



COPING STRATEGIES IN THE GESTATIONAL AND PRENATAL PROCESS AMID THE COVID-19 PANDEMIC

Cindy Macedo da Silveira*
Maria Lígia dos Reis Bellaguarda**
Rosane Gonçalves Nitschke***
Silvana Alves Benedet Ofugi****
Mariana Vieira Villarinho*****
Amanda Nicácio Vieira*****

ABSTRACT

Objective: to identify coping strategies in the history of women in the gestational period in the pandemic process of COVID-19. **Method:** qualitative research historical partner in the light of motivational theory. Five women who performed prenatal care in a Primary Health Unit of a municipality of Santa Catarina, between March and December 2020, participated. Data analysis followed the proposed thematic oral history by Minayo content analysis and Iramuteq software for multidimensional analysis of texts and questionnaires. **Results:** emerged from the relationship between the textual analysis by similarity of the stories referenced by the participants and the characteristics defined by the motivational theory of Coping, need for competence and support. Emerging the analytical category Coping in pregnancy: women and prenatal care in the COVID-19 pandemic. **Final thoughts:** it is considered that stress in the gestational condition and prenatal period in the COVID-19 pandemic portray coping strategies as positive confrontations of women.

Keywords: Qualitative Research. Nursing. Pregnancy. Prenatal. Coping. Pandemic Covid-19.

INTRODUCTION

Gestation is a process that modifies the whole coexistence and living of women, men and families, since transformations in the intimacy of the couple, as in all the social and economic reality of family development. It is shown as relevant pregnancy, because there is the opening of space for the constitution of motherhood, which is greater than the process of gestation only, seeking to understand the changes of this period and the influence on future family relationships⁽¹⁻²⁾.

Prenatal consultations used to be performed at home, by midwives or trimmers in the late 1808, who accompanied the pregnant woman until the birth of the baby. With the evolution of medicine, assistance to women in the gestational process has become a hospital routine determined by health professionals, being them from the multidisciplinary

team (doctors, nurses, nutritionists, physiotherapists, among others)⁽³⁾.

The normative recommendations in the Public Health Policies show the care and care process in the evolution of pregnancy, allowing standard procedures of health professionals. It is recommended that, during a pregnancy, the woman and her baby undergo at least seven prenatal consultations, when a low-risk pregnancy, where this monitoring takes place in a Basic Health Unit, together with the Family Health Strategy Team, where consultations are made with the doctor and nurse⁽³⁾.

In 2020, with the outbreak of the COVID-19 pandemic, another chapter in the history of women's health, pregnancy and childbirth is drawn. New protocols and guidelines for prenatal care and organization and planning in the approach and care of these women, their husbands and their families.

*Nurse. Undergraduate in Nursing. Florianópolis, Santa Catarina, Brazil. Email: cindymacedo9@gmail.com; ORCID <https://orcid.org/0000-0001-8491-4990>

**Nurse. PhD in Philosophy. Full Professor, Department of Nursing, Federal University of Santa Catarina. Leader of the Research Laboratory of History of Knowledge in Nursing and Health (GEHCES). Coordinator of the university extension - Memory Work Group: History of Nursing and Health. Researcher for NUPEQUISFAM-SC. Florianópolis, Santa Catarina, Brazil. Email: m.bellaguarda@ufsc.br; ORCID <https://orcid.org/0000-0001-9998-3040>

***Nurse. PhD in Philosophy. Full Professor, Department of Nursing, Federal University of Santa Catarina. Leader of NUPEQUISFAM-SC. Florianópolis, Santa Catarina, Brazil. Email: rosanenitschke@gmail.com; ORCID <https://orcid.org/0000-0002-1963-907X>

****Nurse. PhD in Philosophy. University Hospital of the Federal University of Santa Catarina. Florianópolis, Santa Catarina, Brazil. Email: silvanabenedet@gmail.com; ORCID <https://orcid.org/0000-0002-7239-4585>

*****Nurse. PhD in Philosophy. Manager of Occupational Health at the State Secretary of Administration of Santa Catarina. Florianópolis, Santa Catarina, Brazil. Email: nanyufsc2004@gmail.com; ORCID <https://orcid.org/0000-0002-7706-3689>

