

PREGNANCY AND MOTHERHOOD: HEIDEGGER'S UNDERSTANDING OF THE MEANINGS AND SENSES OF FEMALE MILITARY FIREFIGHTERS**EMBARAZO Y MATERNIDAD: LA COMPRENSIÓN DE HEIDEGGER SOBRE SIGNIFICADOS Y SIGNIFICADOS DE LAS MUJERES BOMBEROS MILITARES****GESTAÇÃO E MATERNIDADE: COMPREENSÃO HEIDEGGERIANA DE SIGNIFICADOS E SENTIDOS DE MULHERES BOMBEIRAS MILITARES**¹Elayne Arantes Elias²Ívis Emília de Oliveira Souza³Letycia Sardinha Peixoto Manhães⁴Andyara do Carmo Pinto Coelho Paiva

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Submission: 30-01-2025**Approval:** 07-05-2025**ABSTRACT**

Introduction: The view of motherhood linked to femininity is a historical and social construction, positioning women and their bodies as destined for pregnancy and the care of children and family, but this experience is unique and depends on their desires and lifestyles. **Objective:** To reveal the meanings and senses of female military health professionals from the Military Fire Department of the State of Rio de Janeiro in the experience of pregnancy and motherhood. **Method:** Qualitative Heideggerian phenomenological research conducted with 21 women. **Results:** Their ages ranged from 31 to 50 years. Motherhood meant: Having matured as a woman, having conducted themselves well and having the child as a gift; Talking about pregnancy: whether it was calm and planned or difficult due to physical and psychological changes; Needing support in everyday life to leave the child and go to work. The Heideggerian senses revealed were: being-there, happy to be a mother; talk, in motherhood as a dream and ambiguity, when the pregnancy period sometimes seemed calm, sometimes horrible. The child, being a gift, highlights the positive report of motherhood, even in the face of the physical, emotional and social changes since pregnancy and the need for a support network for the new life. **Conclusion:** It is important to have qualified nursing assistance for women's health, from reproductive planning, prenatal care to the postpartum period, especially for military women, who have a daily life not covered by public policies.

Keywords: Women; Pregnancy; Reproduction; Qualitative Research.

RESUMEN

Introducción: La visión de la maternidad ligada a la feminidad es una construcción histórica y social, que posiciona a las mujeres y sus cuerpos como destinados a la gestación y al cuidado de los hijos y la familia, pero esta experiencia es única y depende de sus deseos y estilo de vida. **Objetivo:** revelar los significados y sentidos de las profesionales de salud militar del Cuerpo de Bomberos Militares del Estado de Río de Janeiro en la vivencia del embarazo y de la maternidad. **Método:** Investigación cualitativa fenomenológica heideggeriana realizada con 21 mujeres. **Resultados:** Las edades oscilaron entre 31 y 50 años. Maternidad significaba: Haber madurado como mujer, haberse portado bien y tener el hijo como regalo; Hablar del embarazo: tranquilo y planificado o difícil por los cambios físicos y psicológicos; Necesitando apoyo diariamente para dejar a tu hijo e ir a trabajar. Los significados heideggerianos revelados fueron: estar-ahí, feliz de ser madre; hablar, en la maternidad como sueño y ambigüedad, cuando el periodo del embarazo a veces era tranquilo, a veces horrible. El niño, al ser un regalo, resalta la historia positiva de la maternidad, incluso frente a los cambios físicos, emocionales y sociales desde el embarazo y la necesidad de una red de apoyo para la nueva vida. **Conclusión:** La atención de enfermería calificada es importante para la salud de la mujer, desde la planificación reproductiva, la atención prenatal hasta el posparto, especialmente para las mujeres militares, cuya vida cotidiana no está cubierta por las políticas públicas.

Palabras clave: Mujeres; Embarazo; Reproducción; Investigación Cualitativa.

