



PERCEPTION OF PREGNANT WOMEN AND PRIMIPAROUS PUERPERAS ON MATERNITY

PERCEPÇÃO DE GESTANTES E PUÉRPERAS PRIMÍPARAS SOBRE MATERNIDADE PERCEPCIÓN DE GESTANTES Y PUÉRPERAS PRIMÍPARAS SOBRE MATERNIDAD

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ABSTRACT

Objective: to investigate the perception of pregnant women and primiparous mothers on maternity. **Method:** exploratory-descriptive study, qualitative approach according to Peplau's Theory of Interpersonal Relationships. Participants were primiparous, interviewed in the third trimester of gestation and in the late puerperium period, from a semi-structured interview. In the analysis of the information the technique of Analysis of content in the modality Categorical Analysis was adopted. **Results:** three categories were seized: Reorganization of family dynamics; Challenges in seeing oneself as a mother; and Health professional's performance in preparing to be a mother. **Conclusion:** it was possible to understand the experience of the woman towards the maternal role, her feelings, accomplishments, difficulties, changes imposed by the arrival of the baby and the nursing care in this transition phase. **Descriptors:** Maternity; Pregnant women; Puerperium.

RESUMO

Objetivo: investigar a percepção de gestantes e puérperas primíparas sobre maternidade. **Método:** estudo exploratório-descritivo, de abordagem qualitativa à luz da Teoria das Relações Interpessoais de Peplau. Os participantes foram primíparas, entrevistadas no terceiro trimestre da gestação e no período de puerpério tardio, a partir de entrevista semiestruturada. Na análise das informações adotou a técnica de Análise de conteúdo na modalidade Análise Categorical. **Resultados:** foram apreendidas três categorias: Reorganização da dinâmica familiar; Desafios em se ver como mãe; e Atuação do profissional de saúde no preparo para ser mãe. **Conclusão:** foi possível compreender a vivência da mulher rumo ao papel materno, seus sentimentos, realizações, dificuldades, mudanças impostas pela chegada do bebê e o cuidado de enfermagem nessa fase de transição. **Descritores:** Maternidade; Gestantes; Puerpério.

RESUMEN

Objetivo: investigar la percepción de gestantes y puérperas primíparas sobre maternidad. **Método:** estudio exploratorio-descriptivo, de abordaje cualitativo a la luz de la Teoría de las relaciones interpersonales de Peplau. Los participantes fueron primíparas, entrevistadas en el tercer trimestre de la gestación y en el período de puerperio tardío, a partir de una entrevista semiestructurada. En el análisis de las informaciones se adoptó la técnica de Análisis de contenido en la modalidad Análisis Categorical. **Resultados:** se apreherdieron tres categorías: Reorganización de la dinámica familiar; Desafíos en verse como madre; Y la actuación del profesional de la salud en la preparación para ser madre. **Conclusión:** fue posible comprender la vivencia de la mujer hacia el papel materno, sus sentimientos, realizaciones, dificultades, cambios impuestas por la llegada del bebé y el cuidado de enfermería en esta fase de transición. **Descriptor:** Maternidad; Mujeres Embarazadas; Puerperio.

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INTRODUCTION

Being a mother is part of the life cycle and is a milestone in the psychological development of women. From the moment the pregnancy is confirmed, it is required the restructuring and readjustment of the woman's life, both in primiparous and multiparous, in order to the experience to occur in a healthy way for both the mother and the baby.¹

Pregnancy is a regressive experience, from the point of view that starts from the very movement of the development process, being essential for the mother to identify herself with the baby, causing her to live feelings of anxiety and helplessness, demanding from the people around her protection and support. Maternity causes intense changes in the future mother's life and, for this reason, it is important to understand the experience of being a mother, especially in primiparae, since the experience can be loaded with insecurity, conflicts and inexperience, mainly with regard to the care of the baby.¹

