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EXPERIENCE OF MANAGEMENT AND BIRTH IN THE CONTEXT OF THE COVID-19 PANDEMIC

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Abstract: Objective: Knowing the implications of the COVID-19 pandemic on the gestational experience, with attention to coping strategies. Methodology: This is a field study, exploratory, descriptive and with a qualitative approach, which used the references of Symbolic Interactionism and Bardin's Content Analysis. Developed in a municipality in the interior of São Paulo, between February and March 2021, with 12 women who gave birth and gave birth during the COVID-19 pandemic. Participants were selected using the Snowball method, and empirical data were obtained through semi-structured interviews on a digital platform. Results: The thematic categories 'Pregnancy and childbirth in the COVID-19 pandemic: symbols and meanings', 'Pregnancy and childbirth in the COVID-19 pandemic: broken expectations and 'Scope of health care in pregnancy and childbirth in the COVID-19 pandemic', where it was possible to identify the conditions involved in the experience of pregnancy and childbirth. Final considerations: Experiences in social relationships, especially those with the family, are indispensable. Thus, the relational skills of professionals to deal with the difficulties experienced by pregnant and parturient women during the pandemic were incipient, highlighting the importance of obstetrical nursing in supporting women in contexts of social isolation.
Keywords: Nursing. Pregnancy. Coronavirus infections. Qualitative research.

INTRODUCTION

Being in the condition of a pregnant woman encompasses unique feelings and expectations for each woman. It is influenced by what is experienced in the social context, in the interactions that take place there. The woman lives with physical and relationship changes, whether those in the family and

social environment, such as those she weaves with herself. Becoming and exercising the maternal role is among the central reflections (ZANATTA et al, 2017).

Experiencing pregnancy corresponds to a time of changes in the life not only of the woman, but of her partner and her family, the biopsychosocial transformations throughout this period vary from woman to woman (BRASIL, 2014), and for this, health professionals rely on guiding documents from the Ministry of Health of Brazil, the centrality of which is the National Program for Humanized Childbirth (BRASIL, 2016).

Annually, in Brazil, about 3 million births are registered per year, with between 98% and 99% of these events taking place in a hospital environment, whether public or private (BRASIL, 2017). On March 11, 2020, the World Health Organization (W.H.O.) declared a pandemic due to COVID-19 (WHO, 2020), which led to several changes in the population and health institutions, such as avoiding crowds, using personal protective equipment (PPE'S) and other actions to prevent the spread of viruses, thus implying health care (BRAZIL, 2020).

This situation was an unprecedented scenario for women, and the news, concern, fear of infection and recommendations for changing social habits caused great stress to be generated during pregnancy and childbirth (ABÓS, BEHAGHEL, 2020).

During the pandemic, in order to ensure the safety of mothers and newborns, some restrictions were carried out. In relation to the companion, the presence was allowed provided that he was not in the risk group, and when presenting symptoms of flu syndrome, they must be tested in clinical screening at the time of hospitalization of the pregnant woman. The use of mask and hygiene measures must be followed by companions. Visits within hospital institutions were vetoed, in order to prevent (BRASIL, 2020). As for the obstetric part, it was recommended for pregnant women with COVID-19 that the indication for delivery be influenced by the obstetric indication and not by the presence of SARS-CoV-2, unless the pregnant woman needed urgent interventions, due to damage to the respiratory condition, to avoid serious complications at the time of delivery (ALBUQUERQUE et al, 2020).

Given these reflections and in alignment with guidelines for the humanization of childbirth in Brazil (BRASIL, 2014), this research has as an element the implications of the pandemic of COVID-19 in the process of becoming a mother. Thus, it was taken as an objective: To know the implications of the pandemic of COVID-19 in the pregnancy experience, with attention to coping strategies.

METHODOLOGY

This is a field study, descriptive and with a qualitative approach, conducted according to the Consolidated Criteria for Reporting Qualitative Research (COREQ). This approach, applied in the health area, has the potential to understand the phenomenon by recognizing the subjectivity, symbolism and intersubjectivity of relationships, both in the individual and collective spectrum of phenomena involved in the lives of individuals (MINAYO, 2017), in this research, the phenomenon of gestating and giving birth in the COVID-19 pandemic.

Symbolic Interactionism (SI) was the theoretical framework chosen, since it focuses on understanding the centrality that it attributes to social interactions, taken as open, continuous, dynamic processes, with mutual influences between those who experience them (SILVA; MEDEIROS, 2018).

The study was carried out with 12 women who were pregnant and gave birth in the context of the COVID-19 pandemic, living in a city in the interior of São Paulo. The

municipality is 250km from the capital, has an estimated population of 256,915 (IBGE, 2021), with a record of 3,610 births in 2019 (DATASUS, 2019), has two hospital services with care for pregnant women, delivery and birth, one public service and the other private, the public being a reference to high-risk childbirth for five surrounding municipalities.

