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Quality of life of pregnant women: results of a group intervention targeted at mental and reproductive health

Qualidade de vida das grávidas: resultados de uma intervenção coletiva direcionada para a saúde mental e reprodutiva

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ABSTRACT
This study sought to evaluate the perception of quality of life of pregnant women before and after a group intervention. This is a mixed-methods research, typified as sequential explanatory, developed in five Brazilian health units. The participants were women undergoing prenatal care who experienced groups of

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pregnant women, which promoted multidisciplinary activities. In the quantitative stage, an instrument on perception of quality of life, the WHOQOL-bref, was applied before and after the participation of pregnant women in the groups. Data were analysed using the IBM® SPSS® Statistics software. Descriptive statistical analysis and the Wilcoxon test were used. In the qualitative stage, in-depth open interviews were employed, and the empirical material was analysed through thematic content analysis, with the help of the Atlas.Ti software. Pregnant women indicated the best levels of satisfaction with their quality of life in the psychological and social relationships domains, with a percentage increase in scores in the stage after participating in the groups. The lowest levels of satisfaction were in the physical domain. In the environment domain, the quality of life was “fair”. It was also possible to demonstrate the benefits of the groups, with repercussions, above all, on mental and reproductive health. The research indicated positive effects of group interventions on the quality of life of pregnant women undergoing prenatal care in the units, emphasising the importance of health care incorporating the notion of social determinants of health to outline their actions in an intersectoral way.

Keywords: quality of life, pregnant women, public health.

RESUMO

Este estudo procurou avaliar a percepção da qualidade de vida das gestantes antes e depois de uma intervenção em grupo. Trata-se de uma pesquisa mista, tipificada como explicativa sequencial, desenvolvida em cinco unidades de saúde brasileiras. As participantes foram mulheres em pré-natal que vivenciaram grupos de gestantes, o que promoveu atividades multidisciplinares. Na etapa quantitativa, um instrumento de percepção de qualidade de vida, o WHOQOL-bref, foi aplicado antes e depois da participação das gestantes nos grupos. Os dados foram analisados com o software de estatísticas IBM® SPSS®. Foram utilizados análise estatística descritiva e teste de Wilcoxon. Na fase qualitativa, foram empregadas entrevistas abertas aprofundadas e o material empírico foi analisado por meio de análise de conteúdo temático, com a ajuda do software Atlas.Ti. As gestantes indicaram os melhores níveis de satisfação com sua qualidade de vida nos domínios psicológico e de relações sociais, com aumento percentual nos escores na etapa após participar dos grupos. Os níveis mais baixos de satisfação estavam no domínio físico. No domínio do meio ambiente, a qualidade de vida era "justa". Também foi possível demonstrar os benefícios dos grupos, com repercussões, sobretudo, na saúde mental e reprodutiva. A pesquisa indicou efeitos positivos de intervenções em grupo sobre a qualidade de vida das gestantes em pré-natal nas unidades, enfatizando a importância de a assistência médica incorporar a noção de determinantes sociais da saúde para delinear suas ações de forma intersetorial.

Palavras-chave: qualidade de vida, mulheres grávidas, saúde pública.

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1 INTRODUCTION

Quality of life is expressed in a multidisciplinary area of knowledge that involves science and empiricism, encompassing elements of the human being's daily life, the environment in which he/she lives, the social groups and the society in which he/she is inserted. It also encompasses the subjective perceptions and expectations that the individual has about life, such as aspects related to well-being and satisfaction with social relationships, the environment and cultural relativity, in addition to more deterministic issues such as clinical action in the face of diseases and illnesses (Almeida; Gutierrez; Marques, 2012). By incorporating the social understanding of the term into the production process of human health care, there is an intensification of discussions about health work as a social practice, which has a macrostructural articulation with social and health public policies, with a view to expanding a functionalist paradigm.

