



“WHAT WILL I BE A MOTHER NOW?”: WOMEN WITH PHYSICAL DISABILITIES AND THEIR VULNERABILITIES DURING PREGNANCY

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ABSTRACT

Objective: to know the experiences of women with physical disabilities and their vulnerabilities during pregnancy. **Method:** qualitative study with a social-historical approach, carried out by the technique of oral history of life with 15 women with physical disabilities. Data collection occurred in the period from July to December 2020. The thematic content analysis was performed with the help of the Atlas.ti® 9 software, from January to October 2021, guided by the theoretical framework of vulnerability. **Results:** the vulnerabilities of women with physical disabilities during pregnancy oscillate according to their clinical, psychological, and social conditions. Thus, fear, emotion, anxiety, overcoming, physical limitation, gestational risk, prejudice, social stigmas, and the importance of the support network are highlighted. **Final considerations:** the less access to social and reproductive rights, and the less support network involved in this period, the greater vulnerability faced during pregnancy and the exercise of motherhood.

Keywords: Disabled Persons. Vulnerability. Women's Health. Pregnancy.

INTRODUCTION

In general, for women, the meanings of motherhood and the mother-child bond may be attributed to pregnancy. This is one of the most difficult phases of human development. Pregnancy is associated with emotional instabilities that make it difficult to face the transition period and its relational and functioning patterns, and the woman may experience a psychological imbalance. This period, even if transitory, can generate vulnerability by exceeding the capacity of adaptation, but at the same time it can be an opportunity for learning and emotional growth⁽¹⁾.

For women with disabilities experiencing pregnancy and motherhood is even more challenging. Although the United Nations Convention on the Rights of Persons with Disabilities guarantees to people with disabilities the same level of access and quality to health care including sexual and reproductive health services in an equal manner, this group often still suffers from stigmas concerning their reproductive health and their ability to care and

be a mother. Such stigmas reaffirm the vulnerabilities regarding access to services and social recognition⁽²⁻⁴⁾.

Women with disabilities who demand care related to motherhood are still seen as uncommon, generating strangeness before society and some health professionals. A study conducted in England with women with disabilities revealed that this strangeness is due to the fact that health professionals are concerned that these women cannot deal with pregnancy and motherhood, perceived as incapable, weakened and vulnerable in the maternal process⁽⁴⁾.

However, these assumptions are mistaken because today many women with disabilities have no problems getting pregnant, and they take care of their babies. Some studies even state that they have the same sexual desires and the dream of being a mother as women without disabilities^(2;4-5).

Women with physical disabilities or impaired mobility who experience maternity, besides being questioned about their biological aspects and the difficulties inherent to their limitations

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because of their disabilities, also face difficulties related to accessibility. This happens from the access to prenatal care in health units, through hospitalizations, parturition, and puerperal care, to the exercise of motherhood in society in general^(4;6).

To unveil the exposed problematic, this study used the theoretical conceptions related to vulnerability. This is complex, and despite involving socioeconomic and political aspects and cultural hierarchies, social inequities are often pointed out as the greatest cause of vulnerability in health issues because they can limit access to resources and shape decision-making and behavior in ways that go beyond the ability to control or changes⁽⁷⁾. In the study at hand, this vulnerability is associated with lack of information, support, and disbelief about the ability to gestate, give birth, and care for a child. Thus, presenting some disadvantages under the sexual and reproductive experiences of women with disabilities compared to other women.

Considering this, the question is: what are the experiences of women with physical disabilities and their vulnerabilities during pregnancy?

To get answers to this questioning, the following objective was outlined: to know the experiences of women with physical disabilities and their vulnerabilities during pregnancy.

METHOD

Historical research with a qualitative approach, which seeks to understand groups of people within their temporal period, and according to their social characteristics⁽⁸⁾. Moreover, qualitative research seeks to understand the phenomenon as it exists and is constructed by individuals in their own context⁽⁹⁾.

The initial context of the study to capture the oral sources was a public maternity hospital in southern Brazil, chosen due to its high demand of women and pregnant women, being also a reference maternity hospital for high-risk prenatal care (PNAR -in Portuguese).

