and fearful of the restrictions on birth companions and hospital visits, which were temporarily suspended in many maternal and obstetric care services, as observed in other studies (Boeck et al., 2022; Cruz-Ramos et al., 2023; Hense et al., 2023; Joaquim et al., 2022; Leal et al., 2023).

In 2020 and 2021, maternity care guidelines were published for asymptomatic and symptomatic COVID-19-infected pregnant women. However, these guidelines were not clear enough and prompted many institutions to prohibit companions during childbirth and the puerperium, restrict visits during hospitalization, and modify some obstetric practices, such as the mandatory use of a mask by all parturient women and the suspension of rooming-in, skin-to-skin contact, delayed cord clamping, and breastfeeding in the delivery room (Almeida, Carvalho et al., 2022; Carvalho et al., 2023; Cruz-Ramos et al., 2023), Carvalho et al., 2023; Cruz-Ramos et al., 2023; Almeida, Progianti et al., 2022; Hense et al., 2023; Mollard & Wittmaack, 2021).

The results of our study show that these circumstances generated frustration, sadness, loneliness, and helplessness, which further exacerbated the emotional distress of parturient women who found themselves in a hostile and often unfamiliar environment, with limited control over the situation, without contact with their support network, and unable to share the singular moment of childbirth with their families in a context of widespread fear of infection and death from COVID-19 (Boeck et al., 2022; Cruz-Ramos et al., 2023; Hense et al., 2023; Joaquim et al., 2022; Lamy et al., 2023; Leal et al., 2023). Therefore, women needed to be respected, feel that their needs were understood, have someone close by their side, and receive information and emotional support. These conditions are conducive to building a relationship of trust with health professionals, lead to reassurance and well-being, contribute to better obstetric outcomes, and provide a positive birth experience (Boeck et al., 2022; Cruz-Ramos et al., 2023; Leal et al., 2023).

However, it is important to bear in mind that the work context of health professionals during the COVID-19 pandemic was one of intense overload and psychological suffering due to occupational risks, lack of human and material resources, illness and death among health professionals, withdrawal from social and family life, and constant changes in clinical protocols (Almeida, Carvalho et al., 2022; Carvalho et al., 2023; Sweet, 2022). Thus, this challenging health and work scenario did not always allow health professionals to provide comprehensive and humanized maternal and obstetric care (Carvalho et al., 2023; Lamy et al., 2023).

This situation inevitably affected hospital care. Under the argument of reducing the spread of the virus and protecting health, the regulations implemented, which often lacked solid scientific evidence to support their adoption as routine for all parturient women, increased obstetric interventions and cesarean section rates, as well as non-compliance with good practices and disrespect for women's rights, causing serious setbacks in the achievement of humanized care (Almeida, Carvalho, et al., 2022; Hense et al., 2023; Leal et al., 2023; Mollard & Wittmaack, 2021; Sweet, 2022).

It is essential to remember that pregnancy and childbirth are strongly influenced by the environment in which they occur. Pregnant, parturient, and puerperal women were identified as a risk group for COVID-19 and experienced limited access to health services. The COVID-19 pandemic aggravated their emotional vulnerability, disrespected their civil rights, and affected the way they experienced pregnancy and childbirth. Moreover, it had a profound impact on women's reproductive lives. During these women's lonely journey through pregnancy and childbirth, permeated by so many negative emotions, it was essential that health care also focused on minimizing psychological effects and preventing mental disorders. However, these issues were often neglected due to the biological risks of the pandemic.

Our study is limited by the fact that the group of participants consisted exclusively of nurse-midwives working in public services in a single Brazilian state. Nevertheless, our results were considered valid because they are similar to those of national and international studies that also addressed the negative impact of the COVID-19 pandemic on the mental health of women in the pregnancy-puerperium cycle.

As such, the results of our study can provide a foundation for health care in future health crisis contexts and unders-

core the importance of maintaining sexual and reproductive health promotion services as one lesson learned from the COVID-19 pandemic. By providing comprehensive and humanized care, it is possible to promote physical and mental well-being, alleviate psychological suffering resulting from the vulnerabilities associated with a public health emergency, and ensure respect for women's human rights. In this sense, the essential role of nurse-midwives is reinforced by the relationship-based nature of their method of care delivery to pregnant, parturient, and puerperal women.

Conclusion

According to nurse-midwives, fear, anxiety, anguish, and uncertainty were frequent emotions among parturient women during the COVID-19 pandemic. These were associated with concerns about the emergence of a new infectious disease, uncertainty about giving birth in a hospital setting, and lack of information about the birth process. Nurse-midwives also noted that restrictions on birth companions and visits created a sense of abandonment and frustration in women, increasing their anxiety, nervousness, stress, and sadness.

After the global COVID-19 crisis, it is crucial to focus on the promotion and protection of women's rights, best practices, person-centered care, and the principles of humanized, quality, and safe care during prenatal care, childbirth, and the puerperium. These aspects were often neglected during the COVID-19 pandemic in favor of measures to contain the spread of the virus and prevent contamination. Such considerations are essential and relevant to the challenges of achieving the Sustainable Development Goals following the COVID-19 pandemic.

Author contributions

Conceptualization: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S.
Data curation: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S.
Formal analysis: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S.
Funding acquisition: Prata, J. A.
Investigation: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S.
Methodology: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S.
Project administration: Prata, J. A.
Supervision: Prata, J. A., Progianti, J.
Validation: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S., Teixeira, A., Oliveira, M., Oliveira, M., Oliveira, D.
Visualization: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S., Teixeira, A., Oliveira, M., Oliveira, M., Oliveira, D.
Writing - Original draft: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S., Teixeira, A., Oliveira, M., Oliveira, M., Oliveira, D.
Writing - Review & editing: Prata, J. A., Progianti, J., Teixeira, J. F., Reis, S. S., Teixeira, A., Oliveira, M., Oliveira, M., Oliveira, D.

