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FEELINGS, PREVENTION AND HEALTH PROMOTION OF PREGNANT WOMEN DURING COVID-19

SENTIMENTOS, PREVENÇÃO E PROMOÇÃO DA SAÚDE DE GESTANTES NA COVID-19

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ABSTRACT: **Aim:** To understand the feelings, prevention strategies, and health promotion of pregnant women in the face of the COVID-19 pandemic. **Methodology:** This is a qualitative study developed in Tauá, Ceará, Brazil, with 15 pregnant women from July to August 2021 through interviews. Data organization was supported by software, with interpretation through content analysis. **Results:** The expectation of becoming a mother is permeated by several feelings, mainly fear of contamination. The habits created by pregnant women to protect themselves and prevent contamination involved using masks, alcohol, distancing, and social isolation. Health promotion was developed with practices based on attitudes that involve guidance towards spirituality and beliefs, reinforcing faith as a promoter of care. **Conclusions:** The pandemic affected pregnant women, causing stressful effects, and faith is an instrument for promoting health. Strengthening public policies in prenatal care is essential.

KEYWORDS: Pregnant Women. Health Promotion. COVID-19. Healthcare services.

RESUMO: **Objetivo:** Compreender os sentimentos, estratégias de prevenção e promoção da saúde vivenciados pelas gestantes diante da pandemia da COVID-19. **Metodologia:** Estudo qualitativo, desenvolvido em Tauá, Ceará, Brasil, com 15 gestantes no período de julho a agosto de 2021 através de entrevistas. A organização dos dados ocorreu pelo suporte de software, com uma interpretação pela análise de conteúdo. **Resultados:** A expectativa de ser mãe é permeada por múltiplos sentimentos, principalmente, o medo pela contaminação. Os hábitos criados pelas gestantes para a proteção e prevenção da contaminação envolveram o uso de máscara, álcool, distanciamento e isolamento social. A promoção da saúde foi desenvolvida com a prática baseada nas atitudes que envolvem direcionamentos para espiritualidade e crenças, reforçando a fé como uma promotora de cuidado. **Conclusões:** A pandemia afetou as gestantes, originando efeitos estressores, sendo a fé um instrumento de promoção da saúde. É imprescindível o fortalecimento das políticas públicas no pré-natal.

PALAVRAS-CHAVE: Gestantes. Promoção da saúde. Covid-19. Serviços de Saúde.

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INTRODUCTION

In Brazil, government public policies regarding women's healthcare were for a long time limited to the specific demands of the maternal and child group. The Comprehensive Women's Healthcare Program (PAISM, in Portuguese) included care for women in all life cycles. The Brazilian National Comprehensive Women's Healthcare Policy (PNAISM, in Portuguese) proposes improvements in the comprehensiveness and promotion of women's health, involving major advances in sexual and reproductive rights[1-3].

In this context, healthcare for pregnant women has seen significant improvements, given that the gestational period is a complex experience with different aspects for each woman, with biological, physical, psychological and social changes that involve the entire society, including the healthcare services in which women are included[1-3].

With the globalization process and new health demands in Brazil and around the world, the World Health Organization (WHO) has faced numerous challenges in providing healthcare, including prenatal care in the face of Coronavirus Disease 2019 (COVID-19). Scientific knowledge, its high speed of dissemination and capacity to cause deaths in vulnerable populations have led to uncertainty regarding the best strategies to be applied to face the pandemic in different parts of the world[4,5].

The challenges in Brazil have increased significantly, given the characteristics of COVID-19 transmission in a scenario of great social inequality, with populations living in precarious housing and sanitation conditions, without systematic access to water and in crowded conditions.[6] COVID-19 has spread rapidly throughout the world, weakening numerous groups, including pregnant women. Considering that the physiological, immunological, psychological and social changes that occur during pregnancy vary from person to person, the Ministry of Health (MoH) has included pregnant women and postpartum women, up to the first two weeks after birth, as a risk group for COVID-19[5,7].

Given the need for protection and prevention of complications for pregnancy and the fetus, it is essential to reflect on being pregnant during the COVID-19 pandemic and the importance of healthcare in order to overcome the numerous challenges that permeate this context. To this end, preventive measures were implemented to reduce the spread of the virus. Social isolation became one of the main measures, distancing people and, consequently, transmission[8].

