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ORIGINAL ARTICLE

EXPERIENCES ABOUT HOSPITALIZATION: PERCEPTIONS OF HIGH-RISK PREGNANT WOMEN

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ABSTRACT

Objective: To know the perceptions of high-risk pregnant women about hospitalization during pregnancy. **Methodology**: Descriptive, exploratory study with a qualitative approach, with 32 high-risk pregnant women hospitalized in public maternity of reference in the state of Ceará. The information was collected from July to September 2016, through semi-structured interviews, and the statements were submitted to thematic categorical analysis. **Results**: The reports of high-risk pregnant women reveal their experiences and understanding of the hospitalization process, highlighting the procedures performed, the feelings and the relationships established, discussed from the subcategories: Knowing the experience of hospitalization in high-risk pregnancies and Meaning of hospitalization for high-risk pregnant women. **Final considerations**: Although responsible for several feelings and negative sensations in the life of the pregnant woman, the experience of hospitalization is also perceived as a necessary event for specialized care and for monitoring pregnancy.

Keywords: Pregnant women. High-risk pregnancy. Hospitalization.

INTRODUCTION

Pregnancy is a natural process that involves emotional, social, and physiological changes in the woman's body, commonly, without complications for the woman and/or the fetus. However, in 20% of pregnancies, there are clinical or clinical-obstetric conditions threatening the well-being of the maternal-fetal binomial and compromising the outcome of the pregnancy. These complications can be caused by pregnancy or be associated with pre-existing health conditions that are aggravated by pregnancy, characterizing pregnancy as being at high-risk[1].

The problems can be infections, loss of amniotic fluid, bleeding, metabolic changes and pressure levels[1-4], affecting the physiological development of pregnancy and exposing the binomial to the risk of premature birth, maternal death, fetal death, low birth weight, malformations and hospitalizations in intensive care beds, both maternal and neonatal[5-7]. In this sense, studies[2-7] show a close relationship between high-risk pregnancies and negative maternal and child health indicators, such as the eight thousand maternal deaths and the 130 thousand neonatal deaths that occurred between 2013 to 2017 in Brazil[9] and 303 thousand maternal deaths and 2.7 million neonatal deaths registered in 2015 worldwide[4].

High-risk pregnant women need to be in continuous surveillance of serious situations, requiring assistance in specialized referral services, both on an outpatient and hospital level, which enables them to identify problems and prevent unfavorable results. Therefore, in cases where the imminence of diseases is greater, hospitalization is the most appropriate procedure for monitoring this pregnancy[1].

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Hospitalization starts a new routine for pregnant women, living with other pregnant women and health professionals, with daily evaluations by a multidisciplinary team, medications, tests, and procedures, legitimizing the risk for pregnant women. In addition to certifying the condition of high risk, it accentuates the fragility and emotional instability, negative feelings, feelings of malaise, frustrated expectations of the pregnancy, and difficulties in accepting the diagnosis and hospitalization[10-12].

Given these considerations, we question how high-risk pregnant women perceive hospitalization during pregnancy? We consider that knowing the perceptions of these pregnant women about hospitalization can contribute to improving the quality of care, instigating professionals, managers, teachers, and students to qualify the care offered to pregnant women in high-risk hospitalized conditions, supporting their actions in scientific, ethical, safe, respectful bases and under the prism of the nuances, needs and realities of the care of the person, who lives, feels and interprets the investigated phenomenon.

The theme also converges with the new Sustainable Development Goals (SDGs), which highlights the need to reduce the high rates of maternal and child morbidity and mortality[13], in which high-risk pregnancies contribute significantly, reinforcing the relevance of knowledge production in this area. Thus, the objective is to know the perceptions of high-risk pregnant women about hospitalization during pregnancy.

METHODOLOGY

This is an exploratory and descriptive study with a qualitative approach carried out with high-risk pregnant women hospitalized for conditions that compromise the physiological development of pregnancy. A researcher with a degree in Nursing collected the information. With previous experience in collecting information by interview, she collected the information between July and September 2016 in public maternity of reference in the state of Ceará, through a semi-structured interview that she sought to know the perceptions of high-risk pregnant women during the hospitalization period.