RESUMO

Introdução: A visão da maternidade atrelada à feminilidade é uma construção histórica e social, posicionando a mulher e o seu corpo destinados à gestação e ao cuidado de filhos e família, mas essa experiência é única e depende dos anseios e modos de vida dela. **Objetivo:** desvelar os significados e sentidos de mulheres militares profissionais de saúde do Corpo de Bombeiros Militar do Estado do Rio de Janeiro no vivido da gestação e da maternidade. **Método:** Pesquisa qualitativa fenomenológica heideggeriana realizada com 21 mulheres. **Resultados:** A idade delas esteve entre 31 e 50 anos. A maternidade significou: Ter amadurecido como mulher, ter se conduzido bem e ter o filho como um presente; Contar sobre a gestação: tranquila e planejada ou difícil por conta das alterações físicas e psicológicas; Precisar de apoio no dia a dia para deixar o filho e ir trabalhar. Os sentidos heideggerianos desvelados foram: ser-aí, feliz em ser mãe; falatório, na maternidade como um sonho e ambiguidade, quando o período da gravidez ora se mostrou tranquilo, ora horrível. O filho, sendo um presente evidencia o relato positivo da maternidade, mesmo diante das modificações físicas, emocionais e sociais desde a gravidez e da necessidade da rede de apoio para a nova vida. **Conclusão:** É importante a assistência do enfermeiro qualificado à saúde da mulher, desde o planejamento reprodutivo, o pré-natal até o puerpério, especialmente para as mulheres militares, que possuem um cotidiano não contemplado nas políticas públicas.

Palavras-chave: Mulheres; Gravidez; Reprodução; Pesquisa Qualitativa.



INTRODUCTION

Motherhood up to the present day is visualized intertwined with the feminine essence. Since the eighteenth and nineteenth centuries in Europe, women should have attributes related to being: passive towards men, docile and suitable for functions considered feminine. Thus, faced with femininity, the sexual anatomy of women would work for motherhood, their main role in society at that time¹.

The vision of motherhood inherent to the instinct of women and the almost compulsory nature of having to conceive, highlights the gender relations with the female role built in the cultural and social vision based on reproduction². However, it is necessary to understand that not always the desires and longings correspond to the common sense. The phenomenon of becoming pregnant is understood in various ways by men and women and this can depend on social, economic and cultural aspects. It is an experience that may or may not be related to family formation and parenthood. This phenomenon must be understood free of assumptions and limitations so that it is a safe and well-being moment for the mother and the child³.

Pregnancy requires a restructuring in women's lives in the physical, emotional and everyday spheres. Many may be the perceptions, because the emotions are oscillating in this period, being the child seen as: a companion, an impulse to improve married life, the realization of the dream of paternity/motherhood, among others. It should be noted that this also depends

on aspects such as: personal desire, pregnancy planning, age of the woman, socioeconomic context, evolution of pregnancy and prenatal care received⁴.

Motherhood brings with it varied interpretations and the term "maternity" means the blood relationship between mother and child and is linked to mothering, described as the bond, affection, care and by the mother, but which can also be exercised by the father or other people. Mothering, a historically female function, allows the father to also take care of the child, expressing affection and exercising paternity⁵. The physical and social transformations in pregnant women are great, being positive or negative⁴. In addition, there is a romanticized vision in motherhood by raising happy and healthy children, but in many cases, the woman is naturally burdened with daily tasks, work and care of others, forgotten about herself, alone and without support. However, each experience is unique⁶.

Facing the social demand of motherhood as belonging to women's lives, there is a dichotomy between "private sphere of reproduction and public world of work", where they need to be good working mothers, but with undervalued bodies, inappropriate for the work environment and associated with absenteeism and low performance⁷.

In the professional activity of military firefighters, tasks are related to physical capacity and the image of a fireman as a hero, which can generate inequalities between men and women, especially the mothers, who need to survive this



reality and balance their private and public lives. This, in order to maintain their activities as good professional military firefighters, before “the ideal of a hypermale hero”, discipline and standardization of the firemen’s corps for the work required by the corporation⁷.

To know the lives and experiences of women mothers, it was chosen as a guiding question of the study: How do women, health professionals, military firefighters, mean motherhood? And as a goal: to reveal the meanings and senses of women military health professionals from the Fire Department of the State of Rio de Janeiro (CBMERJ - *Corpo de Bombeiros Militar do Estado do Rio de Janeiro*) in lived pregnancy and motherhood.