However, even in the face of strategies and readjustments of care at national and international levels, the period of isolation caused higher risks for pregnant women, and it is known that this context interfered negatively in the course of pregnancy, mainly predisposing to sedentary lifestyle, overweight, increased blood pressure, glucose intolerance and psychosocial disorders (depression, fear, stress and anxiety)[3,9].

Thus, prevention and health promotion are of utmost importance within healthcare services, especially in challenging contexts. In this regard, it is necessary to ensure a healthy life, seeking to promote well-being for all, and in pandemic contexts or not, it is of utmost importance to guarantee universal access to sexual and reproductive healthcare services, respecting communities and focusing mainly on the search for reducing maternal mortality and live births in the world[1-9].

In this context, there is a need for evidence that values the socio-historical aspects surrounding healthcare for pregnant women, mainly seeking to value an understanding of subjective relationships, given that these scenarios involve feelings, experiences and coping mechanisms in the face of the new situation that was COVID-19.

Considering the above, this article aimed to understand the feelings, prevention strategies and health promotion experienced by pregnant women in the face of the COVID-19 pandemic.

METHODOLOGY

This is a qualitative study that seeks, in the interpretative and subjective dimensions, to understand pregnant women about healthcare throughout the COVID-19 pandemic, in a municipality in northeastern Brazil. The qualitative study incorporates the processes of historical understanding, relationships, representations, beliefs, perceptions and opinions, arising from human interpretations of how they live, build, feel and think[10].

The study was conducted in the municipality of Tauá, Ceará, Brazil. This location is a reference in women's health because, in 2015, it was the first Brazilian municipality to be planned along the maternal-child axis. The planning of the studied location was a joint action between municipal, state and federal institutions and researchers from public and private universities[11].

Pregnant women registered in the area of two health units, over 18 years of age, with at least 2 appointments already carried out by the multidisciplinary team were included in the study. Pregnant women with less than 12 weeks of gestational age and those with some self-reported pathology in the form of hemodynamic decompensation were excluded.

Fifteen pregnant women who were undergoing prenatal care at one of the Basic Health Units participated in the interview. After appointment, an ethical and careful approach was carried out, presenting their professional categories, their affiliation with the institution and study objectives, clarifying any doubts about the research. Participants were directed by the researchers to a private and quiet room for the interview. It is worth noting that, during the approach for data collection, three pregnant women did not accept participation in the study because they believed that the study could involve political issues.

The pregnant women included in the study were young, aged 18 to 25 years, mostly married, housewives, with a monthly income of one minimum wage, completed high school, with a predominance of self-declared brown race. Regarding gestational age, most of participants in this study were in the 3rd trimester of pregnancy.

Data collection took place from July to August 2021, after social isolation measures were loosened in the state of Ceará. The researchers initially developed an instrument based on empirical immersion in the field studied, since it consisted of a professional setting. Subsequently, training on and a pre-test of the material prepared were carried out, in which the researchers collectively discussed the material, supporting the finalization for further collection.

The instrument contained participant sociodemographic profile characterization, providing information about age, gender, race, marital status, monthly income, religion and education. Concerning the semi-structured interview's triggering questions[10], topics related to feelings, prevention strategies and health promotion in the face of COVID-19 were applied.

As for researcher training, they all form part of a multidisciplinary research group on women's health based at a private university in northeastern Brazil. The field applicators of the instrument consisted of two physiotherapists with graduate degrees: a student in the multidisciplinary residency program with an emphasis on Primary Health Care (PHC) and a doctoral student in public health.

The inclusion of new participants in the study followed the principles of theoretical saturation[10], in which the data processed and questioned to participants were in the repetition phase, thus not resulting in new results, ending the field phase. The interviews were recorded, upon participants' authorization, with an average duration of 30 minutes, and there were no withdrawals during recording and instrument application.

The material produced was manually organized by the researchers for preparing the text *corpus* using LibreOffice® version 6.2.4.2 (x64) and subsequent production of data anchored in *Interface de R pour les Analyses Multidimensionnelles de Textes L de Questionnaires* (IRAMUTEQ®) version 0.7 alpha 2, in which the software provided Descending Hierarchical Classification (DHC).