The method of selection of participants was through sampling Bola de Neve (Snowball), it is a non-probabilistic method, which through "key informants", builds a range of potential participants, until the sampling frame becomes saturated (GHALJAJE; NADERIFAR; GOLI, 2017), a strategy that made it possible to reach the participants, considering the pandemic context in which the research was carried out.

The invitation to the research was made to 29 women, of which 12 accepted to participate in the study, the denials were due to the difficulty in making time for the interview. The participants were contacted via telephone, previously explaining the purposes of the research and affirming their consent through the Free and Informed Consent Form (TCLE), which, considering the pandemic context, was carried out through a digital form. As inclusion criteria in the research, the following were adopted: having given birth in the context of the COVID-19 pandemic, being 18 years of age or older; and as an exclusion criterion: participants who failed to provide a comprehensible narrative.

The semi-structured interview was the data collection strategy, carried out in the format*online*, 1 of which via WhatsApp® and 11 through the Google Meet platform®, the question that guided the data collection was "What was it like for you to become pregnant and give birth in the context of the COVID-19 pandemic?", and from that, other questions arose, contemplating the objectives of the study. The interviews were carried out from February to March 2021 by the first and second authors of the study, undergraduate students, in a single meeting, with an average duration of 31 minutes, being recorded in audio, in a total of 377 minutes of recording. The end of data collection was due to theoretical saturation, when the object of the study was apprehended, and the collected data began to be repeated (MINAYO, 2017).

The interviews were recorded and transcribed in full, preserving the originality of the speeches, and analyzed based on Bardin's Content Analysis, which seeks to apprehend beyond its immediate meanings, enriching the exploratory attempt, increasing the probability of discovering the phenomenon under study. Data were analyzed based on three processes: (1) pre-analysis, a stage in which fluctuating and reiterative readings determine the organization of the material based on the precepts of completeness, representativeness, homogeneity, pertinence and exclusivity; (2) exploration of the material based on the indicators established in the previous phase, followed by data coding that determines the choice of recording units; (3) treatment of results, with the establishment of categories from the inference process (BARDIN, 2011).

The study was approved by theHuman Research Ethics Committee, registered under nº4.125.822 and CAAE 32782820.0.0000.5380. The preservation of the identity of the participants was respected and the speech excerpts are identified by the letter M, following the order in which the interviews were carried out.

RESULTS

The study sample comprised 12 participants who had the experience of gestating and giving birth during the COVID-19 pandemic. The age of the women ranged between 20 and 35 years. Of these, 11 are married and only one is in a stable relationship. Regarding education, 4 had completed high school, 1 had incomplete

higher education, 3 had completed higher education and 4 had postgraduate degrees. The participants' monthly income varied as follows: 2 received up to 2 minimum wages, 6 received between 3 and 5 minimum wages and 4 received between 6 and 10 minimum wages. Regarding pregnancy, data were collected on the number of pregnancies, the gestational age of the last child (a), whether it was a normal delivery or cesarean section and the institution where the delivery took place, thus, 8 women had only one pregnancy, 3 women had two pregnancies and one had three pregnancies. Of the gestation during the pandemic, all births were full-term, 4 were born by normal delivery and 8 by cesarean section. Of these, 4 were performed at a public institution and 8 at private institutions.

The thematic categories 'Pregnancy and childbirth in the COVID-19 pandemic: symbols and meanings', 'Pregnancy and childbirth in the COVID-19 pandemic: broken expectations' and 'Scope of health care in pregnancy and childbirth in the COVID-19 pandemic ', portray the experience of women who gave birth in the context of the COVID-19 pandemic, based on the meanings attributed by them, in the social interactions established in different contexts.

Pregnancy and give birth in the COVID-19 pandemic: symbols and meanings

Pregnancy and childbirth are experiences surrounded by symbols, which are interpreted from the moment experienced in social interactions. Feeling happiness about having a child, concomitant with the yearning for the health and arrival of the baby, are meant as central to the experience. However, at all times they are questioned by negative reflections linked to the possible consequences of COVID, resulting in negative feelings, such as concerns and fears about contamination. As a whole, the experience of gestating in the pandemic is associated with the experience of worries and anxieties, anxieties.

In view of the above understanding, they behave faithfully to the WHO and MS recommendations and guidelines. The IS, based on its evolutionary conceptions, recognizes the ability of individuals to adapt to the contexts in which they are living, being in a constant process of evolution and re-signification of both experiences and actions.

