

## Scientific Electronic Archives

Issue ID: Sci. Elec. Arch. Vol. 13 (4)

April 2020

DOI: <http://dx.doi.org/10.36560/1342020904>

Article link

<http://sea.ufr.edu.br/index.php?journal=SEA&page=article&p=view&path%5B%5D=904&path%5B%5D=pdf>

Included in DOAJ, AGRIS, Latindex, Journal TOCs, CORE, Discoursio Open Science, Science Gate, GFAR, CIARDRING, Academic Journals Database and NTHRYS Technologies, Portal de Periódicos CAPES.



# Sexuality during pregnancy: perceptions of pregnant women in an educational group

C. C. Leite, R. G. Masochini, A. N. Cunha, M. C. Paese, C. R. Barros, S. V. Jezus, P. P. Cavalcante

Universidade Federal de Mato Grosso - Campus Sinop

Author for correspondence: [rquerino320@hotmail.com](mailto:rquerino320@hotmail.com)

**Abstract.** The gestational period is packed with special features, is one of the stages of a woman's life that most needs attention, because it is a time when physical changes occur, emotional, sexual, and existential fact that requires a series of adjustments. Understanding this problematic, the general objective of the study was to analyze the perception of pregnant women participating in a group about sexuality in pregnancy. This was a descriptive and exploratory research with qualitative approach, in which the subjects were seven pregnant women who were part of the Group of pregnant women seen in Basic Health Unit Botanical Garden in the city of Sinop-MT. The interviews were conducted in private, and individual form in a reserved room, without identifying the names of the participants who were coded by name of flowers picked at random, the data were analyzed by content analysis technique, thematic mode via non-a priori categories. Five categories of analysis were obtained, through the lines of the participants: physical discomforts caused negative changes in sexual intercourse; Living positively eat physical changes that occur in pregnancy; Changes and sexual adaptation during pregnancy; Feelings of fear and guilt about the baby; and pain sensation during sex. The study showed that pregnant women associate changes in sexual behavior, whether positively or negatively, to the physical and psychological discomforts of pregnancy, in the perception of them, these sexual behavior changes resulting from pregnancy. It was evidenced that some couples have adapted their sexual practices as required by the pregnant woman, but at the same time, have difficulty in having a sexual relationship out of fear or fear are hurting the baby. Through the lines, you can reaffirm the female submission to the sexual act, for demonstrating that often for pregnant women this is a painful moment and without pleasure, however, she submits to no longer comply with their obligations. Sexuality, especially in pregnancy, is still a subject of superficial way, surrounded by myths and taboos. Soon, it is believed that this research served as the pioneering for new studies, suggesting deepening issues pertaining to pain and submission to intercourse during pregnancy.

**Keywords:** Pregnant women, Sexuality, Public Health

## Introduction

Pregnancy is a physiological moment and is characterized by adaptations and physical, emotional, existential and also sexual changes that are experienced individually by each pregnant woman, which can influence both positively and negatively in the woman's life, including sexuality (MOREIRA, 2006).

During this phase, women need special care regarding their physical condition, through consultations and prenatal and psychological monitoring, through family support, health monitoring during pregnancy and educational groups, which alleviate conflicts over through dialogue, exchange of experiences and health education.

It is important that the health team supports and gives the necessary support to the pregnant

woman, since these professionals understand the changes that occurred in this phase. The purpose of this care is that the pregnant woman has good quality, harmonious and humanized care. It is common for reports from professionals who limit themselves to weigh and measure the pregnant woman; listening to cardio-fetal beats; proceeding with exam readings in a mechanized way that they forget to ask how this pregnant woman is in other segments of her life, such as in the marital relationship and the sexual relationship (LECH; MARTINS; 2003).

Sex is a physiological need, it is part of people's daily lives and is not seen only as a form of reproduction, and in pregnant women it is no different. Pregnancy sex is not prohibited if there is no contraindication. The pregnant woman must have

a natural and full sex life. For this to happen, it is necessary for the couple to be guided in a clear and concise manner, as this subject has many myths and taboos that hinder the work on this topic (VIANA *et al.*, 2013).

In the cultural context, it is possible to observe that when a problem related to sexuality afflicts women, there is no one to turn to and, when pregnant women turn to a health professional, there is a lack of interest from these professionals, suggesting that sexuality is not part of their health. (GOZZO *et al.*, 2000).

Prenatal consultations are usually quick, mechanical and without much dialogue between professional and patient, resulting in a cold and empty relationship. That is why it is important to work in groups, since the groups aim to reflect on topics of interest to the participants, in order to create a support and sharing network between them (GENIAKE *et al.*, 2015).

Thus, it is relevant to understand how women perceive their sexuality during pregnancy, so that better strategies in health care can be suggested.

The aim of this study was to analyze the perception of pregnant women seen in groups at a Basic Health Unit about sexuality during pregnancy. Still, the influence of pregnancy on the woman's sexual behavior was evaluated, describing the woman's perception of the sexual act during pregnancy, as well as identifying the role of the partner during the gestational period.

## Methods

It was an exploratory, descriptive research with a qualitative approach (SILVA; MENEZES, 2005).

The study was carried out in Sinop -MT, in the Basic Health Unit Jardim Botânico, which has services in the neighborhoods Jardim Paraíso, Jardim Botânico, Jardim Maringá, Jardim Jacarandás and the southern region of the Jardim Botânico. BHU has two family doctors, two nurses, four nursing technicians, two receptionists, a secretary, two dentists, two dental assistants, a caretaker and eight Community Health Agents (CHA).