Based on DHC and organization by the software, the materials were guided by content analysis proposed by Bardin. Content analysis is anchored in fundamental phases included in pre-analysis, material exploration and treatment of results, which includes inference and interpretation[12]. With the production of interpretative and comprehensive inferences, the study listed three central categories for presenting the results: Feelings attributed by pregnant women regarding the risks of contamination by COVID-19; Prevention strategies for COVID-19 adopted by pregnant women; and Health promotion through religion/spirituality in the face of pregnancy and COVID-19.

The study was approved under Opinion 4,833,510/2021, complying with the ethical precepts of Resolution 510/2016, which regulates research with human beings anchored in the social and human sciences[13]. This study followed the Consolidated criteria for Reporting Qualitative research (COREQ) precepts, which underpins the criteria for reporting qualitative research[14].

All participants were informed about the study objectives and signed Informed Consent Form (ICF). To maintain participant integrity and anonymity, the interviews were coded according to the name of pregnant women, with a number based on their interview order: Pregnant woman – 1; Pregnant woman – 2... Pregnant woman – 15.

RESULTS

By processing the database via IRAMUTEQ®, the construction and identification of the semantic root of words, in addition to the extraction of stated classes, allowed DHC consolidation. DHC (Figure 1) recognized seven textual classes, 98 textual segments, 3,456 occurrences, 768 active forms with an average presentation of ≥3:111. The text *corpus* presented a utilization of 87.76%, with words in the seven classes being presented in DHC due to the statistical relevance of association ($p<0.0001$).

DHC analysis demonstrated that classes 7, 5 and 1 were more evident, followed by classes 4, 6, 3 and 2. In this regard, class 7 presented significant representation and direct relationship with all classes, with greater approximations and agreements with classes 6 and finally with the other classes.

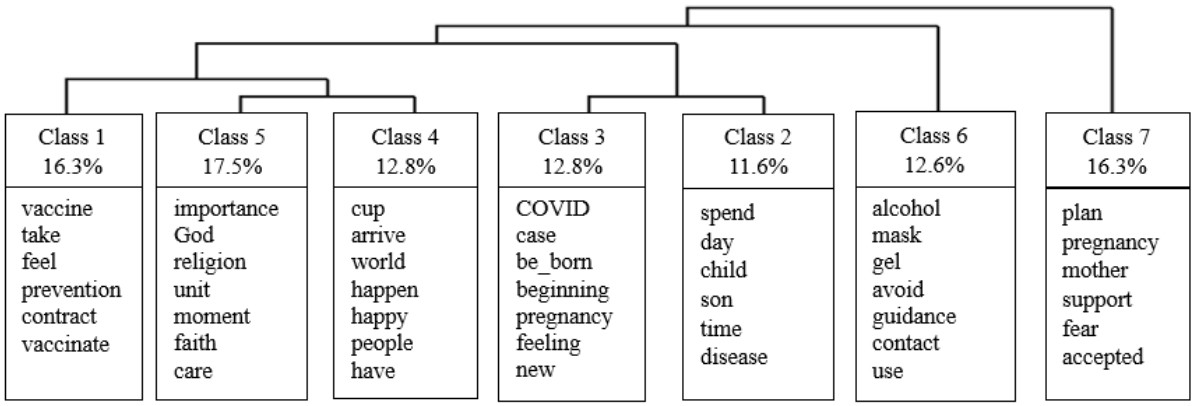

Figure 1. Descending Hierarchical Classification. Tauá, Ceará, Brazil, 2021
Source: prepared by the authors.

The set of classes represented, in common terms, the multiple interfaces that the care of pregnant women goes through between "being a mother" in the face of the COVID-19 pandemic.

INTERFACES OF CARE FOR PREGNANT WOMEN FACING COVID-19

In this context, aspects involving feelings, prevention and health promotion strategies and health promotion mediated by the context of spirituality/religiosity were announced.

From DHC, the unification of classes supported the construction of thematic categories, in which classes 3, 2 and 7 support the topic "Feelings attributed by pregnant women regarding the risks of contamination by COVID-19". The meanings and interpretations of classes 1, 4, 6 support the construction of the topic "Prevention strategies for COVID-19 adopted by pregnant women". Class 6 brought the comprehensive process of the topic "Health promotion through religion/spirituality in the face of pregnancy and COVID-19".

