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Feelings of women who gave birth during the Covid-19 pandemic

Sentimentos de mulheres que gestaram durante a pandemia da Covid-19

Sentimientos de mujeres que gestaron durante la pandemia de Covid-19

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ABSTRACT

Objective: to reveal the feelings of women who became pregnant during the Covid-19 pandemic. **Method:** this is a descriptive and exploratory qualitative study conducted with 16 women who became pregnant during the Covid-19 pandemic in the city of Maringá, Paraná, Brazil. Semi-structured interviews took place between June and October 2023. The data were transcribed in full and submitted to content analysis using the IRaMuTeQ® software as an adjunct. **Results:** the obtained classes included: "The frustration of being pregnant during the Covid-19 pandemic"; "The never-ending fear of the SARS-CoV-2 virus in the face of pregnancy"; and "Insecurity arising from difficulties in accessing health services", from which feelings related to social isolation and derived from changes in health services were evidenced. **Final considerations:** feelings such as frustration, fear and insecurity emerged, especially due to the lack of information at the beginning of the pandemic.

Descriptors: COVID-19; SARS-CoV-2; Pregnancy; Prenatal Care; Nursing Care.

RESUMO

Objetivo: desvelar os sentimentos de mulheres que gestaram durante a pandemia de Covid-19. **Método:** estudo qualitativo descritivo e exploratório, realizado com 16 mulheres que gestaram durante a pandemia da Covid-19 no município de Maringá, Paraná, Brasil. As entrevistas semiestruturadas ocorreram entre junho e outubro de 2023. Os dados foram transcritos na íntegra e submetidos à análise de conteúdo, utilizando-se como adjuvante o *software* IRaMuTeQ®. **Resultados:** a partir das classes obtidas, "A frustração de gestar durante a pandemia da Covid-19", "O medo inacabável do vírus SARS-CoV-2 diante do gestar" e "Insegurança oriunda das dificuldades de acesso ao serviço de saúde", evidenciou-se sentimentos relacionados ao isolamento social e derivados das mudanças nos serviços de saúde. **Considerações finais:** emergiram sentimentos como frustração, medo e insegurança, especialmente devido à escassez de informações no início da pandemia.

Descritores: COVID-19; SARS-CoV-2; Gravidez; Cuidado Pré-Natal; Cuidados de Enfermagem.

RESUMEN

Objetivo: revelar los sentimientos de mujeres que gestaron durante la pandemia de Covid-19. **Método:** Estudio cualitativo descriptivo y exploratorio, realizado con 16 mujeres que gestaron durante la pandemia de Covid-19 en el municipio de Maringá, Paraná, Brasil. Las entrevistas semiestructuradas se llevaron a cabo entre junio y octubre de 2023. Los datos fueron transcritos íntegramente y sometidos a análisis de contenido, utilizando como apoyo el software IRaMuTeQ®. **Resultados:** A partir de las clases obtenidas: "La frustración de gestar durante la pandemia de Covid-19", "El miedo interminable al virus SARS-CoV-2 ante la gestación" e "Inseguridad derivada de las dificultades de acceso al servicio de salud", se evidenciaron sentimientos relacionados con el aislamiento social y derivados de los cambios en los servicios de salud. **Consideraciones finales:** Surgieron sentimientos como frustración, miedo e inseguridad, especialmente debido a la escasez de información al inicio de la pandemia.

Descriptores: COVID-19; SARS-CoV-2; Embarazo; Atención Prenatal; Atención de Enfermería.

INTRODUCTION

The pandemic caused by coronavirus Type 2 (SARS-CoV-2), the causative agent of Covid-19, has changed the routines of many people around the world[1]. Protective measures against the disease were necessary from the start, including social distancing and isolation. These measures had a particular impact on the routines of pregnant women, since health services had to adapt to the situation and pregnant women, as they are part of the risk group, and so had their prenatal care appointments reorganized[2].

The Ministry of Health recommended that prenatal appointments and exams could be spaced out, including the use of teleconsultations, if the medical professional considered it safe. In addition, crowds in waiting rooms should be avoided, and it was recommended that no companions be present during appointments. Pregnant women who presented flu-like symptoms and/or fever at the screening time were sent to a separate and reserved area in the health facility for Covid-19 care[3].

