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## HEALTH NEEDS AND NURSING CARE PRACTICES FOR HIGH- RISK PREGNANT WOMEN

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**Abstract: Goal:** Our general objective was to understand the meaning given by women with high-risk pregnancies to their health needs and the nursing team's care practices received during the pre-natal period. **Method:** Qualitative study of 10 high-risk pregnant women who attended the prenatal service at a Health Center in ``Cabo Verde``. To analyze the data, we used Laurence Bardin's conceptual assumptions. **Results:** The main findings reveal that high-risk pregnancy causes women a set of physical, psychological, social and emotional changes that often cause ambivalence of feelings, uncertainty in the future and specific needs in terms of child care. **nursing. Conclusion:** This study allows nurses to have knowledge about the experiences lived by these women and thus improve their care practice since each woman is unique and positions herself differently in the face of the risk situation depending on the factors/vulnerabilities that the involves. **Implications for practice:** It will be possible to list foci of attention for nursing practice with a view to developing nursing diagnoses and nursing interventions that target the person being cared for.

**Keywords:** High risk; Nursing care; Pregnancy; Personal narrative; Qualitative research.

## INTRODUCTION

Pregnancy is known as a physiological phenomenon, the evolution of which occurs, in most cases, without complications. However, there is a small number of pregnant women, who, because they have specific characteristics or because they suffer from some obstetric complication, are more likely to have an unfavorable outcome, both for themselves and their baby, and the pregnant woman may be in a situation of high-risk pregnancy.<sup>1</sup>

Prenatal care with a focus on risk means

that health care standards in ``Cabo Verde`` are based on the degree of risk that the woman presents. This way, low-risk pregnant women and high-risk pregnant women are monitored differently in terms of the objective of the consultation, the content covered, numbers and composition of the team that aids the pregnant woman.<sup>1</sup>

The pregnancy process is seen as a dynamic and multidimensional phenomenon for the woman, her partner and other participants in the family cycle, given its clinical, social, cultural and representational characteristics, that is, it has a significant representation in the family environment whether due to expectations, desires and insecurities regarding what will be experienced, or due to the acquisition of new roles and responsibilities.<sup>2</sup>

The concept of risk and its application in health makes an important contribution to the prevention and control of disease, especially in Reproductive Health (RH), whose impact falls on reducing the fetal, neonatal and maternal mortality rate, one of the main health priorities in several countries around the world.<sup>3</sup>

For women whose risk arose during pregnancy and due to factors associated with it, the diagnosis of high-risk pregnancy was seen as an unexpected situation, contrary to what had been idealized, as after pregnancy they began to develop changes that were linked to the disease, generating feelings of fear and death. The fear and fear of an unfavorable outcome can be felt within a pregnancy considered low risk, however it is heightened in the context of a high-risk pregnancy, as here it is considered a potential threat of death.<sup>4</sup>

Women generally experience and attribute meanings to the reproductive process, their needs and complications, the causes associated with them, the actions and resources of the health service. The meaning constructed by each woman during the pregnancy process

directly influences her health as well as her participation in the self-care process, and may constitute a positive reinforcement event or an event that generates vulnerabilities.<sup>3</sup>

Several studies report that women with high-risk pregnancies are vulnerable to frailty and emotional instability. In the prenatal period, vulnerabilities are usually not investigated, especially those related to subjective and social aspects, contributing to the lack of actions aimed at addressing them, even within the limits of individual practice.<sup>4</sup>

The social and psychological particularities of a high-risk pregnancy can be decisive in the development of mental disorders, as women considered high-risk may present a greater burden of relevant emotional issues, as this condition requires unique care and, sometimes, there is a need for hospitalization. It is clear, during care for women, that there are many factors that can worsen mental health during pregnancy and postpartum, such as anxiety and depression.<sup>5</sup>

Pregnancy can be understood as one of the most important transitions in the human life cycle.<sup>6</sup>

Life transitions trigger several changes and to understand them it is necessary to identify their effects and meanings, regarding their nature, time, severity and personal, family and social expectations.

Therefore, it is essential that prenatal care challenges itself in order to understand and understand women's experiences regarding their pregnancy, their health needs and the health of their child. From this perspective, this work aims to give voice to the personal narratives of women diagnosed with high-risk pregnancy, as it is believed that they can reveal distinct particular and social characteristics, and can be a reference for the construction of prenatal care by nurses. in a more comprehensive way that also incorporates, in addition to the risk perspective, the

vulnerability perspective, which has been little explored in studies that address this topic.