For the selection of the study participants, called here oral sources, some eligibility criteria were established, as follows: women with any type of physical disability and aged 18 years or more; women who become pregnant at least

once, having any type of physical disability; and women who acquired physical disability at least one year before becoming pregnant. Women were excluded if they had any type of cognitive or sensory impairment that would hinder communication between the researcher and the participant, thus impairing data collection, and/or women with physical disabilities who became pregnant but only had miscarriages.

Data collection was guided by a semi-structured interview script, to trigger a timeline (from the oldest events to the present day), to unroll the story told and make sense of it⁽⁸⁾. However, for each oral source, the script was made flexible in some questions due to different realities and different types of physical disabilities, such as, for example, some women had congenital physical disabilities and others had acquired physical disabilities. That is, the life trajectory or the occurrence of some striking facts changed according to the life story of each oral source.

The period for data collection was from July to December 2020, starting with oral sources attended in a public maternity hospital in southern Brazil. Then, the snowball method was also used, thus enabling a larger number of participants, and ease of contact with each of the women. A total of 15 interviews were conducted, once the theoretical saturation of collected data was reached, according to the steps described and recommended by Minayo⁽¹⁰⁾.

All interviews were conducted via a virtual environment, via video call, due to the social restrictions of the COVID-19 pandemic and scheduled according to the availability of the interviewees. The duration ranged from 40 to 100 minutes. All oral sources received the Informed Consent Form (ICF) via virtual environment, sending it signed or stating during the interview recording their consent to participate in the study. The research was submitted to the Ethics Committee on Research with Human Beings of the Federal University of Santa Catarina (CEPSH-UFSC), via Platform Brazil and approved through opinion 4.049.846, in May 2020.

For data analysis, qualitative content analysis¹⁰ was used, which through an objective of investigation materializes the construction of

knowledge following all the requirements and instruments considered and recognized as a scientific construct. The synthesis of the steps developed in this research is presented in chart 1.

Chart 1. Summary of the analytical steps developed, Florianópolis, SC, 2022.

Study steps	Synthesis for building one's own scientific knowledge
1- Choice of structuring terms	Women with physical disabilities who experienced pregnancy and their vulnerabilities
2- Definition of question and objective	What are the experiences of women with physical disabilities and their vulnerabilities related to pregnancy? To know the experiences of women with physical disabilities and their vulnerabilities related to pregnancy.
3- Field instruments and operational strategies	Semi-structured script according to the research technique (oral history of life), theoretical reference (vulnerability) and specific characteristics of the oral sources (women with congenital or acquired physical disability).
4 - Scenario of research	Public health institution, reference in PNAR in southern Brazil. After the first captures of oral sources and the difficulty in obtaining others later, it was decided to include the snowball technique.
5 - Knowledge of the field	Approximation of the researcher with the research scenario and improvement of the theme/field during data collection.
6 - Organization	Transcription of the interviews, insertion of the documents in the ATLAS.ti 9 software. Results divided into milestones/historical period to obtain data saturation.
7- Typification	Creation of codes in sequential form and with description, being signaled from a line, paragraph, or word according to its meaning and theme in question within the ATLAS. ti 9 software.
8- Categories	Individual reading of each code reorganized when necessary and saved in Microsoft Excel by the software. Grouping of the codes into groups of codes, according to objective and theme, seeking comprehensive and critical explanations, reaching information saturation.
9- The Text	Comparison with other studies, deepening their theoretical framework, showing their limitations, recommendations, and key points on the theme.
10- Reliability and Validity	Reading and review of the steps, description with transparency and credibility to validate the results.

Source: the author (2022).

The organization and coding of the data were assisted by a software for qualitative data analysis, the Atlas.ti® 9 (Qualitative Research and Solutions). The transcribed interviews were inserted in the "documents" option and coded in the "codes" option in the Atlas.ti® 9 software, from January to October 2021. The results obtained in the study came from the organization and coding process in the Atlas.ti® 9 software.

RESULTS

To facilitate the understanding of the categories and of each life history of the oral sources, we chose to describe some characteristics considered important to understand the results of the study.

The age of the 15 interviewees ranged from 24 to 61 years, with five between 24 and 33, four between 34 and 43, five between 44 and 53, and only one between 54 and 63. Regarding education, this ranged from incomplete elementary school to post-graduation. Of the 15 interviewees, three answered that they had

incomplete elementary school, one had completed elementary school, eight women had completed high school, two had undergraduate degrees, and one had studied up to graduate level. As for the municipality of residence, nine women live in Florianópolis, three women live in other cities of Santa Catarina, two live in Curitiba, Paraná, and one of them lives in Juazeiro do Norte, Ceará.