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These recommendations were established due to the severity of the disease during pregnancy and childbirth. The mortality rate for hospitalized pregnant women in 2020 was 5.5%, and 12.9% for postpartum women. However, the mortality rate increased to 11.5% for hospitalized pregnant women and 22.3% for postpartum women in 2021, demonstrating the vulnerability of this group to contamination[3].

Corroborating these data, a study showed that pregnant women are approximately 12 times more likely to be hospitalized and twice as likely to need mechanical ventilation when infected with the coronavirus[4]. There is a greater risk of complications and maternal deaths, especially in the last trimester of pregnancy and in the postpartum period, making social isolation the best prevention form. However, from this point on, several emotions can emerge in the life of the pregnant woman, influencing her way of self-care and experiencing pregnancy[5].

It is important to note that prenatal care includes actions to promote health, prevent diseases, and provide timely diagnosis and appropriate treatment for problems which may arise during this period. Health education during prenatal care is a fundamental strategy for improving the quality of consultations[6]. In this sense, activities such as discussion groups or conversation circles, training, and childbirth preparation exercises can help to strengthen the bond between the health professional and the pregnant woman, facilitating knowledge exchange[7].

With the onset of the pandemic, it was noted that people who previously sought care freely stopped seeking it[8]. Social isolation generated anguish, fear, and anxiety, which were very common feelings among women who gave birth during a delicate and catastrophic period worldwide. The distance from family members and health professionals may have reduced emotional support and increased the difficulties faced during this period[9]. Thus, understanding the emotions experienced by women who became pregnant during the pandemic has become essential to reflect on the repercussions of this period and to support strategies for adequate care and support in this and future epidemiological crisis situations. In view of the above, the present study aimed to reveal the feelings of women who became pregnant during the Covid-19 pandemic.

METHOD

This is a descriptive-exploratory study with a qualitative approach conducted with women who became pregnant during the COVID-19 pandemic. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used to plan and report this study, aiming to ensure the quality and transparency of its implementation[10].

The data were collected in Maringá, a municipality located in the northwest region of Paraná, Brazil, with an estimated population of 409,657 inhabitants in a territory of 487.012 km^2 [11]. At the time of the study, Maringá had 34 Basic Health Units (*Unidades Básicas de Saúde - UBS*). A simple random draw was initially performed among all the basic health units, selecting 10 in order to guarantee occasional sample selection. From then on, the pregnant women were contacted to participate in the study.

The study included women who became pregnant between March 2020 and June 2021. This period was considered appropriate due to the beginning of the pandemic in Brazil[12] and the easing of restrictive measures against Covid-19 in Brazil. Women who started prenatal care in the public network were included, regardless of their place of residence, as long as they were registered and being monitored at the selected *UBS*. Women under the age of 18 were excluded, since the experience of pregnancy in adolescence may present particularities that differ from adult women, presenting variables which could compromise the homogeneity of the sample, and those with some neurological deficit that made it impossible to understand the interview questions.

The participants were contacted from data provided by health services and through direct contact with women who had scheduled appointments and fit into the research period. Upon acceptance, the day and time for the semi-structured interviews were scheduled between June and October 2023, depending on the participant's availability, conducted by the research nurse in their homes or in spaces provided by the Health Units. An Informed Consent Form (ICF) was read before starting each interview, through which permission was requested to audio-record the interviews.

Then, the following guiding question was used to conduct the interviews: "How did you feel about being pregnant during the Covid-19 pandemic?" In addition to this, there were supporting questions previously defined by the researcher in order to achieve the study objective. A sociodemographic questionnaire was also applied, with items related to age, race/color, number of children, education and income to characterize the participants. All interviews were audio-recorded and later transcribed in full using a text editor. After transcription, the texts were reviewed and compared with the audio recordings to ensure data accuracy. The average length of the interviews was 22 minutes. The transcriptions were not validated by the participants.

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After theoretical saturation, meaning when similarity of meanings occurred during the interviews and no new information was available, data collection was stopped, and the number of participants was established[13]. The data were coded using the IRaMuTeQ® software for lexical categorization and a word dendrogram was created based on the interviews.