The unit serves a population that has a higher socioeconomic power compared to other units in the municipality, due to its geographical location, which differs from other BHU in the municipality, located in the most peripheral regions.

The study population were pregnant women attended at BHU Jardim Botânico, and the sample consisted of pregnant women who participated in the educational group held at the unit.

BHU attended 23 pregnant women in prenatal care, of which 23, 12 were part of the group of pregnant women, due to the availability of time and schedule, and they participated in the lecture and the first part of this study. For data collection,

seven pregnant women returned who agreed to participate in the research and who were available on the day of data collection.

To guarantee the anonymity of the participants, they were identified by the names of flowers (Carnation, Bromeliad, Hortencia, Tulipa, Margarida, Rosa and Orquídea) chosen by the researchers.

Pregnant women who participated in the group, in any age group and gestational age, regardless of the number of children and marital status, who participated in the lecture on sexuality during pregnancy and who accepted to participate in the research, were included.

Those who did not want to participate or who did not appear on the date of data collection were excluded.

At the first meeting, there was a lecture entitled "Sexuality in Pregnancy", addressing the topic in the form of a conversation circle, with the participation of 12 pregnant women. Of these 12 pregnant women, only seven returned to the next stage, the audio-recorded interview. During the lecture there was the direct participation of pregnant women, who were free to ask and answer. The researcher resolved doubts, guided, presenting the physical and psychological changes that occur during pregnancy. The importance of sexuality in the woman's life was explained, including during pregnancy, oriented about the influence of sexuality on the health and well-being of the pregnant woman and her partner, thus promoting health related to the pregnant woman's sexuality.

During the lecture, the pregnant women showed a lot of interest and the participation was satisfactory, with an exchange of knowledge and experiences of immeasurable value for the work.

At the next meeting, the interviews were booked and recorded on audio at BHU. There were five guiding questions related to sexuality during pregnancy. The participants were free to answer the questions, without interference from the interviewer. Subsequently the responses were transcribed in full and categorized for better content analysis.

The responses were analyzed according to Minayo (2010).

In the present study, the non-a priori categorization modality was chosen, as the categories emerged from the context of the responses obtained in the interview, that is, there were no categories listed before data collection.

This study was approved by the Research Ethics Committee of Hospital Universitário Júlio Muller, number 1,521,567.

Each pregnant woman participating in the research signed the Free and Informed Consent Form (ICF).

## Results and discussion

During the conversation circle, the pregnant women felt free to share their experiences,

anxieties, fears, anxieties and curiosities in relation to the sexuality theme, enabling reflection and exchange of knowledge and experiences. In view of the statements, the following five categories of analysis were elaborated:

- Physical discomfort caused negative changes in sexual relations.
- Living positively with the physical changes that occurred during pregnancy.
- Sexual changes and adaptations during pregnancy.
- Feelings of fear and guilt towards the baby.
- Feeling of pain during sex.

#### *Changes in libido*

This category signaled discomfort caused naturally during the gestational phase, directly interfering with sexual performance. It is common for pregnant women to change their interest in having sex due to factors such as increased abdominal circumference, physical tiredness and breast tenderness (MONTENEGRO; REZENDE FILHO, 2013) pointed out by one of the pregnant women as the factor responsible for the decrease in the frequency of sexual intercourse during the week:

*"Today, due to tiredness, you know, it decreased a little, twice a week, I attribute this decrease to physical tiredness." (Harpisichord)*

Physical tiredness, fatigue and drowsiness are characteristics of the pregnancy period because they modify the biochemistry and anatomy of the organs, and may produce symptoms, which, although physiological, are unpleasant to women, as stated by Chaves Netto and Sá (2007).

The result is also indisposition for the sexual act, which needs to be motivated by pleasant stimuli. Positive sexual experiences facilitate the woman's sexual response, her relationship with her partner and with herself (MONTENEGRO; REZENDE FILHO, 2013). However, this awareness is not widespread among women, while they feel guilty for not expressing the same sexual desire in this period:

*"I don't know why that is, because I don't do anything, I don't get tired, I think it's from the pregnancy, I'm very sleepy, my body is really tired." (Daisy)*

Nausea is common in pregnancy, due to the presence of human chorionic gonadotropin (hCG) synthesized by the placenta in the maternal circulation (CHAVES NETTO; SÁ, 2007, p.144). In the presence of sensations that cause discomfort, libido tends to decrease, resulting in a decrease in frequency and quality in sexual relations, which may not be fully understood by the partner, as can be seen:

*[...] it is due to a lack of will, indisposition, nausea, I don't have much desire, it decreased to a couple of times a week, even if he insisted a lot." (Orchid)*

The increase in the abdomen can reach, on average, 40 cm in uterine height, depending on several factors, among which are the number of fetuses, the adipose tissue and the volume of amniotic fluid. The uterus can be palpated after 12 weeks, in the abdomen, the uterine fundus gradually appears higher as the pregnancy progresses, distancing itself from the pubic symphysis (MONTENEGRO; REZENDE FILHO; 2013). Likewise, the breasts become more sensitive, due to the increase in their volume, from 5-6 weeks of gestation, due to glandular hyperplasia, proliferation of galactophoric channels and ramification of the mammary ducts (CHAVES NETTO; SÁ, 2007). These factors can alter the woman's self-image and favor the appearance of changes in sexual routine, as one of the interviewees reported:

*"I think it is because I am not letting go even because of these discomforts, also the changes make me unwilling, the belly and breasts have grown." (Orchid)*

In view of the statements, it was possible to relate a decrease in libido with the physical discomfort of pregnancy. Canella (2000) reported that sexual interest in pregnancy varies widely, from voluntary rejection to increased sexual desire.