*****Nurse. Master in Philosophy. Nursing Manager at the Municipal Health Secretary of Biguaçu. Biguaçu, Santa Catarina, Brazil. Email: amandanivi@hotmail.com; ORCID <https://orcid.org/0000-0002-6743-2575>

Faced with the Sars Cov 2 pandemic, regarding doubts and fears about diagnoses, treatment and the rapid spread of COVID-19, mental health problems were spreading. Losses of loved ones, urgent hospitalizations and undefined care with COVID-19 caused the group of pregnant women to suffer even more, since care protocols and guidelines for prenatal care were being established. Everything was new, as new was the experience of pregnancy for many women⁽³⁻⁴⁾.

Nursing has the work of raising awareness of the population and developing educational activities and continuing education, aimed at pregnant women, focusing on general guidelines on the gestational process, pregnancy care, physiological, psychological and physical changes, birth planning, newborn care, the breastfeeding process and its importance, and family planning⁽²⁾.

The preparation and the gestational process, increasingly, follow a humanistic model, especially when we talk about the process of humanized delivery. During the entire process of pregnancy, the woman presents feelings that affect her, bringing questions, anxieties about the health of the fetus, childbirth itself, breastfeeding and of course guilt, due to the high demand for perfect motherhood. Understood here as one that happens without conflicts, without surprises. And, perfect motherhood is one that, with its inconsistencies and surprising process with weaknesses and powers, is lived and adapted⁽⁵⁾. The coping process begins long before the confirmation of pregnancy and accompanies the woman throughout her development. The identification of the strategies of these women, their coping process, gestational evolution and the pandemic process will be discussed, seeking to highlight and prioritize the healthy evolution of this pregnancy.

In this study, we bring the Motivational Theory of Coping, in which the confrontation happens when the person perceives a situation as a threat or challenge, related to some basic psychological need or set of them. It is presented in adaptive processes of need for autonomy, need for competence and need for support/ relationship (connected safely, self-esteem)⁽⁶⁾. Thus, in this research, coping refers to the individual efforts of pregnant women to maintain and restore or adapt to the psychological needs of autonomy, competence and family and professional health support⁽⁷⁻⁸⁾.

Facing the challenge of prenatal nursing

consultations in primary health care in the COVID-pandemic¹⁹, this study is justified by the experience of one of the authors directly in the reality of the research and have experienced the nursing consultation to pregnant women and known the reality and difficulties experienced by women and their families in the pandemic period. Given what she did, the question arose: what are the coping strategies adopted by women who experienced the process of pregnancy during the COVID-19 (2020) pandemic? Under the objective of identifying coping strategies in the history of women in the gestational period in the pandemic process of COVID-19 (2020).

METHOD

This is a qualitative study, using the method of Thematic Oral History (TOH) in conjunction with the Motivational Theory of Coping (MTC)⁽⁷⁾. HOT brings out from the narrative of a person interviewed the understanding and reflection about an event or fact experienced. What can relate, interfere and be influenced by the memory of the narrative source⁽⁸⁻⁹⁾.

In line with the historicity of pregnant women at a time of pandemic, MTC was approached in order to understand regulatory actions of organized patterns of behavior, emotion and motivation for coping with these women^(6,10).

The research was developed in a municipality that makes up the Greater Florianópolis, in the state of Santa Catarina (SC), being the space of selection of oral sources a Basic Health Unit. The health professionals who make up the multidisciplinary team of the unit are a doctor, a nurse, a dentist, two nursing techniques, five community agents and two administrative technicians.

The oral sources of the research were postpartum women, who performed prenatal care in the Basic Health Unit, and began labor from March 17 to December 1, 2020. They were contacted already in their puerperal period, to tell the experience of prenatal care that they experienced during the pandemic. Clipping determined due to the beginning of the pandemic in the country and first Lockdown of the state of Santa Catarina.

