

Pregnancy: implications for the pregnant woman's life

Gestação: implicações na vida da gestante

Embarazo: implicaciones para la vida de la embarazada

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How to cite: Honorio EMS, Ribeiro LB, Barbosa JSP, Ferreira MVR, Silva DF, Neves WC, Correa KG. Pregnancy: implications for the pregnant woman's life. REVISA. 2022; 11(3): 356-69. Doi: <https://doi.org/10.36239/revisa.v11.n3.p356a369>

REVISA

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Received: 15/04/2022
Accepted: 23/06/2022

RESUMO

Objetivo: analisar a gestação e suas implicações na vida da gestante. **Método:** revisão bibliográfica integrativa seguindo os pressupostos de Ludke e André, e abordagem qualitativa. **Resultados:** No presente estudo, foram analisados 16 (dezesesseis) artigos científicos, que atenderam aos critérios de inclusão previamente estabelecidos, onde foram encontrados 8 (oito) na base de dados SCIELO, 2 (dois) artigos na BVS e outros 6 (seis) em Revistas de Enfermagem, a seguir, apresenta-se um panorama geral dos artigos analisados. **Conclusão:** cada mulher externaliza seus sentimentos de descoberta de gravidez de forma diferente, algumas ficam animadas e sentem prazer, outras ficam tristes e receosas com o que está por vir. É importante instigar a enfermagem a interagir e auxiliar a parturiente de forma abrangente. **Descritores:** Gestação; Gestante; Saúde Reprodutiva; Saúde da Mulher; Emoções.

ABSTRACT

Objective: to analyze the management and its conclusions in the pregnant woman's life. **Method:** integrative literature review following the assumptions of Ludke and André, and a qualitative approach. **Results:** In this study, 16 (sixteen) scientific articles were formed, which met the advanced inclusion criteria, where 8 (eight) were found in the SCIELO database, 2 (two) articles in the VHL and another 6 (six) in Nursing Journals, below, presents an overview of the distribution articles. **Conclusion:** each woman externalizes her feelings of pregnancy discovery differently, some are excited and feel pleasure, others are sad and afraid of what is to come. It is important to encourage nursing to interact and assist the parturient in a comprehensive way. **Descriptors:** Gestation; Pregnant; Reproductive Health; Women's Health; Emotions.

RESUMEN

Objetivo: analizar el manejo y sus conclusiones en la vida de la gestante. **Método:** revisión integradora de la literatura siguiendo los supuestos de Ludke y André, y un enfoque cualitativo. **Resultados:** En este estudio se conformaron 16 (dieciséis) artículos científicos, los cuales cumplieron con los criterios de inclusión avanzada, donde se encontraron 8 (ocho) en la base de datos SCIELO, 2 (dos) artículos en la BVS y otros 6 (seis) en Enfermería. Revistas, a continuación, presenta una descripción general de los artículos de distribución. **Conclusión:** cada mujer exterioriza sus sentimientos de descubrimiento del embarazo de manera diferente, algunas están emocionadas y sienten placer, otras están tristes y temerosas de lo que está por venir. Es importante fomentar que la enfermería interactúe y asista al parturient de manera integra. **Descriptores:** Gestación; Embarazada; Salud reproductiva; La salud de la mujer; Emociones.

Introduction

Pregnancy is a physiological phenomenon that occurs within the uterus, results in a new human being and this process, in most cases, develops uneventfully.¹ It is also a period of great physical, emotional and sexual changes experienced by the pregnant woman and her partner and an important event due to the constitution of a family and the bonds that are already beginning to be created between the members.¹

In view of the preparation and follow-up of pregnancy, prenatal care is essential at this time and prepares the pregnant woman and the family for the process of pregnancy and birth of the child, in addition to clarifying doubts, bringing knowledge and informing all possible diagnoses that a pregnant woman may have.²

Care exists for the care of pregnancy without risk, which prevents high risk or assists it, as its main objective to monitor the growth and development of the fetus, and the health, well-being and quality of life of the mother¹. It is a primary assistance for a healthy birth and risk control at the time of delivery. In consultations, it is necessary that the pregnant woman be oriented about the entire evolution of pregnancy, general care for herself (physical, spiritual, emotional and sexual), about the support network and on childbirth.³

All orientations help relieve the tension that the woman feels during pregnancy, especially primiparous women, not only because of the fear of the process of pregnancy and childbirth, but also for the physical changes that occur in the body, where they may feel insecure and afraid to perform everyday activities, such as work, exercises, and even sexual life.⁴ The visits will guide the woman in this new phase and give them the knowledge necessary to live the pregnancy in a full and pleasurable way.⁵

In view of the above, this study proposes the following research question: what implications does pregnancy have on a woman's life, when she knows she is pregnant?

