

EXPERIENCE OF THE FEMALE SEXUALITY IN THE GESTATIONAL PERIOD: UNDER THE PERSPECTIVE OF THE ORAL THEMATIC HISTORY

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ABSTRACT

Several aspects of the human sexuality still remain as taboos. The gestation becomes one of the periods of bigger difficulty for this kind of approach, mainly due to the repression and the denial of the existence of the sexuality in this period. We aimed at identifying the experience of the sexuality in women during the gestational period. It is characterized as a qualitative and exploratory research, using the method of the oral thematic history. Ten women who were pregnant in the year 2006 were interviewed. The analysis has unveiled four thematic categories: **“Couple's sexual behavior during the gestational period”**; **“Physiological modifications during the pregnancy and its influence on sexual activity”**; **“Sexual desire of women during the gestational period”**; **“Influence of the antenatal in the sexual activity”**. The statements have revealed that the experience of the feminine sexuality depends on physical, psychological and cultural factors. The way in which the partner understands and behaves is also constituted as a determining factor for achieving a healthy sexual experience between the couple. Another point highlighted was the fragility of the guidelines about sexuality in the antenatal consultations. It is necessary having a mutual relationship between the couple for facing the difficulties that arise in this period.

Keywords: Women's health. Sexuality. Pregnancy.

INTRODUCTION

The sexuality is a need of human beings, regardless of breed, color, gender, socioeconomic or intellectual level, given that it is understood as a gift of nature that is present through manifestations since the intrauterine life⁽¹⁾.

The society imposes on individuals that they “live their sexuality according to norms, values and rules built along the historical and cultural process”^(1,81). The repression towards the sexuality was also triggered by many religions, causing numerous prejudices, scaring people and depriving them of touches, verbalization and demonstration of love and sex.

In Brazil, in the 1970s and 1980s, the feminist movement won the streets to discuss

taboo issues, for example: the fight for equality in labor relationships, the fight for egalitarian wages, among others. This movement demanded the inclusion of women in the Brazilian political system, as well as the female sexual and reproductive health⁽²⁾.

Thus, the modern woman becomes more aware of her reproductive role, beginning to better deal with her sexuality, assuming various roles concurrently, often getting overloaded. At the same time, the woman won the right over her sexual and reproductive health in today's society. Nonetheless, despite the numerous achievements, many women are unaware of the operation of their body, especially during the pregnancy period, getting full of prejudice with regard to their sexuality in this phase.

The sexuality in pregnancy is a delicate issue and difficult to be addressed by the pregnant

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couple, because it is a period that involves physical, psycho-emotional, sociocultural and sex-related adaptations and that might lead to greater stress levels and various difficulties in relation to the sexual relationship with the spouse^(3,4). Although we see the advances of society, there are still many myths, taboos and religious issues, as well as the couple's ignorance about the human body, which might also interfere with sexuality and sexual activity thereof^(5,6). These factors can lead to marital separation and infidelity, which, in turn, will endanger the family's health.

It is important to understand that the values and cultural and social practices⁽³⁾ play a key role in the formation of an individual in its entirety, generating ways to interpret and experience the sexuality, which are continually reworked in the life of every person and in the history of societies⁽⁵⁾. In this perspective, the experience of the female sexuality during the pregnancy period and the way of understanding it might be influenced by cultural and social aspects of a particular region and/or generation⁽⁵⁾.

The professional performance of the nursing staff is of paramount importance in this process, since it might identify what are the factors that affect the sexuality in pregnancy. From this, the staff should put its knowledge at the service of the family's welfare, recognizing the critical moments in which its interventions are needed to ensure the health thereof.

The interest in the issue was raised by considering the gestational period as a very important phase in the couple's life, and, through the few studies contained in the literature, we note that, both in the hospital level and in the scope of the Family Health Strategy (FHS), nursing actions towards the women's health are restricted to physical examination in the pregnant woman and to family planning, where several issues should be addressed, among them, women's sexuality and pregnant woman's sexuality. Therefore, we have asked: How women experience the sexuality during the pregnancy period?