FEELINGS ATTRIBUTED BY PREGNANT WOMEN REGARDING THE RISKS OF CONTAMINATION BY COVID-19

The expectation of becoming a mother is permeated by multiple feelings, whether in a normal public health scenario or a pandemic context. In this context, feelings in times of COVID-19 in the face of the risk of contamination have generated multiple events, with feelings that permeated, mainly, fear, due to contamination.

> "I don't know, it's very confusing, you know, a lot of people are afraid of the virus." (Pregnant woman 1)

> "Fear, I think it's just fear that we have [...]." (Pregnant woman 3)

> "It's a bit worrying, because this disease is very dangerous… […] it's very risky for us." (Pregnant woman 5)

> "Sometimes we are in doubt, we don't know the danger, but we are afraid, but that's part of it, right?" (Pregnant woman 7)

The narratives insert the multiple interfaces that pregnancy plays in the lives of this audience, establishing the relationships that this phenomenon permeates in the lives and social relations of the studied population. In this regard, the interpretative process implies understanding the socio-historical processes of this audience, mainly realizing that pregnancy in times of COVID-19 was permeated by fears and anxieties, contexts that are inherent to human beings, especially in unknown scenarios.

Thus, the feelings surrounding this period came with the prospect of feelings of fear, uncertainty and triggers of what is to come in the face of the risks of contamination, pregnancy and the postpartum period, in the face of the new and its interfaces for care.

> "Initially, fear, right? We feel very afraid, mainly because it was something we had no contact with, it was very new, it stopped the world, it wasn't just an isolated thing, it was the whole

> world. And in the midst of so many things, we are afraid of what will happen... it is something new, the first feeling is fear." (Pregnant woman 2)

> "We have a certain fear, right, a fear like that... because we see so many cases of other mothers who had complications, both the mother and the child and so on." (Pregnant woman 9)

> "Fear, but at the same time I think it's strength for me to find a way to not contract the disease, even though I did contract it, but I'm trying to take care of myself as much as possible even though I'm scared, but it's a good feeling to be a mother." (Pregnant woman 10)

> "I'm quite scared, both of what's in my belly and of what's already with me. I'm afraid that, when I give birth, I'll have to go to the hospital too. I get nervous about that." (Pregnant woman 11)

The feelings towards motherhood and COVID-19 were seen in a duality, due to moments that include fear and, at the same time, happiness in the face of the expectation of being a mother.

> "It's hard, right? (being a mother). It's complicated, especially because of what's happening, which is a virus that you can't see or feel, you just feel the symptoms. That's it. I think it's very difficult, it's bad, very complicated." (Pregnant woman 12)

> "Woman, there were times when I was afraid and there were times when I wasn't, I think I'm much happier than I am afraid." (Pregnant woman 8)

> "At first, it was a mix of feelings because you are surprised because you never had any children, but today it is as if I can no longer live without them and it is just happiness for me." (Pregnant woman 14)

Understanding the results infers the paradoxical link of human subjectivities in which we are inserted, especially in the relationship between the contexts of being a mother, which for some can be perceived with happiness and others represented by difficulties, especially in the face of a pandemic scenario.

Amidst the multiple feelings, one thing is certain and that infers health promotion in the context of pregnancy and the pandemic: prenatal care appointment. This is perceived by participants as an attenuator of negative feelings and, consequently, a stabilization of feelings considered stressful.

> Just a little worried, but it's already stabilizing because I know it will pass. (Pregnant woman 13)

> At first, I was desperate, because I'm halfway through my pregnancy and I never wanted to be a mother, but as appointments progressed, I started to accept it more and I don't like the idea, but I'm a little more pleasant than at the beginning. (Pregnant woman 15)

Among the feelings expressed, the lack of understanding from third parties regarding work relationships, studies and social distancing was a complaint reported by pregnant women, making it yet another stressful event and a possible barrier to preventing contamination.

> "Sometimes, I feel like people are incomprehensible to us, you know, I mean in relation to my work because the obstetrician asked me to step away, to teach remotely, and the people

> themselves, school management, they don't accept it, you know, they think it's like we're being a bit of a wimp." (Pregnant woman 9)

The feelings expressed by pregnant women regarding COVID-19 included fear of complications and contamination, a reality in the lives of this population. Prenatal care alleviated negative feelings and reinforced the importance of prevention and health promotion during pregnancy, even when other people in society did not understand pregnant women's fears.