The researcher was taking her residency course in Obstetrics at the information collection site, allowing her to immerse in the area and establish contact with the 32 high-risk pregnant women participating in the study, who met the inclusion criteria: being pregnant, in any gestational age, hospitalized for a period equal to or greater than 72 hours due to a risk factor for the physiological development of a pregnancy, whether this is a pre-existing factor aggravated by the pregnancy or arising after pregnancy. The motivations for carrying out the study were presented at the beginning of the contact with the pregnant woman, before the data collection. We chose to conduct interviews with the universe of hospitalized high-risk pregnant women who met the inclusion criteria during the data collection period to expand the knowledge and interpretation of this specific group facing the phenomenon of hospitalization.

We verbally invited hospitalized high-risk pregnant women to participate in the research, explaining the purpose of the study and how their participation would be. The interviews took place individually in the environments where the pregnant women were hospitalized, in the wards or the living areas, preserving the interviewees' privacy. After reading and signing the Informed Consent Term, the interviews started, recording them and, later, transcribing them for interpretation under content analysis. All pregnant women agreed to participate in the study. There was no refusal or withdrawal from participation.

A pilot was not carried out for data collection. The instrument had questions for the sociodemographic and obstetric characterization of pregnant women and a guiding question for the interview: How do you feel to be hospitalized during pregnancy? The script was presented and delivered to the participant before the interview began. We used an audio recorder according to their consent. The duration ranged from 20 to 70 minutes. We wrote field notes at the end of each interview.

We carried out the organization and analysis of the interviews manually, without the use of the software. We used thematic content analysis as a reference, which unfolds in the pre-analysis

stages, including floating reading and the formulation of hypotheses and objectives; exploration of the material through the categorization of significant expressions from the data collection: category 1 - knowing the experience in hospitalization during high-risk pregnancy and category 2- meaning of hospitalization for high-risk pregnant women; and analysis of the results obtained[14]. Then, the results obtained were interpreted and later discussed with the literature on the theme. The speeches of the pregnant women are identified by the letter G preceded by the number of inclusion in the study, the diagnosis of hospitalization (HD), and length of stay (LS) as factors for contextualizing speech.

The study followed the ethical recommendations of Resolution 466/12 of the National Health Council. The Ethics Committee approved it under opinion No. 1,630,695, on July 11, 2016.

RESULTS AND DISCUSSIONS

Regarding the socio-economic, demographic, and obstetric characteristics of high-risk pregnant women, we found that most were from the interior of the state (21), aged between 18 to 41 years old, with a predominance of the 26-35-year-old age group (15), with a partner (27), with a consensual union prevalence, attended elementary school (13) and professed the Catholic faith (24).

The work activity proved to be a risk factor since the pregnant women had a paid activity (17); however, in some cases these activities did not have an employment relationship, restricting access to income in the condition of impossibility to work due to hospitalization. The obstetric characteristics of the pregnant women in this study coincide with the profile of high-risk pregnant women found in studies in maternity hospitals in other Brazilian states[15-17], as well as showing unfavorable sociodemographic conditions such as education, marital status, and occupation, predisposing a maternal risk factor and contributing to characterize pregnancy as high risk.

We also found that they were multiparous (21), in the third trimester of pregnancy (27), with a hospital stay varying between three and 30 days. The diagnoses responsible for hospitalization: the rupture of the ovarian membranes (9), pregnancy-specific hypertensive syndrome (5), placenta previa (4), the threat of premature birth (3), urinary tract infection (3), diabetes (3), restriction of intrauterine growth (3), disorders of amniotic fluid (2), confirming the existence of risk for the binomial and for maternal and fetal mortality, justifying hospitalization for monitoring and surveillance of gestational development[3,8,15-17].

From the guiding question, the thematic category "Hospitalization under the eyes of high-risk pregnant women" emerged. We divided this category into two thematic subcategories based on the similar speeches of the interviewed pregnant women. In the first subcategory called Knowing the experience in hospitalization during a high-risk pregnancy, the experiences of high-risk pregnant women during the hospitalization period were addressed through the procedures, feelings, and relationships experienced. The second subcategory called the Meaning of hospitalization for high-risk pregnant women reveals the understanding of pregnant women about the hospitalization process from the care and information received and the correlation between disease and curative practice.

Knowing the experience in hospitalization during a high-risk pregnancy

Hospitalization as common as it is and sometimes necessary in high-risk pregnancies is an experience capable of causing structural, biological, and emotional changes in the woman's life[10-12]. This category clarifies the experiences of high-risk pregnant women during their hospitalization, covering the procedures they were submitted, the feelings, and the relationships established between the pregnant women and the professionals.