In this scenario, the focus would shift from identifying risk factors to one on social determinants, and therefore interventions would no longer focus only on individual behaviours and already installed injuries in order to reach potentials of wearing out and strengthening of people's lives. Most pathologies, as well as health inequities, take place due to the conditions in which individuals are born, live, work, age and die. The set of these conditions is called the social determinants of health (SDH) (Carvalho, 2013).

Specifically, adopting this notion in the context of the life and health of women in the pregnancy-puerperal cycle makes it possible to better identify susceptibilities and potentialities that can compromise or promote the health of the mother-child binomial, in addition to recognising and applying strategies for both the prevention of injuries and the promotion of the health and quality of life of those involved. Accordingly, prenatal care must incorporate new theoretical tools that are used in practice, going beyond risk assessment and control, recognising and acting on conditions that generate vulnerabilities and potentials of different orders, as closely as possible to people and their contexts in a dialogue with the way they are signified by those.

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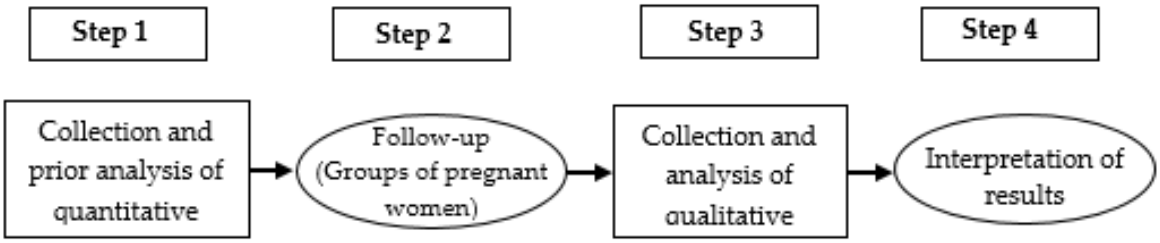
Thus, pregnant need access to a type of care that encompasses multiple aspects related to their quality of life, with prenatal care being an important space for sharing information and agreeing on strategies. Despite the high prenatal coverage in Brazil (98.7%), health professionals still need to assume a responsibility beyond the routine of individual consultations and biomedical care (Oliveira; Elias; Oliveira, 2020; Castro; Savage, 2019; Silva *et al*., 2019).

It is noteworthy that in health care the assessment of the quality of life of people and communities allows incorporating aspects for a broader view of the health-disease process comprising clinical practice and the effectiveness of interventions, treatments and the operation of health services, in addition to being important for the elaboration of health policies (Fleck, 2000; Fleck *et al*., 2000). Considering the above, the study had the objective of evaluating the perception of quality of life of pregnant before and after a group intervention in the Brazilian Family Health Strategy (FHS).

2 METHODS

This is a mixed-methods research, typified as sequential explanatory, which takes place at two distinct interactive moments: the collection and analysis of quantitative data, followed by the subsequent collection and analysis of qualitative data, interpreting the results in greater depth (Creswell; Clark, 2011). Figure 1 represents the flowchart of the basic procedures of this investigation, as described below.

Figure 1 – Flowchart of the basic procedures of this investigation based on the methodological framework of Creswell and Clark (p. 73-86).



Source: Author's own, based on Creswell and Clark.

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The study was developed in five FHS units (belonging to the Brazilian Unified Health System,“SUS”) in a city in the countryside of Mato Grosso, located in the Midwest region of country.

Were initially recruited all women aged over 18 years undergoing prenatal care at all basic urban health units of the public network in the selected city, regardless of gestational age, who attended the consultation during a period of data collection with 30 consecutive days (23 February to 24 March 2021), these being the established inclusion criteria. The 30-day period was considered in line with the prenatal care routine since the woman would have to attend the FHS at least once for a prenatal consultation. Accordingly, it would ensure greater participation of women. The initial sample consisted of 63 pregnant.

In view of this initial sample of participants, the exclusion criterion was applied; that is, those pregnant whose gestational age was equivalent to the 3rd gestational trimester (n=42) were excluded. The choice of this criterion was due to the possibility of longer experience in the proposed group of pregnant by those with gestational age belonging to the 1st and 2nd trimesters of pregnancy compared to those in the 3rd trimester. After applying the criterion, a total sample of 21 pregnant was obtained. After the selection and recruitment of participants, a pilot test of the instrument for data collection was carried out.