The transition to motherhood or maternal role is characterized as a family change, since the impact of the experiences makes sense for all family members. So, it is important to involve the primiparous and all who live with her in the organization of the new family structure. This preparation for dealing with the maternal role is necessary to start still in prenatal, because the pregnant woman will have a chronological time of about forty weeks to internalize, to assimilate the idea and the perspective of being a mother, time that does not necessarily correspond to the chronological experience of this passage of roles, but at the time each one needs to reach the maternal role.³

In Brazil, women's health policies are among the ones that have had the most financial investments. Since 1984, with the implementation of the Program of Integral Assistance to Women's Health (PAISM in Portuguese), strategies for holistic care over Brazilian women are discussed. In 2000, the Prenatal and Birth Humanization Program (PHPN in Portuguese) was implemented, and since then there has been a 51% drop in the number of maternal deaths. The purpose of PHPN is to take care of women's health from the critical period of pregnancy to childbirth and puerperium, as well as the health of the child, to emphasize the affirmation of women's rights, highlighting humanization as a strategy to improve and focus on the health of the population.⁴⁻⁵

In order to health professionals to perform an adequate prenatal care, it is important to adopt the guidelines established by PHPN, which establishes that prenatal initiation should be performed in the first trimester, as soon as possible after confirmation of pregnancy. In this way, the woman can be prepared during the consultations, receiving information and guidance, allowing her to face the mission of being a mother more calmly, since the lack of information can generate unnecessary worries and frustrated expectations³.

OBJECTIVE

- To investigate the perception of pregnant women and primiparous women on maternity.

METHOD

The descriptive-exploratory study, with qualitative approach according to Peplau's Theory of Interpersonal Relations.⁶⁻⁷

Peplau's Theory of Interpersonal Relations proposes a better adaptation of the therapeutic process between the nurse and the patient, since they begin to maintain a horizontal relationship, where both learn and grow together as a result of this interaction. Peplau identifies four sequential phases in interpersonal relationships: orientation, identification, exploration and resolution. Each phase is characterized by roles or functions of both nurse and client as they learn to work together solving the difficulties they face, and vary according to the needs that arise in the course of the process, until providing solutions to demands.⁶

The study was carried out in eight Family Health Units (USF in Portuguese) located in Tangará da Serra municipality, in the north of Mato Grosso, with a territorial area of 11,323,640 km², and the distance to Cuiabá, the state administrative capital, is 240 kilometers.⁸

The selection of the USF was by simple random sampling and obeyed the following criteria: to be an urban unit in operation for at least twelve months; that nursing consultations occur as part of the prenatal care routine; and have at least five pregnant women registered in the Prenatal Monitoring and Evaluation System (SISPRENATAL in Portuguese).

Subjects who participated in the study were primiparous, interviewed in the third trimester of gestation (≥ 28 weeks) and in the late puerperium period, between the 11th and the 45th postpartum day.⁹ The subjects' selection was directly related to the

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objectives of the study. As criteria for inclusion: 18 years or more, having performed prenatal consultations in one of the USFs selected during pregnancy, being primiparous and accepting to participate in the study by signing the Free and Informed Consent Term (TCLE in Portuguese). Those who did not participate in the two phases of data collection (in the gestational and puerperal period) were excluded.

The choice for primiparous women was because they were experiencing for the first time the maternal role, because they still do not know the emotions and surprises, happiness and even the frustrations of that period; and also because it is an odd moment, new, surrounded by cultural beliefs and expectations, and that allows a better understanding of the changes to the appropriation of the maternal role.¹⁰

Data collection took place between June and September of 2016, through a semi-structured recorded interview, using a closed questionnaire that addressed the socioeconomic aspects and open questions about the perception of primiparous women in the maternity process. Initially, the research was presented to the nurses and community health agents (ACS in Portuguese), who provided the addresses of primiparous pregnant women. The first contact with the pregnant women was carried out with home visits, where the research, the objectives and the form that the study would be developed and the ICF were presented, and all the doubts were clarified so that the first interview (gestational period) could be scheduled.

After some interviews, there was a new contact with the participants, after the probable date of the expected delivery in the prenatal period, following the second phase of data collection (puerperal period). In this phase, also in the home environment, the questions addressed during the interviews turned to the perception of women on the postpartum maternity process. Interviews in both phases had an average duration of thirty minutes.

