

## Social representations of pregnant women about pregnancy during prenatal care

*Representações sociais de gestantes sobre gravidez durante o pré-natal*  
*Representaciones sociales de mujeres embarazadas sobre el embarazo durante el cuidado prenatal*

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### Abstract

**Objective:** To understand the social representations of pregnant women about pregnancy during the prenatal period. **Methods:** A qualitative study, guided by the theoretical assumptions of the Social and Methodological Representations of the Convergent Care Research, carried out with 11 pregnant women accompanied by the family health strategy, after approval by the Ethics Committee. For data collection, an in-depth individual interview and the convergence group method were carried out during September to November 2016. The data obtained was subjected to content analysis. **Results:** Data analysis resulted in two categories: discovery of pregnancy and; pregnancy as a state of change. It was evident that representations of pregnancy are anchored in the realization of the dream and in the religious belief that involves motherhood, as well as in the family constitution and increased sense of responsibility. **Final considerations:** It is understood from the study that pregnancy, even causing physical, psychological and social changes, is something expected by women and that generates multiple feelings and causes changes.

**Descriptors:** Pregnancy; Social Representations; Pregnant Women; Nursing.

#### Whats is already known on this?

Pregnancy is a phase of unique discoveries and experiences, endowed with biopsychosocial meanings and needs, which represent opportunities to direct care practices and strengthen health care.

#### What this study adds?

Social representations about pregnancy reveal it as a multifaceted phenomenon, which is influenced by the sociocultural context, knowledge, perceptions and everyday experiences of women and their families.



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### Resumo

**Objetivo:** Aprender as representações sociais de gestantes sobre a gravidez durante o período pré-natal. **Métodos:** Estudo de abordagem qualitativa, norteado pelos pressupostos teóricos das Representações Sociais e metodológicos da Pesquisa Convergente Assistencial, realizado com 11 gestantes acompanhadas pela Estratégia Saúde da Família, após aprovação do Comitê de Ética. Para a coleta dos dados, foi realizada entrevista individual em profundidade com o método do grupo de convergência, entre setembro e novembro em 2016. Os dados obtidos foram submetidos à análise de conteúdo. **Resultados:** A análise dos dados resultou em duas categorias: Descoberta da gravidez e Gravidez como estado de mudanças. Evidenciou-se que as representações da gravidez estão ancoradas na realização do sonho e na crença religiosa que envolve a maternidade, bem como na constituição familiar e no aumento do senso de responsabilidade. **Considerações finais:** Com o estudo, compreende-se que a gestação, mesmo ocasionando modificações físicas, psicológicas e até mesmo sociais, é algo esperado pelas mulheres e que gera múltiplos sentimentos e provoca mudanças.

**Descritores:** Gravidez; Representações Sociais; Gestantes; Enfermagem.

### Resumen

**Objetivo:** Comprender las representaciones sociales de las mujeres embarazadas sobre el embarazo durante el período prenatal. **Métodos:** Estudio cualitativo, orientado por los supuestos teóricos de las Representaciones Sociales y supuestos metodológicos de la Investigación Convergente Asistencial, realizado con 11 embarazadas acompañadas por la estrategia de salud de la familia, previa aprobación del Comité de Ética. Para la recolección de datos se realizó una entrevista individual en profundidad y el método de grupo de convergencia, durante septiembre a noviembre de 2016. Los datos obtenidos fueron sometidos a análisis de contenido. **Resultados:** El análisis de datos resultó en dos categorías: descubrimiento del embarazo y; El embarazo como estado de cambio. Mostrando que las representaciones del embarazo están ancladas en la realización de un sueño y en la creencia religiosa que involucra la maternidad, así como en la constitución de la familia y un mayor sentido de responsabilidad. **Consideraciones finales:** Se entiende del estudio que el embarazo, si bien provoca cambios físicos, psicológicos e incluso sociales, es algo esperado por las mujeres y que genera múltiples sentimientos y provoca cambios.