## METHODOLOGY

Given the need to understand a deeper universe and space of human relationships, this study takes on the nature of qualitative research.<sup>7</sup> For the analysis and processing of data, Laurence Bardin's methodological procedures were chosen. 10 pregnant women, known as "high-risk pregnant women", participated in this study. The sample number was conditioned by the theoretical saturation of the data without compromising the understanding of the phenomenon under study. The participants were selected intentionally according to the following inclusion criteria: aged between 20 and 40 years old (for ease of access), have completed basic education (to understand the questions), have been diagnosed with a high-risk pregnancy and have prenatal care in a reproductive service in ``Cabo Verde``. using a semi-structured interview guide including sociodemographic data, gestational age and questions that met each of the specific objectives proposed in the study, including personal perception of what a high-risk pregnancy is, their needs, the care that received during the prenatal period by the nursing team, and the impacts of the risk condition on the woman's life. To collect the interviews, a digital recorder was used as a resource. This process took place between February and May 2022. The pregnant women were identified with consultation from the AISM (Integral Attention to Women's Health) notebook, which also allows the registration of prenatal care. All formal and ethical procedures were considered (Authorization from the Ethics Committee and National Data Protection Commission of ``Cabo Verde`` - Order 9/2021), such as the request for informed consent from study participants.

A content analysis consists of a set of

communications analysis techniques, which uses systematic and objective procedures for describing the content of messages<sup>8</sup>. Thus, the content analysis process involved three stages: pre-analysis, exploration of the material and, finally, the treatment of results, inference and interpretation. We tried our best to follow all these steps in order to never deviate from the findings and their meaning for the participants. In the pre-analysis, we tried to organize all the study material. After this organization, the pre-analysis stages continued, carrying out the floating reading. The documents to be analyzed were then chosen based on the problem raised through the demarcation of the narratives. Finally, the indexes were referenced and the indicators were created by cutting the text into comparable categorization units for thematic analysis.<sup>8</sup> In the second stage, exploration of the material, the raw data were transformed in an organized way and aggregated into units in order to allow a description of the relevant characteristics of the content. Through exploration of the material, registration units (including frequency counting) and units of meaning (context) were defined, thus emerging subcategories and categories. In the third stage regarding the treatment of results, the inference and interpretation of the raw results were transformed into meanings, so the role of the researchers was to obtain the narratives hidden under the selected documents, leading to the final stage, which is inference and interpretation.

## RESULTS AND DISCUSSION

From the pregnant women's narratives, three (3) thematic categories were extracted with their respective subcategories, namely: High-Risk Pregnancy Diagnosis with feelings linked to knowledge of the diagnosis as a subcategory. Next, the Experiencing High-Risk Pregnancy category with three (3)

subcategories: the future of pregnancy; health needs and impacts on women's health. Finally, the High-Risk Pregnancy category emerged, including the subcategory practical duties of the nurse's work.

### DIAGNOSIS OF HIGH-RISK PREGNANCY

In this category, the subcategory Feelings linked to knowledge of the diagnosis emerged. Negative feelings and positive feelings regarding the diagnosis emerged as a unit of meaning. Negative feelings were considered fear, fright, panic and worry.

[...]At the moment it was a shock, I didn't know what happened[...](E2)

[...]fear of what happened before happening. I had convulsions and almost died. they said I died and came back again. (E3)

*Panic, not knowing what kind of resources they have here in ``Cabo Verde``, in case I have a premature baby[...](E4)*

This study found that high-risk pregnancies bring these women the idea of peace of mind when the current pregnancy appears to have the same risk factor as the previous one with a favorable outcome, but, on the other hand, it can bring the woman the idea that in these cases the body may not function properly during pregnancy or even the impossibility of having children, especially if they have risk factors prior to pregnancy. In this case, despite their emotional fragility, some felt happy when they found out they were pregnant. This category reveals that the professional has the duty to guarantee holistic care for the pregnant woman, creating a welcoming environment and establishing adequate communication about the health situation of this couple, providing tranquility and psychological support.

In view of the results obtained, several authors corroborate this by stating that the

psychological aspects in women diagnosed with high-risk pregnancy require a great deal of investment and psychic processing work from the woman. The maternal experience becomes more challenging due to the emotional fragility in which the mother finds herself at that moment, the increased risk, in addition to other emotions that are connected to her clinical condition.<sup>9</sup> On the other hand, the risk condition must not prevent May these women have joy and satisfaction with their pregnancy, and cultivate hope for a favorable outcome, as well as a happy ending.<sup>10</sup>

*[...] When they told me what it was, I wasn't so scared because it was the same problem in my first pregnancy [...].*

*[...] I had doubts about whether I could get pregnant, because I've always heard people say that people with thyroid problems tend not to get pregnant.. my son is about to turn 16, so the desire is greater [...].*

## EXPERIENCING HIGH-RISK PREGNANCY

This category reveals several aspects of the experience of women with high-risk pregnancies. Therefore, the category includes three important subcategories that allow us to understand how this phenomenon is experienced by these women, namely the subcategories, the future of pregnancy, Health needs and Impacts on women's health. In high-risk pregnancies, due to the uncertain future of the pregnancy, they experience feelings of fear and anxiety in the face of the unknown, especially when it comes to the health of the fetus, as shown in table 1.