The collected data were transcribed in full, organized in a systematized way, using a numbering and classification system, with alphanumeric type coding, where the GP consonants refer to the primiparous pregnant woman and the PP to primiparous puerperal, followed by the Arabic numeral composed the set to determine the sequence of the interviews.

The data were analyzed through the technique of content analysis proposed by

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Bardin, which is the set of communication analysis techniques using systematic procedures and objectives to describe the content of the messages.¹¹ This technique is composed of three stages: -analysis, exploitation of the material, treatment and interpretation of results. The pre-analysis consists of the organization of the material to be analyzed in order to systematize the initial ideas; the exploration of the material consists of the definition of categories and identification of the units of record and context of the speeches of the participants; and the treatment and interpretation of the results consist in highlighting the information for analysis, culminating in the inferential interpretations.

From this, three categories emerged: "Reorganization of the family dynamics", "Challenges in seeing oneself as mother", and "Health professional performance in the preparation to be a mother".

All ethical standards in research were respected in accordance with Resolution 466/2012 of the National Health Council (CNS), beginning the study only after the approval of the Committee of Ethics in Research with Human Subjects (CEP in Portuguese) of the State University of Mato Grosso (UNEMAT), under number of CAAE 54120616.4.0000.5166, opinion number 1,460,263.

RESULTS AND DISCUSSION

Participated in the survey 11 women, aged between 18 and 31 years, mostly married, self-declared brown, catholic, with high school, unemployed, but with family income between 1 (R\$ 880.00) and 25 salaries (R\$ 22,000.00), residing only with the companion.

• Reorganization of family dynamics

With the transition to the maternal role, women undergo intense existential transformations, establishing new priorities in their lives, behaviors, principles, values and routines that involve not only the binomial (mother-child) but also the family. This was evident in some narratives.

[...]I've never been a woman of much patience, so you know, calm, I've always been, to tell you the truth, very nervous, not to say bursting, I believe that after I got pregnant I've already changed a lot and I think that as soon as the baby is born I'm going to change more. (GP1)

Being a mother is an apprenticeship, I have changed a lot since I learned that I was pregnant[...] I have already changed a lot, I really enjoyed going out, now my mentality does not think much of it anymore, if I think about quitting I already think, Take my son. The places are going to change right now,

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places I've never been now I'm going, and the ones I went to, I gradually stop going to. (GP2)

[...] everything changes, I, the feelings, the routine at home with my husband and my mother, has begun to change since pregnancy, you start to worry more, to think more about the baby, at all. (GP3)

[...] I will have another conception of life, I will not be the same person, it will change my way of thinking a lot. (GP4)

Now you have to know that there is someone who depends on you for everything, it is not even when you are single, that you can go anywhere without worry, spend what you want. (GP7)

This transition pointed out in the narratives is a passage or movement predicted in life, whether in the evolution from girl to woman, or from woman to mother. When being a mother for the first time, the risks of physical and emotional crises and imbalances seem to be more eminent. Thus, as portrayed by the participants and according to some studies, motherhood causes them to become more careful, sensitive and mature, reflecting on the meaning of life and becoming better people.^{2,12}

Motherhood is an intense commitment to active involvement. Thus, it is necessary for the pregnant women to think more about the baby, his/her growth and development, as well as the resources to maintain the newborn. This demonstrates a requirement in the restructuring of responsibilities and behaviors, which can sometimes bring the sense of stalled freedom or loss of autonomy.¹³

The first gestation, whether planned or not, generates a tangle of feelings and expectations, especially for the woman, who becomes the protagonist of the experience, carrying not only her child, but also the doubts and uncertainties about the necessary family structure. For this reason, some pregnant women believe they will have a new conception of life, because they will inevitably follow in a different way the pattern they had in their relationship with their partner and family. The individual changes that may occur will influence the family dynamics, especially on the adaptation to the new roles that will be established in this context.³

In the life cycle of a woman, there are three critical periods of transition (adolescence, pregnancy and climacteric) where personality development occurs, changes on both complex metabolic and aspects of social role.¹⁴ Such periods generate a temporary state of instability, and subsequently the need for new adaptations,

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interpersonal readjustments, intrapsychic readjustments, and identity change.

