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BEING PREGNANT IN TIMES OF THE COVID-19 PANDEMIC

ESTAR GESTANTE EM TEMPOS DE PANDEMIA DA COVID-19

ESTAR EMBARAZADA EN TIEMPOS DE PANDEMIA COVID-19

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ABSTRACT

Objective: To analyze women's perception of Covid-19 and their feelings of pregnancy during the pandemic, in the municipality of Vertentes - PE. **Method:** This is a descriptive and exploratory research with a qualitative approach. Developed between February and April 2021, at the Cruzeiro I Family Health Unit in Vertentes/PE, with 18 pregnant women. Semi-structured interviews were carried out by telephone, submitted to content analysis. **Results:** There was a poor understanding of Covid-19, which leads to inadequate compliance with security measures. Social isolation caused social and financial adversity, with consequences on the physical and mental health of pregnant women. Added to this scenario, the fear about the time of delivery. **Conclusion:** The importance of specialized care through necessary guidance and referrals is highlighted.

Descriptors: COVID-19; Pregnancy; Qualitative Research; Perception.

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RESUMO
Objetivo: Analisar a percepção de mulheres sobre a Covid-19 e os sentimentos de gestar durante a pandemia, no município de Vertentes – PE. **Método:** Trata-se de uma pesquisa descritiva e exploratória, com abordagem qualitativa. Desenvolvida entre fevereiro e abril de 2021, na Unidade de Saúde da Família Cruzeiro I em Vertentes/PE, com 18 gestantes. Realizou-se entrevistas semiestruturadas, por ligação telefônica, submetidas a análise de conteúdo. **Resultados:** Observou-se uma compreensão deficiente sobre a Covid-19, o que pode resultar na inadequada adesão às medidas de segurança. O isolamento social provocou adversidades sociais e financeiras, com consequências na saúde física e mental das gestantes. Soma-se a esse cenário, o receio quanto ao momento do parto. **Conclusão:** Destaca-se a importância de um cuidado especializado por meio de orientações e encaminhamentos necessários.
Descritores: COVID-19; Gravidez; Pesquisa Qualitativa; Percepção.

RESUMEN
Objetivo: Analizar las percepciones de las mujeres sobre el Covid-19 y sus sentimientos sobre el embarazo durante la pandemia, en el municipio de Vertentes - PE. **Método:** Se trata de una investigación descriptiva y exploratoria con enfoque cualitativo. Desarrollado entre febrero y abril de 2021, en la Unidad de Salud de la Familia Cruzeiro I en Vertentes / PE, con 18 mujeres embarazadas. Las entrevistas semiestructuradas se realizaron telefónicamente, sometidas a análisis de contenido. **Resultados:** Hubo una comprensión deficiente de Covid-19, lo que conduce a un cumplimiento inadecuado de las medidas de seguridad. El aislamiento social provocó adversidades sociales y financieras, con consecuencias en la salud física y mental de las mujeres embarazadas. A este escenario se suma el miedo al momento de la entrega. **Conclusión:** Se destaca la importancia de la atención especializada a través de la orientación y derivaciones necesarias.
Descriptores: COVID-19; Embarazo; Investigación Cualitativa; Percepción.

INTRODUCTION

The human infection Covid-19 caused by the novel coronavirus (SARS-CoV-2) was first recognized in Wuhan, China, in December 2019. It soon affected numerous territories, due to its high transmissibility, and was declared a pandemic by the World Health Organization (WHO) in March 2020. This infection has diverse clinical presentations, ranging from mild symptoms to severe acute respiratory syndrome (SARS). The lethality rate varies according to the country, initially the elderly and people with chronic comorbidities were those who presented the most complications.[1] In Brazil, the fatality rate is 2.7%, with a mortality rate of 85.5 per 100,000 inhabitants and an incidence of 3,227.2 per 100,000 inhabitants.[2]

