

TRANSFORMATIVE POTENTIAL OF PREGNANCY AND CHILDBIRTH IN WOMEN'S LIFE: QUALITATIVE EVIDENCES

POTENCIAL TRANSFORMADOR DA GESTAÇÃO E DO PARTO NA VIDA DAS MULHERES: EVIDÊNCIAS QUALITATIVAS

POTENCIAL TRANSFORMADOR DEL EMBARAZO Y DEL PARTO EN LA VIDA DE MUJERES: EVIDENCIAS CUALITATIVAS

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Objective: to identify the transformative potential of pregnancy and childbirth in the lives of women and their families through qualitative evidences. Method: literature review and construction of a meta-synthesis, from August 2017 to January 2018. The PICO strategy was used to elaborate the research question. The search was performed at the Virtual Health Library, by associating the following descriptors: "Life-changing events", "Pregnancy" and "Childbirth". The final sample consisted of 21 publications. Results: Three thematic categories emerged from the data and generated discussions about the following thematic fields: pregnancy, transformation point, influence of the environment and childbirth as a portal. Conclusion: the impact of pregnancy unleashes an intrinsic transformative potential and enables changes in various spheres of women's and family life, which can be magnified by the influence of the environment.

Descriptors: Life-changing Events. Pregnancy. Childbirth. Evidence-based Practice. Nursing.

Objetivo: identificar o potencial transformador da gestação e do parto na vida das mulheres e dos familiares por meio de evidências qualitativas. Método: revisão da literatura e construção de uma metassíntese, no período de agosto de 2017 a janeiro de 2018. Foi utilizada a estratégia PICO para elaboração da pergunta de pesquisa. A busca foi realizada na Biblioteca Virtual em Saúde, mediante a associação entre os descritores "Acontecimentos que mudam a vida", "Gestação" e "Parto". A amostra final foi constituída de 21 publicações. Resultados: três categorias temáticas emergiram dos dados e geraram discussões acerca dos campos temáticos gestação, ponto de transformação,

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influência do meio e parto como portal. Conclusão: o impacto da gestação desencadeia um potencial transformador intrínseco e possibilita modificações em vários âmbitos da vida da mulher e da família, podendo ser ampliadas pela influência do meio.

Descritores: Acontecimentos que Mudam a Vida. Gravidez. Parto. Prática Baseada em Evidência. Enfermagem.

Objetivo: identificar el potencial transformador del embarazo y del parto en la vida de mujeres y familiares por medio de evidencias cualitativas. Método: revisión de la literatura y elaboración de una metasíntesis, durante el período de agosto de 2017 a enero de 2018. Se utilizó la estrategia PICO para elaborar la pregunta de la investigación. La búsqueda se realizó en la Biblioteca Virtual de Salud mediante una asociación entre los siguientes descriptores: "Acontecimientos que cambian la vida", "Embarazo" y "Parto". La muestra final estuvo conformada por 21 publicaciones. Resultados: de los datos emergieron tres categorías temáticas y generaron debates acerca de los siguientes campos temáticos: embarazo, punto de transformación, influencia del medio y el parto como un portal. Conclusión: el impacto del embarazo desencadena un potencial transformador intrínseco y permite modificar varios ámbitos de la vida de la mujer y de la familia, pudiendo ser ampliadas por la influencia del medio.

Descriptores: Acontecimientos que Cambian la vida. Embarazo. Parto. Práctica Basada en Evidencias. Enfermería.

Introduction

The human being, a species in constant process of self-knowledge and personal development, is in direct dependence on the types of stimulus they receive in the environment in which they live. In their personal construction, as well as their families, they undergo key processes of the most varied types during their lives⁽¹⁾. Configured in immediate crises or in long-term adaptations, when resiliently experienced, while not letting the search for meaning be forgotten, these processes produce stronger and more intimate people and relationships.