During pregnancy, the mood and well-being of the pregnant woman are related to the active sexual life during this phase, and factors such as drowsiness, sadness, guilt and fear in relation to sex, correlate negatively in the couple's sexual life (BARBOSA, 2011).

For Montenegro and Rezende Filho (2013), the frequency of sexual intercourse during pregnancy is a factor that does not necessarily express quality, that is, it is not the number of times the woman has sexual intercourse that matters, but whether these relationships are satisfactory.

Through this study, it was possible to verify that the discomfort caused by pregnancy has a great influence on the sexuality of the participants, where verbal reports, facial and body expressions suggested this fact. The most cited discomforts were fatigue, tiredness, pain and greater sensitivity in the breasts and vagina, which leads some participants to avoid sexual intercourse, which can lead to confrontations between the couple, opening up opportunities for infidelity, putting physical health at risk and emotional family.

The sexuality of women during pregnancy depends, among other reasons, on how they perceive themselves at this stage. In the educational group, it was possible to explain about these physical changes, why each change was made, how to alleviate these discomforts, and also, the participants were encouraged to encourage dialogue

between the couple so that the partners become aware of the changes and can therefore way, contribute positively to a relationship of respect and partnership.

*Living positively with the physical changes that occurred during pregnancy*

In contrast to the data in the previous section, this category pointed out the pregnant women who affirmed the physical changes of the pregnancy as an increase in sexual desire, demonstrating that these pregnant women felt more beautiful at this stage. Two pregnant women reported increasing sexual performance.

Reisdofe (2010) reported that throughout pregnancy, women experience changes in their body and psychic image and many feel an increase in sexual desire, resulting from the idea of greater responsibility and a feeling of femininity. This positive perception was observed in a participant who reported that she was enjoying and experiencing the physical changes that occurred during pregnancy. While talking about this subject, she smiled and caressed her belly, which demonstrated that not all pregnant women refer to pregnancy changes as a negative factor:

*"[...] as for the changes in my body, it doesn't bother me at all, we are enjoying this moment well." (Carnation)*

Sueiro, Gayoso and Durval (1998) stated that sexual frequency and libido are not affected by pregnancy, that the woman may be pregnant and still experience her femininity and sexuality normally during this period.

Another participant reported that her sexual satisfaction was enhanced, and it was possible to observe during this speech, an expression of happiness in her words, always smiling and caressing her belly. The increase in libido during pregnancy can be explained by psychological, sociocultural and organic influences, which can be of great importance to enrich the relationship (LECH; MARTINS; 2003). This fact was made explicit in the speech:

*"It was good, I enjoyed it in all relationships, today I enjoy it too, but today it is more intense, I feel more like it, in all pregnancies I was like this, more fiery (laughs)." (Bromeliad)*

According to Viana et al. (2013), the modern woman becomes more aware of her reproductive role, beginning to deal better with her sexuality, realizing that being pregnant does not exempt her from the role of woman, she will only be adding one more function among so many others that women can perform.

CamachoVargens and Progianti (2010) demonstrated that it is possible to have an improvement in the couple's relationship during

pregnancy, since the woman can develop feelings of heightened femininity. One participant reported that pregnancy improved her sexual performance, as she realized that during this phase she felt more attractive and her sexual desire increased, as the statement shows:

*"Let's say it was once or twice a week. I feel more like it now, it's increased to about three to four times a week." (Bromeliad)*

This study demonstrated that pregnancy is a milestone in a woman's life, and each one reacts in a unique way. There are women who experience traumatic experiences and there are others who experience the most sublime sensations. Of the seven participants in this research, two showed that it is possible to feel more beautiful, more desired, more physically attractive..

*Sexual changes and adaptations during pregnancy*

In this category are women who reported on sexual practices used during pregnancy, which changed and / or adapted so that there was an improvement in their sexual performance.

Pregnancy alone brings bodily changes to women that often make them ashamed to show their bodies to their partners, which can cause shyness and lack of creativity to increase sexual practices. As a result, it is common for couples to modify the positions they are used to in order to make the sexual act more comfortable for both.

Martins, Lima and Almeida (2011) stressed that the pregnancy period is an adaptation phase for sexual practices. It is a favorable time for problems with negative impacts on the physical and psychological health of the pregnant woman and her partner, if this couple does not seek these adaptations.

It was possible to notice that some women changed their sexual practices, due to discomfort in the position, others reported that it was due to fear of hurting the baby, or even because of a lack of courage, thus decreasing their sexual practices, as the statements demonstrated:

*"I did everything; oral, vaginal and anal (laughs), today I don't do anal, because for me it was uncomfortable now." (Bromeliad)*

*"It was normal, vaginal and oral, anal sex I never had. Today it is only vaginal or oral I want more. My husband is fine, he understands that it is because of the pregnancy." (Daisy)*

Some remained with the sexual practices they maintained before pregnancy, claiming to have noticed no difference in the act, which suggests that sexual practices during pregnancy can either be adjusted or not changed.

