

UNDERSTANDING THE FEAR OF BEING IN THE WORLD IN THE LAST TRIMESTER OF A LOW-RISK PREGNANCY*

Amanda de Araujo Mesquita¹, Midian Oliveira Dias¹, Inez Silva de Almeida², Marcele Zveiter³

¹Nursing undergraduate. Rio de Janeiro State University. Rio de Janeiro, Rio de Janeiro, Brazil.

²Nurse. Ph.D. in Nursing. Professor at the Fundamentals of Nursing Department, Rio de Janeiro State University. Rio de Janeiro, Rio de Janeiro, Brazil.

³Obstetric Nurse, Psychologist. Ph.D. in Nursing. Professor at the Maternal and Child Nursing Department of the Nursing School, Rio de Janeiro State University. Rio de Janeiro, Rio de Janeiro, Brazil.

ABSTRACT: The aim of this study was to understand the meaning of being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy. This article is a qualitative study excerpt, which has Martin Heidegger's phenomenology as methodological basis. Interviews were conducted with 10 low-risk pregnant women in their last trimester, residents in the cities of Rio de Janeiro and Nova Iguaçu (Rio de Janeiro, Brazil), in the period of May to June, 2014. The results revealed that pregnant women want natural childbirth. They fear contractions, pain and time of labor, but women consider themselves prepared to go through these. In conclusion, the being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy fears the delivery, fears for the baby's life and worries about postpartum. Thus, the nurse has an important role in prenatal, directing and solving doubts during consultations so that the delivery is a less apprehensive moment.

DESCRIPTORS: Pregnancy; Pregnant Women; Prenatal Care; Nursing; Qualitative Research.

COMPREENDENDO O TEMOR DO SER NO MUNDO GESTANTE DE BAIXO RISCO NO ÚLTIMO TRIMESTRE GESTACIONAL

RESUMO: Neste estudo objetivou-se compreender o significado de ser-no-mundo-gestante-de-baixo-risco-no-último-trimestre-gestacional. O presente artigo é um recorte de pesquisa qualitativa que possui como base metodológica a fenomenologia segundo Martin Heidegger. Realizou-se entrevistas com 10 gestantes de baixo risco no último trimestre gestacional, residentes nos municípios do Rio de Janeiro e Nova Iguaçu, no período de maio a junho de 2014. Os resultados desvelaram que a gestante deseja o parto normal, porém existe o medo das contrações, da dor e do tempo de trabalho de parto, mas a mulher considera que está preparada para passar por esse momento. Conclui-se que o ser-no-mundo-gestante-de-baixo-risco-no-último-trimestre-gestacional teme pelo parto, pelo bebê e se preocupa com a sua vida pós-parto. Com isso, observa-se que o enfermeiro exerce papel muito importante no pré-natal orientando, sanando as dúvidas durante as consultas para que o parto venha a ser um momento menos apreensivo. **DESCRIPTORIOS:** Gestação; Gestantes; Cuidado pré-natal; Enfermagem; Pesquisa qualitativa.

COMPRENDIENDO EL TEMOR DEL "SER EN EL MUNDO GESTANTE DE BAJO RIESGO EN ÚLTIMO TRIMESTRE GESTACIONAL"

RESUMEN: En este estudio, el objetivo fue comprender el significado de "ser en el mundo gestante de bajo riesgo en último trimestre gestacional". Es un artículo de investigación cualitativa que tiene como base metodológica la fenomenología de acuerdo a Martin Heidegger. Se han realizado entrevistas con 10 gestantes de bajo riesgo en último trimestre gestacional, residentes en los municipios de Rio de Janeiro y Nova Iguaçu, en el periodo de mayo a junio de 2014. Los resultados muestran que la gestante desea el parto normal, pero tiene miedo de las contracciones, del dolor y del tiempo de trabajo de parto, y la mujer considera que está lista para pasar por ese momento. Se concluye que el "ser en el mundo gestante de bajo riesgo en último trimestre gestacional" tiene miedo por el parto, por el bebé y se preocupa con su vida pos parto. Así, se observa que el enfermero ejerce papel esencial en el prenatal, orientando y sanando las dudas durante las consultas para que el parto sea un momento menos apreensivo. **DESCRIPTORIOS:** Gestación; Gestantes; Cuidado Prenatal; Enfermería; Investigación cualitativa.