Regarding the type of physical disability, two of them had cerebral palsy sequels due to prematurity, six had polio in childhood, four women had spinal cord injury due to a car accident, two were born with diastrophic dysplasia, and one has a rare syndrome discovered in childhood. The classification of physical disability between congenital and acquired was four and 11, respectively. The number of live births ranged from one to three children. The route of birth was almost unanimous, and of the 15 women, only one had a normal parturition. Two women had twin pregnancies and eight women had a sterilization after cesarean section. The current marital status

varies from nine women married, four single, one divorced, and one widowed.

From the organization and categorization of the data, the results of this study formed two categories grouped according to the content of the speeches from the oral sources. The oral sources are identified by I (interview) and the sequential number of the interviews. The categories are described below, according to examples of the speeches, their definitions, and

their meanings in the quotes.

The discovery of pregnancy: feelings and emotions

This category addresses the meanings of the discovery of pregnancy, the feelings, emotions, and reactions to the diagnosis of being pregnant, both by the woman and by her family and friends.

Chart 2. Category 1: The discovery of pregnancy: feelings and emotions, Florianópolis, SC, 2022.

Definitions	Citations
For many women, the discovery of pregnancy caused them fear because of their physical condition. They felt unable to become pregnant and to carry the pregnancy to term.	<i>It was a scare because I did not want to, I was afraid, I was afraid that she would come with a disability and how was I going to take care of a baby, I was terrified. At first, I couldn't get pregnant because of my disability. (I11)</i>
The social vulnerability factors of women with disabilities, such as a father in prison, a short time in a relationship, and the thought of abortion, make the discovery of pregnancy something terrible and difficult for the woman with a physical disability.	<i>It was terrible because I was one month along, and my father was in jail. My mother went crazy, she wanted me to abort because she would have no way to take care, to raise me because everything would be left to her, and I would not be able to take care of it (I6).</i>
As well as fear, women with disabilities brought the concern, due to their health condition, to carry the pregnancy forward in a healthy way.	<i>There was a concern, because of my disability, if I would have a normal pregnancy, if I would make it to the end (I9).</i>
Wanting to be a mother and exercising motherhood is said to be something that brought happiness when pregnancy was discovered. In addition, some believed that they would never become a mother.	<i>I always wanted to be a mother (...). So, it was something I always wanted and when it happened, I was pleased (I7).</i>
Surprise was cited as one of the feelings of the discovery of pregnancy because women with disabilities did not believe that they could get pregnant. In addition to them, many friends and family members were also surprised by the news and the possibility of pregnancy.	<i>I got my cell phone at the time and called all my friends, and all my relatives to tell them! It was that party and everyone was surprised! (I4)</i>
The discovery of pregnancy was also defined as a mixture of feelings because some women report feeling several sensations at the same time, which is difficult to explain. Along with this, belief also appears.	<i>That day, I literally heard God speaking to me. When the doctor told me they were twins, I was overwhelmed with emotion, a mixture of feelings! I was desperate, I was happy, I was surprised, I was sad, I was terrified, everything, all the feelings at once. (I4)</i>

Source: the author (2022).

In finalizing the description of the results of this category, it is observed that the main feelings were fear, happiness, and surprise to find out that she was pregnant. These reactions were also influenced by the desire to be a mother, the moment in which they were living in their lives, the stability of their relationships, and the support network in which they were inserted.

Experiencing pregnancy and prenatal care

This category refers to pregnancy and the prenatal caregiver of women with physical disabilities, and highlights the main meanings attributed by the women who experienced this period.

Chart 3. Category 2: Experiencing pregnancy and prenatal care, Florianópolis, SC, 2022.