*"All! Oral, vaginal and anal and today I continue with everything, but we are more careful." (Rose)*

*"Vaginal really and today it is just that same."  
(Orchid)*

Montenegro and Rezende (2013) stated that sexual activity during pregnancy can go beyond vaginal intercourse, including in these practices masturbation, massage, oral sex, foreplay, mutual caresses, kissing, fantasies, use of sex toys and hugs, because the couple's sexual needs can be met in many ways. However, none of the interviewees reported this type of adaptation.

Viana et al. (2013) reported that when sexual intercourse is pleasurable, there are several bodily and psychological reactions that contribute to a more peaceful and happy life, bringing benefits to the pregnancy itself and to the couple's harmonious coexistence.

Pauleta, Pereira and Graça (2010) interviewed 188 women, finding variations in sexual activities throughout pregnancy: vaginal, oral, anal and masturbation sex were performed by 98.3%, 38.2%, 6.6% and 20, 4% of women interviewed, respectively.

It was possible to observe that during pregnancy, women adapt to sexual practices according to needs. Due to anatomical changes, some practices become difficult or even unfeasible, as well as the need to include other practices, so that the couple does not lose their intimacy and at the same time have a pleasurable intimate relationship for both.

#### *Feelings of fear and guilt towards the baby*

In this item, the anguish experienced by the couple in relation to the baby was related, demonstrating the fear of hurting the baby during the sexual act and fear of abusing the child who is still in the mother's belly. For this reason, some women and their partners reported insecurity for the sexual act during the gestational period.

During pregnancy, many couples come to believe that the exercise of sexuality does not match motherhood, there are also situations in which the partner confuses motherhood with holiness, eliminating sexuality from the couple's life, starting to believe that sex in this phase it is not a pure act, such thoughts can drastically affect the couple's relationship, as can be seen in the speech:

*"[...] is that when I enjoy, the baby hardens, contracting too much, then we stop and talk to the belly and he feels guilty, as if he had been attacking his daughter, so sometimes we have to stop sexual intercourse because he cannot continue because of guilt." (Tulip)*

Zampieri (2007) commented that in antiquity, pregnancy was extremely valued due to the perpetuation of the human species, so much so that in some cultures pregnant women were placed above ordinary humanity, because they were

chosen by God to continue human life. In this way, it is easy to understand why some companions see their women as an untouchable object. There are studies that have shown that, in the gestational phase, men do not have organic changes, but they can be affected by emotional issues, such as anxiety about childbirth, child rearing, the responsibility of being a father (ARAÚJO et al., 2012).

Montenegro and Rezende Filho (2013) reported that the decrease in the partner's sexual interest in the pregnant woman may be due to the awareness of the baby's presence, its fetal movements, the abdominal volume and the fear that sexual intercourse may mistreat him.

For Gomes (2009), variations in sexual desire happen as a result of discomfort, in addition to fear of harming the baby, of causing an abortion or triggering a premature birth, which also constitutes an aggravating factor in male sexuality or for religious and cultural reasons in which they believe that sexual practice during pregnancy is an impure act, as one pregnant woman reported:

*"Today is less, because the baby is very upset, gets agitated during the relationship, then he is afraid of hurting her." (Hydrangea)*

*"[...] but he understands, he is afraid of hurting the baby, but we have already talked about it." (Orchid)*

Ballone (2002) corroborates by reporting that the fear of harming the child at the time of vaginal penetration, of causing an abortion or triggering a premature birth is an aggravating factor in male sexuality. This fear at the end of pregnancy leads the man to suggest alternative coitus positions, which may not be so pleasurable for the woman, leaving her to be empowered enough to accept or not accept this suggested position in order to make the moment more pleasant, pleasurable, and less painful.

Montenegro and Rezende (2013) pointed out the feelings of loss of attractiveness as a result of changes in body image and the fear of harming the fetus, as corroborated in the following statement:

*"Ah, it has decreased because it is more difficult because we cannot abuse it, it joins his discomfort with mine, the fear of hurting the baby, then there is no way to get rid of it, we are well off." (Hydrangea)*

From an emotional point of view, the woman may not feel attractive or feminine, reducing self-esteem, which can be extremely conflicting because she is in a divine moment and, at the same time, is not liking herself and having sexual desires (ARAÚJO et al., 2012).

A study of the body and sexuality in the puerperium showed that women during sex felt ashamed, worried and uncomfortable with the baby. In this way, sex is seen as something from the adult

stage and at the same time put the child in the place of the sacred and of purity (GOMES, 2009).

The study showed that the discomforts, fears of hurting the baby during the sexual act can directly influence the couple's sexual well-being, thus making a sexual relationship precarious and unattractive.

#### *Feeling of pain during sex*

In this category, it was possible to notice the feeling of sadness and submission of some participants regarding pain during sexual intercourse. During pregnancy, the woman's body becomes more sensitive, which can make the sexual act a moment of torture for her.

In this study it was portrayed the submission of women to their partners, who even feeling pain and discomfort submitted to the sexual act to fulfill the obligation of wife, showing that for many women the sexual act itself is excruciating and how painful it can become. moment that was supposed to be pleasurable.