The instrument on the perception of quality of life, the World Health Organization Quality of Life (WHOQOL-bref) elaborated by the World Health Organization (WHO) and validated in Brazil by Fleck et al. (2000), was used to assess measures of quality of life. The questionnaire consists of 26 questions, with questions 1 and 2 on general quality of life and the others representing four domains: physical, psychological, social relationships and environment. The answers were given on a Likert scale (from 1 to 5; the higher the score, the better the quality of life).

Before the participation of these women in the group, the questionnaire about their perception of quality of life (baseline) was given to each individual and completed by the participant herself in the FHS on the day of her prenatal consultation. Subsequently, five groups of pregnant were followed up, one in

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each FHS in which each participant was registered and linked. All women undergoing prenatal care in the health unit (research participants and non-participants) had access to multidisciplinary activities targeted at mental and reproductive health: health education, meditation, stretching exercises, relaxation, strengthening of pelvic muscles and preparation of the abdominal musculature and the pelvic floor musculature. The meetings took place once a week on different days in each FHS. The follow-up took place for six months (25 March to 24 September 2021). When each pregnant woman reached 37 weeks of pregnancy, the quality of life assessment questionnaire (follow-up) was applied again, considering that she could have the baby at any time and would no longer participate in the group.

A total of 11 pregnant participated in the follow-up due to the fact that from the sample of 21 women, six moved to another city and/or state, two stopped attending prenatal care in the SUS (only private health) and two had their pregnancies classified as high-risk and were referred to an integrated centre in the city, who thus did not participate in consultations in the FHS.

It should be underlined that the data collection for this investigation took place during the Covid-19 pandemic. Thus, all precautions were taken to avoid contagion during the process.

The data from the instrument were entered twice into spreadsheets and submitted for statistical analysis using the IBM® SPSS® Statistics software, version 25. Scores between 1.0 and 2.9 classified a quality of life that needed improvement; 3.0 to 3.9, a regular quality of life; 4.0 to 4.9, good; and 5.0, very good (Whoqol Group, 1998). In order to perform the analysis of the quantitative data, descriptive statistics and the Wilcoxon test were used, considering repeated measures at baseline during the follow-up (alpha=0.05).

This test was chosen because the final sample size is small; therefore, non-parametric tests are more appropriate, as they do not estimate parameters, such as mean, standard deviation or confidence intervals, calculating only a p value, being more flexible and widely applied to many different distributions (Cessie; Goeman; Dekkers, 2020). Therefore, this research emphasised

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qualitative data to strengthen the theoretical-methodological dyad, instrumentalising the investigated object from different perspectives.

In the qualitative stage, all women who continued to participate in the groups until the 37th week of pregnancy and who participated in the follow-up (n=11) were considered. Each woman spoke about her participation in the group and other aspects of her life and health. The intention was to explore the individual and collective perceptions and experiences of pregnant in view of the actions taken, their vulnerabilities and expertise, self-protection measures, affective and therapeutic interactions and support networks, among others. Qualitative data collection was carried out only after analysing the quantitative data, using open interviews which were preceded by an initial pilot test given individually in a reserved place in the FHS itself with a maximum time of 1 hour per contact. Interviews were recorded with an audio recorder, authorised by the women and later transcribed in full. Qualitative data were organised using the Atlas.Ti software, version 22 and submitted (under the direction and conduction of the researchers) for thematic content analysis, as proposed by Bardin (2011), according to the following stages: pre-analysis of the material, coding of the material, treatment and interpretation of results. The approach to the object of study is based on a critical understanding of the SDH model provided by the WHO, which was adopted as the theoretical framework.

The study is part of a matrix research and was approved by the Research Ethics Committee of the Ribeirão Preto School of Nursing, University of São Paulo, under opinion nº 4539175. Regarding the participants, their consent to participate was requested by signing the Free and Informed Consent Form.