This study, as well as other studies that addressed this topic, indicates that in the lives of these women, fear is a constant feeling that becomes part of these women's routine, which approaches and intensifies doubts, uncertainties and insecurities related to what will happen next. happen to her and her son.<sup>11</sup>

Besides, in this category, the Impact of high-risk pregnancy on a woman's life was determined as a subcategory. It found changes in physical and psychological aspects, in the daily life and marital life of pregnant women diagnosed with high-risk pregnancies, as can be seen in table 2.

When it comes to the unity of meaning of psychological changes, it is revealed that, even if the woman experiences feelings of fear and insecurity in the face of changes during pregnancy, she can also have other perspectives, which may even turn out to be positive in relation to this experience. This way, the woman starts to make the most of her pregnancy according to the extracts from the narratives.

The way a woman experiences high-risk pregnancy, the way this experience is perceived, the information that is passed on to the woman throughout her life trajectory about the gestational period and the possible complications arising from family members and close people or situations previously faced, may undoubtedly directly affect the perception and expectations regarding the events experienced.<sup>10</sup>

Regarding the impact of high-risk pregnancy on women's physical health, it is noted that they have limited knowledge of the risk condition, mainly due to a lack of information about the causes, consequences and the care they must adopt. Professionals are generally the ones who transmit information about factors and problems that give rise to a high-risk diagnosis. Many identify themselves as high-risk pregnant women, however few have the ability to describe the symptoms, sometimes ending up confusing the physical symptoms associated with obstetric risk with physiological changes during pregnancy. On the other hand, others had prior knowledge of what pregnancy could do to their health condition. Therefore, it was noticeable that

Category	Subcategory	Unit of meaning	Registration unit examples	Frequency Count Number
Experiencing Pregnancy High risk	The future of pregnancy	Uncertainties about the pregnancy evolution	"... I was worried because of my health situation, I had serious doubts if I could get pregnant... what could happen, when will I have the can I be sure that my pregnancy will be smooth until nine months?"	5
			"...at any given moment you don't know what's going to happen..."	
			"I've had four pregnancies that never reached nine months. It's always me chasing my health because I already know my condition."	
			"... I would really like my cesarean section to be scheduled and they said that this wasn't possible. I need to know so I can organize myself because I don't have anyone."	
			"... I feel like I have to be more careful with my pregnancy, I have to be more alert in case anything different happens."	

**Table 1:** Second category (Experiencing High-Risk Pregnancy) and components for thematic analysis of the first subcategory (The future of Pregnancy).

the pregnant women in this study knew how to identify the symptoms that arose due to their risk condition and they were the ones who sought more information regarding their health condition (table 2).

During pregnancy it is essential that women acquire the knowledge, self-confidence and understanding necessary to make responsible decisions that influence the health of the woman while pregnant and that of her newborn. To this end, maternal health literacy must be seen as a strategy to promote a healthy pregnancy by strengthening participation and developing women's knowledge and skills related to their pregnancy and motherhood.<sup>12</sup>

Within this category and subcategory, the impact of high-risk pregnancy on women's daily lives was seen as one of the units of meaning. During pregnancy, in addition to several emotional and physiological changes occurring in women, they are subject to changes in daily life activities and interpersonal relationships. Thus, psychological adaptation to the new conditions established in the face of pregnancy requires reflection on the part of the pregnant woman and health professionals.

There are women who felt a greater need

for contact with health services, and, to do so, needed to reorganize the daily activities that they are delegated to do at home or at work. Others feel helpless, as absolute rest was crucial.

Understanding that the woman's life cycle encompasses understanding her family cycle is fundamental to supporting the family in dealing with transitions and their patterns of relationships and functioning, as the transition of the life cycle corresponds to one of the most sensitive stages of the life of an individual and family. Still within this category, it was noticeable that pregnant women's partners are similarly affected and suffer from the high-risk diagnosis. The majority of pregnant women interviewed reported that nothing had changed in the marital relationship, however, all of them showed concern on the part of their partners about their risk status and, in the same way, they had positive expectations regarding the pregnancy.