The novel coronavirus has affected all population groups; however, given the risk of maternal complications, pregnant women and postpartum women were considered one of the risk groups in Brazil.[3] Brazilian researchers identified a fatality rate of 12.7% among pregnant women and postpartum women affected by the novel coronavirus. Among the women who died, 51.6% had no comorbidities or risk factors recorded for SARS, inferring that healthy pregnant women and postpartum women died due to complications from the

disease.4 Another study associated an increased risk of death from Covid-19 with age over 35 years, obesity, diabetes, notification of SARS in the postpartum period, admission to the ICU, and mechanical ventilation.[5]

It was observed that not only clinical risk factors are associated with adverse outcomes among pregnant and postpartum women with Covid-19, but also social vulnerabilities caused worse maternal clinical characteristics at hospital admission. Highlighting the barriers to access to health care: living in a peri-urban area, in an area without coverage by the Basic Health Unit (UBS) or living more than 100km from the hospital where the diagnosis was made.[4-5]

Given the seriousness of the situation, several governments around the world adopted lockdowns as a social isolation protocol in response to the COVID-19 pandemic. The measure was used to reduce the circulation of the virus, consequently reducing the number of cases and deaths. With different levels of implementation and adherence, Brazilian states and municipalities showed a significant drop in new confirmed cases.[6] In contrast, the world's population suffered the impact of confinement on behavioral and social levels, affecting mental health, generating feelings such as anxiety, loneliness, sadness, boredom, irritability and insomnia.[7]

Due to social distancing, most pregnant women find themselves without a support network, faced with the fear of death and socioeconomic insecurity. Pregnancy is a period characterized by uncertainty, vulnerability, fear, and physical and emotional transformations; changes that have repercussions on the entire family structure. Added to this, the country is currently experiencing increased rates of maternal mortality. The primary level of health care becomes more important in this scenario, especially prenatal care, and it is essential to develop empathetic care, with assistance targeted to the needs of pregnant women, based on scientific evidence to formulate strategies and support in this pandemic context.

Considering COVID-19 as an important cause of maternal morbidity and mortality, there are still no studies on the subject that evaluate this population in this region of Brazil. In the context of this new scenario of social isolation, the lack of scientific studies on complications in pregnant women and the fetus, it is necessary to understand the perception of pregnant women about the process of managing during a global social change. In view of this, the objective of the study was to know women's perception of Covid-19 and feelings about being pregnant

during the pandemic, in the municipality of Vertentes - PE.

METHODS

This is a descriptive and exploratory research, with a qualitative approach, which allows us to understand fundamental aspects of human actions and relationships, such as their anxieties, anguish and fears, as well as their own expectations about a given situation.11 Developed with 18 pregnant women, between February and April 2021, at the Cruzeiro I Family Health Unit (USF), in the municipality of Vertentes - inland Pernambuco. The municipality has an estimated population of 20,954 people; considering households with a monthly income of workers of up to half the minimum wage per person, the municipality occupies position 177 out of 185 among the cities in the state of Pernambuco.[12]

The inclusion criteria were pregnant women between the second and third trimester of pregnancy, followed in the prenatal care of USF Cruzeiro I during the Covid-19 pandemic, over 18 years old and with a telephone available to conduct the interviews. During the research period, 33 pregnant women were registered and undergoing prenatal care at the unit, 19 pregnant women (57.5%) were between the second and third trimester of pregnancy. Of these, only one pregnant woman was not included in the sample because she did not have a telephone, leading to a total of 18 participants in the study.

Pregnant women were approached in person at the USF, while they were waiting for their prenatal consultation to participate in the research; upon acceptance, the objectives of the study and the presentation of the Free and Informed Consent Form (FICF) were presented, and the non-face-to-face interview was scheduled, by telephone consultation, for a day and time outside the prenatal consultation environment, according to the availability of the interviewees. The interviewer is part of the USF team, working as a nurse, also performing the pregnant women's prenatal consultations. Data collection was performed through semi-structured interviews, by telephone call using a data collection instrument developed by the authors. The instrument was subjected to a pilot test to assist in the validation of data collection, making it possible to improve the guiding questions: about coronavirus, reproductive planning during the pandemic, prenatal consultations and source of information, impact on routine and lifestyle, expectations and feelings regarding the pandemic and expectations and planning for childbirth.

