FEELINGS EXPERIENCED BY THE FIRST-TIME PREGNANT WOMEN

SENTIMENTOS VIVENCIADOS POR PRIMIGESTAS

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ABSTRACT

Objective: to unveil the main problems related to the feelings experienced and faced by the first-time pregnant women. **Method:** this is a quantitative, exploratory-descriptive study. The sample consisted of 17 first-time pregnant women. The instrument of data collection was a previously structured questionnaire. The data were submitted to simple statistical analysis and available through tables with the help of the Excel Office 2013 program. **Results:** it was identified that the largest number of first-time pregnant women interviews is generating the child under 30 years old, most of them are single mothers, and that although pregnancy has often not been planned they refer to feeling love for the child, also presenting a significant index of anxiety by the state that are and for lack of information or nursing guidance. **Conclusion:** several feelings are reported regarding the first pregnancy, anxiety is one of the most visible feelings. This factor can make some behaviors difficult, and it is possible to perceive that the nursing professional provides adequate guidelines and the participation of nurses in family planning and accompanying of first-time pregnant women is relevant. The importance of the continuity of studies on this subject is highlighted. **Descriptors:** First-Time Pregnant Women; Feelings; Nursing; Women's Health; Pregnant Women; Family Planning.

RESUMO

Objetivo: desvelar os principais problemas relacionados aos sentimentos vivenciados e enfrentados pelas primigestas. **Método:** estudo quantitativo, exploratório-descritivo. A amostra foi composta por 17 primigestas. O instrumento de coleta de dados foi um questionário previamente estruturado. Os dados foram submetidos à análise estatística simples e disponibilizados através de tabelas com auxílio do programa Excel Office 2013. **Resultados:** identificou-se que o maior número das primigestas entrevistadas está gerando o filho com idade inferior aos 30 anos, sendo a maioria mãe solteira, e que apesar da gravidez por muitas vezes não ter sido planejada referenciam sentir amor pelo filho, apresentando também um índice significativo de ansiedade pelo estado que se encontram e por falta de informação ou orientação de enfermagem. **Conclusão:** diversos sentimentos são relatados em relação à primeira gestação, a ansiedade é um dos sentimentos mais visíveis. Tal fator pode tornar algumas condutas dificultadas, sendo possível perceber que o profissional de enfermagem fornece orientações adequadas e que a participação do enfermeiro no tocante ao planejamento familiar e acompanhamento de primigestas é relevante. Ressalta-se a importância da continuidade de estudos voltados a esta temática. **Descritores:** Primigestas; Sentimentos; Enfermagem; Saúde da Mulher; Gestantes; Planejamento Familiar.

RESUMEN

Objetivos: desvelar los principales problemas relacionados a los sentimientos vividos y enfrentados por las primigestas. **Método:** estudio cuantitativo, exploratorio-descriptivo. La muestra fue compuesta por 17 primigestas. El instrumento de recolección de datos fue un cuestionario previamente estructurado. Los datos fueron sometidos al análisis estadístico simple y disponible a través de tablas con el auxilio del programa Excel Office 2013. **Resultados:** se identificó que el mayor número de las primigestas entrevistadas está generando al hijo con edad inferior a los 30 años, siendo la mayoría madres solteras, y que a pesar del embarazo por muchas veces no haber sido planeada referencian sentir amor por el hijo, presentando también un índice significativo de ansiedad por el estado que se encuentran y por falta de información u orientación de enfermería. **Conclusión:** diversos sentimientos son relatados en relación a la primera gestación, la ansiedad es uno de los sentimientos más visibles. Tal factor puede tornar algunas conductas dificultadas, siendo posible percibir que el profesional de enfermería fornece orientaciones adecuadas y que la participación del enfermero en el planeamiento familiar y acompañamiento de primigestas es relevante. Se resalta la importancia de la continuidad de estudios dirigidos a esta temática. **Descriptores:** Primigestas; Sentimientos; Enfermería; Salud de la Mujer; Gestantes; Planificación Familiar.

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INTRODUCTION

The first gestation corresponds to a new cycle in the life of the woman in which a whirlwind of sensations arises, generating diverse doubts and anxieties in the same ones. In this event, the woman who becomes a pregnant woman needs a more specific care, being the new event in her life. Along with the pregnancy, several new aspects appear, that go from the emotional to the physical, making this moment epic and also raising many doubts as to the pregnancy state, being able to be highly impacting to her daily life, besides, from that moment, the woman will have to suit a new lifestyle that begins after the discovery of pregnancy.

