

Experience of pregnant women at an advanced age

Vivência de mulheres na gestação em idade tardia
Experiencia de las mujeres embarazadas en edad tardía

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ABSTRACT

Objective: To describe the experience of pregnant women at an advanced age.

Method: This is a qualitative and descriptive study, which was conducted with 21 pregnant women aged 35 years older or over undergoing high-risk prenatal care, from December 2015 to April 2016. The data were collected by means of semi-structured interviews. The thematic analysis of the data followed the six steps proposed by Creswell.

Results: Six thematic categories have appeared: Ambivalence: from fear to happiness; The (un)planning and the divine; Family (re)organization: from support to non-acceptance; Maturity as a facilitator for motherhood; Advanced age and risk perception; The biological age of the body hindering pregnancy.

Conclusion: This study describes the experience of pregnant women at an advanced age and unveils several experienced aspects that could be used as allowances for nursing care to women who become pregnant at an advanced age.

Keywords: Obstetric nursing. Maternal age. Pregnancy. Nursing care.

RESUMO

Objetivo: Descrever a vivência de mulheres na gestação em idade avançada.

Método: Estudo descritivo e qualitativo, realizado com 21 gestantes de 35 anos ou mais em acompanhamento pré-natal de alto risco, no período de dezembro de 2015 a abril de 2016. Os dados foram coletados por meio de entrevista semiestruturada. A análise temática dos dados seguiu os seis passos propostos por Creswell.

Resultados: Emergiram seis categorias temáticas: Ambivalência: do medo à felicidade; O (não) planejamento e o divino; (Re)organização familiar: do apoio à não aceitação; Maturidade como uma facilidade para a maternidade; A idade avançada e a percepção do risco; A idade biológica do corpo dificultando a gestação.

Conclusão: O estudo descreve a vivência da mulher gestante em idade avançada e apresenta diversos aspectos experienciados que podem ser utilizados como subsídios para o cuidado de enfermagem às mulheres que gestam nessa idade.

Palavras-chave: Enfermagem obstétrica. Idade materna. Gravidez. Cuidados de enfermagem.

RESUMEN

Objetivo: Describir la experiencia de mujeres embarazadas en edad avanzada.

Método: Estudio descriptivo y cualitativo, con 21 mujeres embarazadas de 35 años o más en seguimiento prenatal de alto riesgo, en el período comprendido entre diciembre de 2015 y abril de 2016. Se recolectaron los datos mediante entrevistas semiestructuradas. El análisis temático de los datos siguió los seis pasos propuestos por Creswell.

Resultados: Aparecieron seis categorías temáticas: Ambivalencia: del miedo a la felicidad; La (no) planificación y lo divino; (Re)organización familiar: del apoyo a la no aceptación; Madurez como una facilidad para la maternidad; La edad avanzada y la percepción del riesgo; La edad biológica del cuerpo obstaculizando el embarazo.

Conclusión: El estudio describe la experiencia de la mujer embarazada en edad avanzada y presenta diversos aspectos experimentados que pueden utilizarse como subvenciones para la atención de enfermería para mujeres que se embarazan a esta edad.

Palabras clave: Enfermería obstétrica. Edad materna. Embarazo. Atención de enfermería.

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■ INTRODUCTION

Gestation in women over 35 years old has become a worldwide reality. Some factors, such as the increase of the female insertion in the labor market, longer study time among women and improvements in contraceptive methods have contributed to this phenomenon. In addition, it is possible to mention the pro-women movements, active since the mid-1970s, helping women achieve their rights and freedom, including the exercise of their own sexuality⁽¹⁾.

Even though they are free and have more established rights, these women still have to deal with the label of late mothers or older mothers. In addition, they often face a high-risk prenatal care, so that, for the Ministry of Health (MS – Ministério da Saúde), they belong to a risk group that is more vulnerable to presenting unfavorable results during pregnancy due to their age⁽²⁾.