The following research variables were considered: knowledge and source of information about COVID-19; impact on routine and lifestyle; experiences during

pregnancy during the pandemic; fear and anxiety associated with COVID-19 and care and preventive measures adopted.

The instrument was developed with objective questions, addressing the variables: age group, marital status, race, education and income. The second part with 12 semi-structured questions, addressed subjective questions about the experiences of pregnant women during prenatal care during the pandemic period, with an average duration of 15 minutes. The interviews were recorded, with the due authorization of the pregnant women, then transcribed and submitted to content analysis proposed by Bardin, which consists of three stages: 1) pre-analysis, where the interviews were skimmed; 2) exploration of material and 3) processing of results, a stage in which the data were also interpreted.[13]

The research was submitted and approved by the Research Ethics Committee (CEP) of the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) opinion number 4,534,134.

RESULTS AND DISCUSSION

The profile of the 18 pregnant women who participated in the study is detailed in Table 1. Their ages ranged from 19 to 38 years, with an average of 27 years (standard deviation ± 6.3). The majority self-declared as having brown race/color (72.22%), were single (72.22%), had incomplete elementary education (77.78%) and were seamstresses (33.33%) (Table 1). In addition, the average parity was 2 children (standard deviation ± 1) and two were primiparous.

Table 1. Sociodemographic characteristics of pregnant women treated at the Cruzeiro I Family Health Unit, in the municipality of Vertentes - PE. Recife, 2021.

Features	N	%
Race/color		
Brown	13	72.22
Black	3	16.67
White	2	11,11
Marital status		
Single	13	72.22
Stable union	3	16.67
Married	1	5.56
Widow	1	5.56
Education (level)		

Incomplete elementary school	14	77,78
Incomplete médium education	3	16.67
Incomplete higher education	1	5.56
Occupation		
Dressmaker	6	33,33
Farmer	5	27.78
Housewife	4	22,22
Autonomous	2	11,11
Student	1	5.56
Total	**18**	**100**

Source: Authors, 2021.

After the socioeconomic questionnaire, the interview was guided by open-ended questions that served as a basis for conducting the conversation with each pregnant woman. Some thematic categories emerged from the discourse and were identified as reproductive planning, knowledge and source of information about Covid-19, changes in routine and lifestyle, and fear and anxiety regarding Covid-19.

Since the beginning of the pandemic, there have been recommendations for women to postpone their desire to become pregnant.[14] Therefore, one of the initial questions was regarding the planning of the current pregnancy, with the following responses standing out:

I used to take injections, but then I stopped. I used to take them at the hospital, but during the pandemic I stopped going to the hospital to take the injection, and then I got pregnant (Pregnant woman 04).
No (it was planned), it was by chance. I thought it would be the best thing in the world because, well, this is my first child and I wanted it, right? (Pregnant woman 05).
No (it was planned). Ah, at first I felt really bad, really sad. Right in the middle of this pandemic, it happened like this that someone got pregnant (Pregnant woman 08).
I think it was a risk that I took, having taken the risk, having gotten pregnant during the pandemic, but I think I'm going to take the risk, who knows if I'm going to get (sick) or not (Pregnant woman 12).

Most pregnancies were unplanned, demonstrating a failure in reproductive planning; services should guide women to avoid pregnancy during the pandemic and offer adequate contraceptive methods.[14] When a pregnancy is diagnosed, the importance is focused on prenatal care, which, in the current scenario, should reinforce “health counseling, screening and follow-up of pregnant women [...] visits and

procedures in obstetric clinics that pay special attention to preventive measures for Covid-19".[14]

It is recommended that primary care should be the place for welcoming, creating bonds, health education and clarifying myths and doubts for the entire community.[3] Although all participants are linked to and undergoing regular consultations at the USF, it was found that they have a superficial and limited understanding of Covid-19; they demonstrate that they do not know well how it is transmitted, and they are also unaware of pregnant women as a risk group.[2] Furthermore, among the main sources of information on the subject, health services and professionals were not mentioned. The reports are below:

It's a disease, it's the flu, right? What I know is what people say (Pregnant woman 06).
I always see it in the newspaper that people catch it through the air, by coughing near each other. It's very dangerous for both those who have an illness and those who don't. I think the same thing. I don't see any difference in getting sick between those who have a problem and those who don't (Pregnant woman 12).
To tell the truth, what I know is that it can be caught by sneezing (Pregnant woman 13).
You catch it from someone with a cold, from someone coughing near you. Through your hands, rubbing your eyes and nose, things like that. I see it on the internet and in the newspaper (Pregnant woman 14).
It's a disease that kills, it really kills, that's what I hear people saying. I saw this information on social media and talking to friends (Pregnant woman 18).

The weaknesses in pregnant women's understanding of Covid-19 can lead to a lack of adequate compliance with safety, hygiene and social distancing measures, which are essential to controlling the circulation of the virus.[3] As can be seen in the statement of Pregnant Woman 02: "No (I am complying with isolation). You need to wear (a mask) to go out. But wearing a mask is complicated to do when you go out. Washing your hands is fine, but not alcohol anymore. I used to do it more at the beginning of the pandemic, right?" Even so, some of the interviewees were aware of and maintained some measures to prevent Covid-19:

My mother-in-law works and comes over from time to time, but she wears a mask all the time and keeps telling us to wear a mask. For everyone at home (to wear one) so as not to pass it on to anyone else (Pregnant woman 04).
Wearing masks, washing your hands with alcohol gel, and wearing a mask. Avoiding contact with other people as much as possible, I believe this is basic. We take this (the precautions) very seriously here at home (Pregnant woman 10).
I work from home. I only go out when I really need to. For prenatal appointments, that's all I do. I use alcohol, I wash my hands. We're always talking, right? My sister tells me things, she always gives me advice. Nobody knows if it will work or not, but it's what we can do. At least we have to do it (Pregnant woman 11).
Here at home we are very restricted from going out, whenever someone comes here I give them alcohol to wipe them down, I always wipe them down inside the house, I'm scared. My husband has a barber shop and it's full of people, it's not inside the house, but he comes into contact with people from all over the place, he hasn't stopped working (Pregnant woman 12).
I self-isolate when possible, but when I need to take care of something outside, I go. The precautions we have to take are wearing a mask, using alcohol gel, leaving the house if necessary, that's the precaution I think (Pregnant woman 18).

Consequently, social isolation has led to changes in routine and lifestyle, which can negatively affect the course of pregnancy. A study conducted in Paraíba found that women have an inadequate

pattern of physical activity since the beginning of pregnancy.[15] During the pandemic, a sedentary lifestyle tends to be more frequent, favoring the emergence of comorbidities associated with greater cardiovascular risk, such as obesity, high blood pressure and diabetes mellitus.[16] Here are some examples:

It completely changed my routine, you know? It changed everyone's life. I used to like walking, running, I used to like going to dance class. All that is over. For a year now, I've only been going out when I really need to. I used to do all that and I don't do it anymore because of the illness and the pregnancy. (..) It changed, it changed everyone's life, it changed everything. When my daughter was there, this didn't exist, this doesn't exist now. We've been living this for a year now (Pregnant woman 03).

Everything has changed, my lifestyle has changed completely, everything has become more complicated. It's not the same routine as before. I used to travel, go to my mother's house and I don't travel anymore, I used to work and I don't work anymore. Everything has become more difficult (Pregnant woman 05).

As introduced in the speech above, the social and financial hardships caused by the pandemic were even more drastic for families who had their jobs or sources of income affected. The report "Racial and gender inequalities in the labor market amid the pandemic" revealed that, in particular, black women find themselves in more vulnerable situations in the labor market in the face of the Covid-19 crisis. Likewise, self-employed and informal workers were particularly affected, as they were prevented from carrying out their activities.[17]

I work from home, I'm a hairdresser, but lately I've been avoiding it. I haven't had much contact, I'm practically stopped, because my job requires me to have direct contact with people. So I'm practically stopped, I'm scared because I'm pregnant and we're taking extra care here at home (Pregnant woman 10).