Pregnancy can be considered a key event that triggers the resilience process. Aiming at the new configuration necessary to assume the social role that presents itself, it shows as an opportunity for personal growth and self-knowledge⁽²⁾. Thus, the physical and emotional transformations generated by pregnancy favor, in women, the perception that they are no longer the same, that now their body and function in the world have changed. This moment can be understood as one of the main moments of maternity⁽³⁾. Thus, pregnancy and its culmination, childbirth, are configured as an inseparable process that plays a relevant role in the family.

The childbirth, in its turn, not being a neutral event, implies experiencing a complex set of feelings, which are not restricted to the event

itself, but also encompass expectations about the experience prior to childbirth and the postpartum period⁽⁴⁾. It is noteworthy that, many times, the transformations of pregnancy and childbirth are approached separately. However, they are inseparable because it is a continuum with increasing impact and different perception levels.

Pregnancy could not be thought of as a mere period of preparation for motherhood and birth only as the effective milestone of its exercise itself. Rather, it should be understood that the gestational period is an important stage in the constitution of motherhood, where an increasingly active exercise of the maternal role is established, which will peak after the birth of the baby. The baby already exists in the speeches of the pregnant women and evokes feelings and specific changes directly related to them. In this context, motherhood is not future, it is present⁽³⁾. Thus, childbirth assumes the portal symbolism, punctuating the initial milestone of the new existential configurations, carefully woven during the nine months of pregnancy.

Such key events are often classified as neutral, positive or negative, with no deepening in the field of the uniqueness of each of them. However, some cases, such as the birth of a child, for example, do not fit into a rigid definition, bringing greater negativity regarding

their cognitive assessment as well as increasing satisfaction in the emotional field⁽⁵⁾.

Maternal health actions, when maintaining a care model that does not cover psychosocial factors favorably, as they usually privilege the biological dimension, miss out on a primordial aspect for the integral care of the being⁽⁶⁾. Such care model is a factor for maternal and family fragility and insecurity. This, together with factors related to poor ambience and professional preparation, lack of professional/family bonding, as well as inadequate prenatal guidance and structural failures of health institutions and systems, can lead to a negative experience in health care with relation to childbirth⁽⁷⁾.

In this context, educational practices play a strong role in promoting maternal and family protagonism, finding as a deadlock the existing disparity between normative recommendations and institutional realities. This can have the opposite effect on women regarding the recognition of their rights and the impossibility for exercising them⁽⁸⁾.

There is a gap in motherhood perception as a transformative action. Based on this perspective, the study is justified by the fact that it seeks to understand the complexity of this event that permeates the biopsychosocial, cultural, spiritual, sexual and family field, bringing results that provide a broader understanding of the health professional about the transformative process of pregnancy and childbirth. These findings enabled the emergence of the following guiding question: What changes occurred in the women's lives during pregnancy and childbirth?

The study, by establishing the relationship of the process of pregnancy and childbirth with the construction of motherhood and reformulation of the personal identity of the individuals involved, intends to (re)signify this process, subsidizing the knowledge of the professionals on the pregnancy and childbirth event. Such action may come to favor overcoming the lack of knowledge about this process, which also provides women with an expanded and reflective experience on this phase of life.

With this, the objective was to identify the transformative potential of pregnancy and childbirth in the lives of women and their families through qualitative evidence.

Method

This is a meta-synthesis with qualitative evidences. Its realization is guided by rigorous, systematic and objective methodological parameters that should conduct the critical analysis of scientific production, using material already published to provide a broad knowledge of interpretative nature⁽⁹⁾.

To develop the problem-question of this research, the PICO method was used, an acrostic regarding the studied population, the interest and the context. Thus, we have P: women who became mothers; I: there was personal transformation/change in life; Co: pregnancy and childbirth. Starting question: What changes occurred in the women's lives during pregnancy and childbirth?

The search took place between August 2017 and January 2018. The survey was conducted in the Virtual Health Library (VHL) database, without restrictions for the year of publication or the use of filters. To address all the published content about the theme, the descriptor "Life-changing events" was used in association with the descriptors "Pregnancy" and "Childbirth".

