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Difficulties, fears and expectations of pregnant women in the pregnancy period

Dificuldades, medos e expectativas de gestantes no período gravídico

Dificultades, miedos y expectativas de mujeres embarazadas en el periodo de embarazo

RESUMO

Objetivo: Conhecer as dificuldades, medos e expectativas de gestantes no período gravídico. Método: Trata-se de um estudo descritivo, com abordagem quantitativa, realizado em uma instituição de ensino superior, em um município Paraibano. A amostra foi composta por 20 gestantes. Os dados foram coletados no mês de setembro de 2018, através de um formulário. Posteriormente, foram analisados estatisticamente, de forma descritiva simples, para posterior apresentação em tabelas. O estudo respeitou os aspectos éticos preconizados. Resultados: Foi visto nas entrevistas, que as gestantes possuem ter medo e inseguranças em relação a gestação ou parto. Predominantemente, as participantes esperam que o bebê nasça saudável e verbalizaram ter um parto tranquilo sem alterações. Conclusão: Sugere-se a unidade de saúde um reforço na realização de ações internas para os próprios pacientes, para evitar qualquer medo e dúvidas em relação à gestação.

Descritores: Gestação; Mulher; Saúde; Cuidado.

ABSTRACT

Objective: to evaluate the factors associated with the search for a specialized screening service for Covid-19 in the hospital, acObjective: To know the difficulties, fears and expectations of pregnant women during pregnancy. Method: This is a descriptive study, with a quantitative approach, carried out in a higher education institution in a municipality of Paraíba. The sample consisted of 20 pregnant women. Data were collected in September 2018, using a form. Later, they were statistically analyzed for later presentation in tables. The study respected the recommended ethical aspects. Results: Most interviews have fear and insecurities regarding pregnancy or childbirth. Predominantly, the participants expect the baby to be born healthy and they verbalized that they had a smooth delivery without alterations. Conclusion: It is suggested that the health unit reinforces the performance of internal actions for the patients themselves, to avoid any fear and doubts regarding the pregnancy.

Descriptors: Gestation; Women; Health; Caution.

RESUMEN

Objetivo: Conocer las dificultades, miedos y expectativas de la gestante durante el embarazo. Método: Se trata de un estudio descriptivo, con enfoque cuantitativo, realizado en una institución de educación superior, en un municipio de Paraíba. La muestra estuvo constituida por 20 mujeres embarazadas. Los datos se recopilaron en septiembre de 2018 mediante un formulario. Posteriormente, fueron analizados estadísticamente para su posterior presentación en tablas. El estudio respetó los aspectos éticos recomendados. Resultados: La mayoría de las entrevistas presentan miedos e inseguridades con respecto al embarazo o al parto. Predominantemente, los participantes esperan que el bebé nazca sano y verbalizaron que tuvieron un parto suave y sin alteraciones. Conclusión: Se sugiere que la unidad de salud refuerce la realización de acciones internas para las propias pacientes, para evitar miedos y dudas sobre el embarazo.

Descriptores: Gestación; Mujeres; Salud; Precaución.

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INTRODUCTION

Pregnancy represents the most complex event in a woman's life, and it can be a very stressful moment that produces biological changes, influenced by the genetic, psychological and social structure of the mother. (1-2) The physiological changes observed during pregnancy basically occur from voluntary and involuntary hormonal factors, which despite these changes being considered normal, are configured as adaptations of the maternal organism to the gestational cycle until the puerperal cycle. (3-4)

Numerous investigations in the health area indicate that a loving and healthy maternal-fetal relationship results in an effective postnatal bond between mother and newborn, resulting from the emotional and psychological aspects experienced by her, affecting the child in the neurobehavioral sphere, and positively or negatively influencing the conceptus. (5-6)

According to Costa's thinking, (7) the female human being is constituted by the life cycle privileged by several phases, and being able to enjoy the exceptional phase of physiological phenomena that evolve into the creation of a new being, which is pregnancy. This moment can be considered the best phase for a woman with a period of physical and psychological changes.