For the pregnant woman, understanding the immediate changes that are occurring in her life is often a difficult task, since she is facing different demands in a single moment and, from the birth of the child, these modifications tend to intensify, since she is not fully prepared for such confrontations.²

It is important to be aware of the expectations of changes that women may have during pregnancy, as they may suffer from uncertainties, fears and anxieties that will reflect on the bond with their child. In addition, from the expectations of the pregnant women, it is possible to highlight the difficulties and needs that motherhood may be generating, especially those aimed at adapting to a new routine that, when unsuccessful, reduces time for oneself, for social relations and work, implying the quality of the family relationship, bringing consequences on the health and education of the child.^{1,2}

Participants also presented other aspects regarding maternity, such as financial matters and corporal changes.

[...] I'm having financial difficulty, things are very expensive. I've gained a lot of weight, my clothes are no longer serving, it's quite difficult. (GP9)

[...] difficulties a little related to the body, very related to the routine and in planning the activities that must be anticipated before the arrival of the baby. It ends up reflecting on the financial side as it involves spending the baby's, such as clothes, furniture and accessories, which did not exist before. (GP11)

I had to buy more clothes because they were no longer useful, I had more expenses, I had to buy a lot, I was scared of the stretch marks that appeared a lot. (GP7)

I have a hard time, my body, I'm feeling obese, it's also complicated in the financial matter, imagine after the baby is born, my routine too, I was studying and I kind of went around. (GP8)

The financial issue is more prominent in women, because with pregnancy some activities need to be avoided, especially those that present risks to the health and development of the mother and the baby. Not unlike, after birth should also be managed activities to meet the needs of the child. At this stage of pregnancy, the woman turns more towards the baby and other aspects of life tend to receive less attention and investment. Other studies have shown that the financial issue is also the main concern for the exercise of paternity.¹⁵⁻⁶

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It is important that the financial difficulty does not become a major stressor event, as this may adversely affect the mother-father-baby bond, and should be briefly circumvented, with support from the multidisciplinary team and, if possible, access to social assistance.¹⁷

Another concern of the pregnant women is the pregnancy changes, mainly the excessive gain of weight and the appearance of stretch marks in the skin. According to some authors, the media are largely responsible for causing this uneasiness in women, creating an ideal body view (thin and without imperfections) not always attainable. However, pregnant or puerperal women, when they do not get the desired body, camouflage the undesirable spots with new clothes, larger, wider, colored or dense.³

Pregnancy changes were not present in the reports of women in the puerperal period. Difficulties were mainly related to the increase in domestic tasks added to the care of the baby, restrictions due to cesarean section, lack of support and organization of the routine.

Now it's a little quieter, as soon as he was born it was a mess, a lot of things to do and I could not stand anything, my husband just came home the third day after he was born, it was very difficult at the beginning, I felt helpless. (PP10)

It's been difficult, because it was a C-section, it's difficult to get up, to do things, everything needs help, now that I'm getting up, but I always need help from someone, depending on others, it's getting tired. (PP2)
There is a time that gives work, because he does not sleep at night [...] since he did not want to sleep, it gave more work, but everything is well. (PP8)

As it is observed, for these women the first weeks postpartum represent great complexity, even having already planned and accepted the maternal function. In the narratives of the puerperas difficulties appear different from those pointed out as pregnant women. Concerns about the financial issue and the body do not appear, highlighting the father and relatives absence during childbirth and the need for rest due to cesarean section.