PREVENTION STRATEGIES FOR COVID-19 ADOPTED BY PREGNANT WOMEN

During the COVID-19 pandemic, several habits had to be created to protect and prevent contamination by the virus, especially for groups considered to be more vulnerable, such as pregnant women, since it can affect both pregnant women and those who remain in the intrauterine environment. When asked about protective measures for pregnant women, the following responses emerged:

> "Wear a mask and use alcohol gel and don't go out too much, don't stay in crowds." (Pregnant woman 1).

> "We need to be very hygienic, avoid contact, there are so many things." (Pregnant woman 14)

> "The basics are wearing masks, washing your hands well, social distancing. These are the basic things that we see in our daily lives." (Pregnant woman 2)

> "Stay at home, wear a mask, use alcohol and gel" (Pregnant woman 3).

It was possible to observe the importance of the guidance given by health units regarding contamination by COVID-19. The interviewees responded by mentioning this observance:

> "Always, always guides. Guides properly, always trying to find out how you are doing, how you are preventing yourself." (Pregnant woman 4)

> "Wear a mask, use alcohol gel and avoid contact with anyone who has COVID-19." (Pregnant woman 5)

> "Avoid leaving the house as much as possible, take the necessary precautions, such as wearing a mask, always using alcohol gel, always carrying alcohol gel, and I only go out when necessary." (Pregnant woman 7)

Social distancing and using masks were considered the most important and effective measures in preventing contamination by COVID-19, also highlighted by pregnant women:

> "The issue of wearing a mask, avoiding crowds, using alcohol, washing your hands well." (Pregnant woman 9)

> "It's about staying at home, not crowding together, and I'm avoiding going downtown as much as possible, which is a place where there aren't many people, so I avoid going to places where there are a lot of... people and I stay at home more." (Pregnant woman 10)

> "Stay at home, wear a mask when you go out, use hand sanitizer and only leave the house when necessary. I only leave the house to go to PSF or when I have an exam or something like that." (Pregnant woman 11)

With the release of the COVID-19 vaccine for pregnant women, a feeling of safety emerged, but it is important to continue to wear masks:

> "I wear a mask, use alcohol gel, I've already taken the first dose of the vaccine, I'm going to take the other one now on Friday, that's it, prevent yourself." (Pregnant woman 12)

> "I will use protective measures, but, if possible, I will definitely get vaccinated if possible." (Pregnant woman 15)

It emerged that pregnant women adopted the necessary care strategies to prevent contagion by COVID-19, revealing the importance of wearing a mask, following the care guidelines provided during prenatal care and vaccination to overcome a pandemic scenario.

HEALTH PROMOTION THROUGH RELIGION/SPIRITUALITY IN THE FACE OF PREGNANCY AND COVID-19

The religious context was seen by pregnant women as essential in this cycle of life, in this period, reporting it as a feeling of security in the face of stressful events as well as a mitigating factor in the face of the various particularities of the gestational period.

> "It's... it's a very important thing, right, because below God is... so I think that faith is a very important element in our lives, because If it weren't for this security in God, I think we would already be more panicked than anything else, because only the Lord can free us, but we also have to do our part, right, but have a lot of faith." (Pregnant woman 2)

> "I think it's important for us to have faith because then we can manage it, trying to see if we can reverse the situation." (Pregnant woman 4)

> "I don't really like to discuss this, you know, I'm more, I leave the issue of religion more neutral, I say Catholic because here and there I go to mass". (Pregnant woman 13)

Thus, the social and historical context resonates among participants as an essential act for promoting health. Mainly, the historical and social relations that surround them are understood as essential to life, with religion, for some, in the face of stressful contexts caused by the risk of contamination, the recovery of "social normality", and for others, echoing neutrality in the face of the issue.

Thus, the importance of a religious/spiritual context transcended in the perspective of these pregnant women as a mitigating factor in the difficulties, prevention measures and multiple pieces of information that included contamination and treatment of COVID-19.