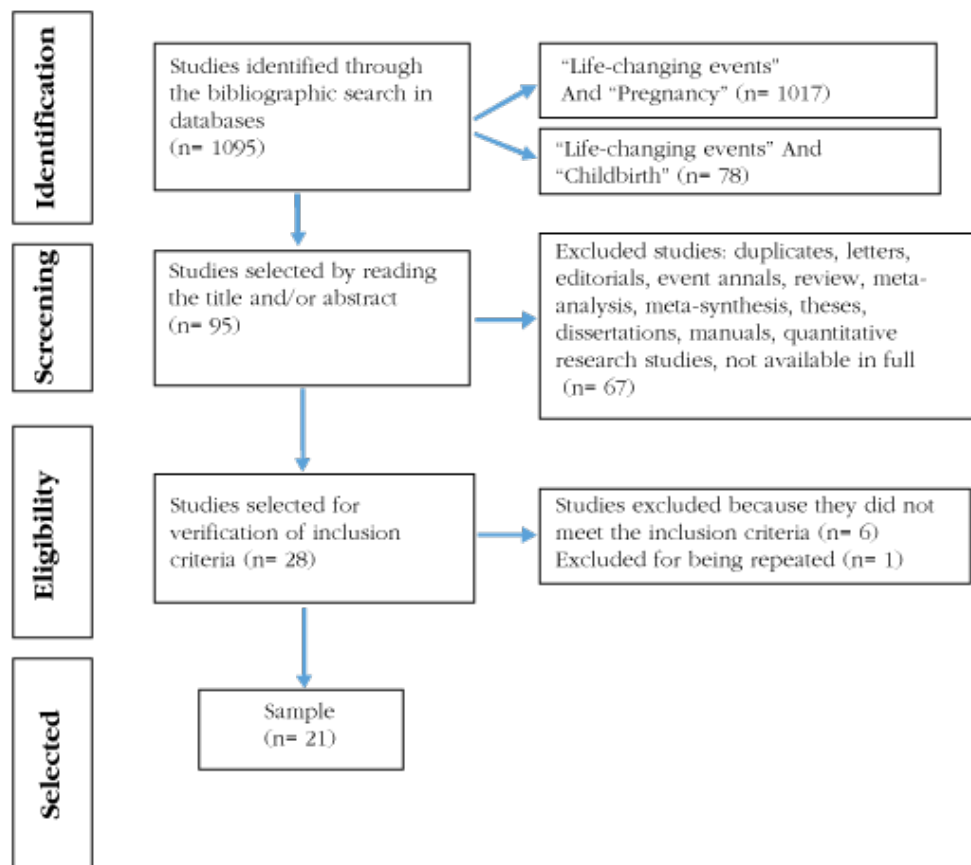
Thus, in an exploratory search, 1,017 articles were found in the association of categories F01.829.458.410 and G08.686.784.769.490, respectively "Life-changing events" and "Pregnancy"; and between F01.829.458.410 and G08.686.784.769, concerning "Life-changing events" and "Childbirth", 78 articles were obtained. Thus, a total of 1,095 articles were found. Articles were excluded that dealt, in their title, with themes with a study focus on another key event associated with pregnancy, not representing the interest of this research. These studies addressed puerperal and posttraumatic stress, obstetric violence, associated comorbidities, abortion, depression, parenting, child development, quantitative research, and systematic reviews.

Among these, the largest number of publications focused on postpartum depression in its most varied aspects.

Selected as for the title for abstract reading, 95 articles remained between both descriptor associations. Among these, 47 were left that did not have any of the above exclusion criteria

and/or because they did not make clear, in the summary, the objective of the research and/or its methodology, making it necessary to read in full. After having access to the full texts, 28 articles were read, 21 of which remained in the total study sample (Figure 1).

Figure 1 – Methodological flowchart for identifying and selecting studies for the meta-synthesis



Source: Created by the authors.

Having defined the material, the studies were appreciated through thematic content analysis, following three phases: pre-analysis, material exploration and data interpretation. The analysis and grouping of ideas gave rise to three categories: pregnancy, transformation point; influence of the environment in which they live; childbirth as transition.