A support network at this stage is important because the woman is going through a new phase and may not be prepared to overcome the challenges that arise. This network should be composed of the father, family members, friends and, above all, health professionals who accompany or have accompanied the development of pregnancy and the puerperium in order to guarantee integral assistance to the health of the woman and the baby.¹²

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One study has shown that primiparous mothers present more complaints when compared to multiparous women. This is due to the inexperience of a routine and responsibilities for the continuous care of a child, which leads the woman to recognize obstacles in all activities.¹⁸

Maternity for primiparous women means new choices of life and changes in their traditional patterns with the family. It is a time of great physical, psychological, family and social transformations that, associated with innumerable feelings, can generate difficulties and fears in facing the process of being a mother.¹⁹

It is therefore important that such transformations take place at the community level as described by Peplau. The author recognizes the role of the family, society, culture and the environment in the changes and also points out that one of the roles that the nursing professional can develop is to conduct health care in extramural ways, returning also for the community.⁶

• Challenges of seeing oneself as mother

Upon discovering that they would be mothers, the participants treated this in a positive way, perceiving it as a pleasurable experience. On the other hand, some presented sadness, fear, worry and fright before the confirmatory pregnancy result.

I was very happy. (GP5)

I felt a lot of happiness, I liked it. (GP10)

I was scared. At first, it was a bit difficult, I discovered almost three months ago, I was taking medicine and did not even know I was pregnant. (GP2)

I cried a lot, sincerely I was very scared, first time was very scary, for those who have a life like this alone, suddenly you know that there is someone inside you and that will change everything, you be afraid. (GP7)

The news that they would be mothers is perceived as a positive experience, which brought happiness to some participants. Studies confirm these findings and, nevertheless, show that negative feelings also belong to pregnant women at the moment, mainly because the discovery of pregnancy causes a "shock", because it is an unexpected event and a failure in contraceptive methods.^{3,17} When reporting that the onset of gestation was the most difficult moment, the woman reinforces the idea that motherhood is a process under construction, with a common ambivalence between the discovery of the reality of pregnancy and the outcome with childbirth, feeling more confident.¹⁷

The conception that pregnancy is a consequence of a woman's mistake is often

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what triggers feelings of fear and worry, and can be considered a traumatic event in their lives. In this context, there may be problems related to the relationship with the baby's father together with the overload of tasks and economic vulnerability that lead to states of psychic suffering, increased risk of depression and social isolation. So, assistance and intervention of the family and health professionals are crucial in this period of adaptation to the new roles, so that the changes do not harm the well-being and the family dynamics.²⁰

The reports show the development of the identification phase proposed by Peplau, in which the patient reacts selectively to the people who give her help, so the health professional and patient need to clarify the mutual perceptions and expectations so that it is possible to deal with the problems, decrease the feeling of helplessness, hopelessness, and create optimistic attitudes together with the family.⁶

Considering the family as the group formed by the social members that interact with the woman during the maternity process, the health professionals are part of this group and are active subjects in the planning of the actions necessary for the maintenance of the family well-being. Not always the woman counts on people who support her during the gestation and puerperium, so a collaborative multiprofessional health team is important, acting in the elaboration of transitional care strategies that allow a better adaptation to the maternal role.^{3,12}

As for the expectations created, it was possible to verify that the baby's gender is very important for the mothers to figure the existing baby. Some were still questioned about their ability to perform motherhood successfully.

I was expecting, especially since I was unemployed, did not know how I would be able to take care of my son, with what money would pay his things, then I started to calm down, everyone telling me it would work, but I thought I was going to change my life a lot, because I was studying, I thought I was going to have to stop everything. (GP7)

[...] generally when you know it's a scare, then you wonder what it's going to be like? Will I be a good mother? How am I going to be a mother? First child and we do not believe much. (GP3)

I was scared at first. I was not expecting it. (GP6)

[...] I was anxious to have a boy and I really wanted to know the baby's gender because I wanted a boy. (GP10)

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I think how it's going to be, I could not see her face on the ultrasound so I was crazy to see her soon. (GP5)

As in the study, the primiparous women showed a preference defined by one of the gender for their children. Such desire may be related to the intrapsychic identifications established throughout the woman's life, and the mother's expectations about the baby originate from her own inner world, from her past relationships and her conscious and unconscious needs related to it.²⁰