The access to the puerperal women was given by the information contained in the record book of the foot test, performed in the Basic Unit between the fifth and seventh days of life of the baby. Women

needed to meet the inclusion criteria: perform prenatal care in the BHU, a minimum of three consultations and perform labor during the pandemic process to tell the experience of pregnancy in this period; and exclusion: minors with problems during pregnancy. These women were identified through the organization criteria for the target community (possible participants), colony (women) and the network formed by five puerperal women in the period of gestation in the COVID-19 pandemic.

From the identification of possible oral sources, contact was made via telephone provided by the BHU, to begin the interviews, to be carried out in person or virtual, based on the dialogue with the participants for the remembrance of events, feelings, reports and facts of the gestational process, prenatal, childbirth and puerperium. The interviews were conducted after the consent of oral sources, according to the definition of Resolution of the National Health Council n. 466/12 and authorization of the Research Ethics Committee of the Federal University of Santa Catarina under n. 62 and Opinion n. 4,909,602. The method was described in accordance with the Consolidated Criteria for

Reporting Qualitative Research (COREQ)⁽¹¹⁾.

The contact was made by telephone and/ or by messages in the chat application WhatsApp®, with a first presentation of the project, and initiating the attempts to schedule face-to-face interviews, which would take place within the Basic Unit, in a room provided by the coordination of the unit. Two face-to-face interviews followed, and three virtually. These are justified by the pandemic and babies in their first months and the difficulty of concentration with them on the lap or breastfeeding.

The oral sources were identified by the initial “W” in reference to the “Woman”, sequential enumeration by the order of the remembered stories. The collection had an instrument of guidance for the telling of the stories lived during their gestational process in the pandemic period, where it presented a header to guide the responses. Questions used to direct the recollections were: how did you feel? What things went through your mind? Fears? Anxiety about pregnancy and labor? How did you face the situation? Each interview had an average of 26 to 30 minutes, conducted from March to December 2022, where it was possible to conduct a conversation and the women told their experiences.

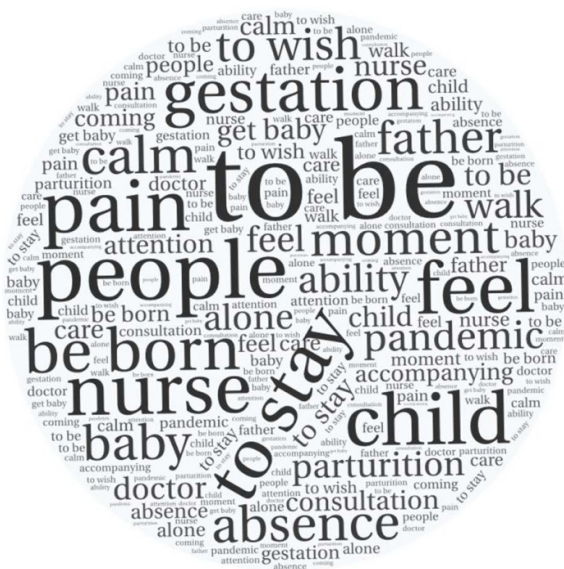


Figure 1 - Word Cloud, IRAMUTEQ. Florianópolis, SC, Brazil. 2022.

Source: Authors, 2022.

The transcriptions of the storytelling/interviews were performed and organized by the main author, per pregnant woman, in word file version 2010. Then, the IRAMUTEQ⁽¹²⁾ software® was fed with the utterances, a round of a new corpus was made,

making cuts of words such as articles, prepositions and with spelling errors, so as not to harm the results and thus generate a more reliable analysis. This method used a third round of the corpus in the IRAMUTEO⁽¹³⁾ software® for textual analysis.

contributing to the processing of qualitative data. The software used helped consolidate the data in order to identify the coping of these women in pregnancy and prenatal care in the pandemic. Some properties of this software were used in the construction of the results of this research, opting for this result the configuration of word clouds with similarity approximations (FIGURE 1).

The last organization of the data for the codification and categorization was the disposition of the adaptive processes of need for autonomy, competence and support and the corresponding families according to the MTC, where it was filled with fragments of the approach to the theme. The treatment of the data was composed by the Thematic Content Analysis⁽¹⁴⁾, together with Skinner's Motivational Coping Theory⁽⁷⁾ and the data analysis of the IRAMUTEQ software®. IRAMUTEQ in image form the data of the interviews through the similarity and frequency of appearance of words.

