ABSTRACT

Objective: to know the social representations of pregnant women about their pregnancy experience at high risk. Method: It is an exploratory and descriptive study with a qualitative approach, developed in a Family Health Unit in Juazeiro/BA with high-risk pregnancy women. Data were analyzed from the collected content and related data presented in the theoretical framework and other relevant literature. The research project was approved by the Ethics Committee and Ethics in Research and Studies, Protocol 0008/180912. Results: the context of fear experienced by the women is highlighted, generating important psychological consequences, depressive symptoms and even suicidal ideation by anxiety, insecurity, and lack of proper support. Although the family was mentioned as a possibility to support, the incipient participation of health professionals in modifying negative social representations of women about their risk status was concerned. Conclusion: due to the risk of diagnosis, these women are a vulnerable group, with the support of their families. The importance of planning pregnancy and knowledge of the best options for delivery were highlighted. Descritores: High Risk Pregnancy; Integral Assistance to Women’s Health; Social Support.

RESUMEN

Objetivo: conocer as representaciones sociales de gestantes acerca de su vivencia gravídica en alto riesgo. Método: estudio exploratorio y descriptivo, con enfoque cualitativo, desarrollado en una Unidad de Salud de la Familia en Juazeiro/BA con embarazadas de alto riesgo. Los datos fueron analizados a partir del contenido recogido y relacionado a los datos presentados en el referencial teórico y a otras literaturas relevantes. El proyecto de pesquisa foi aprobado pelo Comitê de Ética e Deontologia em Estudos e Pesquisas, Protocolo 0008/180912. Resultados: chama a atenção o contexto de medo que vivem as mulheres, gerando importantes repercussões psicológicas, sintomas depresivos e até ideação suicida pela ansiedade, insegurança e falta de apoio devido. Apesar de a família ter sido mencionada como possibilidade de suporte, é preocupante a incipiente participação dos profissionais de saúde na modificação das Representações Sociais negativas da mulher quanto à sua condição de risco. Conclusion: debido al diagnóstico de riesgo, estas mujeres constituyen un grupo vulnerable, contando con el apoyo de sus familiares. Verificou-se a importância do planejamento da gravidez e do conhecimento das melhores opções para o parto. Descritores: Gravidez de Alto Risco; Assistência Integral à Saúde da Mulher; Apoio Social.
The risk of pregnancy is considered when the mothers are more likely to unfavorable outcomes in pregnancy. Consequently, the risk is for both the mother and for the fetus because both are exposed to risk factors such as social, economic, demographic, behavioral, psychological, clinical and obstetric or suffer from any medical condition that arises or worsens during pregnancy.¹

From the perspective of the pregnant women, knowing the feelings experienced in the high-risk pregnancy could contribute to the actions of the professionals directly linked to caring for this population, improving their quality of care. The relevance of studies on the perception of high-risk pregnancies is considered since it is closely linked to increased maternal and perinatal morbidity and mortality, and thereby the possibility of reducing the impact of these factors on the pregnancy.²

In this perspective, the guiding question of this study was: what are the social representations about planning for pregnancy, birth, and family in high-risk pregnant women. Thus, the object of the study is social representations of pregnant women about their pregnancy experience at high risk.

Social representations are a philosophical expression meaning the reproduction of a previous perception of reality or the content of thought. In the social sciences, they are defined as categories of thought, action, and direction that express reality, explaining it, justifying it or questioning it. Perceptions are considered consensually by all schools of thought, as a part of the construction of reality.³

METHOD

It is an exploratory and descriptive study with a qualitative approach, developed in a Family Health Unit in the city of Juazeiro, north of Bahia. Of the 43 pregnant women enrolled, 10 of them were high-risk pregnancies, participating in the research.

The eligibility criteria have been diagnosed with high-risk pregnancies described in health charts according to the Health Ministry criteria for high-risk pregnancy in 2010.

The instrument used for data collection was the semi-structured interview that followed a script with the following guiding questions: What is the significance of a high-risk pregnancy? How do you feel about this situation? How is your relationship with your family regarding this risk (are they directly connected)?