The aim of this study was to analyze pregnancy and its implications on the life of pregnant women. This study becomes relevant since it encourages health professionals working in prenatal care to educate and guide pregnant women holistically and work together with a multidisciplinary team to help women deal with the various areas that are affected during pregnancy.

In addition, through this study, pregnant women can acquire knowledge about how to deal with the emotions and feelings that a pregnancy generates; effectively seek to maintain a good relationship with their support network and will learn about sexual life during pregnancy, which can lead them to an intentional search on the subject, including during prenatal consultations, in which they can answer their doubts with the health professional.

Furthermore, the study may foster further research in the area of pregnancy.

Methodology

This study used the qualitative approach and bibliographic review method, according to ludke and andré's⁶ assumptions that seek to explain a problem from theoretical references published in articles.

Data collection was based on a systematized search for scientific articles written in recent years and available in the database of the Scientific Electronic Library Online (SCIELO), in the Virtual Health Library (VHL) and Nursing Journals, using the following descriptors: Pregnancy; Pregnant; Reproductive health; Women's Health; Emotions.

For the selection of articles were considered as inclusion criteria: national scientific articles in Portuguese, published in full and available online. Exclusion criteria focused on studies that did not meet the research objective with the following exclusion criteria: articles with incomplete publication and or in the form of an expanded abstract.

Results and Discussion

In the present study, 16 (sixteen) scientific articles were analyzed, which met the previously established inclusion criteria, where 8 (eight) were found in the SCIELO database, 2 (two) articles in the VHL and another 6 (six) in Nursing Journals, then presenting an overview of the analyzed articles. Chart 1 represents the specifications of the articles included in the study.

Chart 1- Articles used in the construction of the discussion. 2021.

Title	Authors	Year	Type of study
Experiencing repercussions and transformations of a pregnancy: perspectives of pregnant women	Karla Gonçalves Camacho; Octavio Muniz da Costa Vargens; Jane Márcia Progianti; Thelma Spíndola;	2010	Qualitative descriptive research
Feelings and perceptions of puerperal women regarding the care provided by the maternal and child service of a university hospital.	Ligia Maria Suppo de Souza Rugolo; Juliana Bottino; Silvia Regina Marchioni Scudeler; Maria Regina Bentlin; Cleide Enoir Petean Trindade; Gimol Bezaquen Perosa; Antonio Rugolo Junior;	2004	Cross-sectional study
Meanings of pregnancy and motherhood: Discourses of primiparous and multiparous.	Flavia Baroni Simas; Laura Vilela e Souza; Fabio Scorsolini-Comin;	2013	Qualitative research (interview)
Pregnancy and preparation for childbirth: intervention programs.	Eliana Aparecida Torrezan da Silva;	2013	Qualitative literature review
Pregnant women's perception of their families and pregnancy through the Calgary and Hermeneutics model	José Lenartte da Silva	2018	Descriptive, exploratory qualitative study