High-risk pregnancies requiring hospitalization place pregnant women in an interventionist setting, assisted by a team of professionals, and carrying out several procedures to monitor the development of their pregnancy. In this sense, the pregnant women elucidated elements representative of their experiences during hospitalization, such as

exams, medications, vital signs, monitoring of fetal vitality, and ultrasound:

> Here at the hospital, we are well, they take care of us, taking the medicines. The nurses always come to see us, see the pressure and the baby's heart, give the medicines. (**G 05, HD: Specific hypertensive syndrome of pregnancy, LS: 03 days**)

> [...] they are constantly giving medication, taking tests, checking blood pressure, asking how we are doing. (**G 19 HD: antepartum rupture of ovular membranes, LS: 04 days**)

> And today, after this problem [specific hypertensive syndrome of pregnancy] is even more reason to be grateful, because every day I do an ultrasound to find out how he is doing. (**G 03 HD: Specific hypertensive syndrome of pregnancy, LS: 06 days**).

Procedures, exams, and drug therapy belong to a routine implemented after hospitalization very important for these pregnant women since this experience is associated with high-risk diagnoses and the need for hospitalization, causing pregnant women to change their life dynamics to offer security and improve the prognosis of pregnancy.

In addition to technical procedures, another important point is that pregnancy is responsible for arousing countless feelings in women. In special conditions, such as high-risk pregnancies, the biological and emotional changes experienced are accentuated and, following hospitalization, other sensations are added due to the practices inherent to assistance in the hospital environment, with examples of drug therapy and invasive procedures, which cause discomfort and suffering:

> Today, I think I have a panic because I'm all stuck here, all purple. I cry I make a bigger fuss because these drugs look like they're burning my veins. If I was to be hospitalized without it here in my vein, I would be here for about 10 years. (**G 08, HD: antepartum rupture of ovular membranes, LS: 04 days**)

> It is bad. Seriously, just staying all the time, without going out, in a direct rest, because I can't do anything, taking a puncture, taking blood, taking tests, putting medicine, there is still this pump, this probe. I didn't imagine it was going to be like this. It is very difficult. (**G 26, HD: antepartum rupture of ovular membranes, LS: 09 days**)

> Here is very good, we are treated very well, but it is suffering for us. I find it hard to be punctured, to be hospitalized, and to be away from home. (**G 07, HD: Gestational diabetes, LS: 03 days**)

During the hospitalization period, the woman undergoes an intensification of care, necessary for the favorable outcome of the pregnancy, and stops the development of the fetus. While promoting a sense of security and protection, also awakens to anguish, pain, and fear arising from the interventions and procedures performed, as explained in the statements above.

Hospitalization is considered an additional stressor, as it makes pregnant women aware of their condition, putting them in contact with a technological and medicalized universe, full of interventions and procedures that contribute to the reduction of women's autonomy over pregnancy and their body[10-12].

These care practices offered to pregnant women are responsible for ambivalent feelings because even though accepted and valued by women by doing what they can to avoid complications for their child, they are associated with fear, anxiety, fear, worry, guilt, uncertainties, and danger, dealing with real risks or potential for compromising maternal and fetal health[10-12,18-19].

Pregnant Woman 07 also associated hospitalization with distance from family life and a change in life routine. Other pregnant women also expressed these aspects as negative points, revealing that the absence of a companion increases the adversity of hospitalization, as shown below:

> I think it's terrible, I think the only hell is worse than here because I can't be with a companion, I need to keep asking unknown people to help me, to go to the bathroom, to take a shower. It is only suffering. (**G 06, HD: Placenta previa, LS: 05 days**)

> I was upset, very sad, because we are very abandoned, alone, without contact with anyone, without being able to talk to anyone, but it passed [these feelings]. (**G 05, DI: Specific hypertensive syndrome of pregnancy, TI: 03 days**)

In the speech of pregnant women, it is clear the feeling of dependence and the limitations caused by hospitalization due to the risk of pregnancy. They start to feel unprotected and insecure because they are in a new environment, surrounded by unknown people, sometimes

having their activities self-care performed by third parties. The companion's absence was an unfavorable factor for the experience of hospitalization, as he would correspond to a reference of bond and trust in an unfamiliar environment.

For the pregnant women in this study, hospitalization generated apprehension and feelings of anguish and loneliness since it represents a distance from what is usual for them, from affective and social ties. In studies carried out on the experiences and feelings in high-risk pregnancy, hospitalization was considered a frustrating and disturbing event due to the isolation of their families and the disruption of their daily routine[10-11].