3 RESULTS

Most participants were married, brown and multiparous, aged between 20 and 37 years, six of them stated that the current pregnancy was planned. Among the women, seven reported being employed in the formal market, four in occupations targeted at household chores, and one was a student. The results

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are presented in two analytical sets, the first from quantitative data and the second from qualitative data.

3.1 QUALITY OF LIFE OF PREGNANT WOMEN BEFORE AND AFTER GROUP INTERVENTION IN THE FHS

The results related to the perception of pregnant concerning their quality of life in general and the physical, psychological, social relationships and environment domains are presented in table 1.

Table 1 – Percentage of participants according to the classification of the scores obtained with regard to the perception of their quality of life before and after participating in the groups of pregnant women (n = 11). Mato Grosso, Brazil, 2021.

Instrument domains	Before		After		p-value
	n	%	n	%	
General					0.483
Needs to improve	0	0.0	2	18.2	
Regular	3	27.3	0	0.0	
Good	8	72.7	7	63.6	
Very good	0	0.0	2	18.2	
Physical					0.009
Needs to improve	2	18.2	3	27.3	
Regular	7	63.6	6	54.5	
Good	2	18.2	2	18.2	
Psychological					0.124
Needs to improve	2	18.2	1	9.1	
Regular	4	36.4	3	27.3	
Good	5	45.5	7	63.6	
Social relationships					0.062
Needs to improve	1	9.1	1	9.1	
Regular	5	45.5	3	27.3	
Good	5	45.5	7	63.6	
Environment					0.028
Needs to improve	3	27.3	1	9.1	
Regular	7	63.6	6	54.5	
Good	1	9.1	4	36.4	

Source: Survey data.

In the general aspect, the perception of the quality of life of pregnant at the moment after their participation in the developed groups had a percentage increase in the classification “very good” (18.2%); this had not been indicated previously by any of the women. Participants G5 and G2 reclassified their quality of life to very good, and the empirical testimonies show evidence that led them to such a position.

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This fact also contributed to the decrease in the percentage that considered their quality of life as “good” and “regular” since the pregnant were reclassified after participation in the groups from 72.7% to 63.2% and from 27.3% to 0.0%, respectively. It is important to highlight that none of the participants indicated their quality of life was “regular”; however, a percentage of women indicated that it “needs to improve” (18.2%).

As for the domains, the physical domain was the only one that presented opposite data; that is, in the “after” stage, the pregnant showed a higher percentage (27.3%) that the physical dimension needed to be improved. There were also no changes in the “good” classification (18.2%). Nevertheless, the qualitative stage showed positive effects in the physical dimension, mainly corroborated by the testimonies of participants G1 and G2.

In all other domains, even if the “very good” classification was not found, there were important changes from the descriptive point of view. In the psychological and social relationships domains, the “good” classification went from 45.5% to 63.6%, and in the environment domain, which includes health and social care and opportunities to acquire new information, it went from 9.1% to 36.4% (these changes can be connected to the testimonies of participants G2, G3, G5, G8, G10). However, in the environment domain, it is still necessary to point out that even though there was a reduction in the “regular” classification percentage, in the stage after participation in the groups, most women (54.5%) still considered their quality of life to be “regular”.

In turn, the highest levels of satisfaction were related to the psychological and social relationships domains (both with 63.6%). It is noteworthy that only the results of the physical and environment domains were statistically relevant. However, it is necessary to point out the clinical importance of the descriptive results exposed above.

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3.2 REPERCUSSIONS OF GROUPS ON THE QUALITY OF LIFE OF PREGNANT WOMEN

3.2.1 Adaptive process to the group of pregnant women and repercussions on mental health with emphasis on psychosocial strengthening

Initially, the adaptive process of pregnant in the developed groups is incorporated mainly in view of the lack of previous reproductive experience. From this participant's words, the progressive involvement of the woman in the group's action can be perceived:

(G5 – white, 20 years old, married, pizza chef, nulliparous, unplanned pregnancy) "*At first, I felt a little strange because as I am a first-time mother and I don't know very well about things, I was a little ashamed, and then it got better because I learned a lot, and I felt very good in the group*".