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Corresponding author:

Amanda de Araujo Mesquita
Universidade do Estado do Rio de Janeiro
R. Leocádio Figueiredo, 140, 21675-090 - Rio de Janeiro, RJ, Brasil
E-mail: daraujo.amanda@gmail.com

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INTRODUCTION

Pregnancy is a natural event, defined as the period between fertilization and birth. This milestone is given by a sequence of complex facts, in practically all women's organ systems, which follow absolutely unique ways in the formation of each new human being. During this period, various physiological changes occur in an attempt to adapt the female body to the fetus growing demands, such as changes in anatomy and in biochemistry, which are reactions to hormonal overload and to mechanical action triggered by the gravid uterus⁽¹⁾.

Nonetheless, maternity is associated with body changes as much as it is with psychological and social changes, which may interfere with the intrapsychic and interrelational context of the pregnant woman⁽²⁾. Since pregnancy, women experience motherhood itself, as a space that is gradually occupied by the fetus. Thus, the mother is unveiled not only in material aspects or in the daily facts, as the psychic space occupied by the baby during pregnancy is also exposed through their feelings and thoughts⁽³⁾.

During pregnancy, the various physical and emotional transformations propitiate an experience that is unique and triggers a series of surprises, doubts, fears, joys and anguishes⁽⁴⁾. These emotions are experienced by women in each pregnancy, regardless of the number of times they have been pregnant. Particularly in the third trimester, anxieties are intensified with the proximity of childbirth and the change in their life routine⁽⁵⁾. Thus, a low-risk pregnant woman is seen as a being-in-the-world who needs to be understood as a being-in-the-world and a pregnant woman experiencing her last gestational trimester.

Being-in-the-world is a condition of the being-there aware of its presence in time and in the world, through which their modes of being are codetermined. Thereby, it is not possible to separate the subject and the world. Being-in-the-world is observed in the being released in the temporality and the temporality of being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy, focused on the near delivery, therefore requires nursing care to minimize their preoccupations⁽⁶⁾. Hence, nurses working in prenatal care units have the possibility to deliver solicitous care to pregnant women, by attentively listening to them in nursing consultations, in waiting rooms and in pregnant women groups, configuring a way to create opportunities in daily

life so they can think, plan and evaluate self-care⁽⁷⁾.

In addition, prenatal also enables nurses to assist in coping conflicting moments, to understand these women's mixed feelings and to apprehend behaviors capable of generating healthy practices toward pregnancy and the development of the fetus. It is necessary to provide spaces to give voice to women, giving visibility to their needs during the last gestational trimester⁽⁷⁾. In this perspective, the object of the study was the meaning of being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy and its aim was to understand this meaning.

METHOD

This was a qualitative study with a comprehensive approach and a phenomenological analysis framework based on Martin Heidegger's ontology. The qualitative approach allows for invoking different experiences resulting from relationships and meanings of the context of various natural settings⁽⁸⁾.

Qualitative studies in nursing have contributed to the holistic understanding of men, besides enabling to better explore every situation of assistance. The adoption of models for care, based on the individual's beliefs, values and experiences, suggests a humanized foundation of the health-disease process, to which comprehensive approach proves to be promising, for studying experiences and their meanings, from the perspective of the assisted clientele⁽⁹⁾.

From everyday experience, there is an approximation to the human fundamental problems. Heidegger parts from everyday life to show the phenomenon⁽¹⁰⁾.