METHODS

Qualitative research with phenomenological approach by Martin Heidegger/Heideggerian, which is also a philosophical current that considers the complexity and possibilities of the human being in the world and has been a path for epistemology in nursing⁸. The Heideggerian phenomenology is revealed as methodological and philosophical foundation in scientific productions of nursing by investigating the ontological question of being and its existence. It is articulated with this profession, which recognizes the needs of the being who receives care, because it seeks the experiences lived by the subjects⁹.

Survey conducted with 21 women of the Fire Department of the State of Rio de Janeiro in

the city of Campos dos Goytacazes, Rio de Janeiro State. The scenarios were a barracks (headquarters of the health teams that carry out pre-hospital care), the coordination section of these teams, a polyclinic and a dental clinic (where military personnel and their dependents are treated on a spontaneous basis). The following professional categories participated: dentists, oral health assistants, nurses and nursing technicians, social workers, doctors and psychologists. Military personnel who were dismissed from work for any reason were excluded from the survey. They were invited to participate in the research in visits made by the researcher in these scenarios. With the acceptance, the interviews were scheduled and took place in places of choice for participants, such as their homes and workplace. The data collection took place between January and March 2016.

A total number of participants for the research was not established, because in the phenomenological approach the quantitative dimension is not the most relevant, but the scope of the study objective. Thus, the interviews were closed from this range and the so-called data saturation. This, in qualitative research using questionnaires with open questions and answers, allows the researcher to identify the repetition of structures considered consistent as answers to the questions and the absence of new notes about it, Directing then to the saturation point, that is, to the moment of ending the collection of data¹⁰.

At the time of the interviews, the interviewer mediated the ambience and the



movement of proximity with the deponents. The Informed Consent Form (ICF) was read and signed, together with the completion of the interview script, which contained questions about women's personal, social, occupational and health characteristics and open questions.

For the moment of the interview, the recorder and the following questions guiding the research were used: "How do you experience or experienced reproductive planning? What does this mean to you? How is reproductive planning for you, woman, military, from the health team?". These questions enabled the description of meanings for other data besides this. The interview in the phenomenological modality is that which enables the description of the experiences and the phenomenon experienced. It also enables the researcher to seek an understanding of the meanings in the statements by reducing their assumptions, that is, the interviewer focuses her gaze on the other and not on herself¹¹.

All interviews were transcribed and read attentively, seeking the understanding of meanings and constituting the Units of Meaning (UM). It was followed by the vague and median understanding, that is, of meanings, and the hermeneutic interpretation, which is the stage of unveiling the senses. The Heideggerian phenomenology, besides seeking to understand the meanings, seeks the essence of being, that is, it seeks to unveil the phenomenon or facets of it through the description of the things themselves. The phenomenon is revealed by human consciousness immediately upon being

questioned, as it is, without judgment or reflexion¹².

The research was approved by the Research Ethics Committee of the Anna Nery School of Nursing/São Francisco de Assis Health Care Institute/Federal University of Rio de Janeiro (CEP-EEAN/HESFA/UFRJ) under opinion n. 1,310,355 and CAAE: 48359715.9.0000.5238. In order to comply with methodological rigor, a requirement for qualitative research, the study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide.

RESULTS AND DISCUSSION

The aspects of motherhood and reproduction emerged from the guiding questions, even though they were related to reproductive planning. The age of the 21 deponents was between 31 and 50 years, most are mothers and, of the 5 who do not have children, one is pregnant. Fifteen women do not live with the partner. For military women, health professionals of the Fire Department of Rio de Janeiro, the experience of pregnancy and motherhood meant:

UM1 - To have matured as a woman, as a mother and have behaved well, recognizing that the child changed their life, was welcome, a gift, a blessing, not a disorder:

[...] he was born perfect, thank God [...]
(E1).

[...] the arrival of (daughter's name) was a gift to me [...] he came to give me strength [...] a child is a blessing [...]
(E2).



[...] a child is a blessing [...] they are wonderful children that I was able to raise well [...] they are the reproduction of what you seek [...] we have incredible strength [...] I am very grateful to God [...] (E5).

[...] the great maturity [...] as a woman, maturity as a mother [...] (E8).