Accordingly, this study was developed in order to investigate the influence of the pregnancy period on women's sexuality.

METHODOLOGY

It is an exploratory study of qualitative nature, which has used the method of oral thematic history. "This method seeks the truth of who witnessed a happening or at least it has some debatable or questionable version, thus it allows the researcher to better understand the life experience of the person at a given moment of its life"^(7:146).

The study had the participation of ten women enrolled in a Family Health Unit from the Sanitary District II at the city of João Pessoa/PB/Brazil. We have adopted the following inclusion criteria: last pregnancy in the last 12 months of the completion of data collection for this study; low-risk pregnancy; being married; having a stable relationship or be dating; being enrolled in the Family Health Unit where this study was held; having been monitored in the antenatal period by the FHS staff; having availability and accepting to participate in the research.

It is recognized that, in addition to the sociocultural aspects, the gestational period also influences with the sexual quality/satisfaction of women, although this investigation/analysis was not detailed in this study, i.e., there were no questions about sexuality related to each gestational period, but rather focused for the whole period; which is a fact that best represents the object of this study.

Regarding the data collection, we have used a semi-structured interview script containing six guiding questions targeted to the study object. The interview was conducted in the period between February and March 2007, with the aid of a portable recorder. All interviews were previously scheduled with the help of the Community Health Work and held in the home of study collaborators. After the interviews, the statements were transcribed. Next, we went to the textualization and conference of the empirical material, with the aim of ensuring the reliability of the text and, subsequently, the study participants checked the transcriptions to validate them and signing the consent form.

For analyzing the empirical material, we made use of the content analysis technique, thematic modality of Bardin⁽⁸⁾, which is based on operations of dividing the text into units, i.e., unveil the different cores of meaning that

constitute the communication and, subsequently, perform its regrouping in classes or categories. At first moment, there was the transcription of collected material, going to the next phase - material operation: the stage of coding, in which cutouts are made in **units of context and of registration**; and the stage of the categorization, where the requirements for good a category are: mutual exclusion, homogeneity, relevance, objectivity, loyalty, productivity and, finally, the composition of the thematic categories, analysis and discussion in conjunction with the relevant literature.

This study was approved by the Research Ethics Committee from the Faculty of Nursing Nova Esperança, under the Protocol nº 19/2007 and with the registration in SISNEP - CAAE - 0083.0.000.351-07. All ten study collaborators who agreed to participate in this research have signed the Free and Informed Consent Form (FICF). To ensure the anonymity of the participants, we asked them to choose one flower's name to represent their names. Every moment of the study has respected the ethical aspects contained in the Resolution 196/96 - CNS/MS.

RESULTS AND DISCUSSION

In order to get a better understand and reach the proposed objectives, the speeches were grouped into four thematic categories: "Couple's sexual behavior during the gestational period"; "Physiological modifications during the pregnancy and its influence on sexual activity"; "Sexual desire of women during the gestational period"; "Influence of the antenatal in the sexual activity".

The category **"Couple's sexual behavior during the gestational period"** reflects on the viewpoints of participants in relation to sexual practice during the gestational period. The fact that the pregnancy is developed in healthy way or high risk has also influenced the couple's behavior. Some statements reported that the sexual behavior of pregnant women and their husbands improved and the sexual frequency increased due to the fact that their husbands were more affectionate, sympathetic and companions. Nevertheless, other interviewees commented that the sexual frequency of them

and their partners decreased because they were afraid of hurting the baby, the positions were not comfortable and belly fumbled the intercourse. Another mentioned reason was the fact of developing, during this period, health problems, such as: urinary tract infection and premature contractions. Accordingly, the physician indicated abstinence, since these problems could cause an early labor and/or abortion. This perception is expressed in the following speeches:

Sexual behavior has improved [...]. Our sexual frequency has increased because we worked only in the morning, and the rest of the day we'd be together, there is also the fact that, when I was pregnant, I felt very hot; so I was almost naked in the house, and this stimulated us. (Orchid)