**Descritores:** Embarazo; Representaciones Sociales; Mujeres embarazadas; Enfermería.

## INTRODUCTION

During the pregnancy period, women can experience physical, psychological and social transformations as a result of adaptations to allow stability to the maternal organism and for new life to be generated. These changes involve all systems and bring discomfort and concerns to pregnant women, since at this stage the most common complaints related to structural and/or functional changes arise, in addition to the doubts and anxieties generated by pregnancy.<sup>(1)</sup>

In this context, prenatal care is an effective resource to prevent diseases, monitor maternal-fetal health and provide guidance on the process of gestating, giving birth and mothering about care for the newborn. Active listening to the countless meanings that pregnant women have in relation to this phase of their prenatal life allows professionals to get to know these women in their uniqueness and, from then on, use strategies to welcome, create bonds, offer access to care that meets their needs and satisfy their questions and desires.<sup>(2-3)</sup>

It is noteworthy that the theme of pregnancy, delivery and birth remain at the center of health policies in Brazil, evolving over the years, given the consolidation of the Unified Health System and the demands for the advancement of knowledge and incentives to improve care.<sup>(4)</sup> In this sense, studies show that Brazilian states have good care coverage during the pregnancy-puerperal cycle, but the difficulties of access to services, the number of prenatal consultations and the performance of individual and/or collective guidance activities remain below the recommendations of the Ministry of Health in several regions of the country.<sup>(5)</sup>

In addition, studies on the senses and meanings of pregnant and puerperal women about their experiences represent gaps for health care, since the knowledge, attitudes and social practices of pregnant women about their pregnancy directly reflect on the way they adhere to preventive and therapeutic activities. Therefore, we chose to work with the social representations of pregnant women in order to understand the interpretations and meanings attributed to the social phenomenon pregnancy, since the Social Representation Theory (SRT) makes it possible for the researcher to capture the meaning of the participants of the phenomenon to be researched, enabling the understanding of the attitudes and behaviors of a given social group in the face of a psychosocial object.<sup>(6)</sup>

The social representations about pregnancy reveal that this is a biopsychosocial phenomenon, which causes changes in the women's life, and their experiences are crossed by cultural, religious, social, economic and emotional values. These elements make these representations unique, and involve feelings such as anxiety, fear, anguish, and enable the planning of care practices necessary for pregnancy to occur

safely and individually and adapted to the needs of each pregnant woman, giving new meaning to nursing care during pregnancy and delivery.<sup>(7)</sup>

We also used the Convergent Care Research (CCR), which maintains a close relationship with care practice, aiming to build new knowledge with the perspective of solving or minimizing problems, promoting changes and/or generating innovations in health care, with the potential to renew care practices.<sup>(8)</sup>

In view of the above, it is believed that social representations can point out ways for the development of clinical care that meets the demands and values the meanings of these pregnant women and, therefore, can contribute to a significant care experience during this phase, in addition to directing future research involving this phenomenon. Thus, the objective is to apprehend the social representations of pregnant women about pregnancy during the prenatal period.

## METHODS

Study with a qualitative approach, guided by the theoretical assumptions of the Theory of Social Representations<sup>(9)</sup> and methodological assumptions of the Convergent Care Research<sup>(8)</sup> carried out in a Basic Health Unit (BHU), in the municipality of Caucaia (CE). The choice for this unit occurred through the link of one of the authors as a care nurse responsible for monitoring pregnant women throughout the pregnancy-puerperal period, given the property of diving into the research topics proposed by the CCR, which corresponds to the requirement of the researcher's immersion in care throughout the investigative process, aiming at the construction of shared innovations in the health care place.<sup>(8)</sup>

Eleven pregnant women who met the inclusion criteria participated in the study: being pregnant, in any gestational period, being over 18 years of age, being accompanied by prenatal care at the BHU and residing in the area covered by the unit. There were no exclusions or losses during the research. The study sample was obtained by convenience, corresponding to the pregnant women accompanied by the unit in which one of the researchers worked as an assistant nurse and was responsible for conducting the prenatal care.