[...] I really enjoyed [...] having a child [...] when (daughter's name) was born [...] it was very good [...] (E9).

[...] everything went well, thank God [...] he is here, beautiful [...] the love of my life [...] he is very wonderful [...] (E10).

[...] he was a very calm child [...] he didn't cause me many problems [...] (E11).

[...] it is so good to see the children [...] I have never had any problems with him, thank God [...] (E12).

[...] a wonderful son [...] super affectionate [...] she was very welcome [...] it was great [...] (E13).

[...] Wonderful! (the arrival of the son) [...] I was already mature, I had a great desire to be a mother [...] I was able to experience it in a very good way [...] (E14).

[...] then she came (the daughter), I loved it, I thought it was great [...] (E16).

[...] it was great because it was something I wanted [...] my daughter is coming at such a time, I think it's the ideal time [...] (E17).

[...] and the little one is wonderful [...] (E18).

[...] it was and is a blessing in my life [...] it changed my life, but it was great! I don't regret anything [...] (E19).

[...] it was wonderful [...] being a mother is a gift from God [...] I've never been so happy [...] you already feel fulfilled [...] (E20).

[...] it was all good! We only know what it is to love after we have a child [...] it is a very strong thing [...] it is a very big achievement [...] (E21).

The experience of pregnancy and motherhood also meant:

UM2 - Telling about the pregnancy from beginning to end: quiet, natural, planned, happy and wonderful or difficult because of physical and psychological changes:

[...] easy pregnancy, thank God [...] I felt very hungry [...] it was a lot of work [...] he cried a lot [...] he breastfed a lot [...] but it was good! [...] (E1).

[...] easy pregnancy. I didn't feel sick, I didn't throw up [...] I worked until the last day [...] I didn't have any complaints [...] (E2).

[...] I got a little depressed [...] I had hyperemesis and a threat of premature labor [...] I lost my mucous plug [...] very turbulent [...] (E5).

[...] Very easy [...] I've always been very positive about this motherhood thing [...] for me, pregnancy has always been a very natural thing [...] (E8).

[...] it was worrying [...] I was 38 years old [...] it made me tense [...] I had gestational diabetes [...] (E10).

[...] The first one was easy [...] wonderful, I really enjoyed it [...] my second child [...] wasn't very easy [...] his age wasn't the same [...] my patience is also different [...] (E11).

[...] Wow!! Very welcome, super planned (the son) [...] (E12).

[...] All my pregnancies were uneventful [...] I gained a lot of weight [...] I felt blessed [...] I always wanted to be a mother [...] all the tests were normal! [...] (E13).

[...] happiness, because it was something I always wanted and thought I would

never be able to do again, but also, since it was not planned, it caused me a lot of trouble [...] (E14).

[...] the first one was difficult [...] I was very young, I thought it was all really cool [...] I managed to adapt to everything [...] (E16).

[...] very tense [...] My first trimester was horrible [...] then I was diagnosed with dengue [...] it was really hard [...] (E17).

[...] The first pregnancy [...] I felt more insecure [...] normal prenatal care [...] pregnancy is really good [...] I had a gestational migraine [...] I had placental abruption in the first [...] (E18).

[...] I had (child's name) at the time of H1N1, so I had to stay confined [...] I didn't even work [...] I only went out to see the doctor [...] (E19).

[...] my pregnancy was high risk, I was bedridden from the third month [...] It was crazy, but it was wonderful [...] it wasn't a good pregnancy, you don't enjoy it [...] (E20).

[...] initial placental abruption, a hematoma [...] I had to rest for about 3 months [...] after that everything went really well [...] it went up to forty-something weeks [...] (E21).

It also meant:

UM3 – To need support, have someone to rely on in everyday life and need to leave the child at the nursery or with other people to work, because the time was difficult and unstable:

[...] a lot of work [...] a hectic world [...] I stopped working in other places [...] When I go back (to work) [...] what do I do then? (E1).

[...] I struggled a bit when I went back to work, who would I leave (the daughter) with [...] my mother doesn't live in my city and there was no one to look after her [...] she didn't adapt to daycare [...] (E2).

[...] how am I going to raise a child if I have no where to go? [...] we were transferred [...] in this unstable situation, can you manage motherhood? [...] (E3).