Results and Discussion

The body of the analysis, to compose this meta-synthesis, had 21 articles, which were read in full

and evaluated for their ability to answer the study question. They are detailed in Chart 1, which submits information on title, year of publication, place of research, participating population, and objectives. From the total of articles, six were published in Portuguese, made in Brazil, dated between 1995 and 2017, and fifteen in English, made between 2004 and 2017, respectively in Australia, South Africa, New Zealand, Ireland, England, Belgium, Armenia, Thailand, The Gambia, and Sweden.

Chart 1 – Characterizing the studies on the transformative potential of pregnancy and giving birth analyzed (continued)

Reference No.	Year, place	Title	Objectives
3	2016, Australia	How domesticity dictates behaviour in the birth space: Lessons for designing birth environments in institutions wanting to promote a positive experience of birth.	To explore the concept of domesticity within the birth space.
10	2010, United Kingdom	Psychological factors that impact on women's experiences of first-time motherhood: a qualitative study of the transition.	To explore the maternal transition from the women's perspective and identify any unmet support needs.
11	2017, United Kingdom	Becoming an 'Amai': Meanings and experiences of motherhood amongst Zimbabwean women living in Melbourne, Australia	To discuss the meaning of the experience of motherhood from the perspective of Zimbabwean migrant women living in Melbourne, Australia.
12	1995, Brazil	Vivenciando a gravidez: processos e sub-processos de uma teoria fundamentada nos dados.	To explore and understand the period of pregnancy from the perspective of women in pregnancy.
13	2014, Australia	Inside stories: Maternal representations of first time mothers from pre-pregnancy to early pregnancy.	To understand when maternal representations are activated.
14	2015, Australia	(Re)constructing myself: the process of transition to motherhood for women with a disability.	To explore the process of transition to motherhood from the perspective of women with disabilities and their relationships to themselves.
15	2004, Ireland	Positive experiences of teenage motherhood: a qualitative study.	Investigate the experiences of teenage mothers. Relationship with their role as mothers and their future expectation.
16	2016, England (United Kingdom)	Struggling with motherhood and coping with fatherhood – A grounded theory study among Thai teenagers.	To gain a deeper understanding of perspectives, experiences and Dreaming with the fact of being and being a teenage parent from a gender perspective.
17	2017, Brazil	Maternidade: significados atribuídos por adolescentes primíparas.	To understand the meanings attributed by primiparous adolescents about being a mother in the adolescence.
18	2008, Brazil	"Tava morta e revivi": significado de maternidade para adolescentes com experiência de vida nas ruas.	To identify the meanings attributed to motherhood by adolescents with street life experience who chose to take care of their children off the streets.
19	2010, Belgium	Adolescent mothers' perspectives regarding their own psychosocial and health needs: A qualitative exploratory study in Belgium.	To look at early pregnancy and parenting as an opportunity to broaden our understanding of the reproductive health education needs of adolescent girls.
20	2008, Brazil	Representações sociais de adolescentes primíparas sobre "ser mãe".	To analyze and compare the social representations of primiparous adolescents about "being a mother" before and after the birth of babies.

Chart 1 – Characterizing the studies on the transformative potential of pregnancy and giving birth analyzed (conclusion)