However, through another perspective, studies point out that the age alone may not be a risk factor, since a quality prenatal care associated with excellence in labor and delivery may modify pre-diagnosed health conditions, making pregnancy outcomes similar to those of younger pregnant women⁽²⁾.

It is understood that the risk monitoring has two versions. The first is the professional's point of view regarding the biological risk, and this monitoring is based on the biomedical character that assesses and segments who is at normal risk and who is at high risk. However, most of times only the objective risk is considered, that is, it presupposes some interurrence during pregnancy because the woman fulfills some requirement related to the guidelines provided by the MS.

The other version is the woman's view of risk, because for her this experience has another purport, another perception. Because the woman, in general, has no clinical knowledge, there is a subjective view that considers beliefs, values and their social environment.

Currently, there are many studies on the gestation in an advanced age, but they mostly present the biomedical view of the phenomenon⁽³⁻⁴⁾. Few are qualitative and investigate the experiences of these women⁽⁵⁻⁷⁾. Thus, this study is justified by the need to know and consider the experience of gestation in an advanced age, in order that this knowledge subsidizes health professionals to draw care possibilities that are consistent with this population. In this sense, there is an uneasiness among the authors that follows the guiding question: "What is the experience of pregnant women in an advanced age?". Thus, the objective of this study was to describe the experience of pregnant women in an advanced age.

■ METHOD

Descriptive and qualitative study, which had as theoretical reference the official literature made available by the MS in the form of manuals and protocols of Women's Health⁽²⁾. This reference was chosen due to the scarce national material available regarding gestation in an advanced age.

The study comes from the master's thesis entitled: "The experience of pregnant women in an advanced age", which was presented at the Post-Graduation Program in Nursing of the Federal University of Paraná⁽⁸⁾. It was developed at the high-risk prenatal outpatient clinic of a reference university hospital in the South of Brazil, from December of 2015 to April of 2016. The participants were pregnant women attending high-risk prenatal care at the hospital, and who met the following inclusion criteria: to be pregnant at the age of 35 years old or over at the time of the interview. The exclusion criterion was: do not dominate Portuguese, because the study city welcomes immigrants and their presence is a reality in local health services.

The selection of the pregnant women was intentional. When they were invited to participate, the theme and purpose of the study were presented. If accepted, they would enter a reserved room provided by the clinic, in order to protect their privacy. At that moment the Free and Informed Consent Term was applied, which all participants read and signed.

The collection was carried out through a semi-structured interview followed by an objective form containing demographic, economic, social and current gestation questions. It should be highlighted that there were neither denials nor losses.

The interviews were entirely carried out by the first author, recorded in audio, and guided by the question: "Tell me about your experience in this gestation." and for secondary questions, when necessary. The speeches were transcribed in full in a digital document and, in all the interviews, only the researcher and the pregnant woman were present in the location. The average duration of each interlocution was 19 minutes.

The data were submitted to the thematic analysis proposed by Creswell⁽⁹⁾, consisting of: organization and preparation of the data for analysis; reading of the data; coding of the data; description of the data; representation of the analysis; interpretation of the analysis. For the author, interpreting the analysis is to extract meaning from the data obtained according to the researcher's knowledge on the subject and thus make comparisons with the existing literature⁽⁹⁾.

In order to support the coding of the data, the qualitative interface software *R pour les Analyses Multidimensionnelles*

de Textes et de Questionnaires[®] (IRAMUTEQ) was used⁽¹⁰⁾. Although the software requires 20 to 30 interviews so that the content is effectively used, the data saturation criterion was also used⁽¹¹⁾. Thus, there were in total 21 pregnant women, identified with the letter G, followed by the numeral corresponding to the chronological order of the interviews, resulting in the codification: G1, G2, G3... G21.

IRAMUTEQ has organized the content in classes, based on the Descending Hierarchical Classification, which provides the grouping of words that are related to each other and form thematic categories related to the object of study, through statistical analyzes in qualitative textual data⁽¹⁰⁾.