Therefore, the repercussions of the activities specifically targeted at the mental health of pregnant are highlighted. The learning of these women related to meditation and body relaxation, the relief of symptoms, such as anxiety and stress, and better concentration and improved emotional well-being were observed. The women also stated the importance of being given opportunities to talk about their feelings, thus encouraging the continuity of actions to help and support other pregnant:

(G2 – brown, 24 years old, married, commercial assistant, nulliparous, unplanned pregnancy) "*The group helped a lot to learn to meditate and relax the body*".

(G8 – brown, 30 years, stable union, cashier, multiparous, planned pregnancy) "*That is why I think it had to continue forever because it helps a lot to relieve some stress, some pain [...] When I come, I don't even know how to explain it properly, it gives relief, it helps me to breathe better, it influences people's feelings and psychological issues a lot, we calm down, at least on my part, right?! (Laughs)".*

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3.2.2 Repercussions on the reproductive health of pregnant women: benefits to informational and attitudinal behaviours

The repercussions on reproductive health are presented below. The acquisition of reproductive knowledge by women, the demystification of popular practices related to the pregnancy-puerperal cycle, the strengthening of maternal–fetal interaction, the adoption of more regular body exercise, in addition to the positive impact of exercises on pregnancy symptoms and childbirth are highlighted.

The participants revealed that they obtained reproductive knowledge through the multidisciplinary guidance, which reflected in behavioural changes:

(G3 – brown, 27 years, married, psychologist, multiparous, unplanned pregnancy) "*It was very good, because we see the need, we need knowledge, and each professional has his own area; so, at least for me, for example, on Frida, when I started to feel pain, I already felt calmer. I didn't have that need to seek help in desperate".*

With the strengthening of the acquisition of reproductive knowledge, the women were also able to demystify popular practices related to the pregnancy-puerperal cycle, encouraged by close family members, such as offering teas to babies younger than six months of age, especially considering the recommend practice of exclusively breastfeeding during this period:

(G10 – white, 20 years, married, housewife, multiparous, planned pregnancy) "*The group was very important because there are many women who have many doubts, like today about cramps, breastfeeding, and we don't always have this care. They also talked about not giving tea to the baby. My mother-in-law gave tea to her children, but today I learned that you mustn't*".

As for maternal–fetal interaction, the pregnant expressed an emotional connection with the baby (even when still intrauterine) during the activities developed in the groups. There is a dialogue with mental health and this interaction is important to the reproductive process and the well-being of both:

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(G5 – white, 20 years, married, pizza chef, nulliparous, unplanned pregnancy) "*In some moments, we connect with our babies, so it helps psychologically too. I felt peace, a good thing*".

The participants also stated, for the most part, that they engaged in the exercises more habitually and adapted them to their routines after engaging in the same in the FHS group activities. The adoption of exercises was mainly related to the benefits of the practice for maternal health in the pregnancy-puerperal cycle:

(G1 – brown, 25 years, single, student, multiparous, unplanned pregnancy) "*I do the exercises mainly at night, and it's helping me a lot; it's very good for pregnant. Therefore, I think these actions should always be maintained because it is helping us a lot. Sometimes we don't even know about these things, and it's something so simple, we can do it at home and it helps us so much*".

In this sense, the pregnant showed a positive impact of the exercises for the relief of pregnancy symptoms and for the subsequent childbirth and thus recommended their practice:

(G1 – brown, 25 years, single, student, multiparous, unplanned pregnancy) "*It's helping me a lot. I wasn't breathing well, I had shortness of breath, back pain, and the exercises are helping me a lot".*

(G6 – brown, 23 years, married, housewife, multiparous, planned pregnancy) "*I think it will help a lot at the time of delivery. The exercises we do should help a lot not to "suffer" at the time; so, I highly recommend doing it*".