Descending Hierarchical Classification (DHC) structured by the IRaMuTeQ® software enabled organizing text segments (TS) in up to three lines according to the associated vocabularies and based on the frequency and co-occurrence of the lemmatized words. A dendrogram was then generated from this analysis, constituting a graphic representation which demonstrates classes formed and the semantic relationships between them. The software applies the chi-squared test (X^2) to create a dictionary of words, which indicates the associative strength between the words and their respective classes. Chi-squared values above 3.84 ($p < 0.0001$) indicate statistically significant associations[16].

The results were subsequently analyzed according to thematic content analysis. The first phase of the analysis consisted of recognizing all the material followed by data systematization and coding. The raw data were aggregated into homogeneous units in the second stage, which facilitated describing and characterizing the content, then organized into units of meaning. The third and final stage is characterized by inferences about data previously present in the literature on the subject associated with the results found[14]. Three researchers were involved in the process and performed the analysis independently, with no conflicts in understanding the results. The analysis corpus was constituted after literal transcription, linguistic adaptation, and standardized structuring of the texts, thus ensuring reliability of the data[14,15].

The study was developed in accordance with the guidelines set forth in Resolution 466/12 of the National Health Council and approved by the Research Ethics Committee of the proposing institution. The transcribed reports were identified by the letter P, for participant, followed by alphanumeric coding of the data according to the order of the interviews in order to guarantee anonymity of the participants (i.e. P1).

RESULTS

A total of 16 women aged between 20 and 47 years old, all of whom lived in the city of Maringá, Paraná, Brazil, participated in the study. The majority were white (56.3%) and married (68.8%). Regarding education, 25% had completed high school. The participants' income ranged from one to five minimum monthly salaries, and the majority earned between one and two minimum monthly salaries (56.3%). Furthermore, the majority of the interviewees were multiparous (n=10), while six had their first pregnancy experience during the COVID-19 pandemic.

The texts were segmented based on the total number of participants' statements, resulting in 482 segments. Of these, 391 were classified, representing a utilization rate of 81.12% of the original textual material. The analysis considered 1,197 active forms, of which 412 had a frequency equal to or greater than three. After processing, in addition to presenting the classes and their respective colors, the dendrogram also indicates the connections between them, highlighting the thematic groups formed. The connections were read from left to right, based on semantic similarity.

The alternative dendrogram was constructed based on the structure automatically generated by IRaMuTeQ®, and was later manually reorganized by the authors, with the elements of each class arranged in decreasing order of chi-squared (X^2) values with the aim of highlighting the most representative terms of each thematic group and facilitating interpretation of the semantic connections between the analyzed contents (Figure 1).