> I was really scared because everything was very unknown, so we get really scared. I had a whole protocol, I almost made a contingency plan (laughs) [...] I had to come in from the street, take off all my clothes, take a shower [...]. We didn't know what to expect, until today we don't know for sure how COVID attacks pregnant women, if you catch it while pregnant, what impact will it have on the baby's formation? So, all this was unknown. It was an anxiety, a very big concern. So, even taking all precautions, I was very apprehensive. (M4)

The experience of living with the fear of contamination, the communication of bad news by the media and the unknown of knowing the real damages of COVID-19 directly affected the psychological of the interviewees. The woman reported greater sensitivity to social symbols that referred to COVID-19, which triggered her internalized conversations with herself, especially of a negative nature, in the line of imagined losses.

> During this pregnancy I was more crying, I think because of the pandemic. I cried a lot (laughs). Any bad news I saw on television, especially when I was pregnant, I already imagined myself sick, losing my baby, and I would start crying in despair. (M5)

Two of the interviewees reported that because they worked in a health service, they maintained their routine, which generated greater fear and insecurity, as they were in contact with professionals who worked in the care of patients infected with COVID-19.

> I would go to work scared, for being inside the

> hospital. An environment that was already riskier to take because it was a hospital environment. I went to the administrative part, even so I had contact with doctors, I had contact with other nurses, I had contact when it was time to go to the cafeteria for lunch, so whether or not I walked inside the hospital [...] it was a pregnancy with more tension, due to COVID. (M2)

> I'm a nurse, I worked during the whole pregnancy. But, as soon as I got pregnant, I went to the administrative part, even then it was very worrying because the virus could be anywhere[...]. At work, I did not feel safe, because many professionals who had contact with infected patients entered our sector, and it was a cubicle with air conditioning, which is a completely irregular situation, it is more dangerous, there was no air circulation inside the room that I worked. (M5)

Fear of the damage that COVID-19 could cause to the baby was present in 9 of the 12 women interviewed. Another woman mentioned the postpartum fear of contamination of the newborn, which would result in a separation from the mother-child binomial, causing her to take more restrictive attitudes of social isolation so that this did not occur. The Role of the Present, the central idea of the IS, is apprehended in this experience, as the participants' actions result from the current situation and interactions they are experiencing.

> Sometimes I had a crisis of crying, I cried, I was afraid of dying, I was afraid of losing my baby, of her being born prematurely, I didn't know what could cause the fetus. So, I was afraid she would be born with a problem, this pregnancy was very tense. (M4)

> The delivery was a fear, and when he was born I said: "And now that I have a newborn in the middle of a pandemic?" "The fear I am of catching something in this maternity hospital," the fear I had at the time of delivery, because even though I had no pain, I had to leave the pre-delivery room to go to the delivery room, to then go to the post-delivery room, and we went there without mask [...] Do you know why I'm boring? Because if something happens, it's my son who goes to the ICU. Because imagine my son, God forbid I have to be hospitalized with this disease and I can't be with him. My son depends on me, so I say: "I am my son's source of food, so he will stay there sedated because you wanted to take off the mask to pick him up? Why do you think you have to take it out? Why do you think I'm boring and you don't want to take care of yourself? My son who will pay the price? Will not". (M11)

MANAGING AND GIVING BIRTH IN THE COVID-19 PANDEMIC: BROKEN EXPECTATIONS

Carrying and giving birth is surrounded by different expectations, both in terms of social interactions during pregnancy and in the symbols experienced during childbirth and postpartum. The affection and love shared in this context result in remarkable and unique moments in the lives of these people.

During the gestation and postpartum period, a desire for women is to be able to share the bodily changes of pregnancy with friends and family. Thus, how to present the newborn to the world, thus receiving the long-awaited social affection. The isolation proposed to reduce cases of contamination affected the social context in which families and friends were inserted, harming this interaction that was so sought after by the participants with the new family member. The meanings of the lived experiences are attributed by the interpretation of the symbols emitted in the interactional processes, processes that influence the actions and perceptions of the individuals.

> It was frustrating, because it's so nice to be pregnant, and I love being pregnant, with my belly around, and so, I stayed indoors, so much so that there are people who see me with the baby now and say "wow, did

> you get pregnant?" (laughter). Then I joke: "pregnant in a pandemic is like this!". (M4)

> I think I missed that warmth we had before, the contact, nobody from my work saw me pregnant, you know? I think it's those things, no matter how small. Stopping to think about health, prevention, the importance of not having all of this, it is very small, but in everyday life we miss it, I missed it. (M9)

> During pregnancy I missed not being able to travel, not being able to have contact with people, not being able to hug in peace, not being able to have a peaceful life. Only indoors, only indoors[...] Living with people is what is most needed. (M10)

During pregnancy, women create various expectations for the birth of the child, celebrations, events, photo shoots and even decorations are planned for this moment, increasing the bond of motherhood and between family members. Due to the unexpected pandemic, many of these moments had to be canceled or adapted so as not to go unnoticed. One of the adaptations mentioned by some of the interviewees was having a "tea party" instead of a baby shower, a social interaction in the support network that generated pleasure and welcome. The photoshoot and the purchase of the trousseau were also very desired moments for the pregnant women and many of them were unable to perform, resulting in a feeling of frustration.