Finally, given the repercussions observed, there was encouragement and recommendation of group action during the gestational period, with the incorporation of the strategy in other contexts contemplated by the Brazilian public health network:

(G7 – brown, 32 years, stable union, administrative assistant, multiparous, planned pregnancy) "*So, I think that the entire "SUS" network should have this type of activity, should have it in more places, during pregnancy follow-up*".

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4 DISCUSSION

Generally speaking, the highlight of this investigation is the qualitative data, which could broaden the understanding of the quantitative data. That is, it allowed us to understand the prospects of pregnant in addition to statistical elements, by incorporating affective-volitional aspects and the relationships they establish with others and with themselves. These meanings and senses are produced in their complex relationships via activities that are constituted by trajectories and experiences as well as by the conditions and characteristics of the social and historical context in which the pregnant women live. These can lead women to define, respond to and face health problems and to improve their quality of life.

From the quantitative data analysis, it was possible to observe that in the general domain most pregnant evaluated their quality of life as “good”. Similar findings were also pointed out by Schumacher *et al*. (2020), in a study carried out in an FHS, in which most participants considered their quality of life to be “good”. As the authors mentioned above did not develop a group intervention, it is emphasised that the main difference between the stage before and after the participation of pregnant in the groups of this investigation was that the classification “very good” appeared later. This is one of the aspects that is highlighted in this study, considering the importance of collective intervention incorporated into the prenatal care routine.

Other studies in the literature, such as Conceição *et al*. (2020), have already reported the role of groups of pregnant as a tool for instrumentalising and enhancing reproductive health care. However, no national studies were found evaluating the quality of life of pregnant followed up in the FHS before and after participating in these groups, using the WHOQOL-bref, a fact that demonstrates the relevance of this research.

At the international level, there are some scientific studies that have evaluated the quality of life of pregnant, but they are mostly directed to more specific conditions of life and health, such as pregnant with mood disorders and pre-eclampsia (Jikamo *et al*., 2021; Kang; Pearl-Stein; Sharkey, 2020), unlike the

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present study, which evaluated the quality of life of pregnant considering their various conditions of life and health. That is, it was not necessarily considered an installed pathology guaranteeing the inclusion of pregnant regardless of their sociodemographic characteristics and their health situation, for example. Thus, the importance of research on quality of life that is guided by the perception of pregnant themselves and their different needs in life and health is highlighted, with a view to subsidising programmes and promoting public policies target at the promotion of health and quality of life, as well as the reduction of social vulnerabilities in this population.

It is necessary to consider that some of the pregnant considered that their quality of life still needed to improve. From a broader analysis correlating all domains, possibly the need to improve may be connected to the physical condition of each woman since body changes can affect the physical well-being of the pregnant woman in the 3rd gestational trimester. The lowest satisfaction scores concerning their quality of life were for the physical domain. This possibly happened due to the physiological process inherent to the pregnancy period, in which there is a decline in physical abilities with the gestational progress, such as increasing edema and low back pain, for example. Study carried out with 29 pregnant, demonstrated that there is a correlation between disability related to low back pain and the physical domain of the quality of life questionnaire. Thus, the author states that the greater the disability of the pregnant woman who has low back pain, the worse the scores in the physical domain are (Chagas, 2017).

As for the social relationships and psychological domains, which had the highest levels of satisfaction, the percentage increase in the stage after participation in the groups is especially noteworthy. Considering that the women participated in health education activities, meditation with stretching and relaxation exercises and received support and strengthened their relationships with health professionals and other pregnant, it is possible to reflect that the actions could help in the perception of the quality of life of these women since they addressed some facets related to these domains.

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Actions that promote a welcoming space for pregnant, with a psycho-informative character, including listening and attention, exchanging experiences and offering a support network, favour their awareness of aspects related to their psychological state (Benincasa *et al*., 2019). With regard to the social networks of pregnant, a study by Ramos et al. (2020) revealed the importance of the bonds established during reproductive health follow-up, both in the primary network (family, friends, neighbours) and in the secondary network (health professionals and institutions), as they become reference points for information and emotional support for the women.