Some pregnant women understand that hospitalization impedes the experience of pregnancy, as they are outside their family environment and coziness, absent from the preparation of layette, domestic routines, family, and work.

> Here you feel that you are having a treatment. You know that who's in the hospital is the people to treat and you can't enjoy the pregnancy. (**G 10, HD: antepartum rupture of ovular membranes, LS: 30 days**)

On the other hand, hospitalization is perceived as compensatory when the child's well-being is considered, reflecting in tranquility and security:

> I stay calm with my baby being all right because he has his treatment and safety here. Everything is great. I was nervous at first, then it passed. But now everything is fine. (**G 27, HD Oligohydramnios, LS: 05 days**)

In research carried out in a reference hospital for maternal and child health, they highlighted that technological advances provide greater security for the development of pregnancy. However, they trigger aspects of emotional vulnerability, psychological fragility, negative thoughts, and situations of tension and fear for pregnant women, which must be weighed and evaluated by multi-professional teams[10].

The care routine, multidisciplinary attention, and the relationships established with the professionals were surprised elements for some women who felt they were accompanied and attended to their needs. These aspects contributed to a positive assessment of care and hospitalization, as shown in the following reports:

Here I thought it was very good because we have care. Here there is a nutritionist, there is a doctor, nurse, technician, meals are at the right times, there are an exam and everything we feel they are close to us. I was even surprised because I didn't think it was going to be like this. I had already heard about this area for pregnant women, but I didn't know it. (**G 04, HD: Threat of premature birth, LS: 03 days**)

> I thought it was good from the professionals, they were very careful, a lot of responsibility, and explained exactly what was going to happen. [...] I like the service here. Nurses treat us well, they are patient, they are not rude, they are always close by asking if we are well. The service is good. (**G 19, HD: antepartum rupture of ovular membranes, LS: 04 days**)

> Today I am very calm. The anxiety went away. I attribute this to the environment, the place, the doctor who reassured me, because he came to talk to me and at the moment, he talked to me, everything changed, that anguish and despair that I was feeling passed. (**G 16, HD: Intrauterine growth restriction, LS: 06 days**)

The narratives showed that the potential of hospitalization is the care and assistance provided by professionals. The establishment of relationships, the daily monitoring by health professionals, and the feedback on the health condition of the pregnant woman and the fetus were preponderant to mitigate the impacts from the experience, highlighting the need that pregnant women have to be welcomed, to receive individual care, empathetic, safe, that allows the formation of bonds and guarantees the expression of feelings.

As already shown in a previous study, communication between professionals and pregnant women has a significant influence on the experience of hospitalization, in addition to representing a fundamental aspect for the quality and satisfaction of pregnant women with the care received[19-23]. In this way, the guidelines related to clarifications about the situation in which the pregnant woman goes through, about the treatment performed, about her health status, and the child in the womb was reported as a confidence-building element, capable of reducing tensions from hospitalization, and

offering security and tranquility. Therefore, to know these pregnant women, their habits and beliefs become valuable, relating them to the changes from high-risk pregnancies and hospitalization to build individualized, safe, and qualified care practices and scenarios.

Meaning of hospitalization for high-risk pregnant women

This category deals with specialized care, illness, curative practice, and insufficient information, showing the interpretation of pregnant women about the hospitalization process during pregnancy. Hospitalization and all the care that is part of it are assumed to protect pregnancy and the mother-child binomial, as a space for adopting measures to prevent complications:

> Now I understand that it is for the care, for the well-being of both myself and my son. The good thing is that here you have a regulated diet, you cannot eat junk food, at home you eat everything you want, so much so that at home my blood sugar was high and here it is already normal. (**G20, HD: Specific hypertensive syndrome of pregnancy, LS: 06 days**)

The results of care implemented during hospitalization are described as something that would not be achieved at home. Pregnant women interpret the hospital as a place for specialized care, perceived and felt in different tests and medications available, and the care received.