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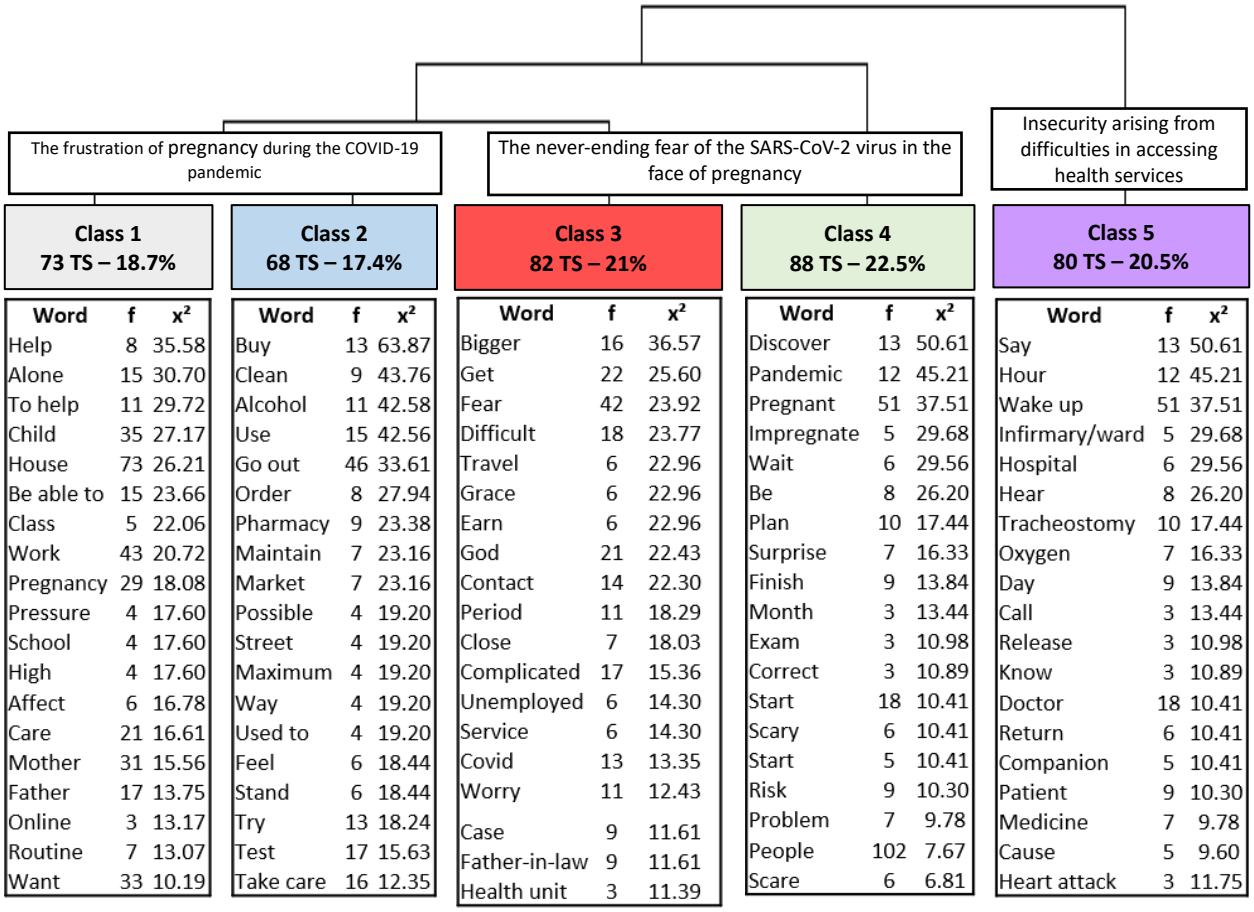

Word	f	x²
Help	8	35.58
Alone	15	30.70
To help	11	29.72
Child	35	27.17
House	73	26.21
Be able to	15	23.66
Class	5	22.06
Work	43	20.72
Pregnancy	29	18.08
Pressure	4	17.60
School	4	17.60
High	4	17.60
Affect	6	16.78
Care	21	16.61
Mother	31	15.56
Father	17	13.75
Online	3	13.17
Routine	7	13.07
Want	33	10.19

Word	f	x²
Buy	13	63.87
Clean	9	43.76
Alcohol	11	42.58
Use	15	42.56
Go out	46	33.61
Order	8	27.94
Pharmacy	9	23.38
Maintain	7	23.16
Market	7	23.16
Possible	4	19.20
Street	4	19.20
Maximum	4	19.20
Way	4	19.20
Used to	4	19.20
Feel	6	18.44
Stand	6	18.44
Try	13	18.24
Test	17	15.63
Take care	16	12.35

Word	f	x²
Bigger	16	36.57
Get	22	25.60
Fear	42	23.92
Difficult	18	23.77
Travel	6	22.96
Grace	6	22.96
Earn	6	22.96
God	21	22.43
Contact	14	22.30
Period	11	18.29
Close	7	18.03
Complicated	17	15.36
Unemployed	6	14.30
Service	6	14.30
Covid	13	13.35
Worry	11	12.43
Case	9	11.61
Father-in-law	9	11.61
Health unit	3	11.39

Word	f	x²
Discover	13	50.61
Pandemic	12	45.21
Pregnant	51	37.51
Impregnate	5	29.68
Wait	6	29.56
Be	8	26.20
Plan	10	17.44
Surprise	7	16.33
Finish	9	13.84
Month	3	13.44
Exam	3	10.98
Correct	3	10.89
Start	18	10.41
Scary	6	10.41
Start	5	10.41
Risk	9	10.30
Problem	7	9.78
People	102	7.67
Scare	6	6.81

Word	f	x²
Say	13	50.61
Hour	12	45.21
Wake up	51	37.51
Infirmary/ward	5	29.68
Hospital	6	29.56
Hear	8	26.20
Tracheostomy	10	17.44
Oxygen	7	16.33
Day	9	13.84
Call	3	13.44
Release	3	10.98
Know	3	10.89
Doctor	18	10.41
Return	6	10.41
Companion	5	10.41
Patient	9	10.30
Medicine	7	9.78
Cause	5	9.60
Heart attack	3	11.75

Figure 1: Alternative hierarchical classification dendrogram with partitions and corpus content. Maringá, PR, Brazil, 2023.