Reference No.	Year, place	Title	Objectives
21	2016, Brazil	Maternidade na adolescência: ressignificando a vida?	To identify the transformations arising from motherhood in adolescence from the perspective of young women.
22	2004, Asia, North and Central America, Middle East, Scandinavia, South Africa	Making meaning: women's birth narratives.	To review the use of childbirth narratives to illuminate childbirth experiences to describe women's perceptions on the benefits. Combinations of birth histories and selected meanings of birth that spanned cultural contexts.
23	2005, Western Sweden	Becoming and being a teenage mother: how teenage girls in south western Sweden view their situation. Health care for women international.	To describe the perspectives, experiences, and reasoning on how to become and be a teenage mother by Swedish teens.
24	2014, New Zealand	Mood and birth experience.	To explore the phenomenon of mood at birth. Using the Heideggerian notion.
25	2010, Armenia	Giving birth: the voices of Armenian women.	To describe the perceptions of Armenian women on the meaning of giving birth and conducting an outcome assessment. From Erebuni Women's Wellness Center.
26	2013, England	A hero's tale of childbirth.	To present a secondary analysis on the findings of women who experienced a negative and later on positive birth experience.
27	2016, New Zealand	Midwifing the notion of a 'good' birth: a philosophical analysis.	To reflect again on what makes a good birth experience audibly.
28	2011, Gambia	Women's experiences of pregnancy, childbirth, and the postnatal period in The Gambia: A qualitative study.	To qualitatively explore the experiences of women in pregnancy, childbirth, the postnatal period and psychological distress.
29	2006, Brazil	Fatores culturais que interferem nas experiências das mulheres durante o trabalho de parto e parto.	To understand the factors that interfere in the experiences lived by the parturient.

Source: Created by the authors.

The analysis of thematic content for the material selected for this study allowed us to identify relevant contents in qualitative research studies, but we chose to present the synthesis in image form and discuss the main findings below.

Pregnancy as a transformation point

Perceiving pregnancy as a point of transformation, a study was identified that marks the beginning of the transition to maternity in the early stages of pregnancy and will only be completed when the woman regains the feeling

of control over her personal life, which takes some time. after birth⁽¹⁰⁾.

It was observed that the woman initiates the feeling of loss of control when she realizes that she is no longer alone. Her body and her desires are subject to the typical symptoms of the first trimester of pregnancy, such as feeling sick and unwell, impacting on the changes ahead. This perpetuates the premise that motherhood not only shapes a woman's life and identity, but also disturbs her sense of herself⁽¹¹⁾.

The evidence emphasizes that the changing process is associated with the loss of control

of the woman, either in the physical or in the mental aspect, which begins in the first moments of pregnancy, remaining during the postpartum period of adaptation, in which the woman will be dedicated to the baby's needs, superimposing them over her needs. This transition process had an impact on women's self-concept. In some mothers, this could be directly related to personal maturation, being the starting point of a change, reported by all as a greater responsibility⁽¹⁰⁻¹¹⁾.

It is noteworthy that the attenuated physical symptoms allow the woman to take a longer period to feel pregnant, even with a positive pregnancy test. Until the baby manifests in her individuality, bringing the woman into connection with the life developing in her womb, this awareness causes them to start a mental process of thinking about pregnancy as a time of their life, which causes an evaluation and/or comparison with other life moments⁽¹²⁾.

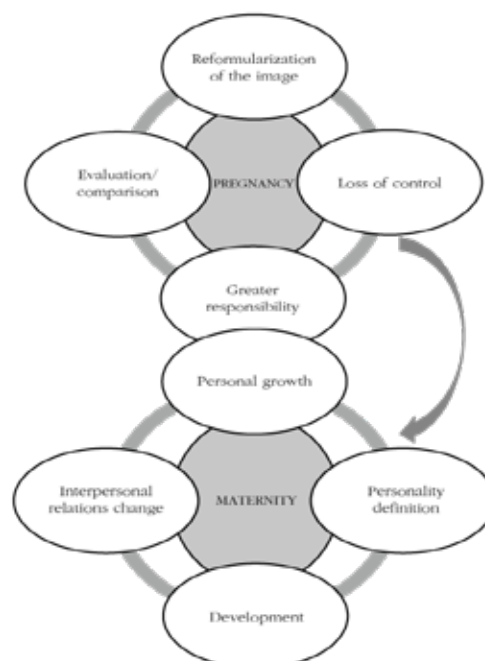
According to the prism of psychoanalysis, complementing what has been said, it is during pregnancy that the mother and child representation will be activated. However, in cases of planned pregnancies, the pre-pregnancy period can be understood as the moment when the woman is actively reshaping herself as a woman and constructing a new image of herself as a mother⁽¹³⁾.

