


THROMBOPHILIA AND PREGNANCY: MEANINGS ATTRIBUTED TO DRUG INTERVENTION WITH ENOXAPARIN SODIUM IN THE PREGNANCY-PUERPERAL PERIOD

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ABSTRACT

Objective: to understand the feelings, perceptions and meanings attributed to the drug intervention with enoxaparin sodium in women with thrombophilia. Method: qualitative study, whose data were collected remotely between October 2021 and June 2022, through in-depth interviews with 13 women. The data were organized and analyzed in the MAXQDA plus 2020 Software and submitted to content analysis. Results: Two categories emerged that show that the diagnosis of thrombophilia and the use of enoxaparin sodium in the pregnancy-puerperal period represent a complex situation, permeated by feelings of fear, insecurity and uncertainty, which in addition to being linked to the complexity of the treatment, combine the complexity of having the medication released by the Unified Health System (SUS). However, the use of medication commonly means a proof of love, strength, courage and overcoming, being perceived as a unique moment worth living in pursuit of the dream of motherhood. Final considerations: drug treatment with enoxaparin sodium is meant as an act of love, strength and courage. It is perceived as the hope of life and as the overcoming of limits. Therefore, the need to disseminate information on thrombophilia and pregnancy among health professionals and managers is dazed, favoring a greater understanding of this phenomenon, in order to ensure improvements in health care, as well as a safe and healthy pregnancy for women with thrombophilia.

Keywords: Thrombophilia. High-Risk Pregnancy. Enoxaparin. Nursing.

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INTRODUCTION

Thrombophilia is a set of hereditary or acquired pathologies, characterized by a compound of genetic conditions that predetermine the development of thrombosis in the circulatory system ⁽¹⁾. In this sense, the blood clotting process acts in a hyperactive way, intensifying the formation of clots inside the blood vessels, and consequently increasing the risk of developing thromboembolistic diseases ⁽¹⁻³⁾.

Thromboembolic diseases and obstetric complications resulting from placental thromboembolism represent one of the main causes of obstetric and perinatal complications in Brazil and in the world ⁽¹⁻³⁾. Thus, it can be said that pregnancy is an independent factor for the development of thrombosis, since its risk is 5 to 6 times higher in pregnant women when compared to non-pregnant women, which is higher in the postpartum period ⁽¹⁾.

Complications related to thromboembolism include fetal death, repeated abortions, premature birth, preeclampsia, HELLP Syndrome, Deep Vein Thrombosis (DVT), Cerebral Vascular Accident (CVA) and Pulmonary Embolism ⁽⁴⁾. Due to such complications, pregnancy in women with thrombophilia is classified as high risk, requiring rigorous, continuous and longitudinal follow-up. In this context, thromboprophylaxis with low molecular weight heparin (LMWH) is the drug intervention of choice in most cases of gestational thrombophilia ⁽⁵⁾.

This corresponds to Enoxaparin sodium, an anticoagulant considered safe because it does not cross the placental barrier. However, although there is a vast literature on the association between thrombophilia and pregnancy, these are still controversial, especially in relation to the effect of LMWH use in the pregnancy-puerperal period ^(1, 3, 5, 6).

These studies seek to highlight the clinical and perinatal outcomes related to the use of enoxaparin sodium, and there are few studies in the literature that seek to understand the perceptions, feelings and meanings attributed by these women to the use of this drug. Since pregnancy is characterized by a complex phenomenon, with physical, psychological and social alterations ⁽⁷⁾.

At this juncture, being diagnosed with a rare, serious condition that requires rigorous care and treatment based on daily injectable solutions can significantly alter the gestational experience. In addition, enoxaparin sodium is a high-cost medication, which is not provided to all women diagnosed with thrombophilia, being offered by the Unified Health System (SUS) only for thrombophilias that fit the clinical protocols established by the system ⁽⁸⁾.

Therefore, taking into account that in Brazil the vast majority of women are assisted by a family health team, this study can contribute to scientific knowledge about the feelings, perceptions and meanings attributed by these women to this intervention, helping health



professionals and government officials in care planning, in order to ensure humanized care, integral and resolute.