Referring to this, becoming a mother no longer delimits the woman's person to be made and observed as one of the options available to her constitution, being part of her individual choices that the woman decides for herself, making as an option among other personal projects in her life as a woman.¹

While the period corresponding to gestation occurs, there are several profound physiological changes that significantly and expressively mark the woman's body, changes that correspond to the preparation to receive, nourish and bring to life a new being, that is, to the newborn. However, there are also psychological changes, since the pregnant woman seeks to understand her new image. This historical fact is observed and well evidenced in first-time pregnant women.¹

During the gestational period, the woman enters a transition process that involves several continuous aspects, arising diverse needs, such as restructuring and readjustment in several areas of her life in this new phase, of the many ongoing conflicts that arise each new discovery, dealing with the normality of this period. At the beginning of the gestation, soon after the discovery of pregnancy, the identity change begins and a new definition begins in the adjustment phase in the life of the woman, there are changes of roles in which the woman happens to be seen in a different way.²

Through the first gestation, the woman who was previously seen only as a daughter and a woman is now recognized as a mother. The multiparous also presents a change of identity, because all changes bring their benefits and desires, a life has been totally changed with the coming of the children, the woman starts to feel different with these changes, so it is important the education with the professionals during the gestational period.²

In the period that corresponds to the prenatal period, it is of extreme and fundamental importance that the pregnant woman be accompanied and guided by a health professional about optional forms of pain control during labor, that operative delivery is only justified by obstetric indication, and not as pain control, and that stimulates and encourages the pregnant woman through natural childbirth, creating good expectations for the moment.³

Research in the health area describes the maternal-fetal bond as a significant antecedent of postnatal association between mother and baby, justified by the primary bond that tends to be interconnected to emotional aspects and cognitive re-creations that allow the baby to be seen as another human being. It has been observed that the psychological state of the mother affects the child in the neurobehavioral aspects, besides influencing the developmental disorders, manifested also in the postnatal period.⁴

Through the accompaniment of qualified listening and guidance about the entire prenatal process, the nurse can reduce possible negative feelings and their probable consequences, problematizing expectations regarding social representation, fears, taboos and prejudices that involve all this cycle that begins with the discovery of gestation, with an initial focus on the prenatal, sequenced delivery and puerperium.⁵

The choice of the theme was based on the observation of doubts reported by pregnant women in relation to the first birth, doubts that generate a great series of feelings, such as anxiety and other emotions, and that could harm the most awaited moment that is the childbirth. The anxiety of the first-time pregnant woman is already common, but due to the lack of information causes that anxiety only increases. Faced with this fact, a study was needed to identify the main problems that lead to anxiety in these pregnant women.

OBJECTIVES

- To uncover the main problems related to the feelings experienced and faced by the first-time pregnant women.
- To show the performance of nursing in this stage of life for women.

METHODS

This is a quantitative, exploratory-descriptive study. Descriptive-exploratory studies are surveys that collect detailed descriptions of variables, use data to justify and evaluate existing conditions and

practices, or suggest plans to improve professional performance in health care.⁶

The research sample consisted of 17 first-time pregnant women enrolled in ESF: Jânio Helder da Silva. The inclusion criteria were the first-time pregnant women enrolled in the PSF and who are prenatal in the referred health unit. The exclusion criteria were the pregnant women who did not regularly undergo prenatal care and were not in the first gestation.

The instrument used for data collection is a structured questionnaire previously prepared by the authors, containing objective questions. It is composed of socioeconomic and demographic data in the first part and the second part has the data referring to the purpose of the study. The data were collected from August to September 2017 and submitted to simple statistical analysis, available through tables with the help of the Excel Office 2013 program.

The data collection was performed through an individual interview, with an estimated time of approximately 15 minutes, in a quiet place in the study place where explanations

were made about the research, ensuring the necessary clarifications for the appropriate consent and possible questions regarding the language/nomenclature used in the questionnaire. The reading and clarification of the Free and Informed Consent Term were also performed before the data collection began, leaving the decision to participate in the study or not, and may leave at any stage of the study.