Besides the guiding questions, the socio-economic profile of the interviewed mothers was defined. The Free of Words Association Test - TALP was also used as data collection method. The inducing words used in this study were Pregnancy, Risk, Childbirth, and Children.

Data were analyzed from the semi-structured interviews and related to data in theoretical references and other literature.

Respecting the ethical principles of research in human beings, Resolution 196/96, the project was submitted to the Ethics Committee, and Ethics for Research and Studies of the Federal University of Vale do São Francisco approved on 31 October 2012 under the Presentation of Certificate of Registration to Ethics Assessment (CAAE) nº0008/180912.

The interviewees were identified by names of plants from the interior of the northeastern, symbolizing the pregnant women to ensure their anonymity.
RESULTS AND DISCUSSION

Table 1. Socio-economic characterization of the interviewees. Brazil, Juazeiro, Bahia, 2012.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Marital Status</th>
<th>Years of study</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palma</td>
<td>38</td>
<td>Single</td>
<td>14</td>
<td>Housewife</td>
</tr>
<tr>
<td>Mandacaru</td>
<td>28</td>
<td>Married</td>
<td>14</td>
<td>Housewife</td>
</tr>
<tr>
<td>Juazeiro</td>
<td>20</td>
<td>Single</td>
<td>7</td>
<td>Housewife</td>
</tr>
<tr>
<td>Catingueira</td>
<td>19</td>
<td>Married</td>
<td>12</td>
<td>Housewife</td>
</tr>
<tr>
<td>Xique-xique</td>
<td>28</td>
<td>Married</td>
<td>10</td>
<td>Seller</td>
</tr>
<tr>
<td>Macambira</td>
<td>38</td>
<td>Married</td>
<td>11</td>
<td>Housewife</td>
</tr>
<tr>
<td>Coroa de frade</td>
<td>24</td>
<td>Stable Relationship</td>
<td>10</td>
<td>Housewife</td>
</tr>
<tr>
<td>Cacto</td>
<td>34</td>
<td>Married</td>
<td>14</td>
<td>Seller</td>
</tr>
<tr>
<td>Favelerica</td>
<td>28</td>
<td>Married</td>
<td>9</td>
<td>Housewife</td>
</tr>
<tr>
<td>Aroeira</td>
<td>30</td>
<td>Married</td>
<td>16</td>
<td>Housewife</td>
</tr>
</tbody>
</table>

Table 2. Obstetric characterization of the collaborators. Brazil, Juazeiro, Bahia, 2012.

<table>
<thead>
<tr>
<th>Name</th>
<th>Reason for High Risk Pre-Natal</th>
<th>Nº of children</th>
<th>Abortion</th>
<th>Gestational Age</th>
<th>Hospitalization during the pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palma</td>
<td>Gestational hypertension + Advanced Age</td>
<td>1</td>
<td>0</td>
<td>29 w and 3d</td>
<td>No</td>
</tr>
<tr>
<td>Mandacaru</td>
<td>Gestational hypertension</td>
<td>0</td>
<td>0</td>
<td>30w 2d</td>
<td>No</td>
</tr>
<tr>
<td>Juazeiro</td>
<td>BMI &gt; 30</td>
<td>1</td>
<td>1</td>
<td>32 w and 6 d</td>
<td>No</td>
</tr>
<tr>
<td>Catingueira</td>
<td>BMI &gt; 30</td>
<td>0</td>
<td>0</td>
<td>39 w and 3d</td>
<td>No</td>
</tr>
<tr>
<td>Xique-xique</td>
<td>Placenta Previa</td>
<td>3</td>
<td>1</td>
<td>14 w 1 d</td>
<td>No</td>
</tr>
<tr>
<td>Macambira</td>
<td>Advanced age</td>
<td>1</td>
<td>1</td>
<td>10 w and 5d</td>
<td>No</td>
</tr>
<tr>
<td>Coroa de frade</td>
<td>Hydrocephalic Drainage</td>
<td>1</td>
<td>1</td>
<td>33w 6d</td>
<td>No</td>
</tr>
<tr>
<td>Cacto</td>
<td>Gestational diabetes + Gestational Hypertension</td>
<td>2</td>
<td>1</td>
<td>37w</td>
<td>1</td>
</tr>
<tr>
<td>Favelerica</td>
<td>Gestational Hypertension</td>
<td>0</td>
<td>1</td>
<td>29w 4d</td>
<td>1</td>
</tr>
<tr>
<td>Aroeira</td>
<td>Placental Abruption</td>
<td>0</td>
<td>0</td>
<td>30w 3d</td>
<td>1</td>
</tr>
</tbody>
</table>