> I didn't have a baby shower, we weren't going to do anything, so they had a tea party, a surprise for us, so I remember it was on a Saturday, they honked, I went out, cars were passing by, delivering presents, diapers, but we didn't plan any. [...] It was a Brazilian way (laughs), for us to be able to have a moment of pleasure, because it's very nice to be able to make tea, get together with the people you like. And the pandemic took that away from a lot of people. I know a lot of people do it, but this tea thing came as an option, I thought it was cool. (M5)

> The trousseau, things were only online, I never saw practically any clothes in person, everything was online, I bought the entire baby's room online [...]. I wanted to go shopping, for sure (laughs), I really wanted to go shopping, personally do the baby's trousseau [...]. Seeing the outfit, being able to hold it in the hand [...]. I was very distant from the family during the whole pregnancy, I wanted to enjoy with them, every month, photos, maternity shoot I didn't do either, I did it at home (laughs), my pregnancy was not at all like I thought (laughs). (M8)

At the birth of the child, an important moment of meeting between the binomial and the family is prospected, in this context it was noticed that the father was present at the time of delivery and monitoring of the puerperal woman, but among the measures imposed by the pandemic, the visit of other members family members was prohibited, as well as the change of companion that happened every 12 hours, which sometimes generated insecurity, overload and frustration due to the breach of expectations.

> My husband stayed the whole-time pre-delivery, during and after it too, just him, because of the pandemic [...] My husband was really tired, poor thing, because he stayed there all this time, he didn't even come home. It turns out that you create an expectation and it happens completely different. We can't receive any visitors, so our parents met the baby on video [...], but I wanted at least our parents to enter the maternity ward, the first grandchild on both sides, but we couldn't. (M1)

> If I had this closer contact with my mother, my mother-in-law, my grandmother, my aunts, I think they would have given me more support, yes, so in the postpartum period right after, it was good for me and my husband even [...] so I think it affected that part, yes, I think we would have a little more support there from the family level, if we had a little more contact. (M12)

Another regret reported in the experience

of giving birth was the impossibility of the doula, a professional who has a very important meaning during the period of managing and giving birth both for women and for their partners, as in addition to preparing them for the long-awaited moment childbirth, still offers physical and emotional support in this trajectory. The pandemic restriction imposed on pregnant women the presence of only one companion, where in this situation, they opted for the choice of spouse, which in this case was significant at the time of delivery. An alternative used by one participant was the online follow-up with the doula, however, this follow-up did not reach the expected expectations.

> Childbirth in the pandemic was terrible, because I already had experience of having a child outside the pandemic, so I knew what it was like. So the pandemic made a lot of things difficult. I think the worst of them was not letting the doula enter the maternity ward[...] Having someone there as a doula is different from having a family member, like my husband, for example, because she knows what is going on, what is going to happen, and she manages to guide the woman so much in labor, as well as the family member who is there accompanying them, saying "This is normal, we knew this was going to happen", and the before too, because I couldn't have a doula in labor there, I chose not to not have it before [...] I think her role is very important in this psychological support, and it was the psychological that was very shaken, due to the pandemic, so I think her role is fundamental and ended up being harmed by not being able to have it that person during childbirth. (M4)

> At the time of the baby's birth, one thing we really wanted was for the doula to participate, but we couldn't. [...] As much as my husband was on my side, from the beginning we had a preparation with the doula. Online helps a lot nowadays, we had arranged for her to participate online, we exchanged messages, through the video call, she was able to follow something, but my wish was that she was there, that we had more support, no that there wasn't, but that there was her presence there. [...] The labor took a long time, I stayed a total of 25 hours, in the hospital it was 14 hours, so she could take turns with my husband at some point, so that he could rest, or do something else, because for the more that she has taught massage techniques, relaxation, any technique to alleviate pain without the use of medication, it would be different there, I think. (M9)

SCOPE OF HEALTH CARE IN GESTATION AND CHILDBIRTH IN THE COVID-19 PANDEMI

Health care aims to promote care and well-being for all users, however, the COVID-19 pandemic caused several changes in the health care aspect, with emphasis on restrictions on the movement of people, use of equipment for individual protection, as well as other hygiene care, both for the health team and for the women during their stay in the services.

With regard to the context of giving birth, the participants discuss the organization of services in compliance with the protocols for the protection and prevention of COVID-19. In this direction, the social behavior of the women was to carefully observe these precautions, in order to be calmer and more confident during the birth of the child.