Nursing studies that have a phenomenological approach based on Martin Heidegger's philosophy have the opportunity to unveil a unique knowledge about the "other", based on the description of those who experience the phenomenon, and to elucidate the meaning of being, based on the situations experienced by them⁽¹¹⁾.

This study used Heidegger's phenomenology, in which the steps below are found:

- 1) Researchers must put the world and their assumptions on hold in order to comprehend the data the purest way possible;
- 2) Researchers open up to the meanings of the phenomenon, which arise from the participants' speech;
- 3) Researchers

highlight the significant parts of the speeches, rank and seek directions to the essential meanings of the phenomenon⁽¹²⁾.

In this study, a phenomenological interview was conducted through an unstructured instrument. The unstructured interview is open and allows the interviewer to delve into some aspects of the phenomenon, resuming the topics and themes of the beginning of the interview. In this type of study, the subject leads the content of the interview⁽¹³⁾.

This study took place in the municipalities of Rio de Janeiro and Nova Iguaçu (Rio de Janeiro, Brazil). The field phase was conducted from May to June 2014, when data saturation was reached. Inclusion criterion was being a low-risk pregnant woman undergoing prenatal monitoring.

Women were chosen by the researchers, observing the inclusion criterion. The methodological technique to capture these women was the snowball sampling (also known as chain sampling, chain-referral sampling, and referral sampling)⁽¹⁴⁾. This sampling technique results in a reference chain structure. The initial study participants indicated other pregnant women (of their knowledge), who, in turn, indicated others, until the point of interrupting the field stage. This happened when the participants started to pass on content already obtained in previous interviews, without adding new relevant information to the search.

Taking into account the ethical issues involved, the women participating in the study read, agreed and signed a Free and Informed Consent Form, in duplicate, before each interview. One of the copies was kept with the deponent and the other with the researchers. The consent form assured them confidentiality and anonymity, according to resolution no. 466, of December 12, 2012, of the National Health Council⁽¹⁵⁾. The project was approved by the research ethics committee of the Rio de Janeiro State University under protocol number 655,326.

The pregnant women were identified with the letter P and one Arabic number according to the order of the interviews. The initial part of the instrument showed the historiography of these women in the last trimester of pregnancy. The interviews were previously scheduled by one of the researchers, according to the availability of the interviewees. The interviews were recorded and then transcribed for analysis.

The captured speeches were transcribed and

separated into units of meaning, based on the theoretical-methodological foundation to answer the guiding question and achieve the purpose of the study. Ten pregnant women participated as deponents, and the interviews lasted on average 20 minutes.

For the analysis, excerpts from the speeches were colored based on the international traffic codification: continue, stop and look carefully. The parts colored in green were used for the essential structures, which met the objective of the study; yellow for what would be revised later on and red for what was considered an occasional/accidental structure.

In the sequence, there was a chromatic coding of all the passages in green, which received a new free chromatic coding. The similar parts were marked with the same color, grouped together in a frame and identified by a word, for presenting similar themes. Then, the similar meanings were added in detail. Hence, the unit, which was illustrated with fragments of the speeches, was built.

The meaning unit was named by a caput (heading). The essential meanings expressed by the interviewees were comprehended, enabling the being to present itself⁽¹⁰⁾.

RESULTS

The being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy unveiled that pregnancy has the meaning of being:

Meaning unit – Scary, causing fear and worry, anxiety and nervousness.