Structure of Social Representations

The pregnant women were exposed to four different stimuli, quickly and spontaneously since this technique aims to evoke the unconscious, what mobilizes our actions from something hidden, but decisive in the construction and establishment of Social Representations.

Table 3. Structure of Social Representations of Collaborators - Evoked terms and how often they were mentioned. Brazil, Juazeiro, Bahia, 2012.

<table>
<thead>
<tr>
<th>Inducing Stimuli</th>
<th>Joy (3)</th>
<th>Risk (3)</th>
<th>Children</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>Joy (3)</td>
<td>Risk (3)</td>
<td>Children</td>
<td>Children</td>
</tr>
<tr>
<td>Life (2)</td>
<td>Joy (3)</td>
<td>Risk (3)</td>
<td>Children</td>
<td>Children</td>
</tr>
<tr>
<td>Emotion (2)</td>
<td>Joy (3)</td>
<td>Risk (3)</td>
<td>Children</td>
<td>Children</td>
</tr>
<tr>
<td>Birth (2)</td>
<td>Joy (3)</td>
<td>Risk (3)</td>
<td>Children</td>
<td>Children</td>
</tr>
<tr>
<td>Pleasure (1)</td>
<td>Joy (3)</td>
<td>Risk (3)</td>
<td>Children</td>
<td>Children</td>
</tr>
</tbody>
</table>

Stimuli were in this order: Pregnancy; Risk; Childbirth and Children. Not all pregnant women referred to the five terms in a complete way for each stimulus.

In the PREGNANCY stimulus, collaborators represented much more positive feelings than negative, despite being in a clear situation of physical and psychological vulnerability.
except for the words evoked Risk and Disease, reinforcing the imagery of common sense that pregnancy for women is a socially constructed event to be beautiful and inherent to the female condition. It is noted the first health professionals action: rebuild from family planning and at all stages of pregnancy and childbirth, objectified and anchored Representation that the woman to be women has to be a MOTHER.

Soon after, the women before the RISK mentioned mainly Fear, being present throughout this study. The other terms that have appeared seem to establish a causal relationship to the Risk because the Fear of Death and Disease generate Astonishment and Anguish.

While in good things are represented in Pregnancy, in childbirth as a stimulus appear more negative terms and distressing for the woman, and faith, is an element often associated with religion, referred only once.

In Children, most of their representations are of something positive and aggrandizing for the women, however, not appearing terms related to shared care between father and health professionals, for example. Again, a heightened burden of responsibility on motherhood lies with a woman, reinforcing the historical blame the feminist movement have brought.

These evoked terms have low dispersion around the objective of the study, converging with the precept theory of Moscovici\(^6\), in which Social Groups in socio-economic conditions and especially similar cultures, also have similar representations of the same object, and converge with the content of social representations, discussed below.

♦ Content of social representations

With the guiding questions, three topics relevant to this study were obtained, divided into themes and categories:

The first topic was the Planning of pregnancy and as two categories: planned and wanted Pregnancy and Unplanned pregnancy but desired. The second topic was Childbirth with three categories: Type of delivery, anxious with the arrival of the baby and the Relationship between labor and permanent contraception. The third topic was the Family, with four categories: Changes in the lifestyle of the family, Family support, Feelings of the pregnant women about family and family feelings in the face of risk.

♦ Topic 01: Planning of pregnancy

♦ Categoria 1: Unplanned pregnancy by desired

In this category, it can be observed in the words of the interviews that the pregnancy was something scheduled and for the pregnant women, pregnancy brings great satisfaction.