Definitions	Citations
Women with physical disabilities refer that during pregnancy they were terrified that their baby would not survive because of their disability and physical limitation. Health professionals, especially doctors and other people of the woman's acquaintance, also doubted that the pregnancy would reach the end, causing feelings	<i>The doctor said that if I reached 5 or 6 months, I could already thank God. I went beyond that because my daughter is a miracle (I1).</i>
	<i>Everyone was scared, most people thought the baby was going to die. I had little space in my belly because I had</i>

of fear, doubt, and the birth was seen as a miracle.	<i>to sit up, I didn't have much to do (16).</i> <i>The doctor did not know how my pregnancy would go, if I would make it to the end, what would happen, if the babies would survive. Pregnancy with twins is already difficult, imagine sitting in a chair the entire pregnancy (14).</i>
Anxiety was something experienced during pregnancy, for living something so dreamed of and often seen as unattainable for women with physical disabilities.	<i>The anxiety was great because it was such an expected baby, such a dream. It was the fulfillment of a dream that I thought I would never have. You never imagine that you are a wheelchair user, and you will be able to have a child. I used to say, "I will go out a lot so that everyone will see that I am pregnant" (18).</i>
The difficulty was something reported by women, mainly due to their physical condition that limited their self-care. The support network was highlighted as an important support to perform the basic activities.	<i>I know that it was a complicated phase because there were two. It was very difficult for me to take a shower; it was complicated because every time I went to take a shower it was a big job. To get out of bed in the morning, my oldest son would come and push me on my back, and I would sit down (18).</i>
The lack of understanding marked by prejudice and stigmas was one of the experiences lived during pregnancy. Also highlighting the approach and judgment made by a health professional.	<i>I went to the maternity clinic and a nurse came to talk to me, asked what I had and everything. She said, "how did you have the courage to get pregnant?" Being the way you are, how did you have the courage? (111).</i>
Being classified as a high-risk pregnant woman was something frequently reported by the women with physical disabilities. The main complications that appeared were repeated urinary tract infection, intrauterine growth restriction, diabetes, and increased blood pressure.	<i>Every day (relief probing), 4 to 5 times a day when I was pregnant it was every 2 hours. My urologist said I had to pass the probe every 2 hours (113).</i>
	<i>When I was 34 weeks, she was losing weight (114).</i> <i>I had gestational diabetes, high blood pressure. I stayed in the hospital from 5 months to 7 months of pregnancy. It was a great sacrifice. Every month during the prenatal consultation, they measured my diabetes. When it was high, I stayed in the hospital. When it was good, I came home (115).</i>

Source: the author (2022).

This category pointed out that pregnancy is a period of great difficulty and overcoming for women with physical disabilities because besides facing the physiological changes of pregnancy, they still face prejudice and stigmas for being pregnant and presenting functional difficulties. In addition, they highlight the gestational risk, the fear of not carrying the pregnancy forward and the baby not surviving, generating even more anxiety during this period.

DISCUSSION

The results indicate that the discovery of pregnancy was described as a mixture of emotions and feelings, generating self-fulfillment and fear of what was to come. The experiences of women with physical disabilities when experiencing pregnancy, parturition, and the puerperal point to innumerable problems, which range from the health system being unprepared to assist them, to their own social and economic vulnerability in relation to their

families and themselves. National and international studies discuss these experiences and propose strategies on how to overcome them in a healthy way. An example of this is a study conducted with physically disabled women in Ghana/Africa, in which they highlight their fears about pregnancy due to financial insecurity. The results indicate that the socioeconomic conditions for this group are often limited because of issues of social vulnerability, such as lack of investment in their education and professional qualification and living in a family environment with hostile attitudes that disqualify or underestimate women with disabilities⁽³⁾. A Brazilian study corroborates that the feeling of fear in discovering the pregnancy comes from social insecurity and fear of the family's reaction. A study carried out with wheelchair-dependent women in Rio de Janeiro points out that many of them had no support from the father of their child, even leading to marital dissolution, with the woman having to assume the responsibility alone⁽⁶⁾. The meaning of the

support network is built before the maternity exercise and becomes concrete in its experience. However, the lack of support and abandonment during pregnancy leave women vulnerable to sociocultural contexts⁽¹¹⁾, and as cited in a study conducted in northern Vietnam, which indicates the complexity of the decision to become pregnant of these women facing the weaknesses of the health system, lack of specific protocols for these pregnant women, and a more responsible and inclusive attention in terms of needs and rights of women with disabilities⁽¹²⁾.