Pregnancy and the constitution of motherhood.	Cesar Augusto Piccinini; Aline Grill Gomes; Tatiana de Nardi; Rita Sobreira Lopes;	2008	Qualitative research (interview)
Doula's Role in Parturient Care.	Viviane Murilla; Sonia Maria Junqueira Vasconcellos de Oliveira;	2005	Descriptive study
Qualitative evidence on follow-up by doulas in labor and delivery	Raimunda Magalhães da Silva; Neslson Filice de Barros; Herla Maria Furtado Jorge; Laura Pinto Torres de Melo; Antonio Rodrigues Ferreira Junior;	2012	Qualitative literature review
The meanings of care in pregnancy	Danielle Abdel Massih Pio; Mariana da Silva Capel;	2015	Qualitative exploratory research
Reflections on sexuality during the experience of the climacteric.	Roselane Gonçalves; Miriam Aparecida Barbosa Merighi;	2009	Qualitative study (phenomenological)
Profile of sexual behavior during pregnancy.	Ana Carolina Rodrigues Savall; Aline Knepper Mendes; Fernando Luiz Cardoso;	2008	Descriptive research with cross-sectional design
Nursing care to women's sexuality in climacteric: reflections from the perspective of phenomenology	Ângela Roberta Lessa de Andrade; Clara Maria Silvestre Monteiro de Freitas; Isadora Tavares Riebert; Hellen Nely de Almeida Arruda; Danielle de Arruda Costa; Aurélio Molina da Costa;	2016	Qualitative study (phenomenological)
The experience of sexuality by women in the climacteric.	Sheila Milena Pessoa dos Santos; Roberta Lima Gonçalves; Elisangela Braga de Azevedo; Ana Karla Dantas Pinheiro; Carolina Araújo Barbosa; Kamila Nóbrega de França Costa;	2014	Analytical-descriptive study (qualitative)
Climacteric and sexuality: the understanding of this interface by women assisted in groups.	Deise Moura de Oliveira; Maria Cristina Pinto de Jesus; Miriam Aparecida Barbosa Merighi;	2008	Qualitative study
Social representations of the sexual life of women in the climacteric attended in public health services	Ivonete Alves de Araújo; Ana Beatriz Azevedo Queiroz; Maria Aparecida Vasconcelos Moura; Lúcia Helena Garcia Penna;	2013	Qualitative study (semi-structured interview)
The process of living and being healthy of women in the climacteric.	Maria de Fátima Mota Zampieri; Gladys Santos Falcon; Celina Maria Araújo Tavares; Alcione Leite de Silva; Maria de Lourdes Campos Hames; Lúcia Takase Gonçalves;	2009	Qualitative study

For the discussion of the theme, the data found were organized in the form of categories, where they are presented in number of five categories, as follows:

Pregnancy

Pregnancy is the event that occurs inside the uterus, which resulted from the fertilization of the egg by sperm and is an event that will bring great transformations in the life of the woman and her partner.⁷ Suspicion of a pregnancy can be identified by a set of signs presented by the woman, such as: menstrual delay from 14 days, nausea and vomiting, increased breast pain sensitivity and hyperpigmentation of the primary areola and appearance of the secondary areola with imprecise limits (called Hunter's Sign), polaciuria, chloasma (spots caused by increased melanin production on the forehead part, nose, cheek and upper lip), pigmentation in the alba line (called nigra line), among other signs. The specific diagnosis is based on the identification by ultrasound or fetal cardiac activity and the detection of hCG in the blood or urine.⁸

During pregnancy, the woman undergoes systemic transformations of the genitalorgans and clinical implications. Within the systemic transformations: changes in posture and ambulation, metabolism, cardiovascular system, blood system and urinary system. Anatomical changes in the kidneys and lower urinary system, physiological changes related to cardiac output, concentration and elevation of some substances, modification in the respiratory system, digestive system, endocrine system, skin and phreanes. In the genitals, there is a change in the vulva and vagina and uterus. And finally, clinical implications involving cardiovascular, blood, urinary, respiratory, digestive and endocrine changes.⁹

Pregnancy is divided into three trimesters. In the first trimester, fertilization and establishment of the embryo occur in the uterus and the development of the first layers of organs begins and, at the end of this period, the embryo begins to take shape. In the second trimester, the fetus completely develops all organs. In the third, the fetus gains weight and height and the mother prepares for delivery. Throughout pregnancy, it is important that the woman maintains healthy habits for the development of the fetus, and in this first phase, for the embryo to survive, it is also important to avoid exercises and activities of great impact.⁹

Pregnancy is an important phase in the life of any woman, it is a time of diverse changes, it is a complex, transformative and dynamic process. Understanding the pregnancy marked by the transformations of the body means considering pregnancy in its psychological, social, cultural sphere, and in all its faces.¹⁰

