Original Article

TEXTO & CONTEXTO ENFERMAGEM
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METAMOTHERHOOD TRANSITIONED WITHOUT PLANNING AFTER AGE 35: SITUATION-SPECIFIC THEORY IN NURSING

Juliane Dias Aldrighi[1]
Tatiane Herreira Trigueiro[1]
Marilene Loewen Wall[1]

[1]Universidade Federal do Paraná, Programa de Pós-Graduação em Enfermagem. Curitiba, Paraná, Brasil.

ABSTRACT

Objective: to develop an situation-specific theory in nursing to explain women's transition to motherhood after age 35 without reproductive planning.
Method: a theoretical study, in which a specific situation theory of the explanatory type was developed. The methodological framework used was integrative approach. The concepts of Meleis's Transition Theory were deduced and data on the phenomenon were induced from a literature review, qualitative research and experience as a researcher on the subject.
Results: statements were developed about the derived concepts, nine propositions, five assumptions for women who transition to motherhood after the age of 35 without reproductive planning and a graphic representation of the theory.
Conclusion: the theory developed contributes to theoretical and practical knowledge in nursing, providing a theoretical framework for differentiated care that addresses the clinical and psychosocial needs of women who experience late motherhood without planning. It is necessary to develop guidelines for maternal and child health practices and policies emphasizing the importance of informed reproductive planning and emotional and social support in this age group.

DESCRIPTORS: Nursing theory. Pregnant women. Maternal age. Nursing care. Family development planning.

HOW CITED: Aldrighi JD, Trigueiro TH, Wall ML. Metamotherhood transitioned without planning after age 35: situation-specific theory in nursing. Texto Contexto Enferm [Internet]. 2024 [cited YEAR MONTH DAY]; 33:e20240106. Available from: https://doi.org/10.1590/1980-265X-TCE-2024-0106en

METAMATERNIDADE TRANSICIONADA SEM PLANEJAMENTO APÓS OS 35 ANOS: TEORIA DE SITUAÇÃO ESPECÍFICA DE ENFERMAGEM

RESUMO

Objetivo: desenvolver uma Teoria de Situação Específica de Enfermagem para explicar a transição da mulher para a maternidade após os 35 anos sem planejamento reprodutivo.
Método: estudo teórico, no qual desenvolveu-se uma teoria de situação específica do tipo explicativa. O referencial metodológico utilizado foi a Abordagem Integrativa. Foi realizada a dedução dos conceitos da Teoria das Transições de Meleis e induzidos dados do fenômeno a partir de revisão de literatura, pesquisas qualitativas e da experiência como pesquisadora no tema.
Resultados: foram desenvolvidas declarações acerca dos conceitos derivados, nove proposições, cinco pressupostos para a mulher que transiciona para a maternidade após os 35 anos sem planejamento reprodutivo e uma representação gráfica da teoria.
Conclusão: a teoria desenvolvida contribui para o conhecimento teórico e prático em Enfermagem, fornecendo uma estrutura teórica para cuidados diferenciados que abordam as necessidades clínicas e psicossociais de mulheres que vivenciam a maternidade tardia sem planejamento. É necessário o desenvolvimento de diretrizes para a prática e políticas de saúde materno-infantil enfatizando a importância do planejamento reprodutivo informado e do suporte emocional e social nessa faixa etária.

DESCRITORES: Teoria de enfermagem. Gestantes. Idade materna. Cuidados de enfermagem. Planejamento familiar.

METAMATERNIDAD PASÓ SIN PLANIFICACIÓN DESPUÉS DE LOS 35 AÑOS: TEORÍA DE LA SITUACIÓN ESPECÍFICA DE ENFERMERÍA

RESUMEN

Objetivo: desarrollar una teoría de situaciones específicas de enfermería para explicar la transición de una mujer a la maternidad después de los 35 años sin planificación reproductiva.
Método: estudio teórico, en el que se desarrolló una teoría de situación específica de tipo explicativo. El marco metodológico utilizado fue el enfoque integrador. Se dedujeron los conceptos de la Teoría de las Transiciones de Meleis y los datos sobre el fenómeno se derivaron de la revisión de la literatura, la investigación cualitativa y la experiencia como investigador en el tema.
Resultados: se desarrollaron afirmaciones sobre los conceptos derivados, nueve proposiciones, cinco supuestos para mujeres que pasan a la maternidad después de los 35 años sin planificación reproductiva y una representación gráfica de la teoría.
Conclusión: la teoría desarrollada contribuye al conocimiento teórico y práctico en enfermería, proporcionando una estructura teórica para la atención diferenciada que aborda las necesidades clínicas y psicosociales de las mujeres que viven una maternidad tardía sin planificación. Es necesario desarrollar directrices para prácticas y políticas de salud maternoinfantil, enfatizando la importancia de una planificación reproductiva informada y el apoyo emocional y social en este grupo de edad.