> There was a lot of attention, they have been taking care of the mask, even my husband had to wear a mask, I was the only one who didn't need to stay [...] The care, the attention they gave to details, if you needed to change rooms it took a little while, because they went there to clean it, there was a whole form for you to fill out and everything, but they took all the precautions, it was nothing out of the ordinary. (M6)

> I was afraid, because I was in the middle of a pandemic, but I was calm because I thought: "They are taking all the precautions, there is nothing for me to worry about, I am safe

> here". During childbirth, I felt safer than during pregnancy. When giving birth, they gave me a lot of security in the maternity ward. So, I felt safe, you know? With them in the maternity ward itself, but it's scary (laughs) [...]. We saw them taking care of themselves, we were afraid, especially of contracting the virus in there, because it wasn't even for us, but for the children! But we saw the care, so at the time of the delivery itself, we felt very safe [...] It was a mask, gel alcohol, they made the bathroom available for the companions to take a shower, they would always supply the soap[...] The alcohol gel, in addition to being inside the room, was on the bedroom doors, on the entrances too, there was a lot spread around there [...]. (M11)

Of the 12 women in this study, only one portrayed the feeling of insecurity, in the context of giving birth, which caused fear in the face of incorrectly changing PPE's, the constant flow of people that could generate contamination of puerperal women and newborns and lack of testing fast for COVID-19.

> I couldn't wait to leave! Because you get scared, it's people coming in, it's a nurse, it's the other patient who arrived and you don't know if you have COVID, so I wanted to go home as much as possible, more because of the coronavirus [...]. Because imagine, we were locked up at home for 9 months during pregnancy, then out of nowhere you go to a maternity hospital [...]. I noticed that the nurses didn't even change the glove, so the way they entered the room with a glove on, they picked up the girls, picked me up, changed the syringe, so I don't know if it was a bit of paranoia on my part because of COVID-19 or if in the rush there wasn't even time, I think they must change the disposable mask and glove in front of me, I don't know if this is the correct procedure [...]. There, the work clothes, there was no lab coat, there was nothing, it was a baby on the lap, it was bathing, it was changing sheets, I don't know if this is normal, the normal procedure or I'm kind of paranoid about the pandemic [...]. I was afraid of contaminating them, they held the girls in their arms with the same glove they had taken the serum [...], it was disappointing in the maternity ward with COVID-19. One thing I missed in the maternity ward, I don't know if it's right or wrong, as soon as I arrived to go to the room they did a quick test of some exams that I'm not sure what they are, I just know that I have HIV, syphilis, some diseases like that, and I missed it, they must have done a quick COVID test, because what if I have it? [...] I think there was a lack of care there regarding the pandemic in my opinion, in maternity. (M12) I was afraid of contaminating them, they held the girls in their arms with the same glove they had taken the serum [...], it was disappointing in the maternity ward with COVID-19. One thing I missed in the maternity ward, I don't know if it's right or wrong, as soon as I arrived to go to the room they did a quick test of some exams that I'm not sure what they are, I just know that I have HIV, syphilis, some diseases like that, and I missed it, they must have done a quick COVID test, because what if I have it? [...] I think there was a lack of care there regarding the pandemic in my opinion, in maternity. (M12) I was afraid of contaminating them, they held the girls in their arms with the same glove they had taken the serum [...], it was disappointing in the maternity ward with COVID-19. One thing I missed in the maternity ward, I don't know if it's right or wrong, as soon as I arrived to go to the room they did a quick test of some exams that I'm not sure what they are, I just know that I have HIV, syphilis, some diseases like that, and I missed it, they must have done a quick COVID test, because what if I have it? [...] I think there was a lack of care there regarding the pandemic in my opinion, in maternity. (M12) as soon as I arrived to go to the room they did a quick test of some tests that I'm not sure what they are, I just know that I have HIV, syphilis, some diseases like that, and I missed it, they must have done a COVID test fast, because what if I have? [...] I think there was a lack of care there regarding the pandemic in my opinion, in maternity. (M12) as soon as I arrived to go to

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The social isolation proposed by the institutions due to the pandemic was not properly carried out inside the rooms in the maternity ward due to the great demand of people. Because of this, the mothers had to stay in a shared room with companions.

It was reported by the women that the use of their masks did not occur full time, which made the feeling of insecurity prevail most of the time.

> In the maternity ward I stayed in a double room, shared room, as the maternity ward was full, I didn't stay in a room alone [...]. So, it was me, a companion and the baby, the other mother, a companion and a baby, so I thought that was really bad and there is no possibility of you leaving earlier, of being discharged earlier because of the foot test that you have to be with 48 hours. So, there was no option, but that's because it's the same bathroom, that's all, the space is very small, so that was really bad, I was very apprehensive, and there's no way you can wear a mask inside the room the whole time. (M7)

In another context, one of the interviewees reported that the single room brought greater security and tranquility to the puerperal woman, since there was no contact and interaction with individuals whose routine was unknown.