[...] she (the mother) took care of my daughter during the time I left (to work in another city) [...] there's the issue of the father [...] knowing that he has to share some tasks [...] (E5).

[...] it's complicated [...] at first you have to leave (the child) with someone [...] I'm going back to work [...] having to put a child in daycare [...] there's a mother, there's a mother-in-law, but the responsibility always lies with the mother [...] (E6).

[...] we lived far from my family [...] I really had to fend for myself [...] to raise a child [...] the father also has to actively participate [...] my intention of having another child is because my current husband is very involved [...] (E8).

[...] my mother came to me and [...] we are going to raise her (the daughter) [...] we end up having to leave our children [...] with relatives [...] with people that you, you know, so to speak, know [...] (E9).

[...] it was very complicated, because I had no one to leave them with, so I had to put them in daycare [...] something very traumatic for the child and for me [...] I had to rush out, even though I was working, to pick up the child, leave her with one person, leave her with another [...] (E11).

[...] I was here (another city), I didn't have anyone in my family to help with anything, my middle daughter was a very difficult baby [...] she didn't accept anyone, she would cling to me all the time [...] (E13).

[...] if I have a child today, she will probably be raised in a daycare or with a nanny [...] my family also lives there

(another city), I can have support [...] they are helping me raise her [...] (E15).

[...] I would leave her (the daughter) at an aunt's house [...] I would leave her at my father's house [...] at school, it was difficult, because she didn't adapt [...] (E16).

[...] if the child has a fever, your husband can take her to see what's going on, take her to the pediatrician [...] (E17).

[...] with a child, it's complicated [...] the woman, she is a professional [...] but we suffer more, because we take on more responsibility for raising her than the father, even though the father is a collaborator [...] I am a bit of a centralizer [...] (E18).

[...] you're crazy, how are you going to raise two children alone? I said: I'll raise them [...] I left him (the husband) [...] (E19).

[...] He's already older (the son), that thing at school, the father takes him, the father picks him up, at night I'm at home, I never sleep here (at work) [...] (E21).

The discussion in the phenomenological approach develops from the vague and median understanding, understanding the meanings and the findings about them, and the interpretative understanding, also called hermeneutics, where there is the unveiling of the Heideggerian senses. The understanding and interpretation here reveal the human existence and the showing of women and their lived experiences, which is not separated from the world and its relationship with it¹³.

The satisfaction of women in being mothers and signifying the child as a present highlights the positive report of motherhood

inherent to the life of the woman, which is present in hegemonic conceptions, traditional and cultural, linking the female physical body to the condition/idea of being a mother and also giving women the vision of a gratifying experience of completeness and fulfillment by having child(ren)⁴.

The women meant the children as wonderful, as a dream realized and as a blessing, without any regret about their arrival, because they feel better and mature. These findings are corroborated by a study conducted with 35 women in Ceará, Brazil. This research demonstrated that women felt joyful, loving and affectionate, meaning the experience of pregnancy and motherhood as a transcendental experience. The representation of motherhood is marked by the feeling of love and unconditional donation to the child, being this look a historical influence of the reproductive function of the woman who dedicates herself to children, as a fundamental element to the female figure¹⁴.

Women's feelings about their children tend to vary from before pregnancy, whether or not they wish to be a mother. The satisfaction of discovering pregnancy and appropriating it is positive when there is already a desire to exercise motherhood. However, these feelings about the pregnancy and arrival of the child can also be influenced by the world around this woman and the prenatal care received¹⁵.

The changes in the process of motherhood are already felt by women since pregnancy, a period of greater physical, emotional and social vulnerability. There are

several factors that may affect these women, especially unfavorable environments, the impaired relationship with the baby's father and fear and anxiety, which highlights the need for a network of support and care for the development of safety and well-being¹⁶. From pregnancy to birth, many women go through a transition to develop attachment to their child and this will depend on their mental health and the emerging mother-child relationship baby, positively influenced when you have someone to share the yearnings and a qualified assistance¹⁵.