DESCRIPTORES: Teoría de enfermería. Mujeres embarazadas. Edad materna. Atención de enfermería. Planificación familiar.

INTRODUCTION

The ongoing changes in civilization have transformed the areas in which women have been socially and professionally active and have deconstructed their social tasks of personal development, career and family life. These positions have been questioned and reformulated socially and individually. This social transformation has significant consequences in the reproductive sphere, culminating in a growing tendency to postpone motherhood. The phenomenon of late motherhood, defined as pregnancy in women over 35 years of age, has become increasingly common. This postponement can be attributed to several factors, including, but not limited to, career advancement, economic instability, the search for stability in relationships, or increased access to education and contraceptive methods[1–3].

Although the decision to delay motherhood may be a conscious choice, there are situations in which it occurs without reproductive planning. This particularity poses unique challenges, both psychologically and physically, for women who transition to motherhood at this stage of life. Pregnant women of advanced age often face increased risks of complications during pregnancy and childbirth, in addition to distinct psychosocial issues[3].

In the context of nursing, care provided to this specific group of women requires a differentiated approach, considering their unique needs. Nursing literature, however, presents a significant gap in this aspect. Although there are studies focused on biopsychosocial aspects of late motherhood[1,4], nursing care for women in this context remains little explored. Thus, the construction of a situation-specific theory (SST) that supports nursing practice, offering a comprehensive structure that addresses both the clinical and psychosocial needs of these women, is a scientific advance in this field and ensures care based on a specific theory to promote a healthy pregnancy.

This gap in the literature highlights the need for research that specifically addresses these women's experiences, challenges, and needs as well as how nursing professionals can best care for them. Therefore, the proposal of an SST that describes how women experience late unplanned motherhood can support nursing care prediction and prescription in this area.

Thus, this study aimed to develop an SST in nursing to explain women's transition to motherhood after the age of 35 without reproductive planning.

METHOD

This is a theoretical study, in which an explanatory SST of a basic nature was developed[5]. The integrative approach[6–8] was used to construct this SST, as shown in Figure 1.

This strategy involves the integration of data from various sources, either deductively or inductively. In the deductive process, the theoretical derivation of transition theory (TT)[9] was carried out to signify the phenomenon based on the main concepts of the theoretical structure. In the inductive process, the following were used: 1) an integrative review to synthesize data from the scientific literature, with the aim of seeking nursing care for reproductive planning for women aged 35 or over[10]; 2) qualitative research that interviewed six pregnant women aged 35 or over, with the aim of analyzing the experience of transition to unplanned motherhood in this age group; 3) analysis of research group production on late pregnancy, with the analysis of a master's dissertation on the experience of late motherhood that interviewed 21 pregnant women of advanced age, of which 13 did not plan their pregnancy[11]; and 4) consolidated experience in the role of researchers on the topic for eight years.