For data collection, a semi-structured in-depth interview was initially carried out, with a mean duration of 40 minutes, during the prenatal consultation, to outline the sociodemographic and obstetric profile and apprehend the social representations of pregnant women in relation to pregnancy, with the following guide question: How do you see yourself as pregnant? Two pilot tests were carried out on the data collection instrument, and no adjustments were necessary. Pilot tests were discarded, since pregnant women could not participate in the next phase of the study due to unavailability of time.

Subsequently, a group was organized, in which the Convergence Group method was used, for the "Four ARs Process" of the CCR, with the presence of eight pregnant women at each meeting, with a mean duration of two hours and composed of four phases: 1 - Phase of recognition; 2 - Phase of revelation; 3 - Phase of sharing; and Phase of rethinking.<sup>(8)</sup>

For this article, an excerpt composed of the in-depth individual interview and the Recognition Phase of the convergence group that explore the social representations of pregnancy for pregnant women in prenatal care was used. The participants were identified in the study by the letter P (pregnant woman), followed by a sequential number (P1 to P11), according to the order of the interviews.

The interviews and the Convergence Group Recognition Phase were recorded, transcribed and analyzed, according to Bardin's Content Analysis, defined as a set of communication analysis techniques that uses systematic and objective procedures to describe the content of messages in three phases: 1) Pre-analysis; 2) Exploration of the material; 3) Treatment of results, inference and interpretation.<sup>(10)</sup>

The analysis began with the meeting of all interviews and dialogues of the Recognition Phase for the constitution of the corpus and floating readings. Then, a more detailed reading was carried out to deepen the content and the coding, decomposition of the corpus and grouping of the material into subcategories and categories was established. The analysis and discussion of the corpus took place from the perspective of the Theory of Social Representations to elucidate the phenomenon under study in order to subsidize clinical nursing care through prenatal health education.

The research respected the ethical precepts, according to Resolution 466/2012 of the National Health Council. The project obtained a favorable opinion after submission to the Research Ethics Committee (REC) of the State University of Ceará (SUCE) with opinion number 1,579,648.

## RESULTS

The pregnant women participating in the study were predominantly aged between 16 and 42 years, with a level of education related to the primary level, had a stable union, exercised a paid activity and professed the Christian faith. As for the obstetric profile, they were preferably multiparous, who had not planned their pregnancy, were in the second gestational semester and had up to three prenatal consultations at the time of the exploratory phase of the research with the semi-structured interview.

The content analysis of the interviews and the dialogue of the CCR Recognition Phase by the Bardin technique resulted in two thematic categories and six subcategories, which reveal the social representations of pregnant women about pregnancy, presented in Box 1.

**Box 1.** Distribution of categories and subcategories on pregnancy prepared by pregnant women in prenatal care. Caucaia, Ceará, Brazil, 2022.

Categories	Subcategories	Coding	Number of Registration Units
1. Discovery of pregnancy DP	Dream come true	DPDCT	11 (8.7%)
	God's Blessing	DPGB	07 (5.5%)
	Insecurity	DPI	07 (5.5%)
2. Pregnancy as a state of change PSC	Physical and psychological changes	PSCPPC	76 (60.31%)
	Family constitution	PSCFC	05 (3.96%)
	Responsibility of the pregnant woman in relation to pregnancy and maternity	PSCR	20 (15.87%)

Source: prepared by the authors (2022).

The first category “Discovery of pregnancy” resulted in three subcategories. The first was: “Realization of a dream”, where pregnancy was represented by pregnant women as a happy phase, as it symbolized the most expected event of the woman's life, although not always planned, and the fulfillment of the desire to be a mother. The pregnant women's discourses show the appreciation of pregnancy diagnostic tests, since pregnancy was anchored in the positivity of the pregnancy immunological test.