The word dendrogram enabled us to visualize the frequency and connection between the terms used to express the experiences lived during the pandemic. The dendrogram structure organizes the words by semantic proximity, grouping them according to the themes emerging from the speeches. The branches indicate how the terms relate to each other, enabling interpretation of the feelings and concerns of the pregnant women.

The classes were grouped based on the proximity of the meanings and the recurrence of the words. Classes 1 and 2 bring together terms such as home, alone, care and alcohol, highlighting the challenges and precautions adopted by pregnant women to avoid infection by the virus. In turn, classes 3 and 4 present words such as discover, pregnant, scare and fear, which reflect the initial feelings upon learning of the pregnancy in a period of uncertainty. Class 5, maintained independently, contains words such as wake up, hospital, medicine and doctor, indicating the difficulties faced in accessing health services.

Thus, the organization of classes grouped based on the proximity of meanings and the recurrence of words allows us to understand the feelings of pregnant women during the pandemic, highlighting ambivalent emotions. Although pregnancy is a period of joy and fulfillment, the imposed restrictions and the health risks brought anguish, fear, and insecurity. The analysis of the dendrogram enabled an in-depth reading of these perceptions, helping to construct the categories which represent the feelings regarding the experiences lived in this context.

Based on the content analysis and the dendrogram, it was possible to construct three categories. Classes 1 and 2 made up Category 1: “The frustration of being pregnant during the Covid-19 pandemic”, which represents the woman’s feelings about having become pregnant during the pandemic. Classes 3 and 4 made up Category 2: “The never-ending fear of the SARS-CoV-2 virus in the face of pregnancy”, highlighting the feelings regarding social isolation and the lack of closeness with family and friends. Finally, Class 5 gave rise to Category 3: “Insecurity arising from difficulties in accessing health services”, highlighting the feelings arising from the changes that have occurred in health services.

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Category 1: The frustration of being pregnant during the Covid-19 pandemic

Pregnancy is a moment that many women look forward to, but for those who became pregnant during the COVID-19 pandemic, this period brought feelings of frustration, guilt, and worry. Fear of the unknown, uncertainty about their own health and that of their baby, and the difficulties in fully experiencing pregnancy marked the experience of these mothers. Some expressed regret for having become pregnant in this context, while others lamented not being able to enjoy such a special moment due to adverse circumstances.

> *If we had known how bad this pandemic would be, I think I would have decided to wait to get pregnant. It was crazy. (P12)*
>
> *A lot of people were dying, so we were really worried, because besides getting pregnant, I also had another small baby. It was a really complicated time. (P9)*
>
> *It wasn't good, because of the pandemic and for personal reasons too. I would have really liked to have enjoyed my pregnancy more, but it wasn't very good. (P11)*
>
> *I was upset, frustrated with myself. How could I let a baby be born in the middle of that?* (P7)

Pregnancy is a unique moment in every woman's life marked by many feelings and changes, in addition to health demands, which require adequate support and care from the service, as well as from health professionals. With the advent of the pandemic, pregnant women were surrounded by doubts and difficulties imposed on them in terms of care. Thus, ambivalent feelings came to the surface, such as surprise, joy, sadness and concern, according to the reality and moment in life of each mother.

> *It wasn't planned to happen at that time, so it was all a surprise [...] I wasn't very happy. (P1)*
>
> *When I found out, I was really shocked, I suffered a lot during this pregnancy [...] I was really sad, until the first month I was like, you know, thinking, it's not like that, you rejected the pregnancy, no, I just thought, oh my God, what are we going to do now, going through all this? (P3)*
>
> *Not knowing how long the pandemic would take to end, if it would take another 5 years, 10 years, then I also had my time, my biological clock ticking, so I said no, I'm not going to wait. So, when I found out I was pregnant even with the pandemic, it wasn't a surprise, it was conscious. (P15)*
>
> *I thought I would never get pregnant again, so it was a good surprise. I said, it wasn't planned by me, but it was planned by God, because He knew I needed Him. (P5)*
>
> *I was very scared, I was 18 when I got pregnant with her. So, at first I had thoughts of having an abortion. (P6)*
>
> *When I found out, it was quite shocking for me, because I didn't want to get pregnant at that moment.* (P8)

Movement and gatherings were restricted in order to prevent contagion, so pregnant women were confined to their homes and prevented from carrying out daily activities in society. This new reality consequently had a psychological impact on the lives of these women.