One participant, while talking about pain, frowned, dodged her body as if she were trying to get away from someone. It was possible to feel her discomfort and anguish, even though she did not verbalize the intense pain, when she said:

*"Now at the very end it has decreased a lot because it hurts, it makes me uncomfortable, but in the beginning it was normal [...] we are awkward, the position is bad, the belly grows and is awkward to do something. I can still handle it, but it is uncomfortable." (Tulip)*

Discomfort and pain were also reported by another participant, but their facial and body expressions did not change, showing tranquility and always caressing the belly.

*"[...] it was a little better, I felt more pleasure, today I feel much less. We become more sensitive, thus, the body is with more sensitive parts, I have more sensitivity, it hurts penetration a little, the vagina becomes swollen and it hurts, it is sensitive to touch." (Carnation)*

Lack of relaxation for penetration, due to the fear of hurting the baby, also expressed as a causal factor for pain during sex:

*"Now it has diminished because I have discomfort during penetration, because it hurts, I am afraid of hurting the baby." (Rose)*

The study showed that pain can be part of the daily life of these women and that the moment of sexual intercourse may be full of fears and anxieties, which could be potentiating this pain.

It is observed that the woman, together with her body, her ideas, her desires, values and feelings were taken and still are, as a man's possession,

leaving the impression that the woman's role is to satisfy male pleasure, thus, the question of sexuality and sexual practices impose the role of the active subject on men and on women the role of passive object (VARGAS; RUSSO; HEILBORN, 2010; ALBUQUERQUE *et al.* 2015).

Foucault (1994) stated that the woman, due to her unequal condition in relation to the man, lived for many years under her tutelage, in the first instance of the father and in the second of the husband, with her sexuality normalized by Christian standards, legitimized by the institution of the marriage and the fulfillment of the reproductive function.

Sexuality refers to the way in which a person expresses his sexual identity. Thus, femininity and masculinity are expressed by behavior, for men socioculturally defined by strength, aggressiveness, power, logic and self-independence and, for women defined by weakness, submission, dependence and emotion (TRINDADE; FERREIRA, 2008). This fact is evident in this study, in which women give in to sexual relations even if they are uncomfortable and in pain, simply to satisfy their partners, even if this attitude violates their rights and wills.

#### **Final considerations**

Pregnancy is a phase of intense changes in a woman's life, changes that bring fear, anxiety and insecurity to women and, at the same time, joy for the pleasure and satisfaction of generating a life.

These changes are less traumatic for pregnant women who receive family support, from their partners and health professionals, since over a long period, this woman will have constant monitoring by these professionals.

The present study demonstrated that physical changes in pregnancy positively and negatively influence the woman's sexuality, since a decrease in sexual frequency has been reported due to physical tiredness, breast pain, fatigue, drowsiness and increased abdominal volume. On the other hand, other participants reported that pregnancy generated more disposition for sex, stating that they are more willing to have a sexual relationship. This demonstrated that each woman responds in a unique way, showing that it is an individual way of seeing and experiencing sexuality during pregnancy.

The study revealed that some couples adapted to sexual practices, according to the needs of the pregnant woman. The changes included reducing the discomfort for the pregnant woman, in addition to excluding others not so pleasurable.

It was possible to observe that some couples had difficulties in reconciling their sexual life with the development of pregnancy, in uniting in a single person, the woman who feels sexual desire and at the same time shelters a new helpless life in her body, which under the unconscious of the couple, think that the sexual act could bring harm to the child, such as abuse or injury.

It was also observed that some participants were submitted to the sexual act, despite the pain, discomfort pertinent to the gestational period and lack of pleasure, just to satisfy the partner, fulfilling the wife's obligation and, thus, guaranteeing the partner's fidelity.

Sexuality is still a superficial matter, surrounded by myths and taboos, especially when it involves sexuality during pregnancy. As a result, there is a lack of published works that deal with the subject in depth. Thus, we point out some limitations for other studies, such as, for example, the low availability of some participants to participate in the interview, the slowness in relation to ethical appreciation, in addition to the fact that sexuality in pregnancy is rarely addressed, which hampered a variety greater in the literature review. However, like all research, this has also served as an opening for new studies, in which it is suggested to go deeper into the topic of pain and submission during the sexual act during pregnancy.