I wanted this pregnancy, then I stopped taking the contraceptive and after eight months of interruption she came, thank God, I spent ten years, my boy is ten years old, it was all planned: after ten years I said I want another one, oh my husband then said, let’s have it, oh then I want a girl and it's a girl. (Cactus, 34)

In this same category, the risk of pregnancy can lead to frustration by the woman who planned and desired to be a mother, being a tragedy that she is a high-risk pregnant woman since her child, even in the womb, is the great love of her life, losing their child, it would be an irreparable loss.

My pregnancy was planned, I planned it, I really know the day I got pregnant, and for me when the doctor said it would be at risk of losing my baby, for me it was [...] so [...] it was the greatest tragedies [...] losing my son [...] why he is the most important thing there is in my life, it's him, it's in my belly yet, but it is my great love. (Aroeira, 30)

Family planning should be carried out, so the mother is aware of the risks and benefits of her pregnancy and the fetus. Planning the pregnancy is something that contributes to the development of a quieter pregnancy, especially when it is a high-risk pregnancy.

The planning pregnancy should be a decision made at the most opportune time of pregnancy for the women, considering their physical, psychological and social conditions. This planning must include the partner and be carried out by a motivated and motivating multidisciplinary team.\(^5\)

♦ Category 2: Unplanned pregnancy but desired

For this group, not having planned the pregnancy brings some inconvenience, especially because they are considered high-risk pregnant women.

I feel like I should have done something before becoming pregnant, I could have lost weight, watch me better before. I feel guilty for not having cared before getting pregnant. I have fear to my baby not survive [...] I feel guilty of having gained weight and fat during pregnancy. (Mandacaru, 28)

[...] It is more complicated if I thought before I had earlier [...] but since I have [...] I’m wanting this pregnancy, I hope it is all normal. (Palma, 38)

It is observed that they associate with their current health status to the fact of not being careful before their health, considering guilty
of any complications that may happen to the fetus.

It is noteworthy that education is essential to conduct high-risk pregnancy, and nursing as a profession of care should further explore the dimension of education to help the pregnant woman on the experience of a healthier pregnancy and in a peaceful way, leading them to participate the gestational process.8

Also within this category, it was found that from the following speeches, pregnancy is considered very desirable, for them it was a happy surprise. It also shows that there was a renewal of hope, as they were not using any method of prevention because they cannot get pregnant for health reasons or not.

My reason for living, my first baby, my first child, is a joy for me [...] is a great satisfaction that I have [...] to be getting a baby is the first time I'm pregnant and for me it's a great emotion [...]. (Aroeira, 30 years old)

For me it was a surprise because the doctors said I was not getting pregnant, because I had the lazy ovary, they said that I did not ovulate, because of that it was a surprise for me, it was joy and fear at the same time [...] It was not a planned pregnancy, I trusted of not getting pregnant, and not prevent me for five years, and it was a little scary. (Macambira, 28)

The fact of being a woman, in contemporary times, is no longer inherent in mother-procreative function, motherhood has become a matter of choice. The decision or occurrence of pregnancy for the woman of today, brings questions, conflicts, fears, and decision-making, that probably their reflections are not considered assertive because sometimes there is the fear of using their freedom in an erroneous way, for the child/partner/profession.7

It is observed that pregnancy is more than something biologically explicable, it is an extremely desired event, and it brings happiness, desire of birth is considered the reason for living.

♦ Topic 02: Childbirth

♦ Category 1: Type of deliveries

It is known that the fact that pregnant women have a diagnosis of high risk, it is not the only indicator to perform the cesarean delivery. This current study corroborates others found implicitly in the statements of the women assured that the diagnosis of risk may interfere or be a determining factor in choosing the type of delivery.2

[…] But because it is a high-risk pregnancy, it seems to be a cesarean, since because of it, it may be that because the pressure can rise higher. (Favaleira, 28)

Another pregnant woman does not have the preference for the type of delivery, and the most important is the health of the child at that time.

I do not prefer normal or caesarean, I just want to have him and that he comes with health (Aroeira, 30 years old).