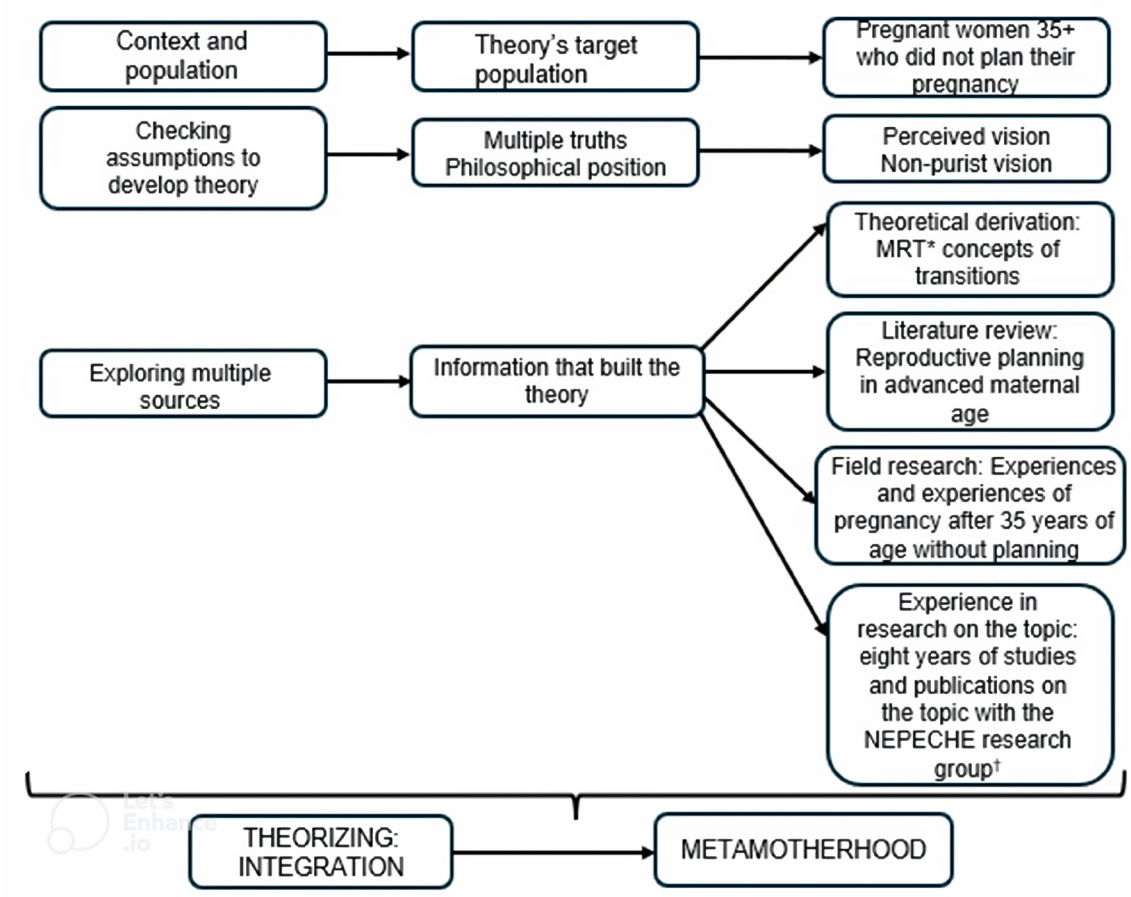

Figure 1 – Integrative approach stages for developing situation-specific theories.
*MRT: Middle-Range Theory; †NEPECHE: Núcleo de Estudos, Pesquisa e Extensão em Cuidado Humano de Enfermagem.

From a methodological point of view, the integrative review followed six stages to synthesize the findings[12]. The qualitative studies had a qualitative and descriptive approach and were analyzed separately in light of TT, based on an inductive-deductive analytical matrix. The result of the integration of information obtained from these sources was the construction of categories that enabled the theorizing stage with the construction of the elements of this SST.

The theorizing stage represents the culmination of the methodological process. In this phase, the information and data collected were synthesized into statements, assumptions, propositions, and a graphical representation. This effort culminated in the development of a robust theoretical framework that serves to describe the manifestation of the phenomenon under study.

The search for data for this construction, which was carried out with human beings, complied with the ethical precepts of Resolution 466/2012 of the Brazilian National Health Council.

Context and population

The target audience for this SST included women aged 35 and over who experienced an unplanned transition to motherhood. These women faced unique challenges due to their advanced age, such as social stigma, emotional and psychosocial difficulties, and pregnancy complications. They came from diverse socioeconomic and cultural backgrounds, with different levels of education and occupations, reflecting a wide range of experiences and social contexts[1,13].

These were women who did not plan their pregnancy for various reasons, such as disbelief in the possibility of pregnancy due to their age, discontinuity and inadequate or inconsistent use of contraception, limited knowledge about different contraceptive methods, failures in using the chosen methods, and lack of access to the resources necessary for their effective implementation[1]. These unexpected pregnancies are often not well accepted by partners, family members, and even by the women themselves[11].

These women were living in a social context that often imposes pressures and expectations on motherhood and the ideal age to be pregnant, dealing with balance between career and maternal care, changes in family dynamics and reflections on identity and life priorities. Despite the challenges, they sought to adapt and find support in their faith, family and community[11].

Theoretical foundations and philosophical position

TT was developed from a philosophical perspective and worldview that emphasizes the interconnectedness, complexity, and contextual nature of human experiences. This perspective is influenced by several philosophical currents, including humanism, symbolic interactionism, and feminism, which contribute to its holistic and person-centered approach[9].