The research project was approved on July 21, 2015 by the Research Ethics Committee of the Clinical Hospital of the Federal University of Paraná under the Opinion No. 1.155.166 and CAAE: 46154615.7.0000.0096, in compliance with the ethical precepts defined by the Resolution 466/12 of the National Health Council.

■ RESULTS

Characterization of the pregnant women

The age of the 21 pregnant women ranged from 35 to 42 years old. As for marital status, the majority were married (75%), four (20%) separated and one single (5%). Regarding schooling, six (28%) had incomplete Elementary School; six (28%), incomplete High School; five (24%), had complete High School; and four (20%), had complete Higher Education. Regarding family income, 15 (72%) reported receiving between one and three minimum wages; three (14%), less than one minimum wage; and another three (14%), more than three minimum wages. Regarding the occupation, 15 (72%) had different paid occupations, while the other six (28%) did not work.

Regarding the current gestation, 16 (75%) were multiparous, 13 (62%) did not plan the pregnancy and 10 (47%) intended the vaginal delivery.

From the analysis, it was possible to categorize the discourses in six different themes.

Ambivalence: from fear to happiness

In this class, it was possible to perceive the fear related to different aspects, such as the loss of the baby, the health conditions of their children after birth, and the moment of childbirth. This anxiety was closely related to the issue of advanced age and the unexpected. However, despite all the worries and fears surrounding them, the gestation, after accepted, has brought joy and happiness.

Because of the age I was also afraid of losing it. (G15)

My fear was to abort during the bleeding I had; I had already thought I was losing it. (G7)

From everything I heard I was afraid she might have some disability, due to something related to my age. (G1)

Besides that, because of the age it is risky, not easy, I think the child may be born with a problem, with a disability. (G18)

When I would say my age they would ask me if I knew I was at risk of having a child with Down Syndrome, if I had already taken the neck test. (G10)

I was scared because of the age, because they say it is a risky pregnancy, that the woman dies, there are complications in the childbirth. (G2)

I wanted a cesarean delivery [...] because of the age, too, because it's already a little annoying, if I were younger it would be easier, but at 41 it gets harder. (G16)

Even when I was scared, I felt safe, a confidence that it would come out perfect [...] but God knows everything and I am very happy. (G1)

When I discovered the pregnancy I was a bit scared, but I was happy. [...] they say that at this age, we are at a greater risk, but despite this, I was happy. (G15)

The pregnant women presented ambivalent feelings exemplified by fear and joy, because the uncertainty of the physical and mental conditions of the baby brings concerns, whereas there is an idealization of a healthy and perfect child. The pregnant women demonstrated an empirical knowledge regarding the problems that the gestations of people who are over 35 years old can bring, especially concerning disabilities such as the Down Syndrome.

Moreover, they exposed a discredited thought regarding the physiology of the female body for the natural delivery of the baby. In this sense, they believed that the age could interfere with and hinder the natural delivery.

The (un)planning and the divine

In this class, themes concerning the (non)planning of the gestation were addressed, sometimes attributing the conception to divine and religious matters. Many of them did not plan the current pregnancy because they thought they

could not get pregnant due to their age. However, others have planned and presented one of the reasons for investing in studies to provide better living conditions for the family.

This pregnancy was planned, I waited to have children after the thirties due to studies, work, to be able to offer quality of life to the child. (G11)

I have a real life-mate that is why we planned to have a child. (G12)

It was a joint decision [to conceive], we are Christian, so we believe that it is God who decides [...] then, I believe that it is not the decision of the woman nor of the man, it is God's decision. (G13)

It was a joint decision, I became independent, I went to live alone, I met my husband, we got married, and I think I am in a moment of life when I can afford having the baby. (G8)

I was not in my plans, I thought that because of my age I would not get pregnant [...] but since I am Christian, everything is God's permission. (G10)

We had plans, but not now, it was not a priority, he told us to leave it in God's hands, because God knows what he does. (G6)

The women believed that they would not become pregnant and therefore did not use any contraceptive methods. Others have not done so because of their religion, which recognizes the natural method of contraception as the only one possible. In addition, it is possible to observe that the planning of the pregnancy is also related to waiting for the right moment, a solid relationship with the "right" partner and the financial conditions of the couple, so that these aspects are important for a proper gestational and child development.