Pregnancy induces several changes in the woman's body, the maternal organism is "obliged" to undergo a series of adaptations, adaptations these, attributed to the whirlwind of hormones that the woman's body is exposed to, and these changes are necessary for the fetus to have a healthy development and within normal standards.¹¹

Feelings experienced upon learning of pregnancy

When the woman begins to show the signs of possible pregnancy, and thinks of the various transformations that will occur in her body, there is a mixture of feelings of wanting or not being pregnant. From this feeling, others are triggered as surprise, whether positive or negative, intense enjoyment and pleasure, or non-positive feelings such as distress and abandonment. While for some the moment is special, for others it may be a time when they feel frustrated and embarrassed, and it is necessary to consider gestational changes, self-image and self-esteem.¹²

In unwanted pregnancy, disordered feelings can occupy a woman's mind. It is possible that she thinks that pregnancy is an invasion, someone came and entered without asking permission, and that's when the pregnant woman begins to assimilate things and a process of acceptance can begin.¹²

From this, thoughts about the future arise, many of them, are frightened and worried, especially if it was not a planned pregnancy. When seeking care, it is necessary that this woman be heard and that the health professional give importance to their reports, because it is at this moment that a relationship of trust is established between the patient, her family and the professional, and from that moment on the fears, insecurities and concerns can be administered in the best way.¹³

It is necessary that the team that will provide assistance to these women understand what pregnancy means for them and their families. It is necessary to understand how each pregnancy took place, as this will determine the proper and healthy development of the mother and fetus. The main goal of prenatal care is to welcome the mother from the beginning of her pregnancy, when she will undergo physical, physiological and psychoemotional changes. Each woman will deal with these changes individually and differently, which can cause fear, doubt, sadness, or just curiosity.¹⁴

Difficulties encountered during pregnancy

From a historical analysis, it is perceived that in recent decades motherhood has gained new adjacent challenges. The greater insertion of women in the labor market makes her have multiple journeys, since the care of children and domestic services remain mostly under the responsibility of the woman, in the Brazilian scenario.¹⁵

In this sense, according to IBGE, women from lower economic classes have greater difficulty in carrying out effective family planning, a fact observed from the 2010 Census data, which demonstrated the fertility rate of the less developed regions of the country, Northeast and North, of 2.4 and 2.0 children, respectively, in contrast to the more developed regions, South and Southeast, which were 1.8 and 1.7 children per woman¹⁶. This situation refers to pregnant women who feel economic and social helplessness because they do not have a structure that guarantees the supply of their family's basic needs, such as food, housing and access to basic health, especially for low-income multi-workers. A new format of the family system with more responsibilities, probable financial

difficulties and quality of life, generates many uncertainties and anxiety in pregnant women.¹⁷

On the other hand, even if the woman has a good job and comfortable economic situation, the other activities performed by her can become a stress factor during pregnancy.¹⁸

Maintenance of interpersonal relationships

In pregnancy, the woman begins to have a body that transforms every day and that undergoes several emotional changes, during this period, she can become more vulnerable, and, in terms of emotional health, she can emerge more strengthened and matured, or else more weakened or confused. Therefore, this period is so special for the woman, her partner and other children and, finally, for all of the family, because the woman not only goes through changes in her body, but she also goes through changes in the way of living and seeing the world, since she is being prepared to bring a life to the world. Therefore, due to these various transformations in the woman's body and mind, medical, psychological and support network during pregnancy is of paramount importance.¹⁹

Family is the heart of the social system and if someone wants to maintain the health of society, the best way is to discover a means of nourishing heart (family), because it is who helps build the human being, provides love and care and builds healthy children and future adults.²⁰ By taking this concept into consideration, it is possible to realize that a support of extreme importance for pregnant women is the family. This well-established relationship gives women a support network to which she can overcome challenges and face fears, longings, anxieties and conflicts.²¹

In a qualitative study conducted with pregnant women, it showed changes in the marital relationship. Women reported increased connection, union and solidity in the relationship after discovering they were pregnant.²² Another study showed that some pregnant women received full support from their families, and this led to a positive development of pregnancy, because they felt more confident, while other pregnant women did not receive this support, but during pregnancy the family was able to assimilate this new phase.²¹