In this order, authors argue that pregnancy must be seen not only as an individual experience, but also as a family and social one, as it involves the adaptation of all those involved in the family cycle to the new

Category	Subcategory	Unit of meaning	Registration unit examples	Frequency Count Number
Experiencing the High Risk Pregnancy	Impacts on women's health	Physical changes	"In principle, they had to remove something from the cervix, the bleeding only lasted for 3 days and in a small amount."	5
			"Weight gain. From the beginning of my consultation, the doctor made it clear to me that my thyroid problem would make it very difficult to lose weight. But in pregnancy I climbed exaggeratedly, reaching a weight I had never reached."	
			"I have Gestational Diabetes, I feel weak, short of breath and tired."	
			"Breast pain and lower abdominal pain"	
			"When I get stressed I get a headache and neck pain."	
		Changes psychological	"At first, I didn't want the pregnancy, afraid that it could happen again and die. But I changed my mind and thought about having the baby."	3
			"At first it was a worry... after 3 to 4 months I started to relax... and I realized that worry was not a way because had very, very high pressure, if Maybe because I'm very worried about height."	
			"I had depression and I undergo psychological treatment due to my health condition. Being deported is difficult to be away from my children even though I talk to them every day. The little one still remembers me."	
		Changes in daily living activities	"... I only have to come here twice a week to measure my BP"	3
			"...I can't do much because of my weight and I have to keep myself in rest."	
			"I have to measure blood sugar levels every day and I didn't before. It changed my eating habits."	
		Changes in the marital relationship	"My partner is more worried."	3
			"Only in sex. I stopped doing it"	
			"...we're not together because he didn't want the pregnancy, it's only now that he accepted it and has been helping me."	

**Table 2:** Second category (Experiencing high-risk pregnancy) and components for thematic analysis of the second subcategory (Impacts on women's health).

Category	Subcategory	Unit of meaning	Registration unit examples	Frequency Count Number
Experiencing Pregnancy from Alto Risk	The necessities in terms of Health	Physical care	"I think I would have to have a good diet, eat little salt, fat... It all depends on me"	two
			"Maybe it's about having a balanced diet, I still don't know if I can do physical exercise To help me."	
		Organizational barriers	"... Service must be improved at the hospital in terms of scheduling appointments. You You can make an appointment today, but you will have to come back to schedule the next appointment date. Query. For example, if the person lives far away it becomes tiring. For me it was tiring."	5
			"... the only problem is the change of doctors, you don't have a follow-up with a doctor until the end and for me that is not safe, because they do not spend the entire information."	
			"When I arrived here at the Health Center I didn't find an ultrasound machine in the room, if I didn't have money I wouldn't I would be able to do an ultrasound, because Getting a free ultrasound takes a long time, and I needed an ultrasound urgently."	
			"...perhaps there will be resources for people to carry out the exams with maximum as early as possible, because now there is There was a lot of delay in taking the exams... I came across the same situation of lack of reagent... maybe I won't be able to deliver it to the next appointment."	
			"When I arrived here I said I was a high-risk pregnant woman, and I was told to go personally, speak to the doctor at the service and I wish it were the other way around. The Notebook It mustn't be a single document to monitor a pregnancy, they must have all the data computerized."	

**Table 3:** Second category (Experiencing high-risk pregnancy) and components for thematic analysis of the third subcategory (Health needs).

demands and requirements imposed by the arrival of a newborn.<sup>13</sup>

Addressing the Health Needs subcategory (table 3), it was possible to obtain two units of meaning: physical care and institutional barriers.

Regarding the practice of care carried out by pregnant women with the aim of improving their health and ensuring the health of the baby, practices were expressed mainly related to food, rest and avoiding situations that generate stress and sexual abstinence in some situations. A study that portrays care practices during high-risk pregnancies shows that high-risk pregnant women consider that food must be privileged and there is an increased acceptance of seeking care while also eating

a light diet, with fat restrictions, control of sodium, carbohydrates, giving preferences to fruits, vegetables, water intake, consumption of nutrients such as iron and vitamins, among other precautions that promote a healthy diet.<sup>10</sup>

Still within the Health Needs subcategory, the women interviewed were dissatisfied in several aspects related to the systematization of monitoring high-risk pregnancies. This way, organizational barriers correspond to one of the units of meaning raised. These women do not speak directly about the assistance provided by professionals, but rather in relation to the lack of available resources capable of meeting their expectations and needs (table 3).



## PRACTICAL DUTIES OF THE NURSE'S WORK

In this subcategory, although the intention was to address the practices of nursing professionals, pregnant women also ended up revealing their experiences in relation to the care provided by other professionals, namely professionals in the line of care in the high-risk external consultation service. In these excerpts, women reveal positive and negative behaviors in the work of professionals.