Expecting a child, especially the first one, is one of the most important events in a woman's life, when related to the desire for motherhood. However, the fear that this desire may be interrupted causes negative feelings such as sadness, anger, anxiety, disappointment and frustration, which can trigger depression during pregnancy. (8)

According to Vieira, (1) pregnancy, in addition to portraying the gestational period of the embryo/fetus evolution, also represents the period of development of the maternal role, in which the pregnant woman moves into a new reality preparing to become a mother. Among the risk factors related to psychological changes during pregnancy, conflicts between being single, married, divorced, without a job, having little social support, not having emotional support, as well as loneliness are the main factors to cause anxiety and fear to the pregnant woman. (4-5-6-7) In this context, the primary health care nurse must support the woman when discovering the pregnancy, showing the family the importance of this support, since the lack of it can generate negative consequences for the well-being of the woman and the human being who is in her womb. (6-7)

Oliveira, Barbosa and Melo (9) state that quality prenatal care starts early, frequently and with wide coverage, where the nurse

must carry out consultations providing information about ideal nutrition, care for the breasts for breastfeeding, identification of childbirth signs, as well as issues related to sexuality during pregnancy, physical activities, first care with the newborn, clarifying doubts and solving possible difficulties that the expectant mother may present.

Also from the perspective of the aforementioned author, the nursing professional, in turn, must offer psychological support to the pregnant woman, encouraging the family bond, through clear conversations showing the necessary care for the success of the pregnancy, without judgment or any kind of prejudice. This care makes it easier for women to share their fantasies, fears, emotions, loves or dislikes, thus creating a bond of trust with the nurse, making it possible to optimize health care during the pregnancy period. Thus, the question was: What are the difficulties, fears and expectations of pregnant women during the pregnancy period? Its objective is: To know the difficulties, fears and expectations of pregnant women during the pregnancy period.

METHOD

This study is conceptualized as a field research, with a descriptive character with a quantitative approach. This research was

Expecting a child, especially the first one, is one of the most important events in a woman's life, when related to the desire for motherhood.

carried out in a higher education institution in the state of Paraíba, year 2018. In this research, the population was composed of all pregnant women who undergo prenatal care at the institution, making a total of 50 pregnant women, however, the sample consisted of 20 pregnant women who were randomly chosen, taking into account the following inclusion criteria: who accepted to freely participate in the study, be of legal age and sign the Informed Consent Form (ICF). However, thus excluding from the research, pregnant women, for some reason, refuse to participate in the study, were not in the unit on the day of data collection, or do not undergo prenatal care at that health unit.

The instrument chosen for data collection was an interview form, built by the author, with nine questions and structured, which is characterized in two parts: data for the socioeconomic characterization of the sample and guiding questions about the topic under study.

The first four questions were about the participants' characterization data, and the others were about the theme specifically, which were: Did you experience or

are you going through any difficulties after discovering the pregnancy? Do you have any fears about the pregnancy, your child or your childbirth? Do you feel safe about the pregnancy? Do you feel safe about the birth? What are your expectations for your pregnancy and childbirth?

According to Neto, (10) data collection determines the adoption of specific techniques in order to obtain the necessary data, through surveys that were developed with the craft of a questionnaire, containing two parts: data for sample characterization and guiding questions about the topic under study.

Data collection was formalized upon approval by the Research Ethics Committee of the Faculty of Nursing Nova Esperança, in addition to the sending of an official letter from the Course Coordination to the Institution, location of the research, communicating its intention.

The survey was conducted on weekdays in the morning and afternoon shifts, during the month of September 2018, when two moments were carried out: the first one is the prior contact with the participants, when the research objectives were passed on, its importance in it, and the presentation of the consent form, which was signed. The second moment is the research, when the purpose of the study was clarified, guarantee of anonymity and procedure for collection, leaving the researchers at the interviewee's disposal for any doubts about the research.

The collected material was selected and analyzed based on the approach of the quantitative method from primary data collected from information contained in the collection instrument. Subsequently, the data were grouped using the Statistical Package for Social Sciences software, guided by simple descriptive statistics, for subsequent presentation in graphs and tables, thus serving to discuss the results in the light of the relevant literature. This study complied with the ethical aspects recommended by Resolution CNS 466/12, under opinion No. 183/2018 and CAAE: 97530718400005179.

RESULTS

The results were organized in tables and graphs, divided into two moments for exposure, in which initially, there was a characterization of the sample and then, in a more detailed way, the data referring to the central theme of the study.

Data for sample characterization

Interviews with 20 pregnant women were analyzed, in the morning and afternoon shifts. According to the results shown in table 01, the age group of research participants indicates that 40% (8) of the study participants are aged between 24 and

TABLE 01 – Distribution of frequencies related to the social characterization of research participants (n = 20).

AGE GROUP		
VARIABLES	N	%
18 – 23 years	7	35
24 – 30 years	8	40
31 – 35 years	5	25
Total	20	100
EDUCATION		
Incomplete High School	2	10
Complete High School	16	80
Complete Higher Education	2	10
Total	20	100
MARITAL STATUS		
Single	4	20
Married	13	65
Stable Union	3	15
Total	20	100
FIRST PREGNANCY		
Yes	14	70
No	6	30
Total	20	100

Source: Direct research, João Pessoa – PB, 2018.