The delivery should be something individual, every woman should receive a differentiated service because the insight of the delivery is different, it is unique, and the care and comfort should be provided aiming the uniqueness of each woman in labor, especially when considering the peculiarity of each situation.8

I feel so [...] that normal birth is a natural birth, and I felt very happy to have a normal birth and if I could this, it would be the same delivery. (Macambira, 38)

Through normal delivery, thanks to scientific and technological advances of the deliveries, there are many benefits that have been observed in births characterized as high risk, and this has resulted in decreased rates of maternal and neonatal morbidity and mortality.9

It is known that current levels of maternal and infant mortality in cases of natural childbirth show that maternal and neonatal outcomes are considerably better and with less risk of complication, providing greater satisfaction of the woman and her family to get a differentiated assistance and humanized of the delivery.10

♦ Category 2: Anxious with the arrival of the baby

For the women interviewed, delivery is the point in time when the realization of their greatest dream, the child becomes something concrete in their lives to see the face and get away with it in their arms. Studies show that women often think about their children and so the birth is a more familiar moment.11

I just think in the high pressure, but not so much in pain, what interests me is that even come what may, but it will, I spend what is to pass, but she gets. That to me is what matters [...] I go out with her in my arms [...] for me will be worth it. And I think there is no pain that overcomes when you see that little face [...] worth it (laughs). (Favaleira, 28)

I'm very anxious, I do not think most of the pain, today I did not wait to get the day so I can have him in my arms. (Aroeira, 30 years old)

During pregnancy, the woman longs for a successful delivery, but also for a healthy baby can be by their side from the first moments of life. The birth of a child is undoubtedly one of the major events in the life of a woman, from that event, the woman...
becomes, in fact, a mother, for many it is a fascinating time.\textsuperscript{12,8}

\textbullet\ Category 3: Relationship between labor and permanent contraception

Voluntary female sterilization is a common practice in private health establishments, but the services offered by the Unified Health System are governed by the family planning law.\textsuperscript{13} The mothers of the speech shows the ignorance of the existence of family planning law\textsuperscript{14} that brings in its Article 10 only permitted voluntary sterilization in the following situations:

I- In men and women with full civil capacity and over twenty-five years old or at least with two living children, regarding to the minimum period of sixty days from the will manifestation and the surgical procedure, during which will be afforded to the person concerned access to fertility regulation service, including advice by a multidisciplinary team, aiming at discouraging early sterilization;

II- Risk to live or health of the woman or the fetus future, testified in a written report signed by two doctors.

Also, that law provides that: it is prohibited surgical sterilization in women during periods of childbirth or abortion, except in cases of proven need for cesarean previous successive. All this under penalty provided in law 13.

I think it's time for me to put an end, I want to tubal ligation, I want to do it, it is normal, my doctor says I cannot do it now, I have to wait sixty days, if it is a cesarean section, oh yes, probably I do it, but I also have to wait sixty days to do it, to return, to ask for a tubal ligation (Cactus, 34).

I am afraid of having a normal delivery because the first one was normal and I preferred cesarean, I do the tubal ligation and ready. (Palma, 38)

Through this result, we must consider the importance of updating the professionals directly connected to pregnant women regarding family planning legislation. These women have to be informed as better as possible on their actual situation, since in some municipalities, depending on the locality, there are protocols related to the number of days to completion of definitive surgery, and all necessary guidelines before performing this procedure.

Topic 3: Family

Category 1: Change in lifestyle of the family

High risk pregnancy: social representations...

It is recommended to change some habits of daily life for risk pregnant women, and their routine varies further as the presented pathology. This study found that for pregnant women, in addition to the change in their daily life routine, their relatives, as well as those directly connected to their lives, have had their day-to-day modified by risk experienced by the binomial mother-fetus.

My husband who is with me, as I have no condition to be doing just that when I walk I feel much pain at the bottom of the belly, the haze [...] I walk a lot, sometimes my blood pressure rises, so not to everywhere I can go, so he's dodging everything to be able to stay with me at home. My mother, everyone [...] is at home with me [...] help me to do something [...] one does something the other does another thing, so I'm pretty much having family support. (Favaleira, 28)

It is also observed that for these mothers pregnancy has many sacrifices and that this is supported due to the union of the family and especially the couple because the interviews they demonstrated the comfort they feel by having the support of the teammates this time. This enables greater security to experience this kind of pregnancy.\textsuperscript{14}