> Staying in the hospital is different from staying at home, here everything is controlled, more careful and I still have rest, at home, we are more careless because what you think is what you do. (**G13, HD: Pregnancy-specific hypertensive syndrome, LS: 04 days**)

> Good because you're taking care of yourself. I preferred to stay for that, because at home there will be no one to take care of me, nor to check my blood pressure, nor have the drugs, nor the tests. (**G11, HD: Urinary tract infection, LS: 04 days**)

> I am resigned, I am calm in knowing that here I will have the necessary assistance for him at any time. At home I will not have it, I will have to move and there is the risk of not having time to arrive and not having a place, and here it is already guaranteed. (**G19, HD: antepartum rupture of ovular membranes, LS: 04 days**)

As evidenced in the statements above, pregnant women begin to associate the condition of a high-risk pregnancy with a disease process that requires treatment, obtained through hospitalization, ensuring care and resources for monitoring maternal-fetal well-being. Hospitalization is perceived by pregnant women as responsible for improving the clinical condition and maintaining the fetus' life:

> Staying hospitalized is getting sick, when I arrived, I felt sick, but not now, I'm better now. The hospital was a good thing. Because after I came here, I am getting better. (**G16, HD: Intrauterine growth restriction, LS: 06 days**)

> The good part is to have a follow-up, to know that you will be treated, to know that it is working, that your condition is evolving. (**G02, HD: Placenta previa, LS: 07 days**)

> Because I was hospitalized, she is alive and I am sure of that. Hospitalization was to give my daughter more life and for me too because the way I am here I could have already caught an infection. So, hospitalization was a lifeline for both of us. So, we think so, that it will be well taken care of us, we will have what we need, the medication, the professionals, the treatment. (**G18, HD: isthmus-cervical incompetence, LS: 06 days**)

> I saw the change; I saw that with the treatment I am receiving here I am better. No one told me, I saw it, I felt that I was better. (**G24, DI: Placenta prev, TI: 05 days)**

We noticed that the references to specialized care with daily follow-up and monitoring of the fetus' vitality are translated by the pregnant women into satisfaction. In this context, similar to studies carried out in two public maternity hospitals[10-11], the pregnant women consider hospitalization as an important moment of health recovery and maintenance of pregnancy, giving all justifications for acceptance and understanding about hospitalization to the health status of the fetus and in care.

Information was a key element from the perspective of women. When there is no guidance on the behavior during hospitalization, doubts, insecurity, and questions emerged:

> Here they are careful, it's just not so much, because they leave us without information. They leave us like that, thrown, without knowing anything. Taking care, they take good care, now they lack information.

> It is very bad not to know things, not to know how long I will be here, what will happen. We get lost. (**G 01, HD: Placenta previa, LS: 03 days**)

> We have been waiting, waiting for a long time and they don't solve anything, neither dispatch nor solve. (**G14, HD: antepartum rupture of ovular membranes, LS: 06 days**)

The pregnant women reported in their statements above that the absence of information and their distance from the discussion and decision about the adopted therapy are responsible for negative feelings associated with abandonment and impotence, assessed as an unfavorable and harmful aspect for the quality of care received. We found similar opinions in a study carried out in a maternity hospital in Rio Grande do Sul, which considered the lack of information as a deficient relationship between women and professionals, increasing the anguish and anxiety of pregnant women[20].

In contrast, research carried out with hospitalized pregnant women showed that the guidance offered by professionals contributes to the understanding of the diagnosis and their involvement and active participation in the decisions and care necessary for their health and their children[20-23]. Thus, the availability and presence of the professional to guide, clarify doubts, discuss the procedures are factors that contribute to the safety, respect, and autonomy of the pregnant woman, meeting the women's health policies, which guarantee the right to receive complete information regarding their health status and the proposed treatment.

Thus, hospitalization during high-risk pregnancies was a new situation, requiring adaptations, and related to illness and the need for care, treatment, and cure. It provoked an intensification of feelings due to the confirmation of their high-risk condition and complications, which mother and child are exposed to. It also brought feelings of relief and rest to pregnant women, justified by the safety of the care received in specialized units, and by the continuous surveillance of fetal well-being, in which the relationship established with professionals represents a differentiating element in the experience of pregnant women.

FINAL CONSIDERATIONS

This research sought to know the perceptions of high-risk pregnant women about hospitalization during pregnancy. Through speeches and clarifications, procedures, orientations, bonds, relationships, and feelings experienced in which pregnant women attribute meaning and perceive hospitalization during pregnancy were unveiled, interpreting these aspects as a result of the high-risk diagnosis and recognizing them as strategies of specialized care and continuous monitoring for the maintenance of pregnancy and consequent fulfillment of the dream of motherhood.