In addition, knowledge about this phenomenon can contribute to the reduction of negative statistics in relation to complications that occur during the pregnancy-puerperal period, whether these are related to underlying pathology or to complications arising from the gestational process, such as psychosocial complications. In this scenario, this study aimed to understand the feelings, perceptions and meanings attributed to the drug intervention with enoxaparin sodium in women with thrombophilia.

METHODOLOGY

This is a descriptive exploratory qualitative study conducted with 13 women with thrombophilia who experienced the drug intervention with enoxaparin sodium during pregnancy. The participants were recruited from the private group "Thrombophilia and pregnancy Brazil" on *Facebook*.

The Thrombophilia and Pregnancy Brazil group was created on August 13, 2019 and consists of 4,875 members (05/07/2022), with a monthly number of approximately 300 monthly publications. The group aims to help women with thrombophilia to achieve the dream of motherhood by sharing the experiences lived by the participants. In addition, the group is explored as a space for support and mutual help, where, in addition to exchanging experiences, women routinely help each other in doubts related to the gestational process and drug treatment and in the donation of drugs used during pregnancy, especially enoxaparin sodium.

Data collection took place from October 2021 to June 2022. Initially, the participants were approached by the first author, through a public post in the group Thrombophilia and pregnancy Brazil. The post aimed to present the research project and invite women who would be interested in sharing their obstetric stories with thrombophilia and the use of enoxaparin sodium to participate in the research. The expression of interest of the interested parties took place through a response to the post and via direct.

At the time, the researchers contacted the possible participants, carrying out a prior and individual evaluation. In this contact, the presentation of the research team, the clarification about the proposal for an *online interview*, the objective of the research, as well as the risks and benefits offered by this study were established. In addition, in this first contact, the eligibility of the interested party was evaluated, that is, whether or not she had undergone drug treatment with enoxaparin sodium during pregnancy and puerperium. After



confirming the participant's interest, the remote interview was scheduled in advance on a day and time of her preference.

The following inclusion criteria were considered: being 18 years of age or older, having been diagnosed with hereditary or acquired thrombophilia, having undergone drug intervention with enoxaparin sodium during the pregnancy-puerperal period, having access to the internet network and equipment for video calls: cell phone, tablet, *notebook* or computer. Exclusion criteria were to have some comorbidity that could hinder communication between researchers and interviewees, such as deafness or muteness.

The interviews were previously scheduled according to the availability of the researchers and the participants and carried out through the communication application Facebook *Messenger* and the Google communication service "google *meet*" and Messenger. The choice for remote data collection occurred in view of the current COVID-19 pandemic scenario experienced by Brazil and the world, which limited contact between researchers and interviewees, compromising the development of face-to-face interviews and, consequently, the development of qualitative research.

On the other hand, the *online* scenario has been configured as a space conducive to the development of research from different perspectives, since the internet and social networks are increasingly inserted in people's daily lives and constitute a space where they routinely share their life stories and exchange information on various subjects, among which are issues related to pregnancy.

The interviews were audio recorded after authorization and used the OBS Studio application as support. They lasted an average of 60 minutes and took place in a single call. First, the participants signed *the* Informed Consent Form (ICF) online through Google forms, and then they were submitted to a semi-structured questionnaire of sociodemographic characterization: name; current age; municipality and state of residence; religion; marital status; race/color; level of education; profession and family income. Clinical characteristics: type of thrombophilia; associated diseases; age at first menstruation and age at the beginning of sexual activity. Obstetric and gynecological history: number of pregnancies; number of children born alive; number of abortions; use of enoxaparin during pregnancy and puerperium; quantity; trimester that started enoxaparin and use of other medications. Perinatal characteristics: type of delivery, gestational age at delivery; Complications; kilograms of the newborn, length and use of enoxoparin in the puerperium. Behavioral factors: smoking, alcoholism, and use of illicit substances during pregnancy.