Such reformulation, according to the statements contained in the study, which discuss the moment in which the maternal representations are activated, where all women participating in a research conducted in Australia defined motherhood as a moment of personal growth, personality definition and development that brought a sense of belonging, purpose, self-esteem, femininity and self-confidence⁽¹⁴⁾.

In adolescent pregnant women, this process of re-signification is enhanced. In seven articles on teenage pregnancy identified in this study, young mothers discussed their greater responsibility and personal growth, linked to the definition of personality and self-image reformulation. This suggests that teenage pregnancy is not always unpredictable, and often becomes a stabilizing factor in their lives⁽¹⁵⁻²¹⁾.

To assume pregnancy for society is to put women in a position of change of social identity, bringing the possibility of reformulation in all areas of their lives⁽¹³⁾. This fact is confirmed by adolescent mothers in a situation of socioeconomic vulnerability, who found in maternity the re-signification of the existential sense, previously weakened, redefining it in the role of parent, provider and responsible⁽¹⁸⁻²¹⁾.

Figure 2 – Pregnancy, transformation point



Source: Created by the authors.

In Figure 2, elaborated based on the analysis of thematic content extracted from the selected qualitative studies, it was possible to establish a graphic parallel, through a flowchart, of the relationship pregnancy and maternity (represented by the two main gray circles), as well as their consequent points of transformations occurred and reported by women (represented by white circles). Through this graphic representation, it is positively evident that motherhood inserted these women into the society from which they felt excluded because they had reconfigured their interpersonal relationships and were no longer willing to accept the rejection of others⁽²¹⁾.

Thus, motherhood is explained as the most profound experience one can have as a woman, and should not be compared to any other experience⁽²²⁾, even if it is a mix between a beautiful view and a real savagery⁽¹¹⁾.

Influence of the setting where they live

Social support, identified as a factor capable of influencing the manner in which the transition was experienced, combined with living with other mothers, the support of the partner, the presence of the mother herself, as well as the information shared by prenatal groups and professionals, was present as a guide for the construction of this new personality⁽¹²⁾. It is worth emphasizing that the relationship network is dynamic, since it involves not only the physical environment, but also a set of factors, among which the following stand out: family, cultural, social, economic, historical, political environment, among others. These factors are able to shape different perceptions, as well as

the type of coping with situations that unfold at each stage of pregnancy and childbirth. Women carry feelings of vulnerability that could be (re)signified by being shared and welcomed by other women facing the same⁽¹⁰⁾.

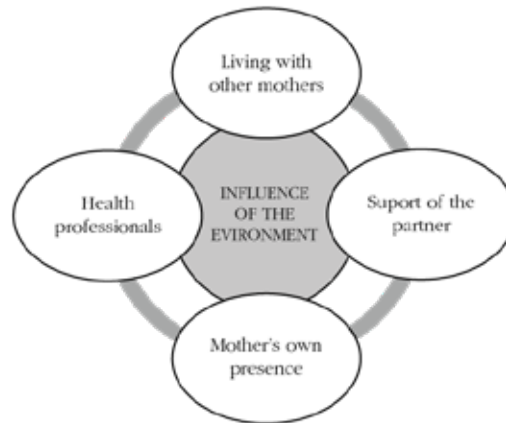
Women immigrating from Africa to Australia stated that raising children in Zimbabwe was very easy, as they were all family and would help take care of the child. However, in Australia, it was a difficult task for a couple, precisely because of the lack of such support⁽¹¹⁾.

For adolescent pregnant women, the mother's own support is needed as emotional support and guidance for the development of care skills not yet explored by them. In addition, family support was indispensable to provide the financial and structural conditions necessary in that particular case^(16-17,23).

Health professionals have a challenge in dealing with this age group, as it is a weakened personal conscience. Expressing their needs and desires in a contextualized way is difficult at this phase^(16,23). At the same time, these young women need special attention to better adapt to the life-changing process⁽¹⁷⁾.

The information provided by professionals may be excessively related to healing biological issues, leaving psychosocial clarification needs open^(10,12). It is necessary to value the perceptions of the family and its cultural and unique contexts⁽¹¹⁾.