Family (re)organization: from support to non-acceptance

Most of the pregnant women were multiparous and justified the current gestation at this age due to the change in the constitution of the family nucleus, in which a new partner aroused the desire to have a child of that relationship. Of the primiparous, the construction of the family was in a later period of life, which resulted in the conception of the first child after the 35 years old. In addition, family support shows up as an important piece, revealing the

care and affection of the family, the happiness of the other children and the companions concerning the arrival of the new baby.

This is my second marriage and my husband does not have children, so it was something we wanted. (G6)

Now I'm with the second husband and he has asked me, he wanted very much to have his own child, he was never married and has no children. (G21)

I think I have waited until now [to get pregnant] because that's when I started to build my family and get married. (G8)

They are very careful and very happy about my pregnancy, everyone was very happy about it. (G11)

My daughter and my husband were very happy, the whole family was happy because my daughter wanted me to have another child too much. (G10)

My children already like the idea, my whole family [...] is all very careful with me. (G16)

Despite this, some speeches demonstrate that not all women had the support of their families:

What is difficult for me is my age, I do not accept being pregnant at 41 [...] my son has not accepted either, he does not accept. (G19)

I did not want this current gestation, I did not accept it at first [...] 35 years is already an age to retire, hang the boots of the maternity. (G20)

[The husband] did not accept it, he said: how can you be 42 and carrying a baby? (G14)

It was complicated in the beginning for the children to accept, my daughter was pregnant, and my teenage son did not accept it. (G15)

They say I am crazy for getting pregnant at this age, and that I should have thought about it before I got pregnant. (G10)

The gestation associated with the woman's age crossed the biological questions and showed biased discourses and lack of acceptance by the family and even by the woman herself, who no longer identified herself with the self-image of a pregnant woman who cares for a baby child. There

is the rejection of the husband, the older children and the woman herself, denoting how the female reproductive matter is not associated with older women.

Maturity as a facilitator for motherhood

In this class, the pregnant women reported that their age brought more experience and maturity, thus, they felt more prepared for motherhood. They emphasized that this is a facilitator, because, unlike when they were younger, today they are more responsible, they take care of their own health during the gestation, they are more patient and they can enjoy that moment better.

When I was 20 and she was born, I was studying, I was not ready to have a child, I think that age makes us more mature, older, we have more patience. (G7)

I consider myself more mature, this is a facilitator for me [...] we become more careful, our mind changes, and the priorities are different. (G21)

But the fact of taking care of yourself, even at the age of 36, is different, because the care is more intense, the concern is different. (G6)

Today, I think that with my head I will enjoy more, I will take better care because with age we mature, we think differently. (G15)

It can be understood that an advanced maternal age was presented as a benefit in this sense, in which the experience gained by age brings more preparation, organization and balance to take on this responsibility, in addition to the woman feeling more competent for the care of the child.

Advanced age and risk perception

Many of the pregnant women performed the prenatal care because they had chronic diseases, but others were doing it only because of their age. The age-related risk has sometimes not been recognized. Otherwise, they felt comfortable because they were in a high-risk follow-up, because they reported feeling safe, greater care and concern of the health team regarding the gestation.

I have come to the prenatal care at high risk, but I do not feel that I have a risk; I do not feel that I have anything. (G13)

At first there is no risk, I got tested and everything is fine. (G10)

I prefer having the prenatal care because there is more assistance here [...] because of my age, the medication for depression and because of hypothyroidism. (G15)

Here the professionals give me this security of not being in doubt; I have nothing to complain about. (G6)

Many women knew of the disease that led to the risky prenatal care, but they were unaware of the complications arising from this morbidity. Others were doing it only due to the age factor, so they felt healthy and did not realize what risks surrounded them.