[...] I can say scary [...] the umbilical cord can wind up, there's the difficulty of delivering her standing up, of her not coming out and then having to rush for a cesarean section.(P1)

[...] I try not to worry too much [...] not to be worried ahead of time [...] I don't know if I'm more anxious about the baby or if I'm more anxious about giving birth [...] afraid of what might happen.(P2)

We're afraid [...] when the child is born, if I'll know how to take care of him [...] I'm not afraid of normal birth, of pain [...] I care about the baby's health [...] I get worried every time the doctor tells me to undergo any medical examination [...] I heart testimonials [...] it's driving me afraid.(P3)

[...] I really want to have the natural [...] even though it causes pain, I would much rather have the natural

childbirth [...] what bothers me is the post, not the pre. Postpartum is what worries me... How I'm going to react [...]. (P4)

[...] now, in the final stage, I'm more excited, more nervous, everything is heightened [...] you don't know how it's going to be, how you're going to have it, when you will see [...], but you know it will come out, until that moment it's a lot of anxiety.(P5)

I have doubts about the natural childbirth [...] I have the feeling that she's gonna want to be born before [...] she'll be born vaginally, not by cesarean [...] I have a bit of a trauma of the postoperative [...] due to the history I have.(P6)

[...] then when I went to the sixth, seventh month, it began to move, then I saw that thing [...] the ball here [belly] ... the little lump going from one side to the other, my God, it gets me nervous.(P7)

[...] I'm afraid [...] so many people say a lot of things, and we wonder [...] I'm afraid that the anesthesia might go wrong [...] we always think negatively, instead of thinking it will be all right, we think of all the bad stuff.(P9)

The being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy unveiled, in a vague and median understanding, that the meaning of pregnancy includes the delivery. For some women, the meaning of pregnancy includes how she reveals herself during this period, pre and postpartum. There are women who talk about the meaning of pregnancy involving a concern before the delivery time, afraid of what might happen to the child and with their own delivery. There are women who transcend the moment of childbirth and pregnancy, and are afraid of not knowing how to take care of the unborn child.

The meaning of pregnancy, for some women, includes concerns about the medical examinations, which, gathered with a few testimonials they hear, generates fear. The scary birth is translated in the meaning of pregnancy, as a possibility of the umbilical cord winding up, a difficulty of the descent standing, and a cesarean section in case the child does not come out. Some women, even though referring to the reassuring daily work in the last trimester, consider themselves nervous. Although natural childbirth is referred to as desired, there are doubts about it.

Some women refer to the anxiety caused by not knowing how and when the birth is going to be, until the moment of seeing the child. Situated in the joint of understanding that women have about themselves, pregnancy raises concerns as

a way to react to labor for not having a previous experience. Similarly, there are women who show trauma caused by postoperative experiences, thus developing fear of further surgery. Taking the testimonials of the women in this study, it is understood that fear, worry, nervousness, scare and anxiety are contained within the meaning attributed to pregnancy.

DISCUSSION

The being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy unveiled the fear and preoccupation from its own conception of danger, evidenced by the speech in which refers to concerns about pregnancy, delivery and the health of the unborn baby.

For Martin Heidegger, the human way of being involves the relationship with simply given beings (things) and beings endowed with the character of presence (people), which are linked to the two modes of care: the occupation and the preoccupation. For this philosopher, to preoccupy is to fear for something or someone outside their own⁽¹⁰⁾.

The concern is related to being-with, which indicates the relational nature of human beings. It is the mode of the being-there to relate, to get involved, to take care and to be responsible for each other, pointing to the sense of solicitude, which means being available to take care of the other⁽¹⁶⁾.

Therefore, it is observed through the testimonials that pregnant women are being-with the baby being generated. Every being is a being-there that is marked and limited by chronological time; whereas phenomenological time is liberating⁽¹⁶⁾. Thereby, temporality is experienced by the being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy due to the chronological time waited to meet the child⁽¹⁰⁾.

Following this thought, every pregnant woman is a being-in-the-world that is concerned about seeing her child's face and thereunto needs to go through this chronological time, which is not the same for everyone.

The being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy fears the delivery, worries about whether the baby is going to be born healthy and, specially, about how to take care and integrate the child to the family. In other words, the human condition refers to the concern and the care refers to the way of dealing with the

world that is experienced by temporality.