> *I felt alone, I didn't have much to talk to or do, I couldn't go out. I couldn't enjoy my pregnancy, take photos, show off my belly, I was always alone at home, that made me sad. (P14)*
> *It was a pregnancy in which I had to spend a lot of time indoors and that affected my anxiety level a lot, and I couldn't take my medication.* (P3)

Faced with a lack of information and the difficulties in accessing services considered non-urgent, many women were permeated by feelings of fear, insecurity and frustration.

> *I saw on the news about pregnant women who had lost their lives, or some babies, mothers who had gone into a coma and had to deliver early, many babies being born prematurely because of this disease. This worried me a lot, it made me even more anxious about this situation. Every time I went to my doctor, the obstetrician would say that he had just intubated a pregnant woman, that he didn't want to worry me, but that I should be very careful, because the situation was really getting out of control. (P3)*
>
> *It was very difficult for me, because it was a time when we didn't know exactly what the disease was and a lot of people were dying. So we were very worried, because, in addition to getting pregnant, I also had another small baby, so it was a very complicated time. (P9)*
>
> *I found out I was pregnant a little after the pandemic started, so it was very scary, because we didn't know anything. A lot of people started getting infected and we had nowhere to go, and we didn't have much information about what to do, so we were very scared.* (P16)

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Even with all the health precautions taken due to the pandemic, three women reported having had Covid-19 during pregnancy, which further accentuated negative feelings due to concern for their own life and that of the baby.

> *I was 35 weeks pregnant and the test came back positive [...] My blood saturation dropped, I don't know if it was 79 or 82. I know it dropped a lot [...] And then I arrived at the maternity ward. I woke up 45 days later. I looked around, looked to one side, looked to the other, and saw that there was a male patient in the bed next to me. I said: but I'm not in the maternity ward [...] I had cardiac arrest when I was transferred from the maternity ward to the hospital. I arrived there on the first day of the doctor's residency [...] I had cardiac arrest, two hospital infections, was intubated for 45 days, had a tracheostomy for 4 and a half months, 95% of my lungs were affected, and I spent 53 days in the hospital. (P10)*
>
> *In the seventh month I caught Covid, we were really scared, afraid that something would happen to the baby, that I would have more severe symptoms, and what medicine I could take because I was pregnant. (P8)*
>
> *I was 37 weeks pregnant and stayed in the maternity ward for a while to check the baby's heartbeat due to Covid-19.* (P6)

The feelings experienced by the women show how vulnerable they were, surrounded by the fear of becoming infected by the virus and harming the health of their babies, as well as by the anguish generated by being somewhat further away from the health service, and thus experiencing pregnancy "alone".

Category 2: The never-ending fear of the SARS-CoV-2 virus in the face of pregnancy

The rapid spread of Covid-19, the lack of prior immunity and the lack of vaccines in the first months of the pandemic produced great insecurity in the population, especially pregnant women. Fear of contagion and the possible consequences for the mother and baby led many women to adopt extreme measures to avoid any risk. Uncertainty about the best treatment and the need for social distancing caused routines to be drastically changed, intensifying feelings of anxiety and anguish. The following statements highlight the impact of this scenario on the lives of pregnant women.

> *We didn't go out to buy anything anymore. We ordered it. The supermarket would leave the boxes outside, rub alcohol on the box so that it could be delivered to the person. I would go there and take everything out, rub alcohol on it, and put it inside. I think that was the time when I worked the most at home. It was horrible, it was horrible, I'm not going to lie! (P2)*
>
> *I was afraid to even go out, so we were in shock, actually, because inside the house it seemed like security was here, but in reality, the virus was everywhere. (P9)*
>
> *My husband, he was the only one who went outside. So, he would come home from work, I would make him take off his clothes outside and put them in the washing machine, and he would go straight to the bathroom. He had no contact with the children. He would take a shower and then go see the children. And his work clothes were washed every day, and I wouldn't let anyone bring anything into the house, out of fear. And when he went shopping, he also did the shopping, left everything outside and came back to clean it and put it inside, because at first it scared us a lot.* (P7)

On the other hand, implementing safety measures after the extensive spread of the disease ended up limiting the benefits to public health, and access to places or social situations considered important for these women.