My husband had to leave his job so he could stay with me [...] that he did everything for me [...] even the clothes he washed. As I needed to rest [...] we had to change the city [...] leave the company [...] drop everything to look after the baby and me. Even when I feel pain, he feels with me [...] he cares about me more than I [...] he checks PA, HGT three times a week. (Aroeira, 30 years old)

A similar result was also found in a study of pregnant women with Specific Pregnancy Hypertensive disease, where they also reported changes in the lives of their families, according to the author’s participation in family and the partner throughout pregnancy experiences is extremely important to facilitate the organization needed to live with the diagnosis of experienced risk during pregnancy affected by preeclampsia like any other high risk.\textsuperscript{14}

\textbullet\ Category 2: Family support

Pregnant women seek the most diverse types of social support, with the family and friends support in this support, as shown by a study\textsuperscript{15} conducted with 36 women who reveals that most of these women (61%) mentioned spontaneously their families and/or friends, agreeing that these people are relevant reference during gestation, contributing both to information about pregnancy and the baby, as well as the emotional support they provide.
showing satisfaction to receive this support, even if some had a negative impact on the lives of these women.

Studies also demonstrate that family support during pregnancy is considered a protective factor that allows the pregnant woman to overcome emerging problems in this new situation of life.16

I feel support, a lot of support. They know my risk condition, and this support comes mostly from my husband, and my mother, who is crazy about a granddaughter. I have the support of everyone, my brothers [...]. (Mandacaru, 28)

My mother and my husband [...] are the people who support me, because all I feel the two are on, they are always there taking care of me [...]. (Coroa de Frade, 24)

The family is the primary support at this time, it is observed that these women have a stable marital relationship, and when not, their family members (parents/siblings) play this role.

♦ Category 3: Feelings of the pregnant women concerning the family

The support makes pregnancy not so hard, and studies show that the lack of significant people support such as spouse or family, also predispose them to depression in the pregnant women.17

[…] I’m feeling very supported, and that is enough, to have family support. When you are experiencing a problem, and you have family support is much better [...] everything is easier. (Favaleira, 28)

I feel protected, supported, more confident [...]. (Mandacaru, 28)

This justifies that the availability and family support has a positive influence for the woman facing the risk condition.14

♦ Category 4: Family feelings before the risk situation

As well as pregnant women have the social representation of danger when they think about the delivery, their families also have this feeling.

It is clear that the diagnosis of a risk pregnancy, as well as the experiences of a boundary situation between life and death, is, therefore, the construction of representations to mean the moment of crisis, where there is the exacerbation of feelings, especially fear.11

They are all very happy, but this is more expectation of danger, right? On [...] in the day, the concern of the day. (Palma, 38)

The feeling that permeates most lines of pregnant women are also found in their families, since as it has been said, they are at risk, and thereby having greater possibility of a problem, making them vulnerable to danger.

**CONCLUSION**

The current study sought to understand the social representations of maternity in high-risk pregnant women attended in Juazeiro-BA. It was observed that these women, before the diagnosis of risk, they become a group of highly vulnerable, in need of psychological support, protection, since it is unsafe they feel anxious and on the risk of diagnosis.

Within this finding, it was observed that many pregnant women, even though it could present a high-risk pregnancy, did not realize the planned pregnancies. Through this plan, the woman is aware of the risk event, but also can check the most opportune time to develop a pregnancy, and it is very important to develop more peaceful pregnancy.

It was also found that in the face of fear and the fact that some have not planned their current pregnancy, these women want to elapse pregnancy the best possible way, very wishing the child they are waiting.

As already mentioned, this group needs support at this time, due to their greater vulnerability to the risk of being diagnosed. And this support comes mainly from the household. Studies show that the family has this function to protect its members and in this study the social representations of pregnant women regarding family are just safety.

Given the results, it can be inferred that none of the pregnant women reported the support of the health team, which shows a disturbing, because these professionals have a duty to follow both the development of pregnancy (fetal and maternal) and the emotional side of pregnant women, since pregnancy already makes the woman a being vulnerable and sensitive, and in the case of high-risk pregnancy, the care of this population must be much larger because they constitute a risk group.

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High risk pregnancy: social representations...

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