> I didn't have a shared room, my room was alone, we were alone, me, my husband and the baby [...]. I really think this helped, it contributed positively to my safety. (M1)

Due to the accelerated increase in the number of cases of people infected with COVID-19, health professionals had to follow the proper protocols for social distancing in health environments and be careful to provide the correct guidance on the risks, means of transmission and prevention.

> The maternity staff guided me. When I went to hospital, they gave me a whole orientation, made me sign a term, read a term that inside the room I could go without a mask, but outside I would have to wear a mask, at the time of delivery I had to use the mask everything right, if there was any symptom I had to let them know, the nursing and the reception did it [...]. (M3)

However, this care with the guidelines was not noticed by all the interviewees, 2 of the 12 women reported that the guidance given by the professionals was not correct, lacking information on how care must be given during childbirth and the postpartum period.

> The doctors didn't say anything about the pandemic (laughs)[...] just the use of a mask, applying gel alcohol. They didn't say if I was supposed to take alcohol gel, in case I needed it when I left the maternity ward, or inside, no one guided me on anything either, I even took a small bottle of alcohol gel because I didn't know if I would need it (laughter). (M8)

The action of health professionals is interpreted by the women from the symbols emitted in interactions during the period of hospitalization. ThatInterpretation is not just a definition of established meanings, but a process of reflection of the Self and Mind, in which symbols are imputed and revised as instruments to guide and shape action.

The connection through looks and smiles is a significant symbol for creating bond and comfort between individuals, and childbirth is seen as a moment full of feelings, affection, love and happiness. The use of the mask made it impossible to observe reactions through some facial expressions, but eye contact was more perceived and valued, which sometimes brought the necessary comfort for the

moment, but did not replace the need to find comfort in the next through a smile.

> Wearing a mask was strange, so much so that when the baby was born I was wearing a mask and when we went to the recovery room, when she went to breastfeed, I took the mask off, and while I was in the room alone with her and with my husband too, because it's horrible to talk to her wearing a mask, and so, you feel something is missing. (M4)

> I think the only good thing about the pandemic is that we know that babies are now looking into our eyes, because they know that we are smiling with a mask on. (M7)

> Back at the maternity ward, they were super worried because of the pandemic, so about the mask, I thought: "How am I going to give birth with this mask?" "How am I going to be able to handle the contractions with this mask on?". It was my biggest fear, and my wife stayed with me there, I looked at her, she was wearing a mask, I said: "I needed to see her face, to calm down, lower it a little. I'm getting nervous" [...], the mask like it or not, you don't find the comfort you need there in the look, you are not seeing a familiar face because everyone is wearing a mask. At the time of delivery, I imagine that for those who are in pain, you cannot focus on a doctor's face, doctor's name, so it is very difficult for you to be able to focus on a doctor's gaze to know who helped you. [...] We are very used to looking at the smile,

The vaccine is known worldwide for its preventive and immunization function, during the COVID-19 pandemic, the creation of an immunizer that could bring the return of social life, the reduction of mortality, the reduction of overcrowding of hospitals and physical and mental well-being. With the completion of studies, science was finally able to create vaccines, but with the uncertainties and lack of study in pregnant and puerperal women for a long period, it was forbidden for them to take the vaccine, which aroused several doubts and fears about being immunized or not with the vaccine against COVID-19.

> I took the vaccine, the first dose and I'm going to take the second dose, so we were in doubt whether to take it, because there is no study that proves whether it is harmful for a lactating mother to take the vaccine, what it can cause in the baby. There was a report from a colleague who is breastfeeding, the baby had fever and diarrhea because she took the vaccine, I just don't remember which vaccine it was, so I got a little tense, but even so, the pediatrician thought it was better for me to take it, he he said: "it is better for you to take the vaccine because the virus is inactive than for you to get sick, have to be hospitalized, something like that". (M5)

DISCUSSION

The woman experiences labor and birth from the meaning of interactions with health professionals, institution and family. However, in the context of life, in the social interactions experienced there, meanings can be transformed, changing expectations and experiences. Human beings, in their life cycle, based on their interactive processes and learned experiences, establish their behavior, in view of the meanings that actions and interactions represent for them (SILVA; MEDEIROS, 2018).

Thus, this study reveals the experience of women who experienced pregnancy and childbirth in the context of the COVID-19 pandemic. The pandemic brought about changes and challenges in their lives and that of their families, directly affecting the psychosocial context. In the hospital context, there were also changes in the routine, due to institutionalized protocols. Because of this, both women and their families, as well as health professionals, had to find ways to adapt to carry out activities of daily living in the best possible way, but not free of mishaps in

several aspects.