The fear of having a child with disability was also one of the women's questions when discovering the pregnancy. The process of expecting a child during pregnancy already brings with it countless expectations, and the thought of having a child diagnosed with disability is something very difficult and suffered by women. They fear that socially they will be discriminated and excluded from society, often going through situations of vulnerability that they have experienced^(6; 12-13).

In a study conducted in the United States with women with physical disabilities, the authors report that for women who had spinal cord injuries, there was not much concern about passing on the disability. However, for other women who had genetic syndromes or did not know much about the etiology of their physical disability, they were more apprehensive. The women expressed fear at touching or looking at the child, and often did not believe that their children would be born perfect⁽¹⁴⁾.

A review with meta-analysis conducted in Canada concluded that children born to women with physical disabilities may have an increased risk of being born underweight or premature, and other unfavorable neonatal outcomes. However, they do not address the heredity of physical disability. These outcomes are justified by the fact that women with disabilities have less access to health care networks, with precarious preconception and family planning, and few professionals specialized in dealing with these particularities⁽¹⁵⁾.

The excitement and the strong desire to be a mother also appeared now of the pregnancy diagnosis. Having their own children and being able to call them their own is something inexplicable for women. They find, in the

discovery of pregnancy, resilience and pride in overcoming physical and material challenges, besides negative social expectations and difficulties^(3;16). However, for some women, the decision to have children is something very difficult because some believe that they would not be able to take care of a child as they should, as mothers⁽³⁾.

The perception of the possibility of pregnancy is something that made women with disabilities adjust their expectations and seek to adapt to new concerns involving pregnancy. Given this, pregnancy planning and decision-making is influenced by the scarce knowledge about pregnancy and reproductive health, becoming a complicating factor and making the process more difficult⁽¹⁴⁾.

The experience of pregnancy and the prenatal period was much addressed by women with physical disabilities. The fear of not being able to carry out a pregnancy was very emphasized because women believed that their physical condition could harm the progress of pregnancy and the genetic formation of their child⁽¹⁷⁾. One study highlights that many women with disabilities can give birth without adverse outcomes for mother or baby. However, the more complex their physical limitation, the less likely they are to become pregnant and want to be a mother. The chances of pregnancy are also reduced as age advances, and pregnancy is more unlikely⁽¹⁸⁾.

A Canadian survey states that, contrary to assumptions, pregnancy happens frequently in women with disabilities - one in every eight pregnancies occurs in women with disabilities, thus justifying the need for reproductive and perinatal health care for these women. The study also assumes that the rates of unplanned pregnancy in adolescent women with disabilities are of concern, as they may indicate barriers to access such as physically inaccessible care settings and lack of personalized information⁽¹⁹⁾. The vulnerability of this group of women is characterized by the results presented, when they point out that women who did not plan their pregnancy faced more difficulties in dealing with pregnancy. The psychological preparation and the support network were shown to be very weakened.

The difficulty of acceptance and approach in

prenatal care by health professionals was also something mentioned by women. There is evidence that women with disabilities are less likely to receive early and adequate prenatal care than women without disabilities⁽¹⁸⁾. Because of this, it can be stated that there is a vulnerability concerning the lack of care policies that include the particularities of women with disabilities, whether of physical accessibility in health services such as basic health units, outpatient clinics and hospitals, or the lack of awareness and recognition of the human rights of women with disabilities to promote them^(17;20).

The lack of knowledge and disregard for the concerns and needs of women with physical disabilities are pointed out by them as limitations to care. However, when health professionals listened to them attentively, giving importance to their complaints, they felt safer and more relieved⁽²¹⁾. Given this, and to reduce vulnerability to pregnancy risks experienced by women with physical disabilities, it is recommended to invest in essential and quality information about counseling and health services for planning and adequate monitoring of their pregnancies⁽³⁾.

Besides the information approached regarding maternal age and the possibility of having a child without complications for mother and baby, the gestational risk classification, when indicated as high risk, can cause serious adverse events. A study that addresses the gestational risk points out that women with disabilities have an increased risk of premature labor, gestational diabetes, pre-eclampsia, and a higher frequency of cesarean sections⁽²²⁾. Another study adds vaginal bleeding and kidney and bladder infections as the most common pregnancy problems among women with disabilities. In addition, when compared to other women, women with disabilities are more likely to experience stressful events during pregnancy, and twice as likely to feel insecure in their support network, than women without disabilities^(11;23). Such results are confirmed by oral sources, with their reports of gestational diabetes and increased blood pressure. This is confirmed in a study about the sociodemographic characteristics of men and women in the rural context⁽²⁴⁾. Also, we can highlight the frequency of urinary tract infection among women with physical disabilities, especially among wheelchair users, a clinical condition already frequent in this group of

women.