## References

- ALBUQUERQUE, G.A. *et al.* Autonomia sexual feminina: o preservativo femininonas práticas eróticas. *Rev Saúde.Com.*, v. 11, n. 3,p. 252-265, 2015. Disponível em: <<http://www.uesb.br/revista/rsc/v11/v11n2a03.pdf>>. Acesso em: 15 jul. 2016.
- ALONSO, I.L.K. O processo educativo em saúde-na dimensão grupal. *Texto Contexto Enfermagem*, v. 8, n.1, p. 122-132, jan/abr,1999.Disponível em:<<http://www.scielo.br/scielo.php>> Acesso em: 28 jun. 2016.
- ARAÚJO, N.M. *et al.* Body and sexuality during pregnancy. *Rev Esc Enferm USP*, v. 46, n. 3, p. 552-558, 2012. Disponível em:<<http://www.scielo.br/pdf/reeusp/v46n3/04.pdf>>. Acesso em: 16 jul. 2016
- ALVES, V.S. Um modelo de educação em saúde para o programa saúde da família: pela integralidade da atenção e reorientação do modelo assistencial. *Interface Comunic. Saúde Educ*, v.9, n.16, p.39-52, 2005.Disponível em:<<http://www.scielo.br/pdf/icse/v9n16/v9n16a04>>. Acesso em: 05 fev. 2016.
- ARTILLES,P.V.; GUTIERREZ, S.M.D.; SANFÉLIX, G.J. Função sexual feminina e fatores relacionados. *Aten Primaria*, v. 38, n. 6, p. 339-444, 2006. Disponível em:<<http://www.facenf.uerj.br/v18n1/v18n1a06.pdf>>. Acesso em: 10 fev. 2016.
- ÁVILA,A.Socorro, Doutor! Atrás da barriga tem gente! São Paulo: Ateneu, 1998.
- BALLONE, G.J. Gravidez e sexualidade. 2002.Disponível em:<<http://www.psiqweb.com.br>>. Acesso em: 03 fev. 2016.
- BARBOSA, B.N. *et al.* Sexualidade vivenciada na gestação: conhecendo essa realidade. *Rev Eletr. Enferm.*, v. 13, n. 3, p. 464-473, 2011. Disponível em <<http://www.fen.ufg.br/revista/v13/n3/v13n3a12.htm>>. Acesso em: 26 jun. 2016.
- BARDIN, L. Análise de conteúdo. Lisboa. Edições 70, 1979.
- BERENSTEIN, E.A. A sexualidade do ciclo gestatório/puerperal. 2011. Disponível em: <<http://www.isexp.com.br/si/site/1008>>. Acesso em: 12 maio 2016.
- BRASIL. Ministério da Saúde. Secretaria de Políticos de Saúde. Área Técnica de Saúde da Mulher. Parto, aborto e puerpério: assistência humanizada a mulher. Brasília: Ministério da Saúde, 2001. Disponível em: <[http://bvsmms.saude.gov.br/bvs/publicacoes/cd04\\_13.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/cd04_13.pdf)>. Acesso em: 16 mar. 2016.
- \_\_\_\_\_. Ministério da Saúde. Conselho Nacional de Saúde. Resolução 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Brasília-DF, 12 de dezembro de 2012. Disponível em: <<http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>>. Acesso em: 16 mar. 2015.
- CAMACHO,K.G.; VARGENS, O.M. da C.; PROGIANTI,J.M. Adaptando-se à nova realidade: a mulher grávida e o exercício de sua sexualidade. *Revista de Enfermagem UERJ*, Rio de Janeiro, v. 18, n.1, p. 32-37, 2010. Disponível em:<<http://www.facenf.uerj.br/v18n1/v18n1a06.pdf>>. Acesso em: 15 jun. 2016.
- CAMPOS, C.J.G. Método de análise de conteúdo: ferramenta para análise de dados qualitativos no campo da saúde. *RevBrasEnferm*, Brasília (DF), v. 57, n. 5, p. 611-614, 2004. Disponível em: <<http://www.scielo.br/pdf/reben/v57n5/a19v57n5.pdf>>. Acesso em: 15 jul. 2016.
- CANELLA, P.R.B. Exercício da sexualidade durante a gestação. *Sociedade Brasileira de Estudos em Sexualidade Humana*. São Paulo, v.3, n.4, 2000. Disponível em:<[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-166X2003000300003](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-166X2003000300003)>. Acesso em: 02 jul. 2016.
- CARVALHO, F.A.M. Sexualidade da mulher no ciclo gravídico-puerperal e valores culturais. Fortaleza, 1997. Disponível em:

<<http://www.facenf.uerj.br/v18n1/v18n1a06.pdf>>. Acesso em: 06 jun. 2016.

CHAVES NETTO, H.; SÁ, R.A. M. *Obstetrícia Básica*. 2. ed. Edição e Revista Atualizada. São Paulo: Atheneu, 2007.

COSTA, N.R. Estado, educação e saúde: a higiene da vida cotidiana. *Cad. Cedes*, n.4, p. 5-27, 1987.

CREMONESE, L. et al. Grupo de gestantes como estratégia para educação em saúde. Curso de Enfermagem da Universidade Federal de Santa Maria, UFSM, Santa Maria, p.1-7, 2012. Disponível em: <<http://www.unifra.br/eventos/sepe2012/Trabalhos/5784.pdf>>. Acesso em: 19 jul. 2016.

DESLANDES, S.F.; GOMES, R.; MINAYO, M. C. S. *Pesquisa social: teoria, método e criatividade*. 31. ed. Petrópolis, RJ: Vozes, 2012.

DEUCHER, C.V; BUZZELLO, C dos S. Grupo de gestantes e/ou casais grávidos: a universidade interagindo com a comunidade. *Extensio-Revista Eletrônica de Extensão*, n.1, 2004. Disponível em: <<https://periodicos.ufsc.br/index.php/extensio/article/viewFile/1449/4511>>. Acesso em: 08 maio 2016.

FRANCESCHET, J.; SACOMORI, C.; CARDOSO, F.L. Força dos músculos do assoalho pélvico e função sexual em gestantes. *Rev Bras Fisioter*. v. 13, n. 5, p. 383-389, 2009. Disponível em: <[http://www.scielo.br/pdf/rbfis/v13n5/aop052\\_09.pdf](http://www.scielo.br/pdf/rbfis/v13n5/aop052_09.pdf)>. Acesso em: 12 jun. 2016.

FLORES, A.L.G.C.; AMORIN, V.C.O. Sexualidade na gestação: mitos e tabus. *Revista Eletrônica de Psicologia*, n.1. jul., 2007. Disponível em: <<http://pesquisapsicologia.pro.br/pub01/publicacoes.htm>>. Acesso em: 15 maio 2016.