The only word, like, I have to say is happiness, right? I'm very happy, it was something I planned and I really wanted, right? (P10)

[...]When I looked and saw that it was positive, my heart almost came out of my mouth with so much happiness. [...] (P7)

I'm feeling great, I don't regret it at all. I also always wanted to be a mother. A moment of happiness that a woman can have. There is no greater happiness than being a mother. (P1)

The following pregnant woman reiterates the positive emotions arising from pregnancy, anchoring herself in the realization of a dream and aiming for the birth of a child:

We get emotional, right? Ah [...] the child was always wanted. I'm happy because it's a dream come true. I don't know how to say it [...] there is no explanation. I think it's every woman's dream. It's everything in our lives...having a child. (P5)

The second subcategory, derived from DP, was “God's Blessing.” It was observed in the pregnant women's discourses the reference to God, relating pregnancy to divine blessing, evidencing a strong religious belief in the representations in relation to pregnancy, which can be justified by the fact that all pregnant women are adherents of Christian religions. Pregnant women show gratitude to God for fulfilling the dream of being a mother and having a child.

I am really happy. I have more to thank God for. For me it is a positive experience. Just knowing that I'm going to be a mother. (P4)

My dream was to have a boy. I'm happy, I'm very happy... I thank God for my son. I thank God. (P8)

Women who had difficulty getting pregnant consider pregnancy a miracle attributed to the figure of God, reinforcing the presence of spirituality in representations about pregnancy.

My pregnancy was natural because I didn't take anything; I haven't taken medication for two years to avoid getting pregnant; that's how I wanted to get pregnant, right; almost two years waiting. God's time in my life. (P8)

In reality, I didn't take contraceptives either, but what I always did was a transvaginal ultrasound and it showed that I had one ovary upside down and the other was on its side, that is, I had to undergo treatment and I never did; and the collapsed ovary was normal. It was a blessing. It was really God's doing. (P5)

The third subcategory, derived from the DP, was "Insecurity". The discovery of the pregnancy was not expected and received with joy by all interviews. Unplanned pregnancies are anchored in fear, insecurity and objectified in crying. This reality is exposed in the following statements:

At first it wasn't easy [...] so [...] as soon as I found out, it was very difficult, because I wasn't expecting it. (P3).

It's a good thing, right, but I didn't want to, but since I'm pregnant, it's like that [...] I'm accepting. (P9)

It all happened very quickly, I lost my virginity quickly, I also got pregnant quickly and when I started to feel very sick, very nauseous, then I went and looked for the doctor and he immediately asked for the  $\beta$ HCG, and when he said it was positive, did you see? Then I felt that urge to cry, that fear. (P6)

When pregnancy occurs in the context of adolescence, it raises insecurity about the future, including in relation to the acceptance and support of the partner.

I cried so much, I said so [...] I said I was going to commit suicide by throwing myself in front of a car [...] everything collapsed for me; I told my mother. I said "my God, what now?" We think about everything. Especially since I got pregnant with a 17-year-old boy, then I was more like "my God, what do I do now? (P11)

The second category, "Pregnancy as a state of change," also resulted in three subcategories. The first of these was "Physical and psychological modifications", pointing out that pregnancy is represented by the various physical and psychological modifications of the pregnant woman, the numerically being the most expressive. In the following statements, it is observed that women anchor pregnancy in psychological change and aim at maturity, in experience.

A new little person forming inside me. It's very exciting. I changed a lot with this news. I am no longer the person I was before. I have matured more (P2)

You feel more experienced, more adult, you feel more mature. (P6)

In addition to the maturity represented by the interviewees, psychological change is objectified in emotion, affection, sensitivity and easy crying. The discourses reveal that pregnant women identify these changes as inherent to pregnancy.