The intensive interview was guided by the following guiding question: "tell me how it was for you to use Enoxaparin sodium during pregnancy and puerperium. To achieve the



proposed objective, support questions were used. The recruitment of the participants occurred gradually, over nine months and ended when there was theoretical saturation of the data, that is, when there was no new information in the interviews, thus concluding that the phenomenon was understood in its totality, and the objective proposed in this research was answered. It is noteworthy that the transcribed testimonies were not returned for approval by the respondents.

All interviews were transcribed in full and submitted to the study of the texts with a thorough and exhaustive reading of the information collected. The data were organized and analyzed in the MAXQDA plus 2020 software and submitted to thematic content analysis respecting the steps pre-established by the referential, which included: pre-analysis, exploration of the material and data treatment.

In the pre-analysis, the data set was transcribed, organized, read exhaustively, and separated, with the identification of common and most relevant aspects. In the material exploration stage, the classification and aggregation of the data was carried out based on a detailed reading process, with identification, by means of different colors, of the common and more specific terms and the selection of first-order codes - directly associated with the citations and using the participants' own words - called in vivo codes, which gave rise to the nuclei of meaning and the units of registration and which served as the basis for the subsequent categorization of the data. In the last phase of data processing, categorization was carried out, which consisted of grouping the elements, according to their similarities and by differentiation, with subsequent regrouping based on common characteristics, giving rise to thematic categories.

The research project was approved by the Permanent Committee for Ethics in Research with Human Beings of the signatory institution opinion No. 4.888.265 CAAE: 50136621.0.0000.9247. All participants, after reading and clarifying doubts, signed the Informed Consent Form online through Google *forms* and verbalized acceptance in a video call. To ensure anonymity in the presentation of the results, the extracts of the testimonies were coded with the letter P for participant followed by an Arabic numeral which refers to the order of the interviews (e.g., P1).

RESULTS

A total of 13 women participated in this study. Their ages ranged from 28 to 42 years, of which 11 were married and two were single, ten Catholic, three Evangelical, nine considered themselves white and four brown. Regarding the level of education, seven have higher education, four high school and two postgraduate degrees. Family income ranged

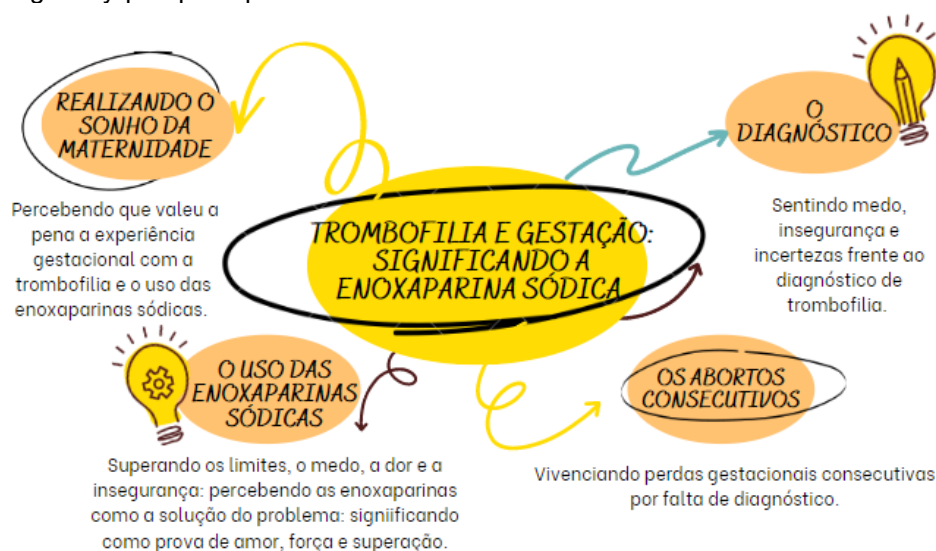
from one to six minimum wages. Women from the states of Paraná, São Paulo, Mato Grosso, Mato Grosso do Sul, Recife, Santa Catarina and Rio Grande do Sul participated.