Although women revealed positive aspects of the professionals' performance, we realized that the technical intention on the part of professionals, including nursing professionals, still predominates. The narratives reflect that welcoming is not seen as a woman's right, but as a privilege, which reveals that, many times, nursing is linked to a professional category of charity and compassion. On the other hand, the pregnant woman recognizes that the nurse's work is only good when she liaises with the medical team, not recognizing the principle of interdisciplinarity, but rather as a necessary submission of the nursing team to the medical team. On the other hand, interviews are limited to talking about the nursing team, classifying in a restricted way and using good only to describe the work of this professional.

*[...] I don't know if it's luck, but I found people who treated me well, spoke to me, explained things to me, always answered my questions and I felt comfortable asking for some clarification on the doubts I had. (E6)*

*[...] I thought their work was good [...]. (E7)*

*[...] All procedures were correct [...]. (E8)*

*[...] It was good, I don't have to complain, the nurse who attended to me referred me to the doctor at the service and she, therefore, referred me to the high-risk service [...]. (E9)*

Women reveal fewer positive attitudes on the part of nursing professionals. Misinformation

can be an aggravating component of the situation of high-risk pregnant women since they are subject to a condition of dependence, lack of autonomy, including mistreatment translated today as obstetric violence.<sup>3</sup> It appears that when pregnant women have access Detailed information about your health condition and that of your child at the right time and in a personalized way not only guides the dynamics of communication between them, but also ends up satisfying the need for knowledge that they express and provides them with autonomy in the self-care.<sup>3</sup>

*[...] But they only told me that I was a high-risk pregnant woman at the second appointment when I told the nurse my story. [...]. (E5)*

*[...] I would like a better explanation. they say high-risk pregnancy and they don't explain exactly why. in the previous pregnancy they only said that it was because of the blood group, but I think there is something behind it that they don't want to show [...]. (E7)*

*[...] I had previously reported that I was pregnant and suffering from blood loss and they sent me home and I lost my baby. This time when I got pregnant I didn't want to go to prenatal care initially [...]. (E8)*

## CONCLUSIONS

This study aimed to understand the meaning given by women with high-risk pregnancies to their health needs and the practice of nursing care received during the prenatal period, which can be revealed through the thematic categories raised: Pregnancy Diagnosis of High-Risk revealing feelings linked to knowledge of the diagnosis. Next, the Experiencing High-Risk Pregnancy category, demonstrating the pregnant woman's perception regarding the future of pregnancy, her health needs and the impact of high-risk pregnancy on her health as a woman and, finally, the Pregnancy category of High Risk, demonstrating the practical duties of the

nurse's work in relation to prenatal care.

Being called high-risk pregnant women, these women experience moments of fear, worry and anguish when faced with the risk diagnosis which, with the favorable evolution of the pregnancy, gives way to feelings of joy and hope for a happy outcome. However, these women experience several changes throughout pregnancy, whether physical, psychological, marital or daily life - which need to be considered and analyzed by health professionals, especially by nurses who have the opportunity for first contact with the pregnant woman., in order to provide a broader response to their health needs, as women consider the importance of valuing medical events that reduce or eliminate risk factors and non-medical events, such as their feelings and life dynamics, to be of equal importance.

This analysis allows nurses to have knowledge about the experiences lived by the participants in this study and thus improve their care practice for women, since each woman is unique and positions herself differently in the face of a risk situation depending on the factors/vulnerabilities that surrounds her. For this reason, it is believed that through the investigative model outlined, the qualitative method allowed the analyzed phenomenon to be accessed and understood as it made it possible to delve into a small

iceberg of the world experienced by high-risk pregnant women.

A major contribution of this study is the revelation that pregnancy, even if high-risk and in need of monitoring in the service in risk referral units, must maintain a connection with the primary care unit so that assistance respects the principle of integrality and so that this group maintains contact with the nursing professional, as this professional is one of the main players in matters of maternal health literacy.

Some women in this study believe that improving their well-being during pregnancy depends solely on their actions, such as changing eating habits and avoiding situations that generate stress. But they also believe that their needs must also be met by health professionals, who can transmit more information regarding their risk condition and ask institutions for better organization, coordination and comprehensiveness of care. Another limitation found in our study concerns the impossibility of extending it to other regions/islands of ``Cabo Verde``, which would allow us to enrich our findings. As a suggestion, it would be interesting to develop a quantitative study, thus being able to encompass a greater number of participants and relate the inference of several variables in the problem of women with high-risk pregnancies.

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