Each pregnant woman elaborates in her subconscious an imaginary baby that is only personified in a real baby through the accomplishment of examinations of image and with the confirmation of the gender. Such information may imply the feelings of the pregnant woman and the relationship with her child, which may facilitate and strengthen the dyad or generate frustrations.²¹

Concern about their future, the family and the baby already appears in the participants during gestation. A context different from what happened in the study of Kalinowski and collaborators, where this type of yearning arose from the moment postpartum. In both studies, the participants raised doubts about how to increase monthly family income and desires to provide better life conditions than those they had in childhood.²

The literature shows that the fear in the ability to take care of the baby is a feeling more associated with being primiparous, because the changes are more important in the first gestation. The uncertainty of pregnant women regarding their future and performance as a mother is a reflection of the lack of knowledge, which for them is a limiting factor in the exercise of the maternal role, causing fear of taking care of the baby alone, in addition to several doubts and difficulties.¹⁰

There was a lack of expectation of the mother related to the gestation and her child, this is worrisome because, as the literature states, expectations provide a psychological preparation for motherhood, for the construction of the mother-baby bond and the psychic constitution of the new family member.¹⁰

From the point of view of the puerperal, the birth of the child was the trigger for a new phase of their lives. They point out that the recent member of the family requires many responsibilities and activities that sometimes impair their self-care, transforming the same pregnant protagonist to a puerperal auxiliary:

[...] everything changes, you have to change your routine, adapt, because you have to

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know that you have the responsibility of having to take care of another person, at the same time you have to take care of your life but knowing that you have to take care of that other person who also depends on you. So it's an endless responsibility, you have to think first and foremost about what you can do. (PP2)

[...] I do not have more time to do anything, if I have an appointment I have to think about him first, I have less freedom, I have to go out with him, I have to plan to leave. (PP7)

[...] now I have to worry more about my son than with me. (PP9)

Maternity, according to the theory of the Achievement of Maternal Paper, develops in four phases: anticipatory, formal, informal and personal or maternal identity. In the anticipatory phase occur the social and psychological adjustments that begin in pregnancy, when the commitments are established, the attachment to the fetus and the woman begins to prepare for childbirth. When the baby is born, the formal phase begins, in which the learning and performance of the mother's role takes place, it is during this phase that some puerperal were over the second data collection, since the same ones reported to be adapting to the new routine, learning to deal with the new situation.¹³

The next, informal phase, also evident in the reports, refers to the moment when the woman develops particular ways of dealing with the new role, using critical judgment about the best care, this being a progressive recovery of a new normality. The personal or maternal identity is the fulfillment of a new identity through the self-definition to incorporate the motherhood, when the mother feels confident and competent in her role, relates love for the child and her pleasure turns to interaction and leaving the old pleasures with the newborn. This phase is evident in the reports in which the mother states that she began to worry more about her child than about herself, assuming a new identity.¹³

During these transition phases it is the role of nursing to intervene with women, providing moments of reflection and discussion, but what is perceived is the centralization of actions aimed at physical changes and recommendations for childbirth and tend not to identify and treat fears.²²

According to Peplau, it is also a function of auxiliary nursing in the development of personality and maturation. For this, it is required methods that facilitate and guide the process of solving everyday problems or interpersonal difficulties, this support is a

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primordial presupposition for psychodynamic nursing.⁶

In the study, the puerperal highlighted the need for the help of family members or partners in supporting new demands, such as assistance in caring for the baby and other tasks.