I improved a lot, I was kind of explosive, I improved a lot. I got more emotional, more affectionate. (P5)

Ah [...] I'm already very sensitive, I got more. So, anything, I want to cry, you know. I know this is from the pregnancy, So, I don't worry too much. (P7)

Pregnancy, as a state of change, is well represented through physical aspects and objectified in pain, discomfort, as listed in the following statements. However, even considered uncomfortable, pregnancy is represented in a positive way.

Today, I feel a lot of pain in my back, in my legs [...] I've lost a lot of weight [...] I'm feeling a lot of pain in my back, in my breasts too. The weight of my belly is what's bothering me the most. (P2)

It's something like that, extraordinary. It's a little uncomfortable, but it's really good, you know? (P11)

It's different; with the other pregnancy I didn't feel anything. Now I feel a headache, nausea [...] What I really, really feel is a headache. (P9)

The physical changes were verbalized by the pregnant women in an expressive way and were recognized as natural changes to this phenomenon. Pregnancy is anchored in the transformation of the body, being aimed at the growth of the belly and the movement of the baby within its body.

I think I got more body, just body [...] my breasts grew bigger. I'm really getting more body, leg, butt. My belly grew. (P6)

Leg, butt, belly, everything bigger, this gestation was perfect [...]. (P5)

I think it's [...] super cool, it's something that has no explanation when you have a body and suddenly your body transforms, your belly grows. A baby moving inside you [...] The enlargement of the belly, the darkening of the areola, the armpits are getting very dark [...] I think the breasts have increased too. (P7)

The second subcategory, derived from PSC, was "Family constitution" where the speeches reveal pregnancy anchored in family construction, in which the couple will no longer be alone, which can enable the improvement of the marital relationship and which will even fulfill the desire of a child to have a sibling.

It's something that we [...] can't even explain, because now we are no longer two, now we are three. For us it's something from another world, so now we're living just for the baby. (P2)

I think the baby came to improve my life with my husband. (P9)

It's a good thing for me, right? I only have one son, he's already 10 years old and he was crazy to have a little brother. (P10)

The third subcategory, derived from PSC, was "Responsibility of pregnant women in relation to pregnancy and maternity". It was observed in the testimonies that pregnancy raises greater responsibility on the part of pregnant women in relation to pregnancy and maternity, being aimed at changing behaviors and planning for the future. The health of the child is based on the responsibility with which the woman experiences the pregnancy.

Knowing that I'm going to be a mother, knowing that I'm going to have to take care of the child we're going to have, we have to have responsibility [...] but now tripled responsibility, right? All I'm going to do is think about my pregnancy, so I left a lot of things behind side; now it's all about my little girl. (P2)

If we have any habit that is not good, we give up trying to do our best even before the child is born, so that he or she is healthy, so that he or she develops well. (P7)

Pregnant women demonstrate a greater sense of responsibility, prioritizing their children and including them in the planning of their future. The speeches portray the concern of pregnant women to

provide comfort and education to their children, who is about to be born, which will result in increased expenses.

I will become a more responsible person. Now like I said, it's not just me, I'm not going to think just about myself, there's the baby, I have to make an effort; When things don't work out, I have to think about my son.. (P3).

[...] it is a very big responsibility because whether we like it or not, we are carrying another life and thus, we are worried about expenses. As we will be educating a child, the responsibility increases. (P7).

We grow, we think about the future. [...], sometimes I think, there is a lot to happen before the baby is born. My plans that I have to make and then I get anxious, thinking. (P11)

Because a child is something that lasts the rest of your life, it's not a piece of clothing that you: oh I'm not going to wear it anymore and throw it away. (P5)

It is possible to observe, from the maternal speeches, the influence of the birth of the child and the place they design for babies in their lives. Mothers are concerned with ensuring good conditions for the care of their children and the maturity that this stage has provided them, demonstrating commitment to pregnancy and motherhood.