The sexual behavior of mine and of my husband changed and started to be normal and calm, it was not exciting anymore and we did not do sex as much as before, because we were afraid to hurt the child. (Carnation)

Our sexual behavior has changed and the frequency has also decreased [...] from the 6th to the 9th month, the doctor forbade sex because of the infection. Thus, it was hard because we wanted to do and could not, but it spent much time we had sex. (Lily)

In pregnancy, I think sex should not be practiced as when the person is not pregnant, but rather should be occasionally done, since I believe it is an aggressive behavior, as the uterus is expanded and penetration might affect and hurt something [...] as to sex in pregnancy, I don't think it's right (Geranium)

The sexual behavior of pregnant women was correlated with the will of the pregnant woman and her partner for the sexual practice, which shows that the frequency of sexual activity might be influenced by the willingness of the couple. This willingness might be mutual between the couple, or interleaved, sometimes in the pregnant women, sometimes in her partner, often resulting in greater mood for sexual intercourse, which might indicate the presence of a cycle: the greater the willingness, the higher the frequency, which, in turn, generates a greater willingness. We could say that the factors that influence with the sexual behavior, even if it does not happen in a mutual frequency, show a directly proportional ratio⁽⁹⁾.

A study conducted in São Paulo showed that the physical changes such as the appearance of stretch marks, sagging and broken belly (fat located in the abdomen), among others, have influenced on the welfare of women and, consequently, there was a decrease in libido during the pregnancy period⁽⁵⁾. The same study showed that the process involving pregnancy takes place as a daily building on women's lives, making it important to know the reality of pregnant women and the difficulties faced in this period⁽⁵⁾.

It is necessary to understand that the couples can have a normal sexual life during the pregnancy period, adapting themselves to the physical changes of the woman, respecting their fears and searching for solutions. With desire, creativity and some care, sexual intercourses are possible and appropriate, because, when the sexual relationship is pleasurable, there are several bodily and psychological reactions that contribute to a more quiet and happy life, with benefits for the pregnancy⁽¹⁰⁾.

In a healthy pregnancy, that is to say, without risks to the mother or the fetus, sexual intercourses are indicated. Thus, the sexual relationship in a term pregnancy might become an important factor for triggering a labor, since a pleasurable sexual intercourse might provide increased production of prostaglandins, stimulating the smooth musculature contraction. The prostaglandins are probably the most studied components in relation to the beginning of the labor. These factors associated with the decrease in progesterone and increased estrogen levels, adding up to the oxytocin action, are important factors for that this triggering takes place⁽¹⁰⁾.

In this perspective, it is not true the idea that keeping sexual relationships during the pregnancy period can harm the fetus. What should be taken into account is the good body hygiene, avoid the sexual practice abruptly and pursuit for comfortable positions or even if it is uncomfortable for the woman to have a vaginal penetration, the couple should seek to express its sexuality with alternative methods such as fondling, masturbation or oral sex⁽¹¹⁾.

The category **"Physiological modifications during the pregnancy and its influence on sexual activity"** reveals the physical changes

that occur during the gestational period as an element that could interfere with the women's sexuality. The statements show that typical symptoms of the pregnancy are elements that influence with the willingness to perform sexual activities. Pregnancy and postpartum are well-defined and time-limited processes, which are linked to reproduction. While a human experience, it comprises a wide spectrum of biological, psychological and interpersonal changes in the following levels: physical, cognitive, emotional and behavioral. These changes represent a real challenge to the adjustment capacity of the individual⁽¹²⁾.

Regarding the psychological and social aspects, some participants reported they did not feel woman, but rather a mother, and that the sexual intercourse did not happen between two people and, but among three. At this stage, there might be relevant conflicts between the former role of companion and lover, permeated by the role of wife, and her status of mother. Accordingly, the feeling of the woman in this period was the conflict between "being a woman" and "being a mother". This experience is expressed in the following statements:

I felt unwell, had sleep, nausea, vomiting, and it disturbed. In the last moments of the pregnancy period, I almost did not want to have sex, because I felt heavy, tired [...]. (Lily)