I needed people for everything; thank God, they helped, even taking a shower. There must be someone with you really, even more that my delivery was a cesarean, you do not mind to get up, you have to have some person, some relative of yours or a friend to help with the child. (PP7)

[...] I had help from my parents for a week, they were more in the part of support as the food, organization of the house and care with the baby and the husband, for the part of care with me, I felt a lot of pain in the postpartum and with the baby. (PP11)

Gestation and the puerperium are moments where various adjustments occur in the woman's routine, in need of protection. It is common to highlight female figures as main sources of support, but this was not identified in this study.¹²

In order to promote adaptation to motherhood, the figure of the father is very important, but it is necessary to assume behaviors and abilities to deal with the changes and with the common imbalances of this new stage. Not only the mothers must adapt to the baby, the father also, being him one of the main figures in the support network for mothers and families, besides contributing to the psychic development of the child, as well as the quality of the mother-baby relationship.^{12,20}

In addition to informational support to the pregnant woman, with guidance on the evolution of pregnancy and guidelines on behaviors and attitudes that should be taken to improve her health, health professionals should work towards expanding the social support network, adding in the strategies of care the family, the companion and people of close coexistence.¹⁷

Peplau focuses on the therapeutic potential of the person-to-person relationship and shows that, although the nurse practitioner can administer medications and assist in other psycho-emotional treatments, the main way the professional directly influences patient care is dealing with the patient in individual interactions.⁶ However, in the present study, health professionals were not mentioned among the sources of support, which shows a relationship deficit and possible discontinuity of nursing care.

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• Health worker's role in preparing to be a mother

For quality prenatal care it is necessary to include anthropological, social, economic and cultural aspects, and should not be restricted to clinical and obstetric actions. Professionals must know the aspects that characterize the pregnant women they accompany in order to understand the context in which they live and the way they act and react to maternity.¹⁷

The primiparous pregnant women saw prenatal consultations as favorable in facing maternity, as moments of solution of doubts because they felt welcome from the dialogue that contributed to the acceptance of gestation. However, others showed frustrations, noting that they would have had consultations with the nurse. Both findings were identified in the puerperium of the participants.

The nurse helped, took many questions at first, explained the exams, breastfeeding and this week's business. It helped a lot. (GP4)

Quite a lot, information, I did not know much, just knew what I saw on television or the internet, the doctor has informed me many things, many diseases that I did not know. (GP8)

Yes, especially the first, which was when the nurse talked a lot, I was very scared, at the very beginning, there opened the prenatal and wrote in the book, I put the photos. Then I started talking, right, because I was pretty scared. [...] especially in my psychological at the time you know, you do not want to accept that much, when it's not planned, you're scared, then we started talking and she said it's not like that, So that helped a lot. (GP7)

I think so, the doctors and the nurse answered everything I asked, and they did kind of summarize how it is a gestation, it helped me a lot. (PP5)

Not much, I was frustrated enough, I expected more. [...] All the guidelines appeared to be purely theoretical ... I hoped that these consultations could bring me closer to the practical part ... I expected to spend with the nurse in prenatal consultations at the ESF, but I only had With the doctor what frustrated me since it was completely controversial to the learned one in the university. (GP11)

Actually the prenatal visit does not contribute much to the preparation of being a mother, because as a health professional I did not notice anything different that I learned in my undergraduate course with what was done in prenatal care. (PP11)

Participants who defended prenatal consultations as important allies in the preparation for motherhood highlighted as a main benefit the solution of doubts, new

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information and the reception they received. A similar result obtained in the study in which the pregnant women interviewed emphasized prenatal care as a fundamental factor for gestational development because it was a time that allowed the creation of the mother-baby bond and reduced concerns about the uncertainties of care with their child.¹⁶

The nurse is the main responsible for the success of the prenatal program, but the multiprofessional team is necessary for the pregnancy to evolve with extreme quality.²³ One strategy adopted in Brazil to guarantee the quality of prenatal care was PHPN. This strategy provides guidance on the conviction that it is a duty of the unit and the health professionals to receive with dignity and respect the pregnant woman, her relatives, accompanying from gestation to birth, avoiding unnecessary interventionist practices.²⁴

Such a program emphasizes the importance of health professionals to consolidate educational activities during the follow-up of pregnant women, whether individual or in group, such actions may promote moments of exchanges of experiences, feelings, difficulties, and also decrease the asymmetry in the pregnant-service relationship, improving the quality of health care.²³

The narratives reinforce the theory of Peplau, whereby the work of health education should be a priority of nurses, developing a constructive learning to achieve autonomy in care.⁶ In addition, one must perceive other indications of this theoretical referential that happens after the patient can identify the nurse as one who recognizes and understands the interpersonal relations of the situation, demonstrating a patient-professional bond.