It is understood that responsibility in health requires much more than the accountability of states in the formulation of public policies: it requires social strategies at the national and international levels that eliminate inequalities and promote the welfare of people in vulnerable situations, among them women with physical disabilities. It is believed that the human being must be understood in its totality (no longer as an object reduced to disease or some disability) and is inserted in bioethics of rights and duties. Vulnerability and integrity must be recognized as intrinsically human dimensions.

FINAL CONSIDERATIONS

Among the most important findings, it can be stated that the experiences of pregnancy can vary greatly from one woman to another, due to the access to the support network and health services, clinical and physical condition, socioeconomic conditions, and level of enlightenment, such as level of education and knowledge of their social and reproductive rights. The less access to these rights and the less support network involved, the greater the vulnerability faced in the pregnancy-puerperal period and during motherhood.

As implications for future research, it is recommended that women with physical disabilities be seen according to their particularities and their life story, in such a way that they feel included in the health services, from family planning and preconception guidance, until the moment of pregnancy.

The potentialities of the study that stand out are the innovative information regarding the experiences lived during pregnancy by women with physical disabilities, few studies having been found in Brazil, and the fact that the discussions were supported by international studies, bringing multi-centric views on the theme and its recommendations for the care practice provided to these women with physical disabilities.

As methodological limitations, we highlight the difficulty in finding women with physical disabilities in the health services who are mothers or pregnant, restricting the variety of data for appreciation, and finding that many do not exercise motherhood due to lack of inclusion and sexual and reproductive education.

“VOU SER MÃE, E AGORA?”: MULHERES COM DEFICIÊNCIA FÍSICA E SUAS VULNERABILIDADES DURANTE A GESTAÇÃO

RESUMO

Objetivo: conhecer as experiências das mulheres com deficiência física e suas vulnerabilidades durante a gestação. **Método:** estudo qualitativo com abordagem histórico-social, realizado pela técnica de história oral de vida com 15 mulheres com deficiência física. A coleta de dados ocorreu no período de julho a dezembro de 2020. A análise de conteúdo temática foi realizada com auxílio do software Atlas.ti® 9, no período de janeiro a outubro de 2021, guiada pelo referencial teórico da vulnerabilidade. **Resultados:** as vulnerabilidades das mulheres com deficiência física durante a gestação oscilam de acordo com suas condições clínicas, psicológicas e sociais. Desta forma, são destacados o medo, a emoção, a ansiedade, a superação, a limitação física, o risco gestacional, o preconceito, os estigmas sociais e a importância da rede de apoio. **Considerações finais:** quanto menos acesso aos direitos sociais e reprodutivos, e menor rede de apoio envolvida nesse período, maior vulnerabilidade enfrentada durante o período gestacional e do exercício da maternidade.

Palavras-chave: Deficiência física. Vulnerabilidade. Saúde da mulher. Gestação.

"VOY A SER MADRE, ¿Y AHORA?": MUJERES CON DISCAPACIDAD FÍSICA Y SUS VULNERABILIDADES DURANTE LA GESTACIÓN

RESUMEN

Objetivo: conocer las experiencias de las mujeres con discapacidad física y sus vulnerabilidades durante la gestación. **Método:** estudio cualitativo con enfoque histórico-social, realizado por la técnica de historia oral de vida con 15 mujeres con discapacidad física. La recolección de datos tuvo lugar entre julio y diciembre de 2020. El análisis de contenido temático fue realizado con ayuda del software *Atlas.ti*® 9, en el período de enero a octubre de 2021, guiado por el referencial teórico de la vulnerabilidad. **Resultados:** las vulnerabilidades de las mujeres con discapacidad física durante la gestación oscilan de acuerdo con sus condiciones clínicas, psicológicas y sociales. De esta forma, se destacan el miedo, la emoción, la ansiedad, la superación, la limitación física, el riesgo gestacional, el prejuicio, los estigmas sociales y la importancia de la red de apoyo. **Consideraciones finales:** cuanto menos acceso a los derechos sociales y reproductivos, y menor red de apoyo involucrada en ese período, mayor vulnerabilidad enfrentada durante el período gestacional y el ejercicio de la maternidad.