TT provides a framework for understanding individuals', families', and social groups' transitional experiences. These transitions are understood as events or periods of change that occur in different life contexts, such as health, illness, recovery, aging, and significant life events such as motherhood. The theory highlights the importance of recognizing these transitions, understanding them as complex processes that affect individuals' well-being, adaptation, and quality of life[9].

The main concepts of this theory include the types of transitions (developmental, situational, health/illness, organizational), the properties of transitions (consciousness, engagement, change and difference, time and critical points) and the transition response patterns (process and outcome indicators), which help to assess the transition process in terms of well-being and adaptation. Moreover, the theory identifies conditions that influence the transition experience, including personal, community, and sociocultural factors. Meleis's approach emphasizes the need for person-centered nursing therapies to facilitate healthy transitions by supporting individuals in understanding, coping, and adapting to change[9].

From this perspective, this SST adopts a philosophical perspective that integrates poststructuralist and postmodernist concepts to analyze the advancement of scientific knowledge in nursing. Poststructuralism allows a critical reassessment of established practices and concepts in nursing, encouraging a deconstruction of existing narratives and structures. This approach highlights the construction of knowledge within specific social and cultural contexts, recognizing that health care transcends technical procedures and is influenced by these contexts. On the other hand, postmodernism promotes a pluralistic view of knowledge and questions the notion of universal truths in health and nursing. This encourages nurses to recognize and value diverse experiences and realities, contributing to a nursing practice that is more individualized and inclusive, reflecting the complexity of human experiences[6,14].

Additionally, the study explores the perception of late motherhood, particularly at age 35 without prior planning, as a complex and multifaceted social phenomenon. This experience is viewed through an approach that values subjectivity and diversity, recognizing that nursing knowledge is based on both objective data and subjective and intuitive experiences. This open and flexible perspective allows for a deeper understanding of concrete phenomena, considering the plurality of truths and the complexity of nursing phenomena. By focusing on late and unplanned motherhood, the study highlights how this experience transforms women's perceptions and identities, leading to a reassessment of

previous beliefs and the development of a new understanding of themselves as mothers, illustrating the richness of experiences and perceptions that shape the journey of motherhood.

Theoretical derivation and theorizing process

The Transitions Middle-Range Theory (MRT) is the conceptual basis of this SST, from which the main concepts were derived. The purpose of theoretical derivation is to develop a new theory using analogies drawn from theories already consolidated in various areas of knowledge. It is a process that allows the transposition of concepts so that they can be adjusted to the phenomenon studied[15].

RESULTS

Chart 1 presents the derived statements as well as a new concept, metamotherhood, developed from data sources and the theorization process.

Chart 1 – Concepts and functional elements of Specific Situation Theory. Curitiba, PR, Brazil, 2024.

Concepts	Statements	Functional elements	Definition
Transition	Transition to unplanned motherhood at an advanced age is a complex process that occurs over time and involves transformation, self-reflection, resilience, maturity and social support. Transition denotes a change in women's family and self-relationships as well as in their expectations, and requires adaptations of needs. Transition requires a person to incorporate new knowledge, change behavior and, therefore, transform the definition of self in the social context.	Focus	The focus is on facilitating the unplanned transition to late motherhood, with the concept of transition being central to nursing care.
Nature of transition	The type is developmental, because it belongs to a phase of the life cycle that has the properties of changing women's understanding based on awareness of the responsibilities and challenges of motherhood at a socially unconventional age. There is an engagement in child care and protection, in addition to commitment to prepare and train for unplanned motherhood, which is the milestone/critical point for the beginning of transition. It is also of the health/disease type because there may be developmental conditions that interfere with women's state of well-being. The patterns that guide transition are characterized as multiple, simultaneous and related, as there are numerous related transitions that occur at the same time for women who transition to late motherhood without planning.	Customer	This is a woman who becomes pregnant after the age of 35 without any reproductive planning. This woman faces a complex and challenging transition, involving emotional, psychosocial and identity changes. She deals with social stigmas, health challenges and the need to adapt to a new life role. She goes through a redefinition of priorities, identity and interpersonal relationships that require emotional, informational and health support.

Chart 1 – Cont.