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TABLE 02 – Data regarding the existence of difficulty and fear in relation to the pregnancy of (n = 20).

DIFFICULTY IN PREGNANCY		
Yes	4	20
No	16	80
FEAR REGARDING THE PREGNANCY		
Yes	13	65
No	7	35
Total	20	100

Source: Direct research, João Pessoa – PB, 2018.

TABLE 03 – Data regarding safety in relation to pregnancy according to research participants (n = 20).

SAFETY REGARDING THE PREGNANCY		
YES	15	75
No	5	25
SAFETY REGARDING CHILDBIRTH		
Yes	12	60
No	8	40
Total	20	100

Source: Direct research, João Pessoa – PB, 2018.

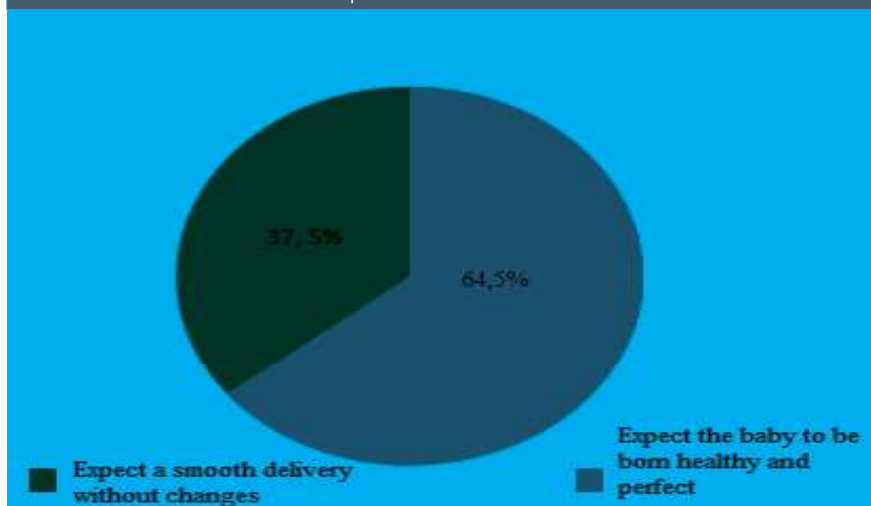
30 years old, while 25% (5) are in the age group between 31 to 35 years.

Regarding education, 80% (16) of the study participants said they had completed high school, while 10% (2) of the pregnant women had incomplete high school, followed by the same percentage of 10% (2) those who had completed high school. With regard to conjugality, 65% (13) of the pregnant women are married and a small portion of 3% (15) claimed to have a stable relationship. With regard to the first pregnancy, it is observed that 70% (14) of respondents answered affirmatively.

Guiding questions of the study

The research participants were asked if they had ever gone through any difficulties after discovering the pregnancy and if they had any fears about pregnancy or childbirth. As shown in table 02, 80% (16) of

GRAPH 01 – Representation of the participants' responses to the following question: What are the expectations for childbirth and the child?



Source: Direct research, João Pessoa – PB, 2018.

the survey participants reported that they have no difficulties during pregnancy and only 20% (4) reported that they have difficulties. Of the participants, 65% (13) said they were afraid of pregnancy or childbirth, while 35% (n = 7) said they were not.

As shown in Table 3, the research participants reveal whether or not they are secure in relation to pregnancy and childbirth, where 75% (15) answered affirmatively, while 25% (5) answered no. When it comes to safety in relation to childbirth, 60% (12) of the sample responded positively, and 40% (8) of the pregnant women responded no, which leads to a relationship of trust with the team.

Graph 1 shows the expectations of pregnant women for pregnancy, childbirth and for the child, where 64,3% (18) said the baby was born healthy and perfect, 35,7% (10) said they had a smooth delivery without changes.

DISCUSSION

Maternal age is considered a risk factor for pregnancy. To the Ministry of Health, (10) pregnant women aged 35 years and over are considered late, being more vulnerable to developing complications during pregnancy, which makes pregnancy a high

risk. In the results of this study, 25% of pregnant women are aged between 31 and 35 years or older, fitting into this process.