FOUCAULT, M. *História da sexualidade II: o uso dos dois prazeres*. 7. ed. Rio de Janeiro (RJ): Graal, 1994.

GENIAKE, L.M.V. Oficinas educativas com gestantes: uma intervenção na unidade de saúde da família. *Rev Ed. Popular*, Uberlândia, v.14, n.1, p.136-144, jan/jun. 2015. Disponível em: <<http://www.seer.ufu.br/index.php/reveducpop/article/view/27542>>. Acesso em: 21 jul. 2016.

GOMES, M.C.R. *Alguns fatores que influenciam o desejo sexual do casal durante a gravidez*. Tese (Mestrado). Universidade de Lisboa, 2009.

GONDIM, A.N.C. Estudo descritivo sobre a sexualidade da mulher vivenciando a gestação. *Congresso Brasileiro de Enfermagem*, Ceará, 2009.

GOZZO, T.O. et al. Sexualidade feminina: compreendendo seu significado. *Rev. latino-am. enfermagem*, Ribeirão Preto, v. 8, n. 3, p. 84-90, julho, 2000. Disponível em: <<http://www.scielo.br/pdf/rlae/v8n3/12403>>. Acesso em: 26 jun. 2016.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. *Estimativa Populacional de 2010*. Disponível em: <<http://www.ibge.gov.br/cidadesat/topwindow.htm?1>>. Acesso em: 22 ago. 2010.

JUNQUEIRA, M.H.C.A. *Discursos femininos sobre sexualidade durante a gravidez*. (Tese). Lisboa, 2008.

KLAUS, M.; KENNEL, J. *Pais/bebê: a formação do apego*. Artes Médicas: Porto Alegre, 1992.

KLEIN, M.M.S; GUEDES, C.R. Intervenção psicológica a gestantes: contribuições do grupo de suporte para promoção de saúde. *Psicologia Ciência e Profissão*. 2008, Disponível em: <[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-98932008000400016](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-98932008000400016)>. Acesso em: 15 jun. 2016.

LAZARINI, W.S.; SODRÉ, F.; LIMA, R.C.D. Educação em saúde como estratégia de gestão: desafios para atenção primária à saúde. *Saberes*, p. 284-319, 2014. Disponível em: <<http://saudepublica.bvs.br/pesquisa/resource/pt/sus-28415>>. Acesso em: 20 jul. 2016.

LECH, M. B.; MARTINS, P.C.R. Oscilações do desejo sexual no período gestacional. *Revista Estudos de Psicologia*, PUC Campinas, v.20, n.3, p. 37-46, setembro/dezembro, 2003. Disponível em: <[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-166X2003000300003](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-166X2003000300003)>. Acesso em: 02 jul. 2016.

MALDONADO, M.T.P. *Psicologia da gravidez*. Vozes: Petrópolis, 1997.

MARTINS, T.M.; LIMA, A.; ALMEIDA, Y. Abordagem sobre a sexualidade durante a gestação. *Perspectiva Amazônica*. v. 2, n. 1, p. 80-89, 2011. Disponível em: <[http://www.fit.br/revista/doc/2\\_34.pdf](http://www.fit.br/revista/doc/2_34.pdf)>. Acesso em: 03 jul. 2016.

MINAYO, M. C. S. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 12. ed. São Paulo: Hucitec, 2010.

MONTENEGRO, C.A.B; REZENDE FILHO. *Obstetrícia*. 12. ed. – Rio de Janeiro: Guanabara Koogan, 2013.

MOREIRA. Sexualidade e gravidez: aspectos da vida da mulher- revisão da literatura. *Online Brazilian Journal of Nursing*, v.5, n.1, 2006.

Disponível em:

<<http://www.objnursing.uff.br/index.php/nursing/rt/pri nterFriendly/175/44>>. Acesso em: 20 jun. 2016.

NEME, B. Obstetrícia Básica. 3. ed. São Paulo: Savier, 2005.

PAULETA, J.R.; PEREIRA, N.M.; GRAÇA, L.M. Sexuality during pregnancy. *Journal of Sexual Medicine*, v. 7, p. 136. Disponível em: <[http://www.scielo.br/scielo.php?script=sci\\_nlink s&pid=S0104](http://www.scielo.br/scielo.php?script=sci_nlink s&pid=S0104)>. Acesso em: 02 jul. 2016.

PELLEGRINI, J.O. A sexualidade na gestação. *Femina*, Rio de Janeiro, v. 31, n. 1, p. 79-88, 2003. Disponível em: <<http://www.unifra.br/eventos/interfacespsicologia/Tr abalhos/2886.pdf>>. Acesso em: 29 jun. 2016.

PEREIRA, M.G. Epidemiologia teoria e prática. 11. ed. Rio de Janeiro: Guanabara Koogan, 2006.

PICCININI, C.A. *et al.* Gestação e a construção da maternidade. *Psicologia em Estudo*, Maringá. v.13, n.1, p.63-72, jan/mar. 2008. Disponível em: <<http://www.scielo.br/pdf/pe/v13n1/v13n1a07.pdf>>. Acesso em: 01 jul. 2016.

REBERTE, L.M.; HOGA, L.A.K. O desenvolvimento de um grupo de gestante com a utilização da abordagem corporal. *Texto Contexto Enfermagem*, v. 14, n. 2, p. 186-192, abr/jun, 2005. Disponível em: <<http://www.scielo.br/pdf/tce/v14n2/a05v14n2.pdf>>. Acesso em: 14 fev. 2016.