In order to follow the recommended protocols to prevent the infection and transmission of COVID-19, it was necessary for women and partners to change their habits, among the most cited changes, the increase in household cleaning, interruption of work activities and social isolation. In a study carried out in Turkey, among the implications of the pandemic in the routine of pregnant women, hygiene and isolation habits also prevailed. (MIZRAK; KABAKCI, 2020).

Despite the recommendation of social isolation and removal of pregnant women from professional activities during the COVID-19 pandemic, in some contexts and professions, compliance with these measures was not possible, and in this study, represented by two participants, health professionals. Thus, the fact of having to work during a pandemic moment caused great tension in the participants, considering the high risk of being contaminated with the virus. In Japan, a quantitative study was carried out that evaluated the well-being of pregnant women during the pandemic, the data showed that some women worked normally, others worked at home in a home office, and others alternated between working normally and in a home office. There was a small number of women who left their jobs for fear of contamination. However, the choice not to work could lead to the woman needing financial support, and they could lose their income if they decide not to work, which would lead to limited health care options (MATSUSHIMA; HORIGUCHI, 2020).

With the pandemic situation, social media were very relevant in the lives of the participants, as important moments could be recorded and shared with friends and family, even during social isolation, mitigating the need for social contact and reducing the feeling of loneliness. The use of social media was also present in a study where women reported making video calls and photos during hospitalizations in hospitals, during childbirth and postpartum, sharing the moment of birth with important people (AJAHI et al., 2021). Technology is of great importance for physical and mental well-being, as it favors the approximation of family and friends, especially in moments of psychological vulnerability (ALMEIA, et al. 2020).

The way women and families reflect on interrupted interactional processes and develop strategies to minimize distance and promote moments of exchange of verbal and non-verbal symbols, infer in coping with social isolation. People develop their actions through a process of symbolic interaction with themselves (Self) and with others, allowing different understandings of lived experiences (DALBOSCO; MARASCHIN, 2017). It is in the course of social interactions that the Self is constituted, and in a society where individuals are different, the Self produced is also different (CORREA, 2017), providing the peculiarities to be apprehended in each experience.

An obstacle of social isolation that caused a drop in expectations in the lives of the participants was the deprivation in holding commemorative events for the arrival of the baby, such as the revelation shower and the baby shower. Another moment that presented a feeling of frustration in the participants was the impossibility of being able to share body changes with friends and family, which led to the lack of affection so prospected. A study that evaluated videos of women who gave birth during the pandemic on social media, showed that social isolation negatively affected pregnant women in various parts of the world, most of them in the United States, which led to a feeling of loss due to the inability to hold events important during pregnancy and the lack of social affection, causing frustration at not having an experience of pregnancy and

childbirth under non-pandemic conditions (AJAYI, 2021).

Throughout the pregnancy-puerperal cycle, women experience a feeling of loneliness, due to social constructions that determine that the care of the NB must be carried out by the mother, who often dedicate herself to meeting the needs of the NB. This feeling was intensified due to preventive isolation measures (PAIXÃO, et al., 2021). that prohibited the entry of visitors to the maternity ward, changing companions every 12 hours, causing overload and frustration due to the lack of a support network. This issue psychologically affected the women in this study. A study carried out with pregnant women in Turkey (MIZKRAK; KABAKCI, 2020), showed that they had difficulties in dealing with social distancing due to national measures that implied contact restrictions, travel restrictions and the ban on leaving home, this made the process of gestating during a pandemic difficult. Social support is necessary to increase resilience, especially in a pandemic moment and this lack of it brought negative feelings during pregnancy.

All participants experienced their moment of delivery in hospital environments, although many spoke about the care of health professionals in relation to the use of PPE, insecurity was present due to the fear of being in a hospital environment conducive to infection by the virus. According to a study carried out in Australia, women recognized the care of health professionals in terms of infection control, which brought comfort in relation to the risks of contracting the virus (ATMURI, 2021).

A study carried out in the United States (DEJOY et al., 2021), on women's concerns about giving birth in the COVID-19 pandemic, pointed to a greater choice of childbirth in the community during this context, and concerns about contamination in hospitals facilitated and influenced the choice of having a home birth. As a recommendation to avoid overcrowding in hospitals and avoid a higher risk of contagion, the literature reinforces that women with low gestational risk and healthy women can be assisted in normal birth centers or at home (PARRA-MULLER, 2020; DEJOY et al, 2021), a reality that is not promoted within the context of Brazilian health.

With prospects for home birth and women's empowerment in the pregnancy-puerperal cycle, the doula stands out as a reference professional, given her role in promoting women's protagonism, providing the necessary security and satisfaction at all times. With the outbreak of the pandemic, several hospitals and maternity hospitals prohibited the entry of doulas in order to reduce the number of people during childbirth (TEMPESTA, 2020). With this, it is possible to observe in this study that this prohibition made women miss the participation of the doula during the moment of childbirth. This lack was also reported by women in a study carried out in Australia, who also had to make the choice between the doula and the companion (ATMURI, 2021).