The research project was sent to the Research Ethics Committee of the Faculdades Integradas de Patos, with opinion number: 2,252,241 and CAAE: 69722217.9.0000.5181, to obtain the legal consent to carry out the research based on the ethical principles as described in Resolution 466/2012 of the National Health Council, which regulates research involving human beings.⁷

RESULTS

Table 1. Characterization of the sample regarding sociodemographic data. First-time pregnant women (n=17). Desterro (PB), Brazil (2017)

Variables	n (%)
Age group	
Less than 20 years old	5 (29.4)
Between 21 and 30 years old	12 (70.6)
Marital status	
Single	6 (35.3)
Married	7 (41.2)
Others: (stable unions)	4 (23.5)
Level of education	
Complete high school	7 (41.2)
Incomplete high school	5 (29.4)
Complete Higher Education	1 (5.9%)
Incomplete higher education	4 (23.5)
Wage income	
Less than 1 minimum wage	13 (76.5%)
1 minimum wage	3 (17.6%)
2 to 3 minimum wages	1 (5.9%)
Total	17 (100)

Seventeen first-time pregnant women participated in this study, which met the inclusion criteria. In Table 1, it can be observed that the sociodemographic data related to the referred study are described. It was possible to identify that most women, a total of 12 (70.6%), had their first child between 21 and 30 years old, and five (29.4%) had their first child less than 20 years old. When investigated on the marital status of these women, it was found that six (35.3%) are single, seven (41.2%) are married and only four (23.5%) are in a stable union.

Regarding their educational level, seven (41.2%) had completed high school, five (29.4%) did not complete secondary education, one (5.9%) had completed higher education and four (23.5%) had an incomplete higher education. In the wage income variable, it is clear that these women have a relatively low salary income, since only one (5.9%) has an income of 2 to 3 minimum wages, while three (17.6%) have income of one minimum wage, and most of them with an index of 13 (76.5%) have income less than a minimum wage.

Table 2. Characterization of the sample regarding pregnancy planning. (n= 17). Desterro (PB), Brazil (2017)

Variables	n (%)
Planned pregnancy	8 (47)
Unplanned pregnancy	9 (53)
Total	17(100)

Table 2 shows the type of pregnancy, whether it was planned or not. Thus, it was found that eight (47%), almost half the percentage of the interviewees, wanted the

pregnancy, most of whom were still surprised by an unplanned pregnancy, represented by nine (53%) of the interviewees.

Table 3. Characterization of the sample regarding feelings during pregnancy. (n= 17). Desterro (PB), Brazil (2017)

Variables	n (%)
Anxiety	15 (88.2)
Affection	7 (41.2)
Fear	14 (82.4)
Love	17 (100)
Doubt	2 (11.8)
Care	12 (70.6)
Anguish	1 (5.9)
Sadness	4 (23.5)
Joy	11 (64.7)*

*Participants could mark more than one of the feelings.

Regarding the feelings experienced during pregnancy, Table 3 identified the most diverse feelings, such feelings considered good or bad for this phase of the woman's life that is the gestational period. At the top of the feelings in felt by the majority is the love with 17 (100%), showing that regardless of the type of gestation all women felt love to be living this unique moment.

Another feeling was the anxiety with the representation of 15 (88.2%) of the interviewees who were apprehensive for never having become pregnant and being something unknown. The fear also had its meaning in this research with 14 (82.4%) representing these pregnant women because they had doubts about the pregnancy period and, consequently, the changes that arose in her

body, since everything is very new and swirls of sensations appear together at this stage.

The care with 12 (70.6%) for them is very important since the care they would consequently be passed on to their children, then care must be taken to take care of them, albeit within their womb. The joy is another feeling with the representation of 11 (64.7%) of these pregnant women, affection 7 (41.2%) and sadness 4 (23.5%) are also part of gestation due to high production of hormones. Feelings often oscillate.

Doubt also arises at this moment with 2 (11.8%) for not knowing what they expect and due to the modifications that may arise; and lastly, we have the feeling of anguish, 1 (5.9%).

Table 4. Characterization of the sample regarding the main complaints in the gestational period (n= 17). Desterro (PB), Brazil (2017)

Variables	n (%)
Pelvic pain/lower belly	3 (17.6)
Low back pain	3 (17.6)
Chest pain	1 (5.9)
Nausea	10 (58.8)
Indisposition	1 (5.9)
A headache	4 (23.5)
Heartburn	1 (5.9)
Urinary infection	1 (5.9)
None	2 (11.8)*

* Participants could mark more than one of the feelings.

According to table 4 related to complaints described by the pregnant women, the main one was nausea, represented by 10 (58.8%) of the pregnant women, who reported that they already felt or felt such a complaint; a headache represented by 4 (23.5%) of the pregnant women, who reported that they already felt it at some time during pregnancy; pelvic pain also appeared among the most

frequent complaints with a percentage of 3 (17.6%).

It is noted that with lower percentages we have back pain/low back pain, typical of gestation, with 3 (17.6%); chest pain, indisposition, heartburn and urinary tract infection, all four complaints with the same percentage of 1 (5.9%) of the pregnant women; and only 2 (11.8%) of pregnant

women reported no complaints during the gestational period.