> *I lost my grandmother and I couldn't go. She was my last paternal grandmother and she passed away when she was almost 100 years old and I couldn't go. Because relatives would come from far away. And the doctor, afraid, said: 'Don't go, because then you see someone, hug them, and you don't know who they've been in contact with.' So, I couldn't go. (P5)*
>
> *I was very scared, because it was already a very difficult situation and, then, being pregnant was even more complicated, because I needed medical care and, at that time, that wasn't always available. (P14)*
>
> *In a way, the pandemic put an end to everything, with the baby shower, I had a premature birth, but the pandemic contributed to all of this.* (P15)

The feeling of loss for not experiencing pregnancy as they had hoped contributed to develop negative feelings, which had an impact on the psychological dimension of these women. Family and social events were postponed and could not be rescheduled at another time.

Category 3: Insecurity arising from difficulties in accessing health services

The pandemic brought significant challenges for pregnant women in terms of prenatal care. The reorganization of health services with cancellation or postponement of appointments and reduced professionals available due to staff reassignment to provide care for Covid-19 had a direct impact on maternal care. In addition, fear of exposure to the virus led many women to avoid seeking care, increasing the feeling of insecurity and uncertainty regarding the health of the mother and baby. The following statements highlight these difficulties experienced during pregnancy:

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> *There was no doctor here at the health center, that was our biggest fear, that something would happen to the baby, because we had nothing and we also had no health insurance [...] whenever I went, the appointments were scheduled, you would wait and wait and then they would say that the doctor was not there. They would take me through the triage to measure blood pressure, that kind of thing, and then they would send me away. (P7)*
>
> *I needed medical care and, there, at that moment, it wasn't always available. I felt scared, I felt insecure, because I didn't know if there were people infected with the disease who could pass it on to me. (P14)*
>
> *I had the ultrasound done privately, waiting for the SUS (Unified Health System) would take longer. And I did the prenatal care at the health center itself. There was only one doctor on duty, so it was reduced. (P13)*
>
> *I was scared not because of the care, because the people there always treated us well, but we were afraid of coming and leaving infected, and if we were infected, what could happen to the baby.* (P16)

Another measure taken during this pandemic period was the reduction or even restriction, in some cases, of the presence of a companion. This change generated emotional discomfort in pregnant women who feel the need to share this moment, either because they feel safer with the presence of a family member or because of the desire to share this special moment, which for many women is considered unique.

> *I couldn't take many companions to the ultrasounds; sometimes my family wanted to accompany me and they couldn't, I had to choose between my husband or another family member. These issues, for me, were very bad, from my point of view [...] (P8)*
>
> *I arrived at the ward and said: Where's my companion? The doctor on the ward said: 'No, there's no companion'. [...] I started crying. I don't know how to be alone.* (P10)

The feelings of uncertainty, doubts and fear generated during the pandemic in these women can lead to both physical and psychological consequences, which predisposes them to health risks for both themselves and the fetus.

DISCUSSION

Pregnancy is an event that requires adaptation to new things and that promotes several changes in the body, mood swings, weight gain, changes in family relationships and social interactions[17]. The adoption of restrictive measures and new lifestyle habits[18], even if aimed at maternal and fetal well-being, can impact the experience of motherhood by reproducing a more solitary experience of pregnancy, childbirth and the postpartum period[19].

This context can have repercussions, especially during pregnancy, which is a period marked by great emotional instability[20], further worsening the maternal adaptation to the pregnancy-puerperal cycle[21]. This impact on perinatal health intensifies distress and insecurity, increasing the risk of developing psychological disorders, such as depression[22]. Therefore, coping and support strategies must be implemented continuously, not only with a view to mitigating immediate psychological repercussions, but also to promote the integral health of the mother-baby binomial, preventing long-term consequences[23].

Women often face anxieties during the perinatal period related to limitations in movement, social interaction and participation in their usual routines. They also tend to have concerns about their own health and risk of infection, as well as risks to the health of their children and loved ones[24].