During pregnancy, I no longer felt like before [...] because I could not get pleasure. Without being pregnant, I felt the volition, desire and pleasure in the relationship, and, when I was pregnant, it was very different because I felt like a mother and not like a wife and I think it was happening due to the fact that the child was in our moment of intimacy. (Peony)

During my pregnancies, I felt quite woman, fulfilled, desired, satisfied, finally, complete and had more desire. During pregnancy, I was more sensual, since I was with bigger breasts and wider hips. So, I felt pretty beautiful [...] more attractive and perhaps I felt that way because of what my husband told me [...]. (Orchid)

During the pregnancy period, the progesterone level increases, having a relaxing effect on the smooth musculature of digestive and bladder routes, causing slowness of the gastric emptying, regurgitation, heartburn and constipation. The onset of nausea and vomiting

is very common, often leading to clinical pictures of anorexia. However, there are reports of women that improve appetite and even refer to feel the presence of “desire” by certain foods. Physiologically, this nausea, normally arising in the morning period, might be related to the increasing level of estrogen in the bloodstream⁽¹³⁾.

Other symptoms that usually appear in late pregnancy and that might interfere with the sexual activity of pregnant women are associated with gastric and intestinal compression exerted by the increased uterine volume. Fatigue, sleep and malaise might also be present in this period⁽¹³⁾.

From the psychological viewpoint, pregnancy might be considered as a phase marked by tensions, due to the expectation of the changes that are occurring, being that these alterations involve the biological, psychological and sociocultural aspects, and the woman might demonstrate fears towards the pregnancy, the labor and the childbirth itself⁽¹⁰⁾. Thus, the woman undergoes a hormonal revolution, as well as profound changes in her body structure, and starts to see and be seen in a different way, i.e., a new role is defined: being mother.

The sexuality of the woman in pregnancy will also depend on how she perceives, assesses and appreciates herself. Feel loved and attractive also depends on the efforts of his companion to make clear his feelings for her, thereby increasing her affectivity. A woman starts to see and be seen in a different manner, acquires a new role - being mother -, which might generate feelings of insecurity and emotional instability⁽¹⁴⁾.

Regarding the category **“Sexual desire of women during the gestational period”**, the woman's will or not in having sexual relationships with her partner was observed in the statements related to the issue. Some women reported that, during pregnancy, were more willing to have sex intercours; other women said that, although there was a mood to have sexual intercours, they did not support when their partners came close them. Nonetheless, there were statements that indicated the non-existence of a desire to have sex during the pregnancy period, being that women have attributed this fact to the presence of the child at the time of the couple's intimacy.

During pregnancy, I wanted to have sex, it was an actual desire. Before, it was less, but, in pregnancy, the willingness was even enhanced. (Carnation)

When I was pregnant, I was too boring, stressed, because I did not want to kiss, did not want to hug, did not want affection, wanted nothing [...] that was strange, because I wanted and, at the same time, I was annoyed. [...] I did support him (husband) get closer to me, hug me, give me love and I think this happened because I was tired of him throughout the pregnancy. When he (husband) arrived at home, the moments of heaviness were raised, nausea [...] When my pregnancy was finished, everything went back to normal. (Tulip)

I had no desire to have sex [...] the fact that the child is at the time of sex, as if it could see us, let me confused, then I think that's why I could not do sex. (Peony)

In the case of “rejection” to the partner by the pregnant woman, as evidenced in this study, we have not identified studies that reported such an aspect, whether related to pregnancy and to the gestational period. In this understanding, it should be assumed that as the gestational period is characterized by increasing and evolutionary changes, these, in turn, provoke, in the pregnant woman, adaptive reactions that will be differentiated from woman to woman and taking into account the pregnancy trimester that the future mother is experiencing.

The effects of pregnancy on the sexual behavior might vary among women. Some of them experience an increase in the sexual urge, since the pelvic vessel congestion produces a status of increased sexual response; others will become more prone to have sexual intercours, because they are no longer afraid to become pregnant. “Some of them feel decrease in the sexual desire or completely lose it, due to the physical discomfort, or by a psychological mood, which combines motherhood with sexuality”^(15:39).