The best attention is related to the reception, highlighted in the narratives as an important factor to begin the preparation for motherhood. The practice of listening to the pregnant woman refers to the deep listening. Peplau, in his theory, emphasizes this technique of therapeutic communication to the patient, in order to understand the words, thoughts, body posture, tone of feelings and even the meaning that is between the intentions of the interlocutor.⁶ Qualifying listening is not an easy task, it requires building a process of transparent dialogue, conversation, sharing, questioning and learning.^{3,25}

Health professionals should be sensitive to the needs of the pregnant woman and her family, and to provide holistic care. It is not enough to act only clinically with concern centered only on obstetrics, one should be

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prepared to take care of women, developing communication skills and implementing health education actions that reinforce the importance of their role.²⁴

However, there were criticisms about the support offered by the professionals during the prenatal period, corroborating with other studies that reveals the lack of information of the pregnant woman, especially regarding the experience of motherhood.^{2,23}

Primiparous, during prenatal consultations, expect from health professionals attention, patience, care, support and guidance, expectations absent from multiparous participants of another study.¹

The mother exposes her fears, doubts, anguish, difficulties and expectations in the face of this unprecedented event. In other words, she explicitly needs a reliable support bond, amidst so many new modifications and sensations to which when one does not have the input, one feels frustrated.³

Nurses' participation is essential in prenatal care, bringing a greater frequency of gestational care activities to physical and emotional complaints.²⁶ This reinforces the importance of including these professionals in the care routine from family planning, going through prenatal, puerperal, and finally, continuing family visits.

CONCLUSION

The results of this study showed that the participants' experience with the maternal role is a challenge, in which their feelings arise, achievements are achieved, but they are overcome by fears and difficulties imposed by the arrival of the baby and by the care required in this new phase of life.

It was possible to perceive that motherhood is treated as an intense commitment with the active involvement of the whole family. Financial issues and bodily changes were only mentioned during the gestational period, in the puerperium the difficulties were mainly related to the increase of domestic tasks added to the care of the baby, restrictions resulting from cesarean section, lack of support and routine organization.

Maternity was treated by the participants in a positive way, perceiving as a pleasurable experience, and negative when referring to having experienced sadness, fear, worry and fright before the confirmatory pregnancy result. Some questioned their ability to play the role of mother and emphasized the father's role in assisting with baby care and chores.

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Thus, prenatal consultations are favorable in supporting maternity because they are moments of solution of doubts and reception, especially if this care is multidisciplinary and articulated with educational activities in which active and deep listening of women are developed.

It is important to emphasize the need for investment by primary health care in the generation of strategies to provide educational assistance to women who are going through the maternity process, including the partner and the family, in order to improve the professionals of health applicability. It is important that these professionals who provide services to primiparous and the family are trained and prepared to offer care in a safe and humane way, surpassing the daily and physiological practice, and establishing more humanized behaviors.

This concern must start even in academic formation, bringing into discussion not only the biological aspects of gestation and puerperium, but also valuing the subjective side of such phases, given the perspective of changing roles in society that women live, from their feelings towards the fact of becoming a mother and the personal and behavioral transformations that occur.

The research presents limitations related to the short time of bond between researcher and participant, which may have led to the omission of deeper information regarding feelings and life experiences. However, this study was based on comparing a single group of women in two distinct phases of life in the same process, revealing different trajectories and abrupt changes in a short period, but approached with the same agility in their subjectivities. Pointed out ways to build comprehensive care strategies based on their social networks.

The research is expected to serve as an incentive to improve care for women by subsidizing the nuances expected in pregnancy and the puerperium. Therefore, it is important to investigate the repercussions of pregnancy in the family organization and in each of its members, not only prioritizing the mother-baby dyad as the locus of intervention, but their families and the closest support structure, especially the attention to the new family configurations.

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