In addition to changing habits, routines, types of deliveries and broken expectations, an important experience learned was the fear of contamination, related to the lack of information about COVID-19 during pregnancy, psychologically affecting the participants. Experiencing the COVID-19 pandemic and being pregnant, considering the lack of consensus in the literature about the association between the severity of the disease and this period of life, increases feelings of fear and uncertainty in this population (ESTRELA, et al. 2020).

The guidelines on the virus were necessary to remove doubts and promote safety for the participants of this study, although two of them stated that the guidelines were not carried out. In order for this to occur correctly and in

order to provide the necessary information to professionals, the Ministry of Health created in 2020 the "Manual of Recommendations for Assistance to Pregnant and Postpartum Women in the Face of the COVID-19 Pandemic" and updated the second edition in 2021, with the objective of guiding the access and horizontality of care during the pandemic, addressing transmission routes, early diagnosis and adequate management of pregnant and postpartum women, and defining guidelines. It also added information on vaccines against COVID-19 for pregnant and postpartum women (BRASIL, 2021).

It was possible to observe that social isolation was not properly complied with when it came to the shared room in the puerperium, as the puerperal women reported that due to the high demand of people in the maternity ward, it was necessary for them to remain in shared rooms, together with the companions, and that it was reported by them that the use of mask did not happen full time, causing insecurity. According to the Brazilian Society of Infectious Diseases (2020), the use of a procedure mask or tissue was advised when leaving the residence, so as not to transmit the virus. Although the use of a mask brings some discomfort, it ended up bringing security and allowing the appreciation of connections through looks.

Immunization against the virus brought women the feeling of insecurity and doubt due to the lack of studies in pregnant and puerperal women. In March 2021, MS published a technical note (BRASIL, 2021) allowing vaccination in pregnant and postpartum women with comorbidities even without evidence due to the need to fight the virus. In April of the same year, vaccination was released for those without pre-existing diseases, despite these questions, immunization was recognized by the participants as a protection and hope for the return of usual interactions.

The feelings experienced in interactions with professionals, services and social media about care for the prevention of COVID-19 are symbols manifested by verbal and non-verbal language and aim to express the anxieties experienced in gestating and giving birth in a pandemic context. Through the activity of the Mind, the individual interacts with himself, interpreting the meaning of the symbols and directing his actions towards the situations experienced (CHARON, 2010).

With the protagonism of nursing, as a humanistic assistance, the parturient has her rights rescued, giving her voice back and providing her with enough information, so that her choices are made safely. The benefits of the nursing-parturient interaction, the information and knowledge of the rights of this woman stands out, portrays the bond for the integrality of this care, with emphasis on the promotion of the companion at the time of childbirth, providing confidence, security and parenting at that moment (COFEN, 2019).

FINAL CONSIDERATIONS

This study presented reports of women's experiences during pregnancy and childbirth, allowing knowledge about their experiences, enabling the achievement of the objective proposed by the study.

The participants presented biopsychosocial difficulties during all phases of the pregnancy-puerperal cycle, and during this process it can be seen that there was a lack of support from trained professionals to deal with the demands they needed, this situation led to an overload on the parents. Obstetrical nursing would play an important role in this context, as in addition to offering care support to women and newborns, it could also offer psychosocial support, facilitating the adaptation process of women and their families during the pandemic.

In view of the results presented by the

participants in this study, it is possible to perceive the great importance of health professionals in care. However, the provision of such care could offer improvements in humanization during all stages of pregnancy, delivery and birth. The nursing team, as promoters of health care and education, could use digital media, which, within a pandemic moment, would bring information about COVID-19 that would solve doubts and promote comfort and safety through guidelines.

Home birth was an alternative found in studies from other countries, as a way to prevent pregnant women from being infected by COVID-19 in a hospital environment, this alternative brought comfort and safety to women. This method did not appear in the results presented by the participants, but the alternative could be efficient, aiming to provide a more humanized service. In the context of the pandemic, the obstetric nursing team could encourage home births with a view to improving humanization and also preventing contagion in the hospital environment.

As a suggestion of the study, it is necessary for nursing professionals in the obstetric area to expand their knowledge on the topic addressed, with the aim of improving care by seeking to understand the feelings of pregnant women and their families in the pandemic context, in order to provide new health practices, gradually changing the scenario of midwifery in the COVID-19 pandemic.

As limitations, the study was carried out only in one municipality, not extending to other realities, in addition to being developed in the context of the COVID-19 pandemic, where the determinants of social isolation inferred a greater reach of participants, given the need to carry out of interviews through digital media, as well as barriers to online interaction and network connection. Another limitation found was the difficulty in scheduling the interviews with the participants due to the adaptation routine with the babies.

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