The biological age of the body hindering pregnancy

The main theme in this class was the physical difficulties presented by pregnant women of an advanced age. The changes in their daily lives were concentrated in more fatigue, body aches, and edema and in the accomplishment of daily and labor activities that were executed before with normality.

I see that I get tired very fast, physical fatigue, the leg gets heavier, I do not have so much breath [...] I do not have as much disposition as before. (G11)

I feel a lot of pain because the bones are opening; I feel a little more tired, maybe also because of my age. (G1)

I feel huge, bigger than the others, I feel sensitive, tired, a lot of pain in the back. (G3)

Experiencing this pregnancy is very different from the others, because before I could work normally, I did not feel pain and tiredness, this is being very complicated. (G18)

It can be verified that the fatigue was the modification that most stood out within this category, followed by the modifications that are proper from the gestation as the swelling of the feet, pain in the legs and in the back. There was a comparison between the body changes in previous pregnancies, when they were younger, and in the current gestation, in which one of the biggest differences was the decrease of their physical disposition.

■ DISCUSSION

Fear has come out as one of the major components of the first class. This is a feeling attributed by any preg-

nant woman during the puerperal pregnancy period. In a late pregnancy, because it is considered of high risk, fear can be enhanced by factors that are beyond the age, to which the woman is often subject and, even more, to be in a specialized service. The high-risk follow-up refers to insecurity and fear about what can happen to your own life and the baby's⁽¹²⁾.

The fear of having an interrupted gestation may be associated with past experiences with not satisfactory outcomes. A study carried out in Pennsylvania, United States, with 2,854 women with or without a history of spontaneous abortions, revealed that they were afraid of any adverse events for them or their children during the gestation. Among those who had experienced the loss, most feared that it might happen again. In the same study, women of an advanced age presented statistical significance with higher rates of fear of problems that caused the baby loss⁽¹³⁾.

Before becoming pregnant, the woman idealizes a pregnancy with a "regular" outcome. Then, when she experiences a high-risk pregnancy, they go through the possibility of adverse outcomes, and this experience is often associated with insecurity and fear. In this way, women feel vulnerable, fear the death of the child, premature birth and malformations, although they have some confidence in the outcome of this experience⁽¹⁴⁾.

In a review study on maternity in an advanced age, most publications have brought the fear regarding the child's health as a recurrent concern of women who become pregnant after 35 years old, due to the directly proportional association between the maternal age and the risk of malformations and genetic problems⁽⁵⁾.

Regarding the fear of giving birth, it is also a natural feeling, since it means the unknown. A study carried out in Florianópolis/Santa Catarina, with the objective of knowing the determining factors for the women's preference by the cesarean delivery, reports that 16 puerperal women have chosen the surgical delivery, and, among their reasons, was the advanced age. In this sense, there is fear of attempting a normal childbirth and not being successful⁽¹⁵⁾. This study corroborates the results of the present research that, although the fear of not being able to give birth is related to age, and the fact that they attribute it to the lack of physical strength for the delivery to occur normally, there is the thought that their bodies are insufficient and require external help, in this case, a surgical intervention.

In addition, regarding the fear of delivering, feelings such as loneliness during labor associated with lack of support from the obstetric nursing, and the inability to give birth are central factors for women to report negative experiences in the process of parturition⁽¹⁵⁾.

In the present study, the intention for vaginal or cesarean delivery was similar, 11 reported cesarean delivery, and 10 reported vaginal delivery. Evidence shows that the educational level and socioeconomic conditions interfere with this option⁽¹⁵⁾, however, in the present study it was not possible to perceive this relation. Among the women who had a high school and/or a higher education level (nine), five women showed a preference for the surgical delivery. Of the ones who had complete or incomplete (twelve) elementary level, seven reported having the intention to perform a vaginal delivery. This fact can be explained through the relation with the individual perception of risk.