Concepts	Statements	Functional elements	Definition
Transition conditions	Factors that interfere or influence the transition process to unplanned late motherhood. Factors can be facilitators or inhibitors of the transition, such as support network and social relationships, beliefs, spirituality, socioeconomic level, preparation/planning, physical limitations and fatigue, self-knowledge, shame/stigma, guilt, social and cultural impositions of motherhood.	Nursing	Nursing has a multifaceted role that encompasses not only clinical care but also education, counseling, and support for women in this age group. Nursing in this context involves understanding the complexities associated with late motherhood, such as health risks, psychosocial challenges, and specific information and support needs. The role of nurses is fundamental in promoting healthy and informed reproductive planning, providing crucial information and emotional support, and tailoring care to women's individual needs, thus promoting a positive and safe motherhood experience.
Response patterns	These refer to the various ways in which older women without reproductive planning go through transition. They are determined by women's reaction and adaptation to late motherhood. This includes emotional adjustments, changes in self-image and self-perception, development of new parenting skills/ abilities, and restructuring of personal and professional relationships. Response patterns are dynamic and can be influenced by facilitating or inhibiting factors.	Health	It is a dynamic and multidimensional state that encompasses a woman's physical, emotional, social and reproductive well-being. In this scenario, health is not limited to the absence of disease, but also includes the ability to adapt to the changes and complexities of late pregnancy, including awareness and management of increased risks for obstetric and neonatal conditions. It also involves engagement in prenatal care, emotional and social support conditions, and information on sexual and reproductive health, highlighting the importance of planning and preparation for a healthy pregnancy.

Chart 1 – Cont.

Concepts	Statements	Functional elements	Definition
Nursing care	In the context of transition to late motherhood without reproductive planning, it involves an integrated approach that considers the physical, emotional and social complexities faced by women. Care should be tailored to promote health and well-being, support adaptation to motherhood and strengthen parenting skills/abilities. This includes educational actions, emotional support, promotion of a supportive social environment and health care appropriate to advanced maternal age.	Environment	It is the context in which women live and interact with significant people who can affect their health. The family is an environment that welcomes but also rejects. An environment of friendship, health and spirituality strengthens their health and them as a human being.
Metamo-therhood	It is the process of transformation that women go through after an unplanned pregnancy after the age of 35. The term “metamotherhood” indicates a transformation that integrates previous experiences with new ones, enriched by the experience of unplanned motherhood. This transformation culminates in a new identity, which transcends previous limits or states and incorporates a new understanding of the worldview, self-image and motherhood.	Nurse-customer interaction	It is a process that occurs throughouttransition and is based on bonding and trust. It is through interaction with nurses that women receive guidance, support and assistance, feeling reassured to face the transition.
		Nursing therapy	Nursing care is characterized by actions and interventions that will facilitate a woman’s healthy transition to unplanned motherhood at age 35 or older. Nursing therapy helps women develop self-confidence and coping strategies in order to adapt to new challenges.
		Resilience	A woman’s ability to face, overcome and emerge stronger from the physical, health, psychosocial and emotional challenges imposed by unplanned late motherhood. It is a recovery skill, maintaining a positive outlook in the face of difficulties and adapting to the new realities of life. Resilience is demonstrated by a woman’s ability to reorganize their life, priorities and identity, transforming adverse experiences into opportunities for growth and personal development.

Chart 1 – Cont.

Concepts	Statements	Functional elements	Definition
		Adaptation	Dynamic process by which women adjust their expectations, behaviors and attitudes to the new reality of motherhood at an advanced age. It includes the ability to modify lifestyle, redefine personal values and goals, and integrate the new maternal role into their identity while dealing with the physical, emotional and social challenges arising from late pregnancy.
		Transformation	An evolutionary process that women go through, resulting in important changes in their self-perception, their interpersonal relationships and worldview due to the experience of late motherhood. This process involves rebuilding their identity, reformulating their priorities and developing a new understanding of life and themselves as a mother.
		Maturity	It is a stage of psychological and emotional development achieved by women that allows them to face the period of late motherhood in a conscious and prepared manner. It is the ability to make conscious decisions, to reflect deeply on the meaning of motherhood and, with this, the development of a realistic view of the challenges and rewards of being a mother at a later age. Maturity serves as a strength that will allow adaptation to the new reality and will contribute to making changes in the life, for the better, of women and their family.