## DISCUSSION

The occasion of the discovery of pregnancy promotes a mixture of feelings such as satisfaction and happiness for the goal achieved, which converges with the desire and dream of being a mother. Pregnancy is anchored by pregnant women in happiness, joy, emotion, affection, love, strengthening, presenting itself as a predominantly subjective phenomenon, linked to psychological and sociocultural aspects, considered by the ability to gestate and give birth.<sup>(11)</sup>

Pregnancy is represented as a gift from God, evidencing the interrelationship between the divine and motherhood. The divinity is mentioned as responsible for the competence of human reproduction, healthy pregnancy and overcoming the bodily and psycho-emotional changes that pregnancy provides. Faith and religiosity are present as anchors for the social representations of pregnant women, with the meaning of resignation and divine blessing for the arrival and presence of the baby.<sup>(5,7)</sup>

Social representations have a fundamentally psychosocial characteristic, insofar as they are adopted as a consequence of a social construction achieved by the relationship between groups in everyday life<sup>(9)</sup>. In this conjunction, pregnancy is represented as a phase of greater autonomy, recognition and social ascension, which requires and is accompanied by new thoughts, experiences, maturation, decisions and changes in behavior, playing a determining role in the social life of women: the passage from being a girl to being a mother. This context reinforces the historical association with the reproductive function of women and their responsibility with motherhood as inseparable and inherent to the representation of the female figure in society.<sup>(12)</sup>

However, the discovery of pregnancy does not always arouse positive feelings for pregnant women. Feeling of sadness, anger, rejection, nervousness, worry, fear, despair, anguish, anxiety and insecurity in the face of the new, are also identified, causing a great impact on the psychological life of these women, corroborating other studies that show the social influences brought by pregnancy, leading women to a state of emotional vulnerability.<sup>(13-14)</sup>

Faced with an unplanned pregnancy, feelings of insecurity due to inexperience and family support are mentioned, especially in the context of adolescent pregnancy. The desire of an adolescent to become pregnant arises as a realization of a project to have a child, as the realization of a dream, but should preferably be in planned conditions. The disclosure of adolescent pregnancy causes fear of a possible negative reaction from the family and the partner. Thus, they refer to the idea that adolescent pregnancy is something inappropriate, demonstrating ambivalence between fantasies and the condition of reality in which they find themselves as future mothers.<sup>(15-16)</sup>

It was observed that the course of pregnancy is permeated by dubious feelings, opposing happiness, and realization of a dream, God's gift with the feeling of sadness, fear, despair, worry and insecurity. These discourses reinforce previous publications that reveal the pregnancy period, from its

discovery to its acceptance, imbricated by an emblematic scenario with a mixture of beliefs, myths, empirical and scientific knowledge. Feelings related to the baby are still involved, along with other social factors, such as inexperience, insecurity in playing the maternal role, family support, support from the partner and professionals, and financial aspects.<sup>(7,14)</sup>

Social representation is configured as elaborate knowledge, being revealed through an organized set of opinions, attitudes, beliefs and information in relation to a phenomenon motivated by the social bonds in which they are inserted.<sup>(9)</sup> In this study, the social representations of pregnancy signaled the various forms of interpretation of reality according to the experiences and knowledge of the common sense of pregnant women related to pregnancy in its contexts of daily life.