The pandemic's ability to disrupt routines and the functioning of daily life heightened existing concerns about the fetus and the mother[25]. These results are also related to the suspension of women's right to a companion[26], as well as access to maternity procedures and care[27]. This is because all non-urgent care during this period had to be rescheduled, and daily cases of deaths and hospitalizations of people in serious condition, including pregnant women, who were then considered a risk group, were reported in the media.

A multicenter study conducted in Brazil with 763 pregnant women showed that 16.1% of them had moderate anxiety and 11.5% had severe anxiety, totaling 27.6% of pregnant women with significant anxiety levels. These cases are associated with factors such as high school education and the lack of cohabitation with a partner. On the other hand, self-confidence in protecting oneself from COVID-19 and knowledge about breastfeeding care were shown to be protective factors for maternal mental health[28]. Thus, the data reveal a worrying reflection of maternal mental health deterioration, especially in scenarios marked by social isolation, emotional instability and fragility in support networks[23].

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A total of 124 maternal deaths from Covid-19 were identified in a study conducted in 2020 in Brazil. There was a need for hospitalization in the ICU in 72.3% of cases, which highlights the vulnerability of pregnant women when exposed to the disease, and reveals the seriousness of contamination[29].

Social support is a protective factor against maternal psychological changes. The level of social support is significantly and inversely correlated with the severity of postpartum depressive symptoms[30]. Effective postpartum social support may include relying on family, friends, or hired professional help to provide some relief from the additional responsibilities of dealing with profound hormonal changes, sleep deprivation, and adjustments in family dynamics and role distribution. This was no longer an option for many mothers during the pandemic, who found themselves juggling multiple roles and limited help[31].

Different actions are required on the part of the family, the woman, and healthcare services to adequately support pregnant women. In this sense, anxiety and mood swings accompany many pregnant women, a situation that worsened during the pandemic, as the occurrence of Covid-19 brought greater doubts and concerns, such as fear of contagion and greater insecurity about the future[32].

Prenatal care is extremely important for women's health during pregnancy and the postpartum period, and is associated with better perinatal outcomes. However, despite needing more care, pregnant women faced difficulties in attending prenatal care due to canceled appointments, consultations via telecare, or postponements in cases of suspected or confirmed Covid-19 infection[33].

It is known that pregnancy makes women more susceptible to respiratory diseases due to increased oxygen demand, diaphragmatic elevation, and decreased thoracic compliance, which consequently results in lower tolerance to hypoxemia. Such changes can lead to premature birth, restricted intrauterine growth, premature rupture of membranes, and stillbirth. Given these vulnerabilities, pregnant women were included in the risk groups for Covid-19[34].

In this sense, this study is important, since it reveals the feelings experienced by women and the vulnerabilities to which they were exposed. Health services and professionals need to know how to welcome these women for support that helps with the consequences caused by the pandemic, as well as prepare for future interventions in the event of a new pandemic.

Study limitations

Women's memory bias can be identified as a limitation of this study because the data collection period took place after the pregnancy period, during the Covid-19 pandemic. However, it is believed that the time between pregnancy and data collection did not significantly impact the memory of something so remarkable and significant in the lives of these women, which was being pregnant during a pandemic period.

FINAL CONSIDERATIONS

This study made it possible to understand the intersubjective aspects of women who experienced pregnancy during the COVID-19 pandemic. Being pregnant during this period produced feelings such as frustration, fear, and insecurity, especially due to the lack of information at the beginning of the pandemic.

These results highlight the importance of quality prenatal care, as well as the need for psychological and family support during this transition period in a woman's life. It is suggested that health services can implement programs that strengthen this support network, offering information and resources to both pregnant women and their family members and caregivers.

In addition, spirituality was identified as an important therapeutic support. Health services can consider including spiritual practices or religious support as an integral part of care during pregnancy.

Other important developments for improving health services, especially in the context of pregnancy during the Covid-19 pandemic, include: expanding telehealth services, adequate monitoring by community health agents, and greater attention to mental health, given that pregnant women suffered emotional distress during the pandemic.

These interventions can significantly contribute to improving health services, especially in the context of pregnancy during pandemic periods, ensuring more effective care focused on the needs of pregnant women.

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Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Feelings of women who gave birth during the Covid-19 pandemic*".