In view of this, relationships between concepts and elements were constructed, resulting in nine propositions for this SST:

1. Transition to unplanned motherhood after age 35 is an ongoing process that begins with identifiable transitional characteristics but has no set end, since motherhood is permanent.
2. Transition involves deep self-reflection, which is necessary for the construction of a new identity as a woman and mother.
3. To cope with life changes and adaptations, women require comprehensive support that includes individualized nursing care, social, emotional and community support.
4. Women's response patterns and well-being during transition are influenced by a confluence of factors, such as social network support, spiritual beliefs, socioeconomic conditions and the environment, including family and friendships, all acting to facilitate or inhibit their ability to adapt.
5. Nurse-customer interaction is essential and valued by women in monitoring the transition, offering guidance, emotional support and crucial information for managing the challenges associated with late motherhood.
6. Nursing therapy should be individualized, focusing on developing women's self-confidence and coping strategies to promote a positive and safe motherhood experience.
7. Women's health encompasses physical, emotional, social and reproductive well-being and is essential for a healthy transition, requiring attention to both objective factors related to obstetric and neonatal risks as well as subjective factors that align with psychosocial factors.
8. Conscious and informed reproductive planning emerges as a vital component in promoting women's health and well-being, highlighting the importance of nurses in facilitating access to adequate sexual and reproductive health information.
9. The experience of unplanned motherhood after the age of 35 is a transformative process that challenges women to redefine priorities, identity and interpersonal relationships, in a context of emotional and health support.

Thus, five assumptions/presuppositions were established:

- Adaptation to unplanned motherhood at an advanced age is a complex process that is significantly influenced by social and emotional support, in which a robust support network mitigates the health, psychological and social challenges faced.
- Nurses' active involvement in facilitating transition to unplanned motherhood at an advanced age improves the experience of motherhood, which indicates that nursing care and informational support are fundamental.
- Women's self-confidence and the development of coping strategies during transition are directly affected by the quality of the nurse-customer interaction, implying that effective communication and a bonded relationship are fundamental for a healthy transition.
- Access to adequate information on sexual and reproductive health contributes to the empowerment of women and to a more conscious and informed transition to late motherhood, in which health education mediated by nurses is a crucial component for family and reproductive planning.
- The multidimensionality of the health of women aged 35 and over during transition to unplanned motherhood requires a comprehensive approach to care, which assumes that attention to physical, emotional, social and spiritual needs is essential to promote a healthy transition.

To understand how all these elements relate, Figure 2 was constructed to graphically represent an SST.

Considering the transformative nature of this transitional experience, this new identity was named metamotherhood, as it is understood that there is a transformation that women go through after an unplanned pregnancy after the age of 35 that goes beyond the social role of becoming a mother (even if again), but this transition occurs in a context of personal development and learning that changes women. Hence, there is a transformative metamorphosis through this experience that accumulates knowledge and modifies their thinking without abandoning their previous foundations. It is believed that there is a transcendence in this transformation, in which there is a movement of going beyond previous limits or states, incorporating and overcoming past experiences to reach a new level of understanding of motherhood and of themselves.