In line with this perspective, the sexual activity during the pregnancy period faces a reduction from 40 to 60%, due to some factors, such as: feelings of rejection in relation to the pregnancy and/or the partner, physical discomforts (nausea, vomiting, heartburn, etc...), fear of the future, religious restrictions, low self-esteem of the woman (because of her body

modifications), medical restrictions, among others. However, not all women experience such tensions, and the intensity with which they are perceived is also extremely variable⁽¹³⁾.

Some women report an increased sexual desire during the gestational period. The most likely reasons that justify this increase might be related to the lack of concern with contraception, as well as to the increased blood flow in the pelvic area, providing increased libido and sexual satisfaction. The reasons for the decrease in sexual activity in a normal pregnancy might be outcome from situations in which the woman does not feel good. Concerns about changes in the body and the married life are common during the pregnancy period, being that they are factors that negatively influence with the sexual welfare in couple's life⁽¹⁰⁾.

The category **"Influence of the antenatal in the sexual activity"** reflects the guidelines about sexuality received by women by means of health care professionals at the time of the antenatal examination. This category reflects in the speech of the interviewees as the clinical model of health care still presents the trend of medicalization, targeting its actions to the resolution of health problems related to the biological subject, often disregarding the individuality and the subjectivity of the user due to the absolute appreciation of the biological and administrative rationality for solving problems⁽¹⁶⁾. Some testimonies reported that information about sexual behavior during the pregnancy period was addressed by health care professionals; however, we did not realize it in the majority of cases. It is noteworthy that all surveyed women consider information about sexuality as important measures for having a better coexistence between the couple during this period. The absence of such guidelines made some pregnant women to feel insecure for this confrontation. This understanding is demonstrated by the statements below:

I was guided by the nurse who removed my fears.
(Lily)

In the antenatal time, I was not guided with regard to the sexuality during pregnancy, and I'm sure that it's very important. Now, as you are talking about it ... maybe I still was married to him if we had been guided. (Carnation)

I had no guidance [...] the doctor forbade and that's all. I think the guidance is important [...] because I often felt lost and had no one to take my doubts away. (Tulip)

From these statements, it was found that the guidelines about sexuality during the gestational period are pretty important for healthy sexual development of the couple. Hence, the health care professional is essential to achieve this movement, because it might identify the factors that influence with the experience of the sexuality during the gestation⁽¹⁵⁾ and, from this, put its knowledge into practice to serve the welfare of the family, recognizing the critical moments in which its interventions are required to ensure the family unit's health. Nonetheless, inside a cultural context, one can prove that when some problem related to sexuality afflicts women, they have no one to turn to⁽¹⁷⁾. When a complaint is presented to professionals working in health care area, these workers show a lack of interest, given that there is the feeling that the sexuality is not part of the health care. The nursing professional has an important role in antenatal care and, therefore, becomes essential, among other information, to drive the guidelines to the pregnant woman about the sexuality during the gestational period. But, studies show that nurses do not see sexuality as an important aspect of nursing care and do not incorporate this aspect into their practice⁽¹⁷⁾. Therefore, the sexuality aspects in pregnancy should be already discussed in the training of nursing professionals.

In this context, it becomes essential to insert the nursing professional, who is promoter of health and welfare of the pregnant woman, participating along with the woman in these changes and adaptations that are happening, given that it might orient her in the best way, breaking rules and eliminating taboos, so that she can enjoy all sorts of pleasures and sensations in this period of her life⁽¹⁹⁾.

FINAL CONSIDERATIONS

This study sought to understand the experience of the female sexuality in the gestational period of ten pregnant women. It is known that the sexuality is experienced and expressed through thoughts, fantasies, desires,

beliefs, attitudes, values, behaviors, practices, roles and relationships. In all societies, the sexuality expressions are target of moral, religious or scientific rules, which are learned by people from the childhood stage.

Accordingly, the sexuality in the pregnancy period is a delicate and difficult issue to be addressed by the couple and by health care professionals, since it is a period that involves physiological, psychological and cultural adaptations. Hence, these factors infer both positively and negatively in the couple's sexual life, since it is a private and individualized matter.