> "It's very important, we have to hold on to God, right? In a difficult situation like this, right now, there is no medication, only vaccines, so we have to hold on. Only God can help us." (Pregnant woman 5)

> "Oh, then you trust in God and everything is going well, thank God. I am confident, I always have a lot of faith in God and I think that things only happen when God allows it." (Pregnant woman 7)

> "I believe that my religion and my connection with God are the most important things during pregnancy. He is the one who gives me strength, wisdom, everything." (Pregnant woman 10)

Pregnant women recognized the need for preventive measures, reinforcing the practice of faith as a health-promoting measure and a healthcare practice.

> "I always believe in God, I believe in Jesus, but I know that the disease exists, but let's have faith, that it will work out. One day, this thing will pass." (Pregnant woman 8)

> "I think that taking care of yourself is very important, right? But I think that holding on to God at this time is also an important thing to take care of." (Pregnant woman 9)

> "It's about believing, right, that God is the one who will protect us, but we also have to do our part, right, and that's it." (Pregnant woman 11)

The experience of pregnancy, lived in times of pandemic, brought great reflections on the physical and mental well-being of the pregnant woman who used religion/spirituality as a safeguard.

> "I feel good despite what is happening, thank God. I didn't feel as alarmed as many people who have suffered from depression or other things. I feel good, thank God that my religion helps me a lot." (Pregnant woman 12)

> "It's a real challenge because you can imagine it like this, right? I've had it twice and thank God I was saved and I hope my baby comes out healthy and doesn't end up not having it anymore when he's born." (Pregnant woman 14)

> "... prayers because we are very devoted. My grandmother is very devoted, she gives a lot to us, both to me and the baby and so on, so that strengthens you know, every word that the person says to me, that in my prayers I put both my life and that of my son, so I think that strengthens." (Pregnant woman 14)

It is noteworthy that pregnant women adopted religion/spirituality as an important mechanism for promoting health, bringing prayer and attachment to their beliefs as important links of support in facing the negative feelings experienced throughout pregnancy and COVID-19.

DISCUSSION

The sociodemographic profile of pregnant Brazilian women researchers revealed that 2/3 of pregnant women (69.5%) were between 30 and 34 years old. The vast majority were married or in a stable union (90.4%), earned one to three minimum wages (26.1%), had completed high school and were white (68.6%)[15], data that are in line with the characteristics of participants included in this study. It is also noteworthy that demographic, health and obstetric factors, when precarious, aggravated fragility in pregnant women, especially in a pandemic context[16].

The high number of unwanted pregnancies was also listed, and these were characterized by a lack of understanding by the family, causing mental illness and a feeling of emotional and family helplessness. It was emphasized that, according to the model of societies, these cycles of life often lack support or the habit of believing that any type of suffering can occur during the pregnancy-puerperal cycle, since it is a process considered natural, in which the arrival of a baby only brings joy, which does not match the reality of some pregnant women who often experience pregnancy as a difficult and/or traumatic situation[17].

There was a significant increase in the number of pregnant women in 2020 compared to previous years. When assessing pregnant women's quality of life during the COVID-19 pandemic, a sample of 30 pregnant women was obtained, of which 43.3% were in the 3rd trimester of pregnancy and had not planned their pregnancy, which may be related to the greater time of contact between couples due to social isolation[18].

Pregnant women reported the difficulties of "being a mother" during the pandemic, their feelings of duality between fear and satisfaction in having a child. In this regard, pregnant women are prone to anxieties and fears about what will happen during pregnancy, in which anxiety and depression are common in pregnant women. As a result of the COVID-19 pandemic, the fragility of these pregnant women has become even greater, compromising their physical and emotional well-being. Several factors have intensified these concerns, including susceptibility to contamination, inadequate prenatal care, the influence of the media altering information that may be reliable, and social isolation[19].

According to the literature, around 75% of pregnant women are affected by emotional stress. A significant number of stressors is due to the various restrictions caused by the pandemic. The authors' analyses indicated that the level of stress experienced by pregnant women is associated with fear of COVID-19. These women suffer significant stress due to not being able to follow previously prepared birth plans, fear of vertical transmission of the disease, assuming that they are more prone to contamination by the virus[20].

Given the pandemic scenario, it is demonstrated that outbreaks of infectious diseases increase fear and anxiety among pregnant women, given that morbidity and mortality are identified in this population. The authors pointed out that when investigating associations between fear of COVID-19 and symptoms of maternal anxiety and depression, the mean scores for depression and anxiety scored above the cut-off point, proving that symptoms of anxiety and depression are clinically elevated when related to fear of COVID-19[16].