It affected me financially, because I worked in sales, so because of the pandemic I can't go out and sell, I have to stay at home more secluded, I have to take extra care. It's not like other pregnancies, where I would do prenatal care, exams, and so on, but I didn't have to be isolated. That's what affected me (Pregnant woman 18).

It was identified that less socioeconomically privileged groups have a higher prevalence of mental disorders, which were exacerbated by the pandemic. However, it is worth noting that "suffering is expected due to changes in habits and uncertainties about the future, while illness must be handled with caution, given the medicalization that is so common these days".[18] Pregnant women also reported lower mental well-being and feelings of ambivalence such as happiness/sadness:

Concern, because at any moment it can catch and there is a risk of catching it and it can harm me and harm the child (Pregnant woman 02).

I get anxious, you know, afraid of catching it, you know? Something happening to me or my daughter. When people talk about this disease, I get scared, I get anxious (Pregnant woman 04).

It's a joy to be so apprehensive about this disease at the same time that you feel happy and at the same time you're just thinking about the consequences of a little creature like this in the world right now. You feel sad because you only see people complaining, people you know dying and you can't live anymore, living isolated in the world (Pregnant woman 10).

Fear, my fear is catching it and having to go to the hospital. I'm terrified that at any minute I'll have to go to the hospital and run out of air (Pregnant woman 12).

The feelings I have are of fear, right? I'm afraid of being pregnant during this pandemic, I'm afraid of catching Covid, of passing it on to other people, of catching it and transmitting it; I'm afraid of dying, right? of my daughters catching it. But I'm always taking care of myself (Pregnant woman 18).

Added to this scenario is the fear regarding the moment of delivery – due to the risk of infection, the impossibility of

choosing the delivery method, and the lack of permission for a companion.[17] The speeches draw attention to the fact that some hospitals have isolated women during labor and delivery, as a preventive measure against Covid-19, disregarding Law No. 11,108/2005, known as the Companion Law. In addition, pregnant women who live in the interior of the state of Pernambuco still suffer from the lack of connection to the reference maternity hospital.

I know that you won't be able to stay with someone, you have to stay alone, so I can only imagine. But what are you going to do, right? (Pregnant woman 04).
There is no companion because the hospitals are all full due to the coronavirus, and I already know that I will be alone, but there are nurses to help me. Right? (Pregnant woman 05).
No, I still don't know where I'm going (Pregnant woman 06).

All of the aspects raised highlight the importance of specialized care, especially from nurses, in primary and hospital care. Given the constant updates on the new coronavirus, it is up to professionals to intervene in advance by providing guidance and referrals necessary to take care of the health of the couple. COVID-19 prevention strategies must respect the rights of pregnant women to ensure humane and safe care.[18-19]

CONCLUSIONS

Participants demonstrated a range of knowledge and understanding of COVID-19, with some having a more accurate understanding, while others had gaps or misconceptions regarding the topic. External influences such as the media, friends, and family were mentioned by participants as sources of information that influenced their perceptions and attitudes towards the topic. This highlights the importance of social and cultural context in shaping their opinions and health practices.

In this study, all participants lived in the area covered by USF Cruzeiro I, but there was a failure in the adequate connection to the service, from reproductive planning to prenatal care. Most pregnancies were unplanned and, for the interviewees, prenatal care was not one of the sources of information about Covid-19. More than a year after the start of the pandemic, it was possible to note that the interviewees still had doubts about the form of transmission and the risk to the health of pregnant and postpartum women. As a result, not all pregnant women were complying with isolation and prevention measures. The greatest impact, in addition to the change in routine due to isolation, is the experience of pregnancy being lived with fear, worry, and anguish, affecting psychosocial well-being. The personal experiences and experiences of the participants play an important role in their understanding and attitudes towards the topic. The participants' narratives reveal how understanding influences their perceptions and emotions during pregnancy. This may include the need for

specific educational or awareness-raising approaches to promote deeper understanding and a more positive pregnancy experience.