According to the Heideggerian perspective, the fear and the concern arise⁽¹⁷⁾. Fear may be present for pregnant women in three Heideggerian possibilities: what is feared, the fear itself and what is feared for.

Fear is divided into: dread, which is something known that can happen; horror, which is something unknown and comes suddenly; and terror, which is the combination of both, something known that comes suddenly⁽¹⁰⁾.

Dread is the fear transformed when there is threat of something already known and familiar, which is near and suddenly materializes for the being-in-the-world. Horror happens when fear is transformed through something unknown and is realized for the being-in-the-world. And terror is when the threatening, something known and familiar, appears suddenly and materially for the being-in-the-world, and has the character of both dread and horror at the same time⁽¹⁸⁾.

The moment of delivery is feared by the being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy, even to the one who has already experienced childbirth, either vaginal or through a cesarean section. For this being that has already given birth, the delivery is seen from the perspectives of either dread or terror. As for the being gestating for the first time, it can be seen from the perspective of horror, because childbirth is something unknown that will be materialized⁽¹⁹⁾.

The fear referred to by the pregnant women can be shown in different ways according to what becomes a threat and how the threatening approaches⁽¹⁸⁾.

Faced with the facticity of being in the last trimester of pregnancy, the being-in-the-world-pregnant-woman is involved in circumstances of concerns that arouse for disposition modes. The disposition modes are the ways of establishing relations with the world, the different ways of being and feeling human. Humor reveals how someone is and becomes. Humor occurs in situations of life, in relationships with people, and in this movement there are situations that determine how people feel and build themselves. Humor is latent provisions, aroused by everyday circumstances. Humor is the way of being-a-woman, which exists in a greater or lesser intensity. The meanings assigned by the situations that occur in her life will determine this intensity⁽²⁰⁾.

The pregnant being is afraid and this fear opens

the discovery that triggers a number of situations in life. Therefore, fear is established in daily life, given the facticity of being pregnant. One of the disposition modes of humor is fear, which has a threatening character. The type of delivery, the postpartum and the baby care are all threats to the being-in-the-world pregnant woman.

The phenomenon of fear can be considered from three perspectives: what is feared, the fear itself and what is feared for. What is feared, the "fearful", is always a being who reaches out into the world and that is simply given. Fear is associated with the delivery, that is, with situations that may be triggered by the last trimester of pregnancy. Fear opens to this being a set of dangers, self-abandonment; it is the concretion of what the last trimester of pregnancy triggers in the life of the woman in the gestating process. Fear is not about feelings, but about existential dispositions⁽²¹⁾.

With the Heideggerian method, it was possible to go beyond the knowledge of what was understood and to interpret based on the possibilities of comprehension. The interpretative analysis unveiled that fear is set in the daily life of being-a-woman, hiding her existence, and often obscuring possible ways of becoming and establishing herself in the world, which could reverberate in health maintenance, development and personal relationships⁽²²⁾.

Women fear delivery, considered a gateway to life, the way of giving birth and bringing their child into the world, which is a moment of anxiety, because that is when they will meet their babies and get over the anxiety of having them in their arms, thus starting a new presence⁽¹⁰⁾.

CONCLUSION

Through the phenomenological gaze, it was possible to view one of the facets of the phenomenon of being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy, and by Heidegger's phenomenology it was possible to see that this being-in-the-world fears the delivery, fears for the baby's life and worries about the postpartum period.

In this sense, nursing may support the experience of this phenomenon with the opening of spaces for dialogue that promote the welfare of women. This team, aware of its possibilities and responsibilities with the being-in-the-world-in-the-last-trimester-of-a-low-risk-pregnancy, may play an important role in the various moments of meetings during prenatal, such as home visits,

consultations, groups of pregnant women and their families, and waiting rooms.

This kind of care should be lined to the pregnant women's daily life, seeking attentive listening of their dilemmas, in order to promote and share strategies of coping with fear.

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