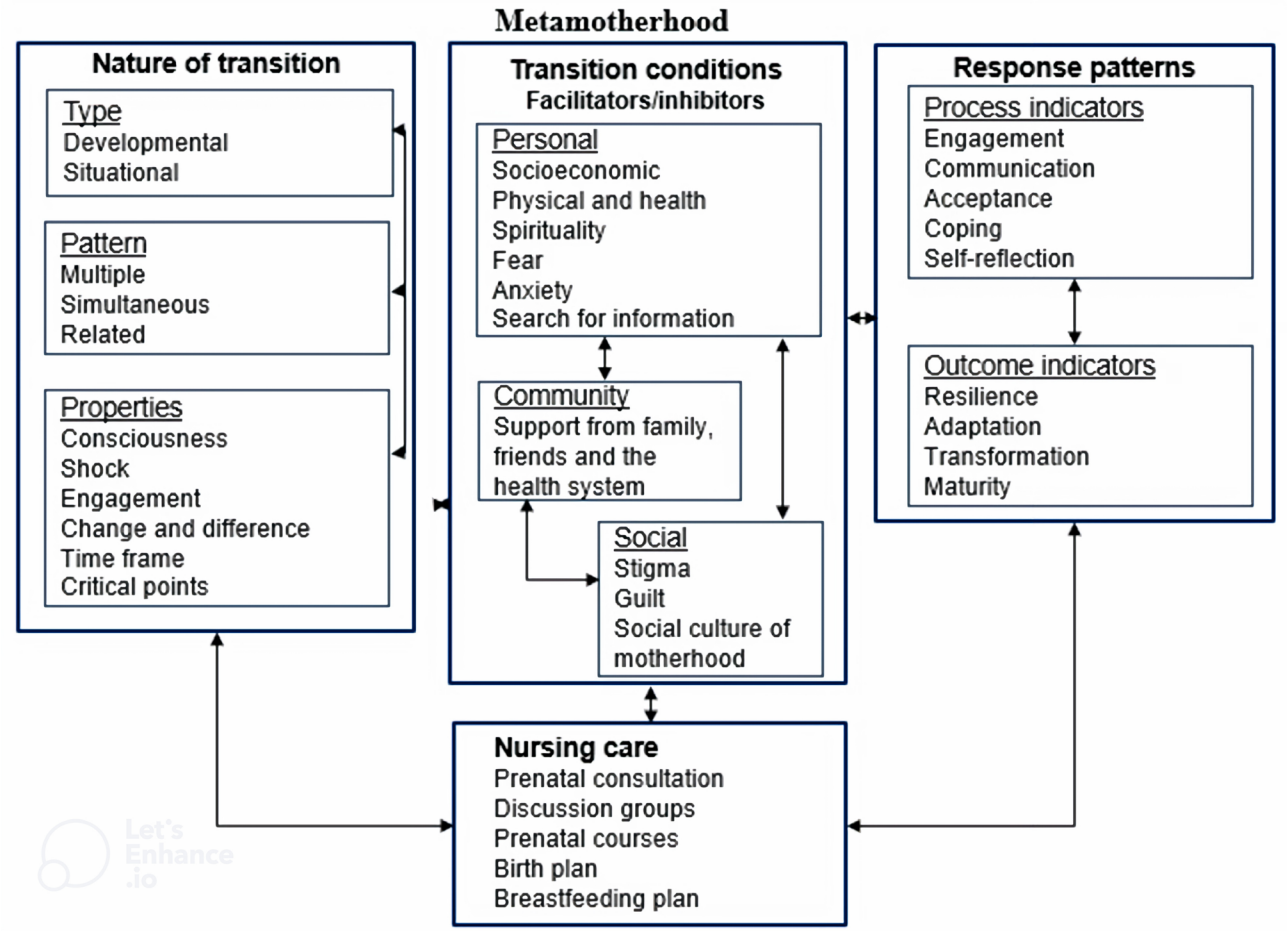

Figure 2 – Graphical representation of a specific situation theory for nursing care for women transitioning to motherhood after age 35 without planning.

DISCUSSION

This SST proposal, although presenting descriptive and predictive elements, aims to explain the transition process, highlighting the importance of socioeconomic, spiritual, social support and health factors as essential for a healthy transition. These elements are particularly relevant for women over 35 years of age facing unplanned motherhood, a phase that requires adaptation and remodeling of identity. The coping capacity of these women not only anticipates healthy response patterns, but also triggers a reassessment of their social and personal role, culminating in the formation of a new maternal identity. This overview highlights the interconnection between theory and practical experience of late motherhood, underlining the need for a careful look at the multiple factors that influence this transition.

Women over 35 who experience unplanned motherhood go through a path marked by changes and challenges that affect their overall well-being and require a deep level of self-reflection and a remodeling of identity. Studies show that late motherhood can lead to a substantial reassessment of the role of women in both the social and personal spheres, triggering the development of a new maternal identity[16–17].

Given this context, the importance of comprehensive support becomes indisputable. An environment that offers nursing care, community resources and an active social network is essential to foster the necessary adaptations for a positive transition experience[6]. Such support is particularly valuable for women facing unintended pregnancy after the age of 35, for whom comprehensive

nursing care – including emotional support and essential information – is essential to manage the challenges of late motherhood and mitigate adverse factors such as anxiety, shame and social impositions[18].

Thus, it is understood that transition to unplanned motherhood is an ongoing process and it is assumed that there is no closure or finality to this transition, as TT assumes. Motherhood and all the issues linked to it imply a continuity in the reconstruction of the meaning of this event in a woman's life story, and this is linked to the subjective and cultural weight that women attribute to transition. Thus, it can be said that there is a transition from a relatively stable state to another that is also relatively stable, but without necessarily having an end point, since motherhood is a lifelong commitment.

In this context, women's ability to respond to life-changing events is affected by a combination of internal and external factors, including socioeconomic conditions, social support systems such as family and friends, and spiritual and health support. Moreover, the quality of the interaction between nurses and customers is a crucial element, being highly valued by women who, through bonding and trust, provide indispensable care, guidance, and emotional support. Conscious and informed reproductive planning, with access to accurate information about sexual and reproductive health, is also an essential component of promoting women's health and well-being. Thus, adaptation and resilience to life-changing events are profoundly influenced by nursing care interventions.