Although the pregnant woman in an advanced age has moments of fragility and fear, there is a mixture of feelings of happiness and joy for being pregnant that is evident in the speeches. The first moment was marked by the concern for the health of both; however, after the impact of the discovery of the pregnancy that is often unplanned, there was satisfaction. Moreover, knowing the baby's health conditions reassured them and made them feel happy.

Regarding the pregnancy planning, in this study, of the 21 women, eight have reported it. However, the rest, and the great majority, did not have the gestation planned. The possibility of planning a pregnancy is an important factor for a healthy pregnancy and parenting, a fact that was not common a few decades ago. Currently, advances in contraception, and even assisted fertilization have empowered couples to make this decision⁽³⁾.

Along with this, the mention of God often appeared in the interviews, in the speech "thank God" or by referring to the gestation as a God's choice. The religiousness is a very health-related precept, especially in situations where the fear of suffering and death is present. People, in general, seek in religious beliefs and spiritual meanings responses to their health condition. In the high-risk setting, it may be more comfortable for women not to be entrusted with this decision to get pregnant in the midst of all the consequences of that choice⁽⁶⁾.

The religious and spiritual belief is a resource for coping with the hardships and sufferings experienced. The appeal to God made by pregnant women in an advanced age is due to fear of the health problems that will be faced by her and her child; in addition, the belief encourages women to face the risk^(6,16).

Regarding the theme that gave rise to the category about family constitutions, it is possible to say that women's greater sexual freedom, labor independence, financial independence and autonomy in different spheres of their lives today has also influenced their marital relations. The family structures are changing and there are different types

of family nuclei. The woman of today is able to choose a new marriage, and this may arouse the desire of a child coming from the relationship with this new partner⁽¹⁷⁾.

In addition to the partner, the extended family constitutes the main support for the assistance during the gestational period. In a high-risk pregnancy, the family becomes a support in times of happiness and joy, and in the difficult situations that the high-risk imposes. It is a moment when family ties can be approximated or rebuilt, due to the expectation of the baby and the condition of the woman, in which the entire family network is reached⁽¹⁸⁾.

Although there was a greater involvement of the family during the gestation for some women, others did not have the same support. There were reports of the non-acceptance of the gestation by older children and by the pregnant women themselves. The fact that they do not accept the gestation can be characterized as an additional risk for the adaptation to the gestation and its healthy development. This situation is pointed out by the MS as a risk factor that has individual characteristics and unfavorable socio-demographic conditions⁽²⁾.

Regarding the maturity, studies show that this is one of the greatest advantages of maternity in an advanced age. The already developed life experience implies greater security and a sense of competence in the care of a child^(1,5).

Studies point out that women believe in a better motherhood when compared to younger ages. In particular, they report that they will be better mothers due to the benefits of their maturity and patience⁽⁵⁾. In agreement, a literature review study has found, in addition to these advantages, the fact that women consider themselves more emotionally prepared, if they feel proud to be able to become pregnant after 35 years old, believing it to be the ideal time for the gestation. In this sense, they have felt fulfilled in their new maternal role, saying that this is one of the best events of their lives⁽⁵⁾.

The postponement of pregnancy after 35 years old is associated with a preparation for the motherhood, because women who become pregnant late are more likely to be emotionally resolved, stable, self-assured, prepared for the new challenges, adaptable and flexible regarding raising their children⁽¹⁾.

In addition, a longitudinal study reveals that the benefits are not limited only to mothers, but also extend to children, such as better health and development rates in the first five years of life, in comparison with the younger ones; lower risk of injury, better levels of language development, and fewer emotional difficulties⁽¹⁹⁾.

Even with the aforementioned benefits, prejudice regarding the advanced age pregnancy has come out in

some statements of this study, confirming the concerns of other women in the same situation in which they felt outside the standards of society⁽¹⁾ and feared for having the appearance of their own children's grandparents⁽⁵⁾.