In this context, Brazilian pregnant women's mental health and the COVID-19 pandemic[15] involves multiple feelings and repercussions for pregnant women. The three main feelings are optimism (54.08%), concern (41.83%) and anxiety (39.44%). In view of this, the act of gestation requires some adjustments due to the period of transformations in the body, mood swings, weight gain and family relationships. Of these, mood swings and anxiety are feelings aggravated by the arrival of COVID-19[21-22].

Studies indicate that there is a relevant relationship between the fear reported by pregnant women in relation to COVID-19 and their mental quality of life, i.e., the greater the intensity of their emotions related to fear, the lower the mental quality of life[23].

Pregnant women have had restrictions on their access to healthcare services during the COVID-19 pandemic, making it necessary to plan strategies for gestational healthcare. The healthy eating behavior of pregnant women during the pandemic caused by COVID-19 concluded that pregnant women with a higher HES score (healthy eating score) were less likely to be anxious and depressed. It is also worth noting that healthy eating habits should be adopted by pregnant women in order to improve their mental health and, consequently, the results of their maternal and child health[24].

In this circumstance, the studied audience pointed out that religiosity/spirituality was essential for promoting health, , based on support in the face of stressful events caused by the COVID-19 pandemic. Pregnant women believed that religiosity/spirituality was the most important factor during pregnancy. They described the act of faith as a health-promoting measure capable of reversing the situation experienced.

The practice of religion (prayers, meditations, reading the Bible or other religious texts) are highlighted in the literature as positive ways of overcoming gestational complications, and can transform stressful moments. The religious knowledge acquired promotes a better understanding of situations experienced in everyday life, making it possible to overcome adverse circumstances that may arise[25].

Experiences among young parents in Indonesia in the context of religion and spirituality revealed that premarital pregnancy was socially unacceptable and that their suffering was overwhelming, unlike men who simply assumed their responsibilities. Spirituality provided a way to manage their distress[26].

Religion is highlighted in the literature as an important coping mechanism, serving as an anchor in times of stress and anxiety, promoting well-being and health, and giving significant priority to the sanctity of life.[27] An investigation into aspects of lifestyle changes among pregnant women showed that some felt closer to God during pregnancy and some even described pregnancy as a miracle that strengthened their faith, showing that the meaning of motherhood makes these people change their lifestyles, especially spiritually[28].

One of the study participants mentioned her grandmother's devotion, how her prayers strengthen her spiritual relationships and how she believes that this has protected her and her baby. Thus, cultural beliefs and opinions have a significant influence during pregnancy and point to the preponderance of ancestry in this regard[29].

Many of them used spiritual artifacts that they believed were of great importance for their protection, such as anointing oil, holy water, holy white handkerchief, holy sand, Bible, rosary and others. These prayers boosted their faith and hope in God, providing a sense of security[26,30].

The implications of this study in the context of pregnancy and healthcare include the importance of comprehensive care based on health promotion as a link. Thus, feelings, experiences and coping mechanisms for stressful events must be perceived and allied to care, based on the fact that promoting comprehensive care requires a comprehensive and biopsychosocial approach.

The limitations of this study focused on the impossibility of carrying out a focus group due to COVID-19, developing the study in only one municipality in the state of Ceará and the lack of financial budgets to expand the study from an intermunicipal perspective and number of participants.

CONCLUSION

The COVID-19 pandemic has affected the world, bringing with it major changes in the organization of healthcare services, especially in prenatal care. The persistence of COVID-19 infections has caused major disruptions in pregnant women's lives, and it became clear during the research that emotional health was drastically impacted by the feelings of fear and pregnant women's expectations about experiencing motherhood.

It was highlighted, from the reports, that these pregnant women became more "vulnerable" as a result of this scenario, experiencing multiple interfaces in the search for a safe pregnancy, but with a feeling of fear of contamination. Religiosity/spirituality was a contribution of care for pregnant women,

who used their religious beliefs and practices as a strengthening base in the face of distressing conditions.

The need for greater visibility by health networks regarding pregnant women's health stood out, given that priority should be given to their life, health and quality of life throughout the pregnancy-puerperal cycle. Further studies on religious/spiritual practices, habits and practices during the pregnancy cycle are recommended, with a view to seeking comprehensive obstetric care.

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