We observed that due to the risk conditions presented by the pregnant women, hospitalization was good for the accompaniment and monitoring of fetal vitality and maternal well-being, offering exams and procedures for the survival of women and continuity of pregnancy. Although the experiences of pregnant women in the hospital environment contributed to the awakening of negative feelings, hospitalization was responsible for comforting and reassuring pregnant women, reinforcing the multiplicity of feelings that involve high-risk pregnancies.

In professional relationships, two divergent contexts emerged. The first in which the care and assistance offered, associated with dialogue and guidelines reinforce the feelings of being cared for and being safe. The second in which the absence of information causes pregnant women to feel deficient care and not to be involved in their care process, which gives value to communication and the bond that must be established between pregnant women and professionals.

This study with high-risk pregnant women in only one maternity hospital in the state of Ceará is a limitation, which does not allow the generalization of the results since shows specific characteristics of the studied group, emerging perspectives of expansion to other maternity wards, and listening to family members and professionals who as the pregnant women, are also involved in the phenomenon of high-risk pregnancy in the hospital setting. Such a limitation shows paths for the production of new studies that expand the discussions on the theme, showing this context in other realities, from

theoretical references, and that can improve the quality of care offered to these pregnant women.

However, the discussions presented by this study revealed the importance of assisting hospitalized high-risk pregnant women, considering their experiences and perceptions, involving them in discussions about the adopted behaviors, respecting and preserving their autonomy, clarifying their doubts, minimizing fears and anxieties, and favoring their acceptance, understanding, and adherence to the recommendations.

There are also gaps related to the care provided to hospitalized high-risk pregnant women, emphasizing the urgency of investigating the care needs of these pregnant women to favor the planning and interventions of the multidisciplinary team with a more objective, safe, and resolute character, going through the complexity of the situation, which may reflect on the services offered to women in situations of complications during pregnancy.

VIVÊNCIAS ACERCA DA HOSPITALIZAÇÃO: PERCEPÇÕES DE GESTANTES DE ALTO RISCO

RESUMO

Objetivo: conhecer as percepções de gestantes de alto risco sobre a hospitalização durante a gravidez. **Metodologia:** estudo descritivo, exploratório, de abordagem qualitativa, com 32 gestantes de alto risco hospitalizadas em uma maternidade pública de referência no estado do Ceará. A coleta das informações ocorreu de julho a setembro de 2016, por meio de entrevista semiestruturada, e as falas foram submetidas à análise categorial temática. **Resultados:** os relatos das gestantes de alto risco revelam suas vivências e compreensão acerca do processo de hospitalização, realçando os procedimentos realizados, os sentimentos e as relações estabelecidas, discutidas a partir das subcategorias: Conhecendo a vivência da hospitalização na gestação de alto risco e Significado da hospitalização para a gestante de alto risco. **Considerações finais:** a vivência da hospitalização, embora responsável por despertar diversos sentimentos e sensações negativas na vida da gestante, também é percebida como um evento necessário para a atenção especializada e para a monitorização da gravidez.

Palavras-chave: Gestantes. Gravidez de Alto Risco. Hospitalização.

EXPERIENCIAS ACERCA DE LA HOSPITALIZACIÓN: PERCEPCIONES DE GESTANTES DE ALTO RIESGO

RESUMEN

Objetivo: conocer las percepciones de gestantes de alto riesgo sobre la hospitalización durante el embarazo. **Metodología:** estudio descriptivo, exploratorio de abordaje cualitativo, con 32 gestantes de alto riesgo hospitalizadas en una maternidad pública de referencia en el Estado de Ceará-Brasil. La recolección de las informaciones ocurrió de julio a septiembre de 2016, por medio de entrevista semiestructurada y los relatos fueron sometidos al análisis categorial temático. **Resultados:** las narraciones de las gestantes de alto riesgo revelan sus experiencias y la comprensión sobre el proceso de hospitalización, destacando los procedimientos realizados, los sentimientos y las relaciones establecidas, discutidas a partir de las subcategorías: Conociendo la experiencia de la hospitalización en la gestación de alto riesgo y Significado de la hospitalización para la gestante de alto riesgo. **Consideraciones finales:** la experiencia de la hospitalización, aunque responsable por despertar diversos sentimientos y sensaciones negativas en la vida de la gestante, también es percibida como un evento necesario para la atención especializada y para el monitoreo del embarazo.

Palabras clave: Gestantes. Embarazo de alto riesgo. Hospitalización.

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