Categorization refers to the reduction of the textual corpus by means of significant

expressions⁽¹⁴⁾. The initial stage of the theory is characterized by clippings of record units, constituting themes indicated as relevant for pre-analysis. Emerging category: Coping in gestation: women and prenatal care in the COVID-19 pandemic.

RESULTS

The women participating in this study were married women, in their first or second pregnancy, in which all live with their husbands, aged 18 to 32 years, with work outside the home and with an average of six to eleven prenatal consultations.

The responses of women to coping during their gestational process and prenatal care at UBS during the COVID-19 pandemic are presented in two subcategories: Adaptive Process of Need for Competence and Adaptive Process of Need for Support.

Related to the thematic oral histories referred by pregnant women, figure 2 shows the interrelation of these histories with the Motivational Theory of Coping^(6,10).

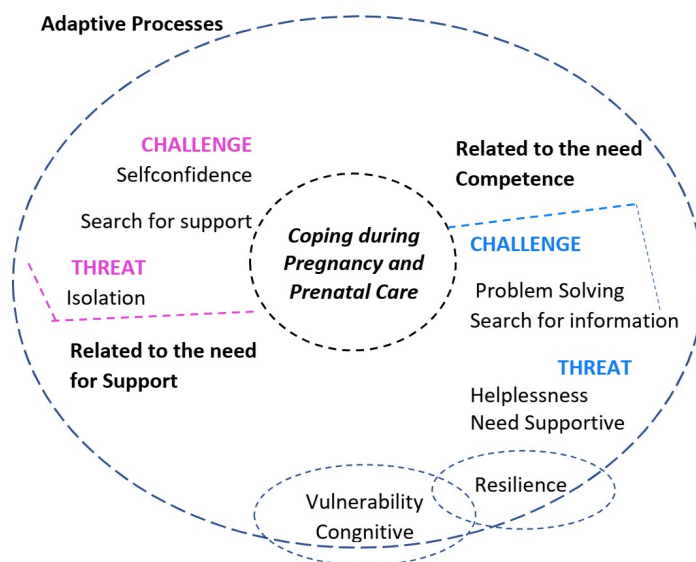


Figure 2 - Adaptive Processes of Pregnant Women's Need for Competence and Support in prenatal care during the COVID-19 pandemic. Florianopolis, SC, Brazil. 2022.

Source: Authors, 2022.

The women exposed challenges and threats about their gestational process, initiated at the time of the discovery of pregnancy, prior to the pandemic (2019), the prenatal process with the

multidisciplinary team and the challenges that this generated, until the time of labor and birth of your baby amid the whole scenario of doubts about health, in general (2020).

From the analysis, the words that stood out most by frequency of appearance of the organization and distribution of the content coming from the software® IRAMUTEQ were: pregnancy (baby, father, walk, quiet), arrive (gain, feel, strong, child), pain (delivery, doctor, care, alone, birth) and pandemic (want, consultation, moment, nurse, lack, attention).

I did not have, well say, the consultations with doctors, most of the consultations were with the nurse, it made me a little difficult, I felt a little missed, as much as the Nurse has given me all the attention, it was wonderful, I have nothing to complain about, but I also missed the doctor, which is normal, especially in the first trip pregnancy that we do not know what will happen. (W1)

The beginning of the pandemic began to get more complicated, in my pregnancy coincided enough to change doctors, change nurses, or vacation, or leave. The appointments were already changed, what was to go with doctor was with nurse, what was with nurse was with doctor. Even worse was the worst of the pregnancy, I had six prenatal consultations in the entire pregnancy. (W2)

There are differences in reports on the reception and performance of prenatal care. It is observed that the care of the multidisciplinary team, especially the medical staff, ended up causing insecurities during pregnancy, due to the lack of professionals in the municipality and in the basic unit in question, which, due to problems in hiring, remained for some time without these professionals during the pandemic.