In addition to the benefits of quality prenatal care and support for pregnant women/mothers, it is also important to plan this time. Family planning and reproductive health are derived from the Brazilian Law n. 9.263/1996, which provides for the control of fertilization, the guarantee of the rights of men and women, the determination of the size of the offspring, the correct and appropriate use of conception/contraception methods, among others. Reproductive planning enables the creation of conditions for child care and for the new chosen and planned routine¹⁷. This may also favor the postponement of pregnancy, according to the wishes and professional activity of women¹⁸.

The woman unveiled the daily life of pregnancy, sometimes with tranquility or with the expected and unexpected problems of the period. Concerns may exist both in relation to the mother and the fetus, affecting the emotions of the pregnant woman with feelings of anguish, insecurity and anxiety about the moment of

delivery and the arrival of the child¹⁶. Pregnancy as quiet, natural and wonderful allows us to reflect on the biopsychosocial factors that surround this moment, since the experiences can be influenced by each woman's life story, with unique significations¹⁹.

As the gestational period is a time of many changes and discoveries, physical, psychological and social changes should be addressed in a caring way by the health professional who performs the prenatal consultation, especially the nurse. This has the role of guiding the woman on her own well-being and that of the baby, on her needs, on her desires and on how to adapt to the new life in mother²⁰.

The experienced and reported problems, predictable or not for pregnancy, about rest, hyperemesis, urinary alterations, prematurity, gestational diabetes, migraine, placental abruption and fear of other diseases made the event tense until adaptation. The common nausea in early pregnancy, urethral hyperplasia, urinary infection, mood changes and many others are mostly due to the action of hormones such as human chorionic gonadotrophin, progesterone, estrogen and cortisol²⁰.

Many problems can be prevented or mitigated with an adequate professional follow-up and with actions directed to regular physical activity and diet, even if in Brazil there is a predominance of sedentary lifestyle, the low consumption of natural foods and the high consumption of industrialized. Therefore, the multidisciplinary team should participate in



prenatal care and encourage good practices, contributing to the reduction of problems such as excessive weight gain and pre-eclampsia, which is not yet feasible in health care services in the country²¹.

To reduce the occurrence of gestational complications, early access to quality prenatal care is necessary. Otherwise, there are risks for the mother and baby, such as premature birth, infant death and stillbirth. The health system needs to be prepared with qualified professionals to embrace health needs and promote adequate psychosocial support without discrimination²².

The physical difficulties arising from pregnancy may require support in basic tasks and care. Data confirm that the family or father's support is necessary, because mothers face situations such as: loneliness, centralization of child care, expectation of short return to work, Difficulty in reconciling domestic work with work outside the home and care of children, short periods of maternity and paternity leave, difficulty in finding welcoming spaces for children and breastfeeding, among others⁶. This support then, is important all the time and not only at the time of these physical changes.

The support that the women reported being necessary for the care of the child and the follow-up of motherhood was visualized as to the participation of the paternal figure and as to have someone to stay with the child on the return of this military to work, be a family member, a caregiver or even the daycare center. It is known that a woman, pregnant or giving birth, needs support from her partner or family to feel more

secure and without worry about the arrival of the child²³.

A network of support is a community, are people who give support, welcome and facilitate the reality of the mother with the child that has arrived, so she can live this experience connected to herself and with people around. This network is fundamental for the maintenance of the mental, physical and social health of women who become mothers²⁴.

For the mothers who do not live with a partner, as reported by many interviewees, daily life with their child becomes even more in need of the support network, because in cases of marital separation, for example, there is a predominance of custody directed to the figure of the mother. Thus, to perform the role of mother, this woman needs even more other individuals or institutions to be her support, with security and shelter²⁵.

Returning the look to the military environment and the labor sphere, it is necessary to reflect on the relationship of the construction of firefighters as "heroes" and how this can affect pregnant women and mothers in these organizations considered hyper male, where the work requires physical capacity and following hierarchies. It is discussed how the inequalities between men and women would affect the construction of the image of military mothers as ideal for firefighters and the experience of motherhood at work. With this, there is a classification of the bodies of mothers and pregnant women, dissociating them from the image of this ideal firefighter, because they need



to reconcile motherhood and public work life, committing the total dedication to the organization and interrupting the career with maternity leave. This condition contributes to define the woman as unavailable and weak for fire fighters work, which should be performed by strong people capable of doing any operational activity with success⁷.