The statements have revealed that the experience of the female sexuality depends on some factors, such as the physical, psychological and cultural ones. The way in which the partner understands and behaves during the gestational period also constitutes a determining factor for

achieving a healthy sexual experience between the couple. Another point highlighted in this study was the fragility of the guidelines about the sexuality in the antenatal consultations. It was noted that the health care professional should work the issue of sexuality in relation to women, men and couples during the gestational period, because, the sexuality during the pregnancy time is a current and appropriate topic, which is recommended by the Integral Care Program towards the Women's Health (PAISM) and should be discussed during the antenatal.

Thus, it is expected that this work might contribute to the reflection on the issue at stake together healthcare professionals, couples and, especially, pregnant women, in order to provide that the sexuality during the gestational period is a time of happiness and pleasure.

VIVÊNCIA DA SEXUALIDADE FEMININA NO PERÍODO GESTACIONAL: À LUZ DA HISTÓRIA ORAL TEMÁTICA

RESUMO

Diversos aspectos da sexualidade humana ainda continuam sendo vistos como tabus. A gestação se torna um dos períodos de maior dificuldade para este tipo de abordagem, principalmente devido à repressão e a negação da existência da sexualidade neste período. Objetivou-se identificar a vivência da sexualidade nas mulheres no período gestacional. Caracteriza-se em uma pesquisa exploratória e qualitativa, utilizando o método da história oral temática. Foram entrevistadas dez mulheres que estiveram grávidas no ano de 2006. A análise desvelou quatro categorias temáticas: **“Comportamento sexual do casal no período gestacional”**; **“Modificações fisiológicas no decorrer da gravidez e sua influência na atividade sexual”**; **“Desejo sexual da mulher no período gestacional”**; **“Influência do pré-natal no comportamento sexual do casal”**. Os depoimentos revelaram que a vivência da sexualidade feminina depende de fatores físicos, psicológicos e culturais. A forma como o parceiro compreende e se comporta também se constitui em fator determinante para uma experiência sexual saudável entre o casal. Outro ponto destacado foi a fragilidade das orientações sobre sexualidade nas consultas de pré-natal. É necessário que exista uma relação mútua entre o casal para o enfrentamento das dificuldades encontradas nesse período.

Palavras-chave: Saúde da mulher. Sexualidade. Gravidez.

VIVENCIA DE LA SEXUALIDAD FEMENINA EN EL PERÍODO GESTACIONAL A LA LUZ DE LA HISTORIA ORAL TEMÁTICA

RESUMEN

Varios aspectos de la sexualidad humana siguen estando considerados como un tabú. El embarazo se convierte en uno de los períodos más difíciles de este tipo de enfoque, principalmente debido a la represión y la negación de la existencia de la sexualidad en este período. El objetivo fue identificar la vivencia de la sexualidad de las mujeres en período gestacional. Es una investigación de carácter exploratorio y cualitativo, que utiliza el método de la historia oral temática. Fueron entrevistadas diez mujeres que estuvieron embarazadas en el año de 2006. El análisis reveló cuatro categorías temáticas: **“Comportamiento sexual de parejas durante el embarazo”**; **“Los cambios fisiológicos durante el embarazo y su influencia en la actividad sexual”**; **“El deseo sexual de la mujer durante el embarazo”**; **“Influencia del prenatal en el comportamiento sexual de la pareja”**. Las entrevistas revelaron que la vivencia de la sexualidad femenina depende de factores físicos, psicológicos y culturales. La forma como el compañero comprende y se comporta, también se constituye en un factor determinante para una experiencia sexual saludable en la pareja. Otro ítem importante que se evidenció, fue la fragilidad de las orientaciones sobre sexualidad en las consultas de prenatal. Es necesario que haya una relación mutua en la pareja para que se puedan enfrentar las dificultades propias de este período.

Palabras clave: Salud de la Mujer. Sexualidad. Embarazo.

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Submitted: 13/02/2012

Accepted: 11/02/2013