In this regard, nursing therapies, translated into nursing care, with a focus on developing self-confidence and coping strategies, are essential to encourage a safe and positive transition experience. Women's health, encompassing the physical, emotional and social dimensions, highlights the complexity of female well-being during this period of change, requiring multidimensional care and ongoing support[19].

This SST proposes that actions such as prenatal consultations, both the bonding and subsequent ones, discussion groups with pregnant women, prenatal courses, home visits, visits to the maternity ward, birth plan and breastfeeding plan should be nursing care, considering the theoretical framework described. These are not innovative interventions, but they need to be carried out with the perspective of this theorization aimed at women aged 35 or over who became pregnant without planning, considering the nature, conditions and patterns of transition.

Unplanned motherhood after the age of 35 thus unfolds as a transformative process, demanding a redefinition of priorities and interpersonal relationships within a context of emotional and health support. This process invites deep reflection on personal identity and adaptation to new maternal responsibilities, reiterating the importance of the availability and adequacy of nursing care and social support systems.

Finally, it is imperative to recognize the multifaceted nature of transition to unplanned motherhood in later life. While potentially enriching, the experience can also introduce challenges that require substantial adjustments in women's lives.

The limitations of this study are imposed as knowledge is continuous and dynamic, and generalizations cannot be taken as certain, since each nursing phenomenon is situated in time, space and context. Thus, it is also understood that the lack of longitudinality of maternal monitoring may limit this SST about understanding the evolution of care needs over time. In this sense, a cohort study can be carried out for a more detailed follow-up of women who transition without planning in this age group.

CONCLUSION

This study resulted in the development of an SST that explains the complex transition to late motherhood without reproductive planning in women over 35 years of age. The findings indicate that these women face unique challenges involving social, emotional, and health aspects, requiring a differentiated approach to nursing care. The SST emphasizes the importance of understanding the transition experiences of these women, proposing care strategies that address both clinical and psychosocial needs. This suggests a theory-based nursing practice to promote a healthy pregnancy and transition.

The contribution of this study to theoretical and scientific knowledge in nursing lies in the formulation of an SST that offers detailed insights into the specificities of unplanned late motherhood. This work highlights the need for an evidence-based nursing practice capable of meeting the unique demands of this population, contributing to training nurses and developing maternal health policies. The practical applicability of the theory is reflected in the promotion of holistic and personalized nursing care, highlighting the importance of informed reproductive planning and emotional and social support.

To develop public policies, a guideline is proposed that focuses on educating health professionals about the complexities of late motherhood and integrating psychosocial and reproductive health support services, ensuring access to information and resources for women and families. Such an approach requires interdisciplinary collaboration and a commitment to maternal health as a public health priority, aiming at comprehensive support that addresses the particularities of late motherhood.

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NOTES

ORIGIN OF THE ARTICLE

Article extracted from thesis – "*Transição para a maternidade não planejada após os 35 anos: Teoria de Situação Específica*", presented to the Graduate Program in Nursing, *Universidade Federal do Paraná*, in 2024.

CONTRIBUTION OF AUTHORITY

Study design: Aldrighi JD, Wall ML.
Data collection: Aldrighi JD.
Data analysis and interpretation: Aldrighi JD, Wall ML.
Discussion of results: Aldrighi JD, Wall ML.
Writing and/or critical review of content: Aldrighi JD, Trigueiro TH, Wall ML.
Final review and approval of the final version: Aldrighi JD, Trigueiro TH, Wall ML.

APPROVAL OF ETHICS COMMITTEE IN RESEARCH

Approved by the Ethics Committee in Research of the *Hospital das Clínicas* Complex, *Universidade Federal do Paraná*, under Opinion 3.959.789/2020 and *Certificado de Apresentação para Apreciação* Ética (Certificate of Presentation for Ethical Consideration) 30071720.0.0000.0096.

CONFLICT OF INTEREST

There is no conflict of interest.

EDITORS

Associated Editors: Luciara Fabiane Sebold, Ana Izabel Jatobá de Souza.
Editor-in-chief: Elisiane Lorenzini.

TRANSLATED BY

Letícia Belasco.

HISTORICAL

Received: May 03, 2024.
Approved: September 12, 2024.

CORRESPONDING AUTHOR

Juliane Dias Aldrighi.
juliane.aldrighi@gmail.com