Table 5. Characterization of the sample regarding the clarification of doubts and nursing orientations to first-time pregnant women (n= 17). Desterro (PB), Brazil (2017)

Variables	n (%)
Yes	15 (88.2)
No	2 (11.8)
Feeding	8 (47)
Skin	8 (47)
Medication	16 (94.1)
Importance of prenatal care	2 (11.0)
Physical exercises	1 (5.9)
* Participants could mark more than one of the feelings.	

According to Table 5, it was described the clarification of doubts that arose and what kind of orientation was given to these first-time pregnant women in relation to pregnancy. Fifteen (88.2%) answered yes, stating that their doubts were answered, and two (11.8%) answered that their doubts could not be clarified. In the variable orientation by the nursing professional, it was reported that 16 (94.1%) of the pregnant women were oriented regarding the use of drugs such as folic acid and ferrous sulphate, on feeding only 8 (47%) received this type of guidance, the skin as the use of sunscreen and use of repellent with the percentage of 8 (47%) of the interviewed. Concerning the importance of prenatal care, only two (11.8%) answered that they were advised about the need to attend prenatal consultations to perform and monitor the pregnancy. In the variable physical exercises, only one (5.9%) answered that they received this orientation.

DISCUSSION

The UN says that very early pregnancy has important health consequences since there is a greater possibility of problems when pregnancy occurs shortly after reaching puberty.⁸ In a comparative study in the city of Goiânia, the participants were aged between 18 and 31 years old, with a mean age of 23.9 years old. Regarding the average education level of the participants, it was 1.6 years, with a high school education among the majority. Eight of the pregnant women reported being living with the partner and wanting the gestation. The others were single and assumed unplanned pregnancy and motherhood with family support. We can verify that these data are convergent with our study.⁹ In another study conducted in the city of Rio de Janeiro, it was found that the largest concentration of pregnant women was in the age group between 20 and 35 years (59.6%), and the remainder was divided between adolescents and women of advanced maternal age. The majority (62.6%) declared income less or equal to three minimum wages,

including 7.6% whose families lived with less than one minimum wage.¹⁰

In a study carried out with puerperal women in the city of Poços de Caldas, MG, five of the mothers interviewed reported that they did not plan the arrival of the baby.¹¹ These results corroborate with those of this study in which the most of the pregnant women did not plan the pregnancy and were surprised by the news that they would become mothers.

The younger the women, the greater the propensity to build varied and short-lived relationships, which increases the chances of experiencing unplanned pregnancies.¹²

Among the various meanings pointed out by mothers, there were the feelings of happiness, emotion, responsibility, fear, anxiety, maturity, insecurity, among others. The feelings of joy and happiness appeared in several answers because some pregnant women wanted to get pregnant, they programmed gestation for several reasons ranging from the desire to be a mother to the desire to please the companion, leaving the happy with the prospect of being a father, showing data convergent with our research.¹³ In this way, it was noticed that many feelings were expressed in various forms, some of them considered bad and others the best, which motivated them to follow the gestation and to have their children.

The physiological changes of the gestational period are present in all women. It is observed in other data in the literature that in the statements of the pregnant women, the main manifestations referred to nausea and vomiting, besides to back pain reported by two pregnant women.¹⁴ Another important factor was also identified and corroborates with this data, another research (38.0%), low belly pain (35.5%), and leukorrhea (16.9%). The most frequent complaints were a headache and pain in the lower abdomen (16,9%).¹⁵

A study carried out with pregnant women tells that the main activities were carried out with the health professionals who worked in

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the outpatient clinic, who should bear in mind the importance of this disclosure for the adherence of women to educational actions. For some pregnant women, the nurse was fundamental in this communication process,¹⁶ showing the importance of the nursing professional so these pregnant women join the system to perform prenatal care and in the communication process, causing all of them to clear their doubts during gestation and puerperium.

The pregnant woman should be advised about feeding and monitoring gestational weight gain, according to the guidelines given by the nurse to these pregnant women. Also, standardized medications should be prescribed for the prenatal program (ferrous sulfate and folic acid, as well as standardized medications for STD treatment, according to the syndromic approach protocol).¹⁷

CONCLUSION

It was possible to know some of the feelings experienced by first-time pregnant women and to identify how nursing conducts offered to these women have been performed. Several feelings are reported and addressed to the first gestation. Fear and anxiety are emphasized, but the feeling of love and joy are evident in all the answers. Also, the importance of the nurse professional in the family planning and the accompaniment of pregnant women guaranteeing quality care with suitable orientations were highlighted providing a well-being.

It is important to highlight the importance of this study for the continuity of scientific research within this subject, in which through these results can arise several aspects for the continuation of scientific studies.

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