This aspect becomes evident when one observes the various factors that directly affect women. Thus, it is important for the health professional to understand the extrinsic elements that directly influence women in this process, as can be seen in Figure 3.

Figure 3 – Influence of the setting in which women live

Source: Created by the authors.

Figure 3 graphically demonstrates the main elements listed in the selected studies, regarding their influence on women and their families. Thus, the health professionals who deal directly with pregnancy and childbirth, generally doctors and nurses, need to know the psychological theories regarding the concept of maternal representation, to improve the practice of obstetrics and facilitate the broader view for women about psychological aspects of pregnancy and can promote a rich and satisfying experience⁽¹³⁾.

Childbirth as transition

By analyzing the experience of childbirth by different aspects, the qualitative evidence pointed to it as a gateway, a threshold, a transition, a transfer. In this transcourse, a study showed that through the theory of the German philosopher Heidegger, professionals, parturients and caregivers emerged a perspective of tuning the individual with the mood of the environment, which, in turn, are the mood of those who share the same environment. This subtle attunement is not only in the field of subjectivity, but also in shared communication, capable of influencing from the levels of perception and surrender to the experiences that the moment provides⁽²⁴⁾.

Regarding the presence or absence of reverence at the moment of the delivery by the professionals, it is important to emphasize that they should understand it as something significant

and sacred, in addition to a biological event. This would make it possible to maintain the tuning of joy of the moment, so that the parturient was quietly delivered. Thus, it is suggested that birth is more than just getting the baby healthy; pointing out to something constitutive of childbirth as a unique experience⁽²⁴⁾. Those who say they have not found the promised emotion believe that childbirth may have been overly romanticized. They further exalt that being informed about the existence of pain has not made them prepared for how deep this pain really is. So, they were too tired to exacerbate any sublime feeling^(22,25).

A childbirth that left trauma is defined as that which occurred without connection with the team, in which there were two or more people and no link with any of them was found. Thus, the team was seen as distant and insensitive at the moment. The same also happened in laborious births, where instrumentation was required and there was no time for the woman to (re)signify the event⁽²⁶⁾.

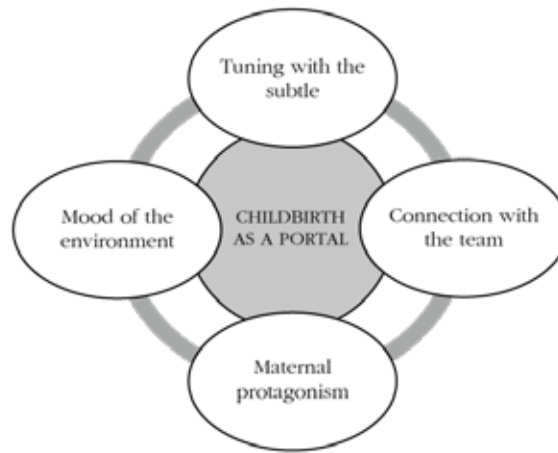
Thus, the childbirth trauma, directly associated with the disconnection of woman with her leading role during childbirth, led to difficulties in initiating post-hospital maternity, the difficult acceptance of the child and the presence of a self-critic who claimed to be this dysfunctional woman. For not being able to be active in her initiation rite as a mother. Their babies were healthy, but they had been denied a sense of transformation in motherhood and

blocked entry into the realm of motherhood⁽²⁶⁾. These women came home feeling strong and able to exercise motherhood because they had passed the initiation rite gloriously and were celebrating. Childbirth also qualified their marital relationships as well as the support social networks^(22,26). Many women eventually learn that they have much more strengths than they thought they had. Childbirth brought you in tune with their body and knowledge about their mental capacity and strength⁽²⁶⁾.