REISDORFER, E. As alterações no desejo sexual durante o período gestacional: um estudo na atenção primária. *Revista Saúde e Transformação Social*, Florianópolis, v.1, n.1, p. 129-136, 2010. Disponível em: <<http://www.incubadora.periodicos.ufsc.br/index.php /saudeetransformacao/article/view/400>>. Acesso em: 14 fev. 2016.

SAID, F.A. No "ser com" o cuidar pelo re-significar do cotidiano de um grupo de mulheres em gestação. 1995. Dissertação (Mestrado em Assistência em Enfermagem). Curso de Pós Graduação em Enfermagem. Universidade Federal de Santa Catarina, 1995.

SETUBAL, M.S.V.; SARMENTO, R. Abordagem psicológica em obstetrícia: aspectos emocionais da gravidez, parto e puerpério. *Revista Ciências Médicas*, v.12, n.3, p.261-268, Campinas, jul/set, 2003. Disponível em: <<http://www.periodicos.puccampinas.edu.br/seer /index.php/cienciasmedicas/article/.../1235>>. Acesso em: 12 mar. 2016.

SILVA, J.C. Manual Obstétrico: um guia prático para enfermagem. 2. ed. São Paulo: Corpus, 2007.

SILVA, A.I; FIGUEREDO, B. Sexualidade na gravidez e após o parto. *Psiquiatria Clínica*, v. 25, n.3, p.253-264. 2005. Disponível em: <<http://www.unifra.br/eventos/interfacespsicologia/Tr abalhos/2886.pdf>>. Acesso em: 16 abr. 2016.

SILVA, E. L; MENEZES, E. M. Metodologia da Pesquisa e elaboração de dissertação. 4. ed. Florianópolis-SC, 2005.

SIQUEIRA, M.M; CASAGRANDE, L.D.R. Noções gerais sobre abordagem sistêmica à ação educativa do enfermeiro. *Revista Brasileira de Enfermagem*, v.38, n. 1, p. 63-90, 1985. Disponível em: <[http://www.scielo.br/scielo.php?script=sci\\_nlinks&r ef=000109&pid=S0104...Ing](http://www.scielo.br/scielo.php?script=sci_nlinks&r ef=000109&pid=S0104...Ing)>. Acesso em: 16 abr. 2016.

SUEIRO, E.; GAYOSO, P.; DOVAL, J.L. *Embarazo e Sexualidad*. AtenPrim, 1998.

THEODORO, H. *Mito e espiritualidade – mulheres negras*. Rio de Janeiro: Pallas, 1996.

THOMAS, A.A *et al.* Urologic emergencies in pregnancy. *Urology*, v. 76, p. 453, 2010. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/2045196>>. Acesso em: 09 abr. 2016.

TRINDADE, W. R.; FERREIRA, M. A. A sexualidade feminina: questões do cotidiano das mulheres. *Texto Contexto Enfermagem*. Florianópolis, v. 17, n. 3, p, 417, 426, 2008. Disponível em: <[http://www.scielo.br/scielo.php?script=sci\\_artte xt&pid=S0104-07072008000300002](http://www.scielo.br/scielo.php?script=sci_artte xt&pid=S0104-07072008000300002)>. Acesso em: 18 maio 2016.

VARGAS, E. P.; RUSSO, J.; HEILBORN, M.L. Sexualidade e reprodução: usos e valores relativos ao desejo de filhos em casais de camadas médias no Rio de Janeiro. Brasil. *Cad.Saude Publica*, v. 16, n. 1, p. 153-162, 2010. Disponível em: <[http://www.scielo.br/scielo.php?script=sci\\_artte xt&pid=S0102-311X2010000100016](http://www.scielo.br/scielo.php?script=sci_artte xt&pid=S0102-311X2010000100016)>. Acesso em: 23 maio 2016.

VIANA, D.F; *et al.* Vivência da sexualidade feminina no período gestacional: à luz da história oral temática. *Ciências Cuid Saúde*. v. 12, n. 1, p. 88-95, 2013. Disponível em: <<http://www.periodicos.uem.br/ojs/index.php/Cie ncCuidSaude/article/viewFile/10691/pdf>>. Acesso em: 28 maio 2016.

ZAMPIERI, M. F.M. Vivenciando o processo educativo em enfermagem com gestantes de alto risco e seus acompanhantes, Florianópolis, UFSC, p.179, 1998. Disponível em: <<http://www.bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IscScript>>. Acesso em: 02 jun. 2016.

ZAMPIERI, M. F. M; BRUGGEMANN, O. M. A melodia da humanização: reflexão sobre o cuidado no processo de nascimento, Florianópolis: *Cidade Futura*, p. 101-170, 2001. Disponível em: <[http://www.scielo.br/scielo.php?script=sci\\_nlinks&ref=000128&pid=S0104...Ing](http://www.scielo.br/scielo.php?script=sci_nlinks&ref=000128&pid=S0104...Ing)>. Acesso em: 06 jun. 2016.

ZAMPIERI, M.F.M. Vivenciando o processo educativo em enfermagem com gestantes de alto risco e seus acompanhantes. Florianópolis: UFSC, 2007. Disponível em: <<http://www.eer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/4356>>. Acesso em: 08 jul. 2016.