Regarding the gestation in an advanced age and the perception of risk, it was observed that the pregnant women associated the risk with apparent health problems, whose signs and symptoms made them feel sick and consequently at risk. When reporting that they did not present health modifications, it is understood that there is a subjective risk discourse. What has not presented expression in the physical body and in the daily life was not perceived as imminent danger.

Authors also state that women do not realize they are at gestational risk because of their age. In the aforementioned study, the speeches demonstrate a feeling of control of their own bodies, because they felt healthy. They reported that, since they have not felt anything, there was an overestimation of the risk factors, they tended to compare the experiences already experienced by relatives and friends who had been through similar situations and had a favorable outcome⁽⁶⁾.

The data of this study indicate that, although they did not perceive themselves at risk, the women were comfortable to perform a prenatal of risk, they have mentioned a greater concern of health professionals about their gestation and, therefore, they felt more cared for. In the study, the pregnant women attributed the safety in the specialized care to the availability of technologies of the high-risk service, such as the presence of the Neonatal Intensive Care Unit, since, according to studies, the babies may have some complication due to their mother's age and comorbidities. They have also satisfactorily evaluated the care received by health professionals⁽¹⁴⁾.

Regarding the difficulties faced, the most mentioned by the interviewees were fatigue, lack of disposition and pains all over the body. Over time, the body undergoes unavoidable physiological changes. The woman who becomes pregnant in an advanced age, besides the transformations associated to the age, she goes through the changes coming from the gestation. With the aging of the body, some essential abilities are lost, such as the physical disposition and the vigor for the performance of everyday activities⁽²⁰⁾.

The reduction in the physical disposition after 35 years is highlighted as a disadvantage for the late gestation. However, it should be emphasized that many different factors can interfere in the physical disposition, such as quality of life, physical conditioning, and healthy habits⁽⁵⁾.

Women in an advanced age may suffer these consequences more deeply. A study indicates that the late preg-

nancy is associated with greater weight gain, because the metabolism over the years is naturally modified and the pregnancy potentiates these changes. The prevalence of obesity increases with age and 46.4% of women are overweight, as well as 26.8% are obese⁽³⁾.

The feeling of fatigue is not limited only to the pregnancy period, after the childbirth begins a new routine that requires physical energy to be successfully performed. There are reports that older women experience physical limitations due to age during the baby care. The lack of physical recovery through sleep and the care of the baby in concomitance with the household chores end up overwhelming the woman and causing her more exhaustion⁽⁵⁾.

■ FINAL CONSIDERATIONS

This study has made it possible to conclude that the woman, in her experience, presents fear that is distributed in different facets, although it does not prevent her from being happy with the current situation of the pregnancy. It has also revealed the facilities and difficulties faced by women: lack of family planning, often justified by God's will; presence or not of the family as support and support during the gestation in an advanced age; feeling of not being at risk just because she is "older", but with the belief that age is a hindrance to a normal delivery. Therefore, the experience was complex, permeated by positive and negative feelings.

In relation to the fear of the delivery and the disbelief in the naturality of the bodies to give birth, these can be object of exploration during the nursing appointment. The nurse can demystify these issues to reinforce that when a woman is healthy, a high-risk pregnancy due to age is not a hindrance to a vaginal delivery. Therefore, women need to be stimulated and well informed during the prenatal care.

The study revealed that, from a care perspective, it is essential that the aspects that cross the biomedical issues can be worked in a multiprofessional way, with consultations happening between the doctor and the nurse, providing psychological and physical therapy support, so that the prenatal care transcends the risk perspective. In addition, this should never be a purely oppressive environment, where there are only strict rules to be followed, but rather a learning moment provided by nursing and other health professionals.

As a limitation of this study, it should be highlighted the fact that it was carried out in a public institution, where the totality of care is performed by the Unified Health System,

and its main target is the low-income people and families. Thus, it is understood that some features that have been mentioned in the international literature were not found in these women. It is suggested that other studies perform this research in different scenarios, in order to look for experiences that were not found in the present study, in view of the profiles of public institutions.

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