Palabras clave: Discapacidad física. Vulnerabilidad. Salud de la mujer. Gestación.

REFERENCES

1. Maffei B, Menezes M, Crepaldi MA. Rede social significativa no processo gestacional: uma revisão integrativa. *Rev. SBPH* [Internet]. 14 jan 2019 [citado 20 de mai de 2022];22(1):216-37. DOI: <https://doi.org/10.57167/Rev-SBPH.22.186>
2. United Nations. Convention on the Rights of Persons with Disabilities (CRPD) and Optional Protocol. 2006. Nairóbi, Quênia: United Nations, 2006. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>
3. Ganle JK, Apolot RR, Rugoho T, Sumankuuro J. 'They are my future': childbearing desires and motivations among women with disabilities in Ghana - implications for reproductive healthcare. *Reprod Health* [Internet]. 6 out 2020 [cited may 22, 2022];17(1). DOI: <https://doi.org/10.1186/s12978-020-01000-y>
4. Nguyen TV, Edwards N, King J. Maternal healthcare for women with physical disabilities in Northern Vietnam: perspectives of healthcare providers. *Disabil Health J*. 2023 Apr;16(2):101439. [cited jun 10, 2023];DOI: [10.1016/j.dhjo.2023.101439](https://doi.org/10.1016/j.dhjo.2023.101439).
5. Devkota HR, Kett M, Groce N. Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood. *BMC Pregnancy Childbirth* [Internet]. 9 jan 2019 [cited 21 abr 2023];19(1). DOI: <https://doi.org/10.1186/s12884-019-2171-4>
6. Santos LF, Janini JP, Souza VD, Santos RD. Transition to motherhood and mothering for women in wheelchairs: a nursing perspective. *Rev Bras Enferm* [Internet]. Dez 2019 [cited 25 mar 2022];72(suppl 3):290-6. DOI: <https://doi.org/10.1590/0034-7167-2018-0843>
7. Ayres JR, Paiva V, França Júnior I. Conceitos e práticas de prevenção: da história natural da doença ao quadro da vulnerabilidade e direitos humanos. In: Paiva V, Ayres JR, Buchalla CM (Org.). *Vulnerabilidade e direitos humanos: prevenção e promoção da saúde: da doença à cidadania*. Curitiba: Juruá, 2012. p. 43-94.
8. Padilha MI et al. The use of sources in historical research. *Texto Contexto Enferm*;26(4):01-10, 2017. [cited 25 mar 2022] DOI: <https://doi.org/10.1590/0104-07072017002760017>
9. Bosi, MLM, Gastaldo, D. Tópicos Avançados em Pesquisa Qualitativa em Saúde: Fundamentos Teórico-metodológicos. Petrópolis: Vozes, 2021. 343 p.
10. Costa, AP, Minayo, MCS. Buiding criteria to evaluate qualitative research Papers: a tool for peer reviewers. *Rev. Escola de Enfermagem da USP*, 2019, 53, e03448. DOI: <https://doi.org/10.1590/S1980-220X2018041403448>
11. Schwantes NO, Rogério RD, Lourenço LD, Souza WG, Valcarenghi RV. A percepção da puérpera sobre os cuidados recebidos pela sua rede de apoio. *Glob Clin Res J* [Internet]. 2021 [citado 25 mai 2022];1(1). DOI: <https://doi.org/10.5935/2763-8847.20210004>
12. Nguyen TV, King J, Edwards N, Dunne MP. "Nothing suitable for us": experiences of women with physical disabilities in accessing maternal healthcare services in Northern Vietnam. *Disabil Rehabil* [Internet]. 11 jun 2020 [cited 24 abr 2022];1-9. DOI: <https://doi.org/10.1080/09638288.2020.1773548>