Thus, childbirth services must understand that a positive birth goes far beyond well-cared care

and a healthy child. It is about fully engaging with the unknown and unknowable nature of childbirth. These are like pieces that explode into multiple layers of meaning and meaning and become part of the new woman who was built through this process⁽²⁶⁾. The domain feeling acquired while managing the challenges of childbirth, describes a sense of elevation and fulfillment⁽²²⁾. This aspect is shown in Figure 4, which represents the elements that potentiate childbirth as a transition from what women were to transformation into a re-signified being.

Figure 4 – Childbirth as a transition



Source: Created by the authors.

In this sense, the setting stands out as a promoter for this transformation. The sense of place, culture and belonging are part of childbirth. Therefore, the physical setting has a great influence on the woman's response. In spaces devoid of the characteristics commonly associated with a domestic space, most women acted and interacted with the environment passively and quickly became patient. Among the six analyzed study participants, just one was able to reshape the environment in which she was hospitalized, to the point of interacting freely, while the others had difficulty getting hold of her, being visibly limited to the team's commands, and preferably tied to the bed, slipping away the ability to rule their own childbirth stories, losing the psychological rooting⁽³⁾.

Further analysis, which considers the subtle aspects of childbirth, makes it possible to state

that one cannot simply create a new birth unit and assume that it will offer a good birth experience, because the experience is much broader⁽²⁷⁾. Centralizing the ability to offer a good birth, in terms of the professional, the place or the own woman and/or her companion, is a simulacrum, condemning the event to weakening by disconnecting the whole^(3,27). The fourfold of life presents itself at the moment of childbirth as the place, the moment, the profane and the sacred in an absolute harmony of interdependence and meaning that exists in all births, but needs adequate conditions to be accessed; feeling confident about the "self" is part of the mystery⁽²⁷⁾.

In countries where the culture remains ingrained, such as The Gambia, sub-Saharan Africa, the presence of the father during childbirth, as well as the ambience and participation in

support for pregnancy, still present themselves as behaviors that are difficult to accept, being an item that predisposes non-satisfaction during labor and great distress during pregnancy⁽²⁸⁾. Armenian women, on the other hand, felt good about not accepting their partners during childbirth, but stressed the existence of emotional and physical support and support from the team, which met the need for protection and allowed them a satisfactory experience⁽²⁵⁾. The practice of cultural care in assisting women has shown how important communication and respect for their beliefs and values are at the time of labor and delivery⁽²⁹⁾.

As a limitation for this research, the still small number of studies related to the psychosocial factor of pregnancy and childbirth was observed. Most publications were related to the biophysiological development of these processes. This fact concerns and demonstrates the need for a broader view of the timing of pregnancy and childbirth, as broad and complex phenomena, in order to involve the subjects implied in this process in order to add quality to obstetric care, unveiling a reality that transcends its biologicist dimension.

Conclusion

It can be considered, anchored in this meta-synthesis, that the impact of pregnancy as a key event intrinsically unleashes the transformative potential, enabling the reformulation of women in various areas of their lives. However, it needs to be fostered by the setting, and health professionals should be responsible for understanding and enabling appropriate intermediation for this, at all stages of the process of pregnancy, childbirth and the postpartum period.

The study provided the production of evidences related to the theme and the designs investigated in qualitative research studies involving the transformative process of gestating and giving birth in the lives of women and their families, to collaborate in the qualification of professional practices. To this end, the literature has become a source of data and a trigger for

reflections. This gains power, given that it is a current health challenge to use qualitative study results to support clinical practice.

Collaborations:

1 – conception, design, analysis and interpretation of data: Zayonaria Magalhães Mendonça Mota and Antonio Rodrigues Ferreira Júnior;

2 – writing of the article and relevant critical review of the intellectual content: Zayonaria Magalhães Mendonça Mota, Saiwori de Jesus Silva Bezerra dos Anjos, Alisson Salatiek Ferreira de Freitas and Antonio Rodrigues Ferreira Júnior;

3 – final approval of the version to be published: Zayonaria Magalhães Mendonça Mota, Saiwori de Jesus Silva Bezerra dos Anjos, Alisson Salatiek Ferreira de Freitas and Antonio Rodrigues Ferreira Júnior.

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