What could happen? If I was going to have motherhood, if I wasn't going. Where would motherhood be? Because we had an idea to go somewhere, we will know if there was going to meet at a certain time, if there would be a number x of pregnant women. (W2)

The tests could never have companions, ultrasound, consultations, always alone. Just on the ultrasound to find out the sex that we made a video call at the clinic, they did; it was the only time that someone was present, via cell phone. (W4)

The statements regarding the uncertainties of the future, in a pandemic moment without answers, treatments, scientific studies or positive prognosis, caused the pregnant women who were at the end of the third trimester to begin a process of fear and anguish for the uncertain. Times when women and family members were not sure about the functioning

of maternity hospitals, quantities of pregnant women attended by shift, risk of contamination of the mother and baby and contamination of professionals. The recollections of the lived facts and the lived feelings went beyond the prenatal to also the gestation process itself, as a whole, causing the pregnant women to go through moments of confrontation related to the processes of coping adaptations, search for information, helplessness and need for support.

I had a moment of social isolation and only leave for consultation even if it was required, for mandatory medical examination and only. (W3)

My pregnancy was not a desired pregnancy, at first I had a whole process of acceptance and it took me a long time to accept the pregnancy and accept the baby. (W5)

Anguish, fear, anxiety and isolation were feelings experienced by these women resulting from the fact that they are generating a fetus during a delicate and catastrophic world moment. Testimonials that involve from excessive care for prevention and protection of the home and family, the uncertainties due to the fact of social isolation to the feeling of not being prepared for pregnancy and the process experienced by women in the acceptance and confirmation of pregnancy.

It was a very tumultuous pregnancy, first with my very rapid weight loss at the beginning and then with overweight. Another little problem that happened in the 22nd week, in the morphological ultrasound, we discovered that the baby had a murmur in the heart. (W3)

In my sixth month of pregnancy, I started with symptoms of Covid. My sense of relief was that it was weak, my fear was that I had, I remember at the time had some cases of mother who was pregnant and happened to die of the mother, severe cases at the time. (W4)

With this the pandemic also brought to light the feelings of anguish and fear, about an uncertain future with a baby, you being pregnant, you are a little more vulnerable. (W5)

Women bring the reports of fears and care with the contamination of the virus, hand hygiene, care with clothes and shoes, along with the use of alcohol and changes in family routines. We also obtained reports from women who confirmed that they had undergone contamination of the COVID-19 virus during pregnancy, in a mild and mild way, but who

had a moment of great anxiety, fear and uncertainty, due to severe cases and deaths at the beginning of the pandemic. Coping outcomes evidenced in the recent stories of these women show resilience as a psychological mechanism, which made them face the gestational and prenatal moment in a healthy way.

The moment brought to the vulnerability of the process and fragility with the lived emotions. Women who, in addition to going through the usual gestational process within the human living process, crossed it in a world historical moment of pandemic.

DISCUSSION

History does not only cover the distant past of people's lives, events and events. It deals with recent existential moments that imply changes and cultural adaptations of education, health, social and political⁽¹⁵⁾.

The interest in the recent history of pregnant women is mainly due to the moment experienced by humanity, the pandemic period and the path that science has already built and, ahead of what is doubtful, which refers to insecurity, which needs to be discovered, built. And so there is a whole social transformation, adaptations, organization and reorganization of gestation, birth, birth and human development.

Due to the COVID-19 pandemic, valuing maternal-fetal safety from the prioritization of monitoring this group and maintaining safety during their care, the BHUs work for weeks behind closed doors to the external public. Forms of care were developed and, most importantly, the lack of care for the population with flu symptoms was defined, directing patients with suspected COVID-19 to another place of specialized care, with professionals and equipment, assistance of pregnant women, puerperal women and children within the BHUs.

Social isolation was compulsory initially, causing these women to stop their professional activities and leave their homes only for medical, imaging and prenatal visits.

In this first pandemic moment, a change was made in the care related to the time between each consultation, where the recommended by the Unified Health System (SUS) was the performance of monthly consultations until the 34th week, between the 34th and 38th weeks, the conduct of biweekly consultations, and from the 38th week,

weekly consultations until the birth of the baby. The change was performed in the first months of pregnancy, where the consultations were changed from monthly to every 45 days in the municipality in question⁽¹⁶⁾.