In this sense, the pregnant women's discourses portray pregnancy as uncomfortable, due to the organic, physical and emotional changes experienced and felt. Among these, breast, back and leg pain, abdominal growth, weight gain, nausea, headache and low back pain are mentioned as the most frequent discomforts during pregnancy, interfering with the daily activities.<sup>(1,13)</sup> In addition, emotional instability, sensitivity, frequent crying, mood swings and the presence of feelings of irritability were verbalized by pregnant women and may be associated with various changes and adaptations in this gestational period.<sup>(17)</sup>

The changes experienced throughout the pregnancy cycle are related to the structural and functional modifications of the maternal organism to maintain the stability of the mother and child dyad. This apprehension anchors pregnancy in the transformations of the body and aims at the growth of the belly and the baby's fetal movements, reinforcing the symbolic dimension of the pregnant woman's body and the expressive appreciation of motherhood as the essence of female identity. Other studies<sup>(16,18-19)</sup> show similar results when they state that representations of pregnancy converge to emphasize the pregnant body as a place of expressiveness of the meanings of motherhood, contributing to the development of the mother's bond with her child who will come into the world.

In addition to the emotional and physical meanings pertinent to the phenomenon of pregnancy, the study showed the family constitution as a representation of pregnancy, confirming that pregnancy has meaning not only as a realization of a woman's dream, but also of extreme relevance for the strengthening of bonds with her child, her partner and family members, through emotional and psychological support, providing the construction of the family unit, according to the conception idealized by the couple.<sup>(13)</sup>

The feeling of responsibility conferred on pregnancy, exposed in this study, is built on concerns about new maternal attributions and its role in society, with the sequence of studies, with insertion in the labor market, glimpsing training and financial independence to ensure better living conditions and a good future for the children, but it is also worth mentioning the awakening to the personal and structural changes for the woman and the family that the new member will bring.<sup>(16,20)</sup>

The social representations apprehended about pregnancy allow us to approach other studies that investigated social representations during the pregnancy and puerperal cycle<sup>(21-22)</sup>, in line with the idea of pregnancy as a singular event, full of meanings and surrounded by changes, which suffers interference from historical questions, the society in which it operates and the knowledge produced and disseminated in social life, confirming pregnancy as a phenomenon of social representations.

The fact that it is a research carried out in a single Basic Health Unit and reserved for women in the gestational period, and its representations are not apprehended after the pregnancy-puerperal period, in addition to the maternity process, is a limitation of this study. However, it is believed that the social representations of pregnant women in relation to pregnancy have valuable elements and knowledge that allow nurses to broaden the look at the feelings and needs of these women and improve clinical nursing care strategies in prenatal care. In addition, the findings obtained raise other studies on the phenomenon of pregnancy and maternity, including the support network of pregnant women, as partners and family members, since they participate in this pregnancy-puerperal process.

## CONCLUSION

The social representations of pregnant women about pregnancy revealed evidence of a strong religious belief in social representations in relation to pregnancy, since the discovery of pregnancy motivates feelings of satisfaction and happiness, anchored in the realization of a dream, in the strengthening of family ties and in divine blessing. Pregnancy, as a state of change, is materialized in physical and psychological changes and objectified in emotion, affection, sensitivity, maturity and even in changes in behaviors influenced by the greater sense of responsibility acquired. Among the numerous



transformations imbricated to the phenomenon, abdominal growth, fetal movement and the sensation of the child's presence portray the symbology of pregnancy.

As a multifaceted phenomenon, despite physical, psychological and even social changes, it is clear that pregnancy is expected by women and accompanies feelings and changes. The feelings expressed were happiness, realization and love at the same time, these feelings are mixed with insecurity, doubts and concerns about the exercise of motherhood, about the responsibilities and maturation with the arrival of the child, reinforcing the singularities of the experience of pregnancy as a social phenomenon, which is influenced by the experiences of women in their daily lives.

## CONTRIBUTIONS

Contributed to the conception or design of the study/research: Silveira MAM, Rodrigues DP. Contributed to data collection: Silveira MAM. Contributed to the analysis and/or interpretation of data: Silveira MAM, Rodrigues ARM. Contributed to article writing or critical review: Silveira MAM, Rodrigues ARM, Dantas SLC, Melo LPTM, Fialho AVM, Rodrigues DP. Silveira MAM, Rodrigues ARM, Dantas SLC, Fialho AVM, Rodrigues DP.

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