Regarding the environment domain, the percentage advance is possibly related to the health and social care received and the opportunities to acquire new information and skills in the groups. Even if this finding was positive in the context of this study, it is necessary to highlight the fact that most pregnant evaluated their quality of life as “regular” in this domain. When observing the facets that make up the domain, one can see the importance of health care incorporating the conditions and SDH to outline its actions in an intersectoral way. Moreover, it is assumed that more significant results in this domain require more specific and broader interventions than those that were the target of this research.

In addition, still with respect to the environment domain, it is also necessary to consider that the data collection was carried out during the Covid-19 pandemic. This scenario is already a condition that can affect some facets of this domain, such as physical safety and protection, participation and opportunities for recreation/leisure and financial resources, due to a possible withdrawal of the pregnant woman from the labour market and/or from some family providers.

National and international studies corroborate the inference mentioned above. Most women workers, in formal/informal markets or in the domestic environment, as well as their needs in sexual and reproductive health, were invisible in the national context during the pandemic (Brandão; Cabral, 2021). On the international scenario, it was also found that the pandemic could affect the quality of life during pregnancy (Dule *et al*., 2020) Therefore, understanding the

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post-pandemic implications and recognising the importance of social support can help improve the quality of life of pregnant.

In addition to the proposal implemented here, the WHOQOL-bref could be applied in clinical care, as the instrument would contribute to the follow-up and expansion of prenatal care. Thus, it is recommended to incorporate the instrument in the clinic and in the approach of groups in the FHS.

These reflections reinforce the clinical importance of the descriptive findings from the present investigation, even if the statistical relevance has been observed only in the results of the physical and environment domains. Regarding the repercussions of the groups on the quality of life of the participants, the qualitative findings complement the quantitative ones, gradually revealing the positive effects of the collective developed action, with participants encouraging activities in other contexts and similar services in the Brazilian public health network.

As for the adaptive process related to the participation of pregnant in the groups, it was perceived that nulliparous women had a more gradual involvement because it was their first reproductive experience. Silva *et al*. (2021) corroborate that multiparous women present more positive social orientation behaviours and that the development of motherhood and its related aspects really comprises a learning process.

With regard to the repercussions of the actions developed in groups of pregnant for their mental health, a psychosocial strengthening was specifically noticed, increasing the confidence of women in terms of reporting any impairment of their mental health. From this perspective, it is necessary to emphasise that health professionals need to be prepared to identify factors that increase the chances of mental illness in pregnant, expanding their ability/competence for mental health care and, consequently, offering more assertive actions in the care process (Guimarães *et al*., 2019). Souza and Andrade (2022) also state that the identification of factors that can generate prenatal anxiety, for example, can contribute to the development of intervention strategies during health care.

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According to Saraceno (2022), among the psychosocial factors/vulnerabilities that increase the risk of some mental disorders are exposure to violence and abuse in childhood/adolescence, disadvantaged socioeconomic situation, low level of education, unemployment, stress in the workplace, exposure to social discrimination, gender inequalities and migration, among others. Therefore, it is inferred that the collective action developed has become an opportune space for welcoming them, emotional support and for opening a process of identification of the factors mitigating participants' anxiety and stress, as reported by them. It is argued that emotional support constitutes a way in which people establish their relationships. The availability of the other to listen, of empathetic attitudes and of concern with feelings and desires can be configured as an important health-promotion strategy. From this perspective, health interventions that can incorporate practices that involve such features, given the positive effects on maternal health, should be encouraged (Maffei; Menezes; Crepaldi, 2019).

In view of mental health, it is also necessary to consider macro-determinants, based on health policies that consider existing social inequalities, and the rights of people and communities to enjoy better health conditions, leisure, culture, safety and participation, which can impact on mental health (Fantacini; Fiorati, 2021).