References

Almeida, B. C., Progianti, J. M., Prata, J. A., Araújo, L. M., Freitas, J. B., & Silva, R. P. (2022). Ações e atitudes das enfermeiras na abordagem das parturientes sobre tecnologias não invasivas de cuidado. *Revista Enfermagem Uerj, 30*, e65999. https://doi.org/10.12957/reuerj.2022.65999

Almeida, R. A., Carvalho, R. H., Lamy, Z. C., Alves, M. T., Poty, N. A., & Thomaz, E. B. (2022). Do pré-natal ao puerpério: Mudanças nos serviços de saúde obstétricos durante a pandemia da covid-19. *Texto & Contexto Enfermagem*, *31*, e20220206. https://doi.org/10.1590/1980-265X-TCE-2022-0206pt

Boeck, G. A., Carvalho, B. L., Back, I. R., & Santos, A. L. (2022). Saúde mental e covid-19: Sentimentos vivenciados por gestantes em tempos de pandemia. *Concilium*, *22*(3), 665-683. https://doi.org/10.53660/CLM-257-258

Carvalho, R. H., Alves, M. T., Silva-Junior, A. G., Alexandre, G. C., Coimbra, T. R., Moraes, M., Menezes, L. O., Oliveira, S. S., Thomaz, E. B., Lamy, Z. C., & Barreira, L. S. (2023). Maternal health during the COVID-19 pandemic: Experiences of health workers in three Brazilian municipalities. *Plos One*, *18*(8), e0290068. https://doi.org/10.1371/journal.pone.0290068

Chrzan-Dętkoś, M., Walczak-Kozłowska, T., & Lipowska, M. (2021). The need for additional mental health support for women in the postpartum period in the times of epidemic crisis. *BMC Pregnancy and Childbirth*, *21*(114), 1-9. https://doi.org/10.1186/s12884-021-03544-8

Cruz-Ramos, M. C., Resurrección, D. M., & Hernández-Albújar, Y. (2023). Childbirth experience during the COVID-19 pandemic: A qualitative thematic analysis. *Midwifery*, *121*, 103669. https://doi.org/10.1016/j.midw.2023.103669

Curtis, A. C., & Keeler, C. (2021). Sampling design in nursing research. *American Journal of Nursing*, *121*(3), 53-57. https://doi.org/10.1097/01.NAJ.0000737304.14564.51

Hense, T. D., Milbrath, V. M., Gabatz, R. I., Velasques, P. T., Rodrigues, T. J., & Vaz, J. C. (2023). Tornar-se mãe em tempos de pandemia: Revisão integrativa da literatura. *Revista Contexto & Saúde*, *23*(47), e12844. https://doi.org/10.21527/2176-7114.2023.47.12844

Joaquim, R. H., Dittz, E. S., Leão, A., Madalena, C. M., Costa, P. R., Azevedo, L., & Magalhães, L. C. (2022). Maternidade em tempos de pandemia de covid-19: O que nos revelam as mães atendidas em um hospital de referência. *Interface: Comunicação, Saúde, Educação*, *26*, e210785. https://doi.org/10.1590/interface.210785

Lamy, Z. C., Thomaz, E. B., Silva-Junior, A. G., Alexandre, G. C., Alves, M. T., Carvalho, R. H., Menezes, L. O., Oliveira, S. S., Moraes, M., Magalhães, Y. B., Coimbra, T. R., & Guzman-Barrera, L. S. (2023). Experiences of women in prenatal, childbirth, and postpartum care during the COVID-19 pandemic in selected cities in Brazil: The resignification of the experience of pregnancy and giving birth. *Plos One*, *18*(5), e0284773. https://doi.org/10.1371/journal.pone.0284773

Leal, C. A., Lima, M. M., Sonaglio, B. B., Costa, R., Wilhelm, L. A., & Drews, M. P. (2023). Atenção ao parto e puerpério durante a pandemia de covid-19: Implicações na humanização do cuidado. *Revista Eletrônica de Enfermagem*, *25*, 73786. https://doi.org/10.5216/ree.v25.73786

Minayo, M. C. (2014). *O desafio do conhecimento: Pesquisa qualitativa em saúde.* Hucitec.

Mirzakhani, K., Shoorab, N. J., Akbari, A., & Khadivzadeh, T. (2022).

High-risk pregnant women's experiences of receiving prenatal care in covid-19 pandemic: A qualitative study. *BMC Pregnancy and Childbirth*, *22*(363). https://doi.org/10.1186/s12884-022-04676-1

Mollard, E., & Wittmaack, A. (2021). Experiences of women who gave birth in US hospitals during the COVID-19 pandemic. *Journal of Patient Experience*, *8*. https://doi.org/10.1177/2374373520981492

Stampini, V., Monzani, A., Caristia, S., Ferrante, G., Gerbino, M., Pedrini, A., Amadori, R., Rabbone, I., & Surico, D. (2021). The perception of Italian pregnant women and new mothers about their psychological wellbeing, lifestyle, delivery, and neonatal management experience during the COVID-19 pandemic lockdown: A web-based survey. *BMC Pregnancy and Childbirth*, *21*(473), 1-12. https://doi.org/10.1186/s12884-021-03904-4

Sweet, L. (2022). COVID-19 special issue: The impact of COVID-19 on women, babies, midwives, and midwifery care. *Women and Birth*, *35*(3), 211-212. https://doi.org/10.1016/j.wombi.2022.03.002