Women are getting pregnant at an older age, and this involves a range of factors, highlighting the living conditions of women and families, empowerment, independence, prioritization of work and financial life, political-social involvement, health, sexuality and their dreams. (11)

According to Rodrigues et al., (12) women who completed high school have a higher level of knowledge, thus helping them to be more careful with their health and in understanding the diseases and care given by health professionals. The active participation of the partner becomes essential throughout the pregnancy period, as this father-mother-fetus relationship intimately builds a bond of affection with each other, motivating them to provide material and emotional support to the pregnant woman and to develop paternity before the arrival of the baby, thus, being able to be decisive in the parent-child interaction after birth. (13)

Childbirth is an expected moment that is being constructed and reconstructed in the culture in which pregnant women fit, as well as childbirth becomes a critical moment for most of them who experience labor and childbirth, where they associate the

terms of agony, ordeal, fear, terror, suffering and even death. Another moment that increases anxiety and fear is the impossibility of mastering the process, influencing the incidence of cesarean section, along with the idea that many women are still afraid of normal childbirth because they fear the consequences that may result from this mode of delivery and, above all, bring risks to the fetus or even cause anatomical and physiological injuries. (14)

This yearning may be due to the lack of knowledge of what may happen and the absence of information or dialogue with health professionals when accompanied in the prenatal period, which do not clarify doubts regarding the time and type of delivery. Pregnancy is a period of situations of vulnerability for women, whether due to biological and/or contextual factors that can lead to risks and damage to the mother and fetus, causing psychological, hormonal and physical changes. Bringing precarious housing conditions and excessive exposure to different forms of racial, gender, physical, sexual, economic, psychological, moral and/or symbolic violence. (15)

Commonly, the discovery of pregnancy provides several complex individual changes, which vary among women and can lead to fears, doubts, anxieties or simply the curiosity to know what is happening with their body. (16)

The Ministry of Health (MH) instituted the Prenatal and Birth Humanization Program (PHPN - Programa de Humanização do Pré-Natal e Nascimento), a broad proposal for the humanization of care services throughout the pregnancy-puerperal cycle. (17) A woman must have her choices respected and her safety and well-being prioritized. The professional must be sensitized to the assistance provided, promoting satisfactory care during pregnancy and childbirth for the needs of the woman as parturient, with humanized care by a health team made up of professional attitudes and aware of the role they play in this process. (18)

With the proposition of humanization in childbirth, it is important to highlight that the encouragement of professionals who follow prenatal care, especially nurses,

have an important role, allowing them to have more security in relation to pregnancy and childbirth, showing that the nursing professional does not want to be the subject of the event, favoring the woman and the child to be the protagonists. (19)

Pregnant women's expectations for the time of birth or the baby originate from their own inner world charged with the desire for a safe, peaceful and exciting birth. Also considering the expectations and feelings they have about their baby, the pregnant woman has concerns about her development, which is related to sex, physical and psychological characteristics, mother-infant interaction and the baby's health. (19)

From the new experiences arising from pregnancy and from the development of the role of mother, pregnant women can create expectations for the moment of the birth of their children. Becoming a mother does not occur as a natural consequence of pregnancy and childbirth. (18,19) It is a construction in women's lives, full of experiences and adaptations in the face of physical changes, hormonal issues and novelties that appear during this period. All the expectations and uncertainties about the child, and also about the pregnancy, can generate anxiety in the woman regarding the unknown, whether it is the first or the fifth pregnancy, since each pregnancy is unique and different from the others. (18,19) Health education is an alternative to improve expectations and reduce fears, difficulties and anxieties of pregnant women, in addition to preparing them for childbirth and postpartum. (20)

CONCLUSION

The difficulties, fears and expectations of pregnant women in the pregnancy period as the main theme of this study, made it possible to sanction the likelihood with the objectives previously proposed. In this perspective, it is possible to emphasize that they were reached, through the form carried out in order to gather the greatest number of important information.

Emphasizing that the investigation has

great value in identifying the sample, as it analyzes the profile of the pregnant woman and enables the planning of health promotion and prevention actions, as it facilitates the communication process due to the collected information being linked to social, cultural and personal aspects about specific knowledge.

Based on these data, it is suggested that the health unit reinforces the performance of internal actions for the patients themselves, to avoid any fear and doubts regarding the pregnancy and its fetus, as well as bringing to light the importance of concrete information as being one of the main focuses in the perspective of promoting comprehensive care for pregnant women.

It is expected that this study will encourage research participants, working at the Basic Health Unit, to face expectations during pregnancy, ending the taboo, leading to seeking a deepening of knowledge, with scope for improving the quality of life related to mother and baby, not only nursing, but all health professionals with a single purpose, the well-being of their patients.

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