In addition to the family, another important support network are doulas, women who help pregnant women and the family during the perinatal period, meeting the needs and needs of the woman, as well as calming and bringing security in this process.²³ The doula can provide physical, emotional, social and spiritual support to the woman and it is important that this professional can be recognized and that pregnant women know that they can have this support during pregnancy.²⁴

With this study, it was possible to identify that support to pregnant women with support networks, whether family, social or by a health professional, in joint actions, provides pregnant women with greater safety and better guidance to experience the gestational process.²⁵

Sexuality in pregnancy

Sexuality is something that is within every human being, it is not characterized by the need for sex, but by the basic need to relate to the other, receiving and giving love, contact and intimacy. It is a fundamental thing to discuss, as it interferes in actions, feelings, interactions, physical and mental health.²⁶ And it is characterized by physiological, biological, sociological, cultural, and spiritual adaptations of the human being, their experience, physical and emotional behavioral well-being, affective development in relation to other people and the very expression of being.²⁷

Sexuality is a very important aspect in the quality of life of the human being because it is part of who a person is, and what he feels and does, and for sexuality to develop, basic human needs need to be met, some examples are: intimacy, affection, emotional expression, pleasure and love.²⁸

Affectivity are phenomena experienced and lived in the form of emotion, feeling and passion. Emotion is a form of body expression that has the plastic power, expressive and contagious, the body establishes postural patterns in each emotion. It acts in a mutual way between individuals and stimulates cognitive development. Expression, on the other hand, is a representative form of affectivity, that is, feelings, especially in adults, translate the motives and circumstances present in the demonstration of that feeling. Passion is a way to meet the affective needs of the human being.²⁹

The way sexuality is lived and expressed is very important, and these characteristics come from whether thoughts, fantasies, desires, attitudes, values, beliefs, practices and relationships. It is influenced by biological, psychological, economic, cultural and religious factors, and is one of the pillars of the quality of life and overall health of the individual.³⁰ It is important to understand that sexuality should be seen broadly, that is, understand that it can manifest itself in all phases of life.³¹

Sexual pleasure is an imbrication of the other in us, of us in the other, one can configure bonds that goes beyond the usual relationship and that is characterized by the need for satisfaction of sexual pleasure. Latent need in all individuals and at some moments of life, in view of the fragilities of the physical body and interpersonal relationships that, when being limited, the individual may wish to shiefrom the affective/sexual relationship.³²

The exercise of pleasure is linked to the relationship one has with one's own body, with the other and with the world. Thus, exercising sexuality is not just having an active sexual life, it is meeting yourself, it is feeling accompanied, it is having the other as a living presence, active, as being-with-the-other in an affectionate environment. If so, physical limitations will not be obstacles to the pleasure of being together with each other. Furthermore, the author describes in his study the report of a research participant where her speech reveals that the body is an object of pleasure and that, in the exercise of pleasure, it is also possible that the Being feels the importance of the other to itself. But what differs from other animals is that the satisfaction of this pleasure does not end with orgasm. Sexual life cannot be circumscribed to an organic device and it is not through sexual life that one understands the existence that gives meaning to life is the possibility of sharing experiences, emotions, pleasures, joys and sorrows.³²

Myths and taboos

There are many myths and taboos about sexuality and sex itself, due to religious beliefs and other limiting beliefs. The church has long dictated sexual behaviors, emphasizing sex only for procreation, and not as a form of pleasure and connection.²⁶ Sex was seen through fear and fear, sexually transmitted diseases, sin, pregnancy and other.³³

Another fact is that female sexuality has always been involved in myths and taboos that are recorded in the collective unconscious, and by being surrounded by mysteries, sins and prejudices, it makes it difficult to experience it besides influencing the understanding of the multiple possibilities of the relationship.³²

Pregnancy is one of the cycles of life of women in which their sexuality is affected and influenced by several factors such as changes in body image perception, decreased energy level, presence of physiological symptoms and body discomforts, quality of relationships, mood changes, need for a new physical, emotional, existential and also sexual adaptation that can be felt by pregnant women, as well as by your partner.³⁷ In a survey related to sexuality in pregnancy by Cristina Lazar, she points to a drop in sexual relations between couples of 25% every quarter, which proves the changes reported above.³⁴