The interviews and the emergence of subjectivity also enabled access to the essence of women, revealing facets of the phenomenon and the Heideggerian senses: the being-there, the talk and ambiguity.

The woman as being-there, was shown in the satisfaction and happiness of being a mother and bringing with her the facts of her daily life, telling about how it was to have children, talking about her past, which is present. The being-there is all way of being, it is presence. To understand more clearly the being-there, it is necessary to know the being evident by oneself and involved in relations with the entities. This being is Dasein, when it is in oneself and transcends existence also with the other. Dasein, can also be understood as presence, as being-there, where the being opens and manifests itself through its own being²⁶.

The woman also shows herself in the discourse when she reproduces a generally known speech, such as the dream and desire to be a mother, as the figure of children is represented in a positive and blessed way. The meaning of the discourse is also revealed when they repeat the speech that was heard about presenting the problems during pregnancy

through the technical health terms: hyperemesis, threat of premature birth, gestational diabetes and others. This discourse is learned through common sense, experiences of close women, the internet/social media and most importantly, which is guided by prenatal professionals.

And, being women, health professionals, they talk about the pregnancy in obstetric terms because you hear and talk about it with the professional who took care of her or in the workplace itself, where she also takes care of her health. Being knowledgeable, they speak of something that they have learned as professionals and also absorbed throughout life. The talk is when there is a repetition of the universal discourse, known and said by all, coming from coexistence and without any reflection or appropriation. It is a common talk²⁶.

The sense of ambiguity was demonstrated when they describe the period of pregnancy as quiet and wonderful, but at the same time horrible by the complications and difficulties and by needing support from other people to care for their child on return to work. To be ambiguous here is the report having a positive side and at the same time a negative one. Ambiguity is when everything seems to have been understood, captured and discussed authentically when, in the bottom, it was not. Ambiguity provides early speeches with delayed actions, hidden from the public and insignificant²⁶.

Motherhood and the gestation process are based on relationships of symbolism, beliefs and social discourses, in the context of women's lives and in their experiences and those of people

around them, what does not distance itself from the historical character of the construction of the representativeness of motherhood and reproduction¹⁴.

FINAL THOUGHTS

The CBMERJ-woman-military-professional-health in their modes of being was revealed through the meanings and senses of motherhood and pregnancy, where the being-there this woman in being a mother meant something very good, understanding the relationship with the child from the womb and also showing to *be-with* the child. The talk was demonstrated when the desire for motherhood comes from the traditional/cultural speech that the woman should be a mother and that the child is always a blessing. Pregnancy was meant in an ambiguous way, sometimes with difficulties and need for rest or with tranquility and well-being, without any problem. In other words, it was demonstrated the event of motherhood and its specificities.

It was understood that the connection of femininity with motherhood can be present in the historical and social construction around women, but the possibilities open space for the conscious decision, desire and daily life of each woman. To this end, planning the pregnancy and having a network of support/family support and/or the father of the child contribute to a positive experience of gestation and exercising motherhood. This evidenced the real need for professional accompaniment, conscious

decisions to be a mother and the organization to care for the child.

The study contributed to reaffirm the importance of specific actions regarding reproductive planning in the decision-making process for pregnancy and maternity and prenatal care provided, especially by professional nurses.

This assistance ranges from the intention to conceive, in reproductive planning, prenatal to puerperium. Even if the prenatal health professionals are trained, the nurse, especially the obstetrician, is a key part of this holistic care, empowering and involving women and their peers in the advent of motherhood, especially military women, who do not yet have a daily life contemplated in public health policies in Brazil.

The limitations of the study concern the fact that women from other military units were not approached. The contributions are in order to strengthen the performance of nursing, especially obstetric, with regard to integral, humanized and quality care for pregnant women and puerperal women, with emphasis on military activity, where it is increasingly perceived the performance of women.

Nevertheless, the research contributes to new public health policy actions for women, especially the military. It is known that maternity leave in public positions is higher than in private institutions, which allows the woman to take care of her child for a longer time until she returns to work. This fact may be a predictor for the extension of maternity leave in general and for awareness of the need to have a support network for women-mothers.



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