This reality is shown to be impactful, caused by the change in prenatal consultations by prolonging the time between the first and second trimester consultations, modifying the routine of prenatal consultations, with the attendance of pregnant women in extreme need, appointments, respecting the particularities and individual needs. This characterizes a risk-benefit duality regarding exposure, both for the mother and the fetus, and their families⁽¹⁶⁾. Honorato, 2022

The stressful situation caused the pregnant women participating in this study to develop coping strategies guided by individual and social cognitive aspects to cope. Cognitive strategies refer to behavioral responses, faced that coping is a protective factor or vulnerability to the predispositions of these women to the problem, developing behaviors in the intention to adapt to stress, which reflects the confrontation of actions and relations with the environment^(6,10).

Pregnant women have positive results, such as the search for information and resolutions of the weaknesses of their prenatal care. Regarding prenatal consultations, emotional lability is observed, generated by the restriction of consultations performed by the medical professional. The pandemic process generates uncertainties, and due to the specific changes in pregnancy, there was doubt whether COVID-19 would present more severe in this condition. The lack of prenatal care by the doctor generates anxiety in nulliparous pregnant women. This condition threatens the adaptive process of competence, characterized by helplessness and need for support⁽¹⁷⁾.

The longing and fear start to turn to the pandemic, at an initial moment without treatments and positive prognoses. Pregnant women who even taking all the care guided at the time, hygiene, use of masks, social isolation, and even so if they were infected with the virus or had relatives contaminated by COVID-19. Fear of maternal-fetal complications takes over, with anxiety, insecurity and guilt. However, the literature shows that pregnant women infected with the virus develop mild to moderate clinical conditions and that the risks increase in the

last trimester⁽¹⁸⁻¹⁹⁾.

The complications of COVID-19 are due to limited access to health services. The context of care, assistance and prenatal consultations developed by nurses brought visibility to this category. The visibility is not consolidated in the studied universe, evidenced as a threat in the confrontation of pregnant women to this situation. The credibility in prenatal care of the medical professional is strong in primary health care, passing through the historicity of the health process - disease in the world context and interprofessional relations. These pregnant women exhibit a coping regulatory action linked to emotional self-regulation when they adjust attention and behavior responses to the stressor factor^(6,20).

The professional commitment of nurses in prenatal care promotes positive coping by pregnant women, for accessibility to nursing care. The nurse, as a multidisciplinary professional member of the family health strategy team, has been active in the gestational process since the beginning, including family planning. Health education, guidelines and dialogues to reduce doubts were of paramount importance for these women to visualize themselves empowered, aware, guided and prepared to experience the changes in the process. We highlight the access to information in the gestational period provided by the pregnant women themselves and led by nursing, regarding the planning of this pregnancy and the divergent conditions of gestation in a period of social crisis. When the strategies are applied, the contingencies performed by these women are observed, while living the pregnancy, with access to experience a context of isolation and distancing from social and even family life with psychobiological and psychoemotional implications⁽¹⁷⁾.

Coping strategies related to education and health used in the pandemic period under social isolation softened anxiety conditions in a subtle way. The priority of the group to carry out consultations and schedule periodic examinations results in the reassurance of pregnant women and the importance of accessibility to health services, even during the pandemic. The nursing team always puts itself with promptness to pregnant women for eventual help, guidance, and active listening softens.

Communication strategies emerged as punctual in the aid of coping and in the responses regarding their care and the gestational process. The coping of

women in the prenatal period evidences COVID-19 as the fundamental trigger of stress, with confrontations related to the possibility of contamination of themselves and family members and friends⁽²¹⁾. Fear is exacerbated by the likelihood of infecting the unborn child, characterizing anxiety. Thus, it corroborates the identified fear with these pregnant women, in which there is an intensification in the third gestational trimester⁽²²⁾.