Humanization in nursing care for women who experience difficulties related to their sexuality, as the essence of the "being" woman, and of sexual practice due to the characteristic changes of the specific physiology of the lived phase, requires the reception of this woman so that there is resolution in the responses to their needs. And this is a field where more progress is needed, since sexuality in the climacteric is not yet a very comfortable area for nurses who work directly with primary care. Studies show that unpreparedness in academic training requires reformulation of the curriculum and better foundation of nurses in sexuality care.³⁵

The experience of sexuality is related to factors that go beyond the generational and sociodemographic aspects, being more related to cultural aspects.³⁶ However, it is thought that some factors may be conditioning factors of this behavior of aversion, especially those that focus on the imaginary and the female psyche. This results in a situation of psychological blockage for the experience of sexual intercourse, with possibilities of evolution, if they are fed.³⁷

Studies reveal changes in the experience of sexuality according to reports of women where they mentioned significant changes in this context. These sexual changes are considered uncomfortable as they have an impact on your relationship with your partner and with yourself.³⁸

Other results showed that the sexual life of women in climacteric was anchored in the feminine stereotypes of a conservative cultural formation, in which sex and love must walk together, as something inseparable and dependent on each other.³⁹

It is worth remembering that sexuality is one of the pillars of quality of life and indispensable factor for maintaining social interaction and creating bonds. Therefore, it is necessary to help them, strengthen them, empowering them to go through this phase of their lives as naturally as possible.³⁵

Throughout their life process, women seek to strengthen their self-esteem and singularities, asserting themselves as women. In interacting with others in their daily lives, they reveal themselves, they love, they suffer, they are happy and they transform. Marital relationships proved to be an important factor for healthy living, being essential for the process of socialization of women, formation of their identity and feeling of belonging to a social group. For women, the search for autonomy and rights has been paramount to strengthen the social role of women, the full experience of citizenship and the visibility of women in society.⁴⁰

Final Considerations

This study met the proposed objectives, because it was able to show in general the implications of pregnancy in the life of pregnant women. It is possible to observe that the changes in the life of the parturient, her partner and family members are profuse and often difficult to deal with, especially for the parturient, who finds himself in a completely different phase of life, with changes and transformations in all areas.

It was found that each woman externalizes their feelings of pregnancy discovery differently, some are excited and feel pleasure, others are sad and afraid of what is to come. But the fact is that the support network of the pregnant woman makes all the difference, especially the partner, the woman feels safe and confident to know that her partner will be with her on this journey.

In addition, other important implications were highlighted, such as the multiple journeys of women. Whether in a low or high income situation, having support in the various functions that performs, makes the woman feel less overloaded and more willing to deal with all the transformations that pregnancy brings. In the low-income situation, it is also worth mentioning that family planning programs and state support for the supply of basic family needs are also paramount for the emotional well-being of pregnant women.

Another important point is sexuality, which is sometimes neglected and not experienced. With physical and emotional changes, women start to feel insecure with their own body and with hormonal changes, which often generate increased or decreased libido. Moreover, it was observed the difficulty that the parturient and her partner have to experience sexuality during pregnancy, sometimes because they do not know what can or cannot be practiced and sometimes for fear of hurting the fetus. That is why it is important that there is a multidisciplinary team that guides women and their partners holistically.

For sexuality to be a point to be valued and better considered during pregnancy, it is necessary to supply essential factors of the well-being of pregnant women and for this both public measures and for example the strengthening of basic health programs that help women to carry out family planning in order to promote better emotional state for pregnant women, as well as interpersonal measures: presence of a support network of friends and family so that there is no overload of functions for women, need to be taken.

This study becomes relevant since it highlighted important points that pregnancy brings in the life of pregnant women and, with this, it can encourage nursing to interact and help the parturient in a comprehensive way, that is, to

teach and support in the physical, emotional, spiritual and sexual areas.

Acknowledgment

This research was not granted to be done.

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