The main limitation of this study was the telephone interview format, which made it difficult for participants to choose a private time and place, reducing the flow of the conversation. As a benefit, the reflections brought about by the pregnant women's experiences and feelings made it possible to understand the impact of COVID-19 on the lives of these women, allowing feedback to the service, which adopted measures and strategies to improve care for pregnant women during the pandemic, such as strengthening the professional-user bond through a chat app, with the aim of clarifying doubts about consultations and exams, monitoring suspected cases of COVID-19, and contacting them about the psychosocial health status of pregnant women.

REFERENCES

1. World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected [Internet]. Geneva: WHO; 2020 [citado em 12 set 2024]. Disponível em: https://apps.who.int/iris/bitstream/handle/10665/332196/WHO-2019-nCoV-clinical-2020.5-eng.pdf?sequence=1&isAllowed=y

2. Ministério da Saúde (Brasil). Coronavírus 2021 [Internet]. Brasília, DF: Ministério da Saúde; 2021 [citado em 12 set 2024]. Disponível em: https://covid.saude.gov.br/

3. Ministério da Saúde (Brasil). Secretaria de Atenção Primária à Saúde. Departamento de Promoção da Saúde. Manual de Recomendações para a Assistência à Gestante e Puérpera frente à Pandemia de Covid-19 [Internet]. Brasília, DF: Ministério da Saúde; 2020 [citado em 12 set 2024]. 64 p. Disponível em: https://www.gov.br/saude/pt-br/coronavirus/publicacoes-tecnicas/guias-e-planos/manual-instrutivo-para-a-assistencia-a-gestante-e-puerpera-frente-a-pandemia-da-covid-19.

4. Takemoto MLS, Menezes MO, Andreucci CB, Knobel R, Sousa L, Katz L, et al. Clinical characteristics and risk factors for mortality in obstetric patients with severe COVID-19 in Brazil: a surveillance database analysis. BJOG [Internet]. 2020 [citado em 12 set 2024]; 127(13):1618-26. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7461482/pdf/BJO-127-1618.pdf

5. Menezes MO, Takemoto MLS, Nakamura-Pereira M, Katz L, Amorim MMR, Salgado HO, et al. Risk factors for adverse outcomes among pregnant and postpartum women with acute respiratory distress syndrome due to COVID-19 in Brazil. Int J Gynaecol Obstet. [Internet]. 2020 [citado em 12 set 2024]; 151(3):415-23. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9087686/pdf/IJGO-151-415.pdf

6. Silva L, Figueiredo Filho D, Fernandes A. The effect of lockdown on the COVID-19 epidemic in Brazil: evidence from an interrupted time series design. Cad Saúde Pública [Internet]. 2020 [citado em 12 set 2024]; 36(10):e00213920. Disponível em: https://www.scielo.br/j/csp/a/k5KKkRb9n9xZnkB8wNxsfkf/?format=pdf&lang=en

7. Lima RC. Distanciamento e isolamento sociais pela COVID-19 no Brasil: Impactos na saúde mental. Physis (Rio de Janeiro): Revista de Saúde Coletiva [Internet]. 2020 [citado em 12 set 2024]; 30(2):e300214. Disponível em:

https://www.scielo.br/j/physis/a/nyq3wrt8qpWFsSNpbgYXLWG/?format=pdf
8. Carneiro R, Müller E. Afinal, quanto de extraordinário a pandemia de covid-19 soma na vida das mulheres mães? Áltera [Internet]. 2020 [citado em 12 set 2024]; 1(10):441-50. Disponível em: https://periodicos.ufpb.br/index.php/altera/article/view/55236/31382
9. Estrela FM, Silva KKA, Cruz MA, Gomes NP. Gestantes no contexto da pandemia da Covid-19: reflexões e desafios. Physis (Rio de Janeiro): Revista de Saúde Coletiva [Internet]. 2020 [citado em 12 set 2024]; 30(2):e300215. Disponível em: https://www.scielo.br/j/physis/a/zwPkqzqfcHbRqyZNxzfrg3g/?format=pdf&lang=pt
10. Secretariat of Health Surveillance, Ministry of Health (Brazil). Brazil Epidemiological Bulletin: Volume 51 Number 2 - 2020. Rio de Janeiro, Brazil: Ministry of Health (Brazil), 2020. pp. 21–27. https://portaldeboaspraticas.iff.fiocruz.br/biblioteca/boletim-epidemiologico-no-20-maio-2020/
11. Cabral Filho JE. COVID-19 Desafios e oportunidades para artigos qualitativos. Rev Bras Saúde Mater Infant. [Internet]. 2020 [citado em 12 set 2024]; 20(1):5-6. Disponível em: https://www.scielo.br/j/rbsmi/a/p6vgfLv53gHbTNCNR5nFMFR/?format=pdf&lang=pt
12. Instituto Brasileiro de Geografia e Estatística. Brasil. Pernambuco. Vertentes. [Internet]. Rio de Janeiro: IBGE; 2023 [citado em 12 set 2024]. Disponível em: https://cidades.ibge.gov.br/brasil/pe/vertentes/panorama
13. Bardin L. Análise de conteúdo. Lisboa, PT: Edições 70; 1977.
14. Faria H, Paro HBMS, Bastos MH, Amorim MMR. COVID-19 e direitos sexuais e reprodutivos: posicionamento da Rede Feminista de Ginecologistas e Obstetras. [local desconhecido]: Rede Feminista de Ginecologistas e Obstetras; 2020 [citado em 12 set 2024]. Disponível em: https://assets-institucional-ipg.sfo2.cdn.digitaloceanspaces.com/2020/04/COVID-19-e-Direitos-Sexuais-e-Reprodutivos-Posicionamento-da-Rede-Feminista-de-Ginecologistas-e-Obstetras-.pdf
15. Tavares JS, Melo ASO, Amorim MMR, Barros VO, Takito MY, Benício MHDA, et al. Physical activity patterns in pregnant women attending the family health program of Campina Grande - PB. Rev Bras Epidemiol. [Internet]. 2009 [citado em 12 set 2024]; 12(1):10-9. Disponível em: https://www.scielo.br/j/rbepid/a/NJyBtBgwgWvcqtktVcxXLSN/?lang=pt
16. Ferreira MJ, Irigoyen MC, Consolim-Colombo F, Saraiva JFK, De Angelis K. Vida fisicamente ativa como medida de enfrentamento ao COVID-19. Arq Bras Cardiol. [Internet]. 2020 [citado em 12 set 2024]; 114(4):601-2. Disponível em: https://www.scielo.br/j/abc/a/9kVQrK5VcGsXzg3xLhyWTNL/?lang=pt
17. Prates I, Silva G, Sousa CJ, Costa GS, Bertolozzi TB. Informativo Desigualdades raciais e COVID-19. Desigualdades raciais e de gênero no mercado de trabalho em meio à pandemia [Internet]. Vila Mariana, SP: Afro-CEBRAP; 2020 [citado em 12 set 2024]; (7):1-39. Disponível em: https://cebrap.org.br/wp-content/uploads/2021/02/Informativo-7-Desigualdades-raciais-e-de-ge%CC%82nero-no-mercado-de-trabalho-em-meio-a%CC%80-pandemia.pdf
18. Garrido RG, Rodrigues RC. Restrição de contato social e saúde mental na pandemia: possíveis impactos das condicionantes sociais. J Health Biol Sci. [Internet]. 2020 [citado em 12 set 2024]; 8(1):1-9. Disponível em: https://docs.bvsalud.org/biblioref/2020/07/1102826/3325-11970-1-pb.pdf
19. Fagundes MCM, Alves VH, Bonazzi VCAM, Sampaio MRFB, Sousa ELC, Rodrigues DP, et al. Anseios dos profissionais de enfermagem gestantes frente à pandemia de COVID-19. Enferm foco [Internet]. 2020 [citado em 12 set

2024]; 11(N Esp):109-13. Disponível em: http://revista.cofen.gov.br/index.php/enfermagem/article/download/3999/992

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