Nevertheless, this is a challenge for those who implement public policies, as the paradigm inherent in these policies is one of fragmentation and division of responsibilities, making it difficult to integrate actions, knowledge and efforts from different sectors in order to establish common points of intervention (Melara *et al*., 2021). These authors emphasise (p. 112) that "there is no way to dissociate the process of psychic illness from the social, historical, political, economic and cultural context of each individual in his/her uniqueness".

Finally, Melara *et al*. (2021) state that there is little literature regarding the promotion of mental health in groups for pregnant. According to the authors, there is a lack of preparation on the part of many professionals, who focus on the approach to postpartum depression. However, there are other situations

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threatening the psychosocial well-being of pregnant and puerperal women that must be considered during the pregnancy-puerperal cycle.

The context of the Covid-19 pandemic exemplifies one of the threatening situations for the psychosocial well-being of women. International studies corroborate this statement. Ceulemans *et al*. (2021) found high levels of depressive symptoms and anxiety among pregnant and breastfeeding women during the pandemic period. Biviá-Roig *et al*. (2020) reinforce the need to implement specific strategies to promote exercise and reduce stress, thereby improving women's quality of life. These findings reaffirm the significance of the present research.

Regarding the repercussions of the groups on the reproductive health of pregnant followed up in low-risk prenatal care, the benefits to the informational and attitudinal behaviours of the participants should be highlighted, and concerning which it is possible to discuss three guiding aspects: obtaining and/or expanding knowledge by demystifying popular practices, strengthening the maternal–fetal bond and acquiring/incorporating new physical-body practices in order to minimise pregnancy symptoms and to prepare them for childbirth.

In the context of collective actions, it is possible to encourage women to explain their experiences and viewpoints, sharing doubts and learned lessons. Thus, the dialogue environment allows the dissemination of information in addition to encouraging participation in the support network (Ribeiro *et al*., 2020). The maternal–fetal bond is an aspect that also needs to be considered in conjunction with the mental health of the pregnant woman, her pregnancy acceptance process and her new role of becoming a mother (Lucena; Ottati; Cunha, 2019). As for the practice of physical exercises, it is one of the ways to improve the quality of life and maternal health. Encouraging the adoption of a healthy lifestyle must be part of professional guidance for pregnant women given the proven benefits of exercise during pregnancy with respect to reducing the impacts of physiological and psychosocial changes inherent to the pregnancy period (Araujo *et al*., 2022).

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Considering the testimonies of pregnant with regard, specifically, to the physical exercises learned and exercised in the group and their resulting benefits, it is highlighted here that, despite these women having indicated the lowest levels of satisfaction of concerning their quality of life for the physical dimension of the WHOQOL-bref (quantitative stage), it is clear that there were also positive repercussions of the actions developed for maternal physical health in the qualitative phase.

In general, in reproductive health, it should be said that actions can contribute to strengthening some solutions that women adopt to address some concerns related to their reproduction. It is important to articulate the concept of reproductive justice in this context.

Reproductive justice recognises the need to associate reproductive health with other aspects of social justice, such as economic injustice, well-being, housing, environment, public policies, etc. Hence, the prism of intersectionality, accompanied by the notion of reproductive justice, constitutes a strong strategy for thinking and proposing interventions committed to human rights and the search for social equity (Brandão; Cabral, 2021).

Therefore, when thinking about reproductive health determinants and conditions, the reproductive justice approach, which contemplates intersectionality, is presented as a common denominator to mitigate inequities in reproductive health.

5 CONCLUSION

The study made it possible to recognize that promoting the quality of life for women in the pregnancy-puerperal cycle requires a broader understanding of their living and health conditions. As a study limitation, the low number of pregnant participating in the final sample. Nevertheless, the qualitative data could strengthen the theoretical-methodological dyad, allowing for the instrumentation of the research object under different prisms. Even in the face of investigative challenges, as underlined here, the emphasis was on the positive effects of group interventions on the quality of life of pregnant undergoing prenatal care in the

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FHS, thereby strengthening the construct for the health care of pregnant in Brazil and in other similar scenarios.

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