The identification of coping strategies presented by pregnant women in this study results in the positive adaptive outcome of the search for support, search for information, resolutions and self-confidence and adaptive process of threat, helplessness and isolation. It is noteworthy that coping strategies are shown in self-confidence in an outcome of resilience, amid negative feelings in the face of the COVID-19 pandemic. The limitations of this study focused on the development period of the study, which delayed the data collection, which required reorganization of the period of contact with the participants.

FINAL THOUGHTS

It is considered that stress in the gestational condition and prenatal period amid the COVID-19 pandemic shows coping strategies that result in positive confrontations of women. Despite this, in recent stories regarding the theme of the pregnancy period, there are challenges and threats in the adaptive processes of competence and support needs that are compensatory.

Still, while there is the threat of helplessness and isolation due to frailty throughout the health care process, it is relevant in the trigger of anxiety and fear the use of coping strategies, the search for support and resolution of the problem that are strengthening in meeting the access and resolution to prenatal care.

The organization and structure of assistance to pregnant women and the development of the pre-birth period in the pandemic brought an outcome of resilience that, in this universe of women studied, goes beyond the cognitive process of vulnerability. Thus, resulting in the resilient conduction of pregnant women in increasing the ability to support and adapt to the cognitive process of vulnerability triggered by the environmental, health and emotional difficulties of the COVID-19 pandemic.

ESTRATÉGIAS DE COPING NO PROCESSO GESTACIONAL E PRÉ-NATAL EM MEIO À PANDEMIA COVID-19

RESUMO

Objetivo: identificar as estratégias de *coping* na história de mulheres no período gestacional no processo pandêmico da COVID-19. **Método:** Pesquisa qualitativa sócio histórica à luz da Teoria Motivacional. Participaram cinco mulheres que realizaram o pré-natal em Unidade Básica de Saúde de um município catarinense, entre março e dezembro de 2020. A análise dos dados seguiu a proposta história oral temática pela análise de conteúdo de Minayo e o software Iramuteq para análises multidimensionais de textos e questionários. **Resultados:** emergiram da relação entre a análise textual por semelhança das histórias referenciadas pelos participantes e, as características definidas pela teoria motivacional do *Coping*, necessidade de competência e apoio. Emergindo a categoria analítica O *coping* no gestar: mulheres e o pré-natal na pandemia COVID-19. **Considerações finais:** considera-se que o estresse na condição gestacional e período pré-natal na pandemia COVID-19 retratam estratégias de *coping* enquanto enfrentamentos positivos das mulheres.

Palavras-chave: Pesquisa Qualitativa. Enfermagem. Gestação. Pré-natal. Coping. Pandemia Covid-19.

ESTRATEGIAS DE COPING EN EL PROCESO GESTACIONAL Y PRENATAL EN MEDIO DE LA PANDEMIA COVID-19

RESUMEN

Objetivo: identificar las estrategias de *coping* en la historia de las mujeres en el período gestacional en el proceso pandémico de COVID-19. **Método:** investigación cualitativa socio histórica a la luz de la Teoría Motivacional. Participaron cinco mujeres que realizaron el prenatal en Unidad Básica de Salud de un municipio de Santa Catarina/Brasil, entre marzo y diciembre de 2020. El análisis de los datos siguió la propuesta historia oral temática por el análisis de contenido de Minayo y el software Iramuteq para los análisis multidimensionales de textos y cuestionarios. **Resultados:** surgieron de la relación entre el análisis textual por semejanza de las historias referenciadas por los participantes y, las características definidas por la teoría motivacional del *Coping*, necesidad de competencia y apoyo. Manifestando la categoría analítica El *coping* en el gestar: mujeres y el prenatal en la pandemia COVID-19. **Consideraciones finales:** se considera que el estrés en la condición gestacional y período prenatal en la pandemia COVID-19 retratan estrategias de *coping* en cuanto enfrentamientos positivos de las mujeres.

Palabras clave: Investigación Cualitativa. Enfermería. Gestación. Prenatal. Coping. Pandemia Covid-19.

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Corresponding autor: Maria Lígia dos Reis Bellaguarda. Rua João Meirelles, 884. Abraão. Florianópolis- SC, CEP: 88085-201. E-mail bellaguardaml@gmail.com, Telefone: 55 (48) 99981-0370

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