13. Crisostomo KN, Grossi FR, Souza RD. As Representações Sociais da Maternidade para Mães de Filhos(as) com Deficiência. *Rev Psicol Saude* [Internet]. 9 out 2019 [cited 24 abr 2022]:79-96. DOI: <https://doi.org/10.20435/pssa.v0i0.608>
14. O'Connor-Terry C, Harris J. Pregnancy decision-making in women with physical disabilities. *Disabil Health J* [Internet]. Jul 2021 [cited 20 may 2022]:101176. DOI: <https://doi.org/10.1016/j.dhjo.2021.101176>
15. Tarasoff LA, Murtaza F, Carty A, Salaeva D, Hamilton AD, Brown HK. Health of Newborns and Infants Born to Women With Disabilities: A Meta-analysis. *Pediatrics* [Internet]. 17 nov 2020 [cited 20 may 2022];146(6):e20201635. DOI: <https://doi.org/10.1542/peds.2020-1635>
16. Tefera B, Van Engen M, Van der Klink J, Schippers A. The grace of motherhood: disabled women contending with societal denial of intimacy, pregnancy, and motherhood in Ethiopia. *Disabil Amp Soc* [Internet]. 7 set 2017 [cited 20 may 2022];32(10):1510-33. DOI: <https://doi.org/10.1080/09687599.2017.1361385>
17. Correa VD, Jurdi AP, Silva CC. Mães com Deficiência e Maternidade: Cotidiano, Redes de Apoio e Relação com a Escola. *Rev Bras Educ Espec* [Internet]. 2022 [citado 23 abr 2023];28. DOI: <https://doi.org/10.1590/1980-54702022v28e0159>
18. Walker LO, Becker H, Andrews EE, Phillips CS. Adapting a health behavioral change and psychosocial toolkit to the context of physical disabilities: Lessons learned from disabled women with young children. *Disabil Health J* [Internet]. Jan 2021 [cited 23 abr 2023];14(1):100977. DOI: <https://doi.org/10.1016/j.dhjo.2020.100977>
19. Brown HK, Chen S, Guttmann A, Haverkamp SM, Parish S, Ray JG, Tarasoff LA, Vigod SN, Carty A, Lunskey Y. Rates of recognized pregnancy in women with disabilities in Ontario, Canada. *Am J Obstet Gynecol* [Internet]. Fev 2020 [cited 20 may 2022];222(2):189-92. DOI: <https://doi.org/10.1016/j.ajog.2019.10.096>
20. Benatti AP, Pereira CR, Santos DC, Paiva IL. A maternidade em contextos de vulnerabilidade social: papéis e significados atribuídos por pais e mães. *Interacao Em Psicol* [Internet]. 20 ago 2020 [citado 23 abr 2023];24(2). DOI: <https://doi.org/10.5380/psi.v24i2.59856>
21. Powell RM, Mitra M, Smeltzer SC, Long-Bellil LM, Smith LD, Rosenthal E, Iezzoni LI. Adaptive parenting strategies used by mothers with physical disabilities caring for infants and toddlers. *Health Amp Soc Care Community* [Internet]. 16 dez 2018 [cited 20 may 2022];27(4):889-98. DOI: <https://doi.org/10.1111/hsc.12706>
22. Gleason JL, Grewal J, Chen Z, Cernich AN, Grantz KL. Risk of Adverse Maternal Outcomes in Pregnant Women With Disabilities. *JAMA Netw Open* [Internet]. 15 dez 2021 [cited 01 may 2022];4(12):e2138414. DOI: <https://doi.org/10.1001/jamanetworkopen.2021.38414>
23. Mitra M, Clements KM, Zhang J, Iezzoni LI, Smeltzer SC, Long-Bellil LM. Maternal Characteristics, Pregnancy Complications, and Adverse Birth Outcomes Among Women With Disabilities. *Med Care* [Internet]. Dez 2015 [cited 25 may 2022];53(12):1027-32. DOI em: <https://doi.org/10.1097/mlr.0000000000000427>
24. Bastos da Silva E, Bigolin Jantsch L, Cocco da Costa M, Do Carmo Jahn A. Características sociodemográficas, de trabalho e saúde de homens e mulheres deficientes residentes em contexto rural/ Sociodemographic characteristics of work and health of disabled men and women living in a rural setting. *Cienc Cuid Saude* [Internet]. 24 fev 2022 [cited 23 abr 2023];21. DOI: <https://doi.org/10.4025/ciencuidsaude.v21i0.59527>

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