Regarding clinical and obstetric conditions, the age at menarche ranged from nine to 13 years of age, the onset of sexual activity between 15 and 24 years. The number of pregnancies ranged from two to six pregnancies, totaling 46. Of these, 27 resulted in miscarriages, ranging from one to five miscarriages per woman, of which 20 occurred in the first trimester of pregnancy. The number of live births was 19, with a total of 14 cesarean deliveries and five normal deliveries. Nine resulted in preterm births between 32 and 36 weeks, eight at term and two post-term with more than 42 weeks.

Regarding thrombophilia, seven had a diagnosis of hereditary thrombophilia: protein S, protein C, antithrombin III, Leiden Factor V, heterozygous MTHFR C677T and A1298C deficiency, and six had acquired deficiency: antiphospholipid syndrome (APS). Regarding the use of enoxaparin sodium, the total number of applications ranged from 275 to 412. Of the 13 participants, eight reported having started treatment after the positive test and five in the attempts. Of these, seven used ASA and other medications along with enoxaparin sodium. All of them maintained the treatment for 40 to 45 days postpartum, according to the guidance received.

From the analysis of the data, two categories emerged, which will be described below.

Image 1 – Diagram: thrombophilia and pregnancy: meanings attributed to drug intervention with enoxaparin sodium in the pregnancy-puerperal period.



Source: Authors (2022)



FROM THE DIAGNOSIS OF THROMBOPHILIA TO THE USE OF ENOXAPARINS SODIUM: FACING THE CHALLENGES OF THE CLINICAL CONDITION IN SEARCH OF THE DREAM OF MOTHERHOOD

Being diagnosed with a rare condition that was previously unknown and that reflects on serious risk factors for mother and child represents a complex situation, causing the woman feelings of fear, insecurity and uncertainty.

[...] I had never heard of this before, the first thing I thought when the doctor said was that I have thrombosis and what does this have to do with pregnancy? When he explained it to me I almost fell off my legs, it was a fright, a very big feeling of fear and insecurity [...] (P1).

[...] I had already seen it on television on the internet, of women who had to take injections in the belly every day to have the child, but I never thought I would go through this, I almost didn't believe it, I refused to believe it, I was always very afraid of needles and knowing that I had to use that all the pregnancy, It was desperate, I was very afraid and suffered a lot from all this [...] (P3).

Nevertheless, the diagnosis of thrombophilia is most often established after the woman experiences one or more pregnancy losses, which causes suffering, pain, feelings of incapacity, guilt and sometimes fear of not being able to conceive again.

[...] Hearing that you have a disease like this makes you feel very guilty, because I lost three children and then out of nowhere you discover that the fault is yours, that you could have avoided it if you had been treated, investigated before [...] (P8).

[...] I felt very incapable, guilty, I don't know, these are very bad feelings, because you never imagine that something like this can happen to you [...] it was my dream to be a mother, it always was and then you can't hold your child in your womb and no one finds out why, no doctor, everyone said the same thing, it's normal, This happens and you are suffering, crying, feeling like the worst woman in the world [...] (P9).

[...] I had a fetal death at 35 weeks, which I was very shaken because it was my first pregnancy I was immature and didn't understand much, but I was a very planned, loved, expected and desired child, I suffered from anxiety, I blamed myself a lot for what happened and I thought how much my baby suffered, I thought I would never be a mother again. (P12).

[...] we were sad about the loss because we were waiting for this baby a lot, and I was also worried, afraid because I was already at the age limit to get pregnant, I was afraid of not being able to get it anymore (P14).

According to the protocol established by the Ministry of Health for the investigation of thrombophilia by the Unified Health System (SUS) should only occur from the third consecutive pregnancy loss, such a guideline is perceived by women diagnosed as an inhumane conduct, not considering the woman's feelings or even the impacts that these losses have on physical and mental health.

[...] I've heard a story of a person who lost three, four and only after they found out, I say people can't, my God, how is that sir? Expect to lose so much, because the first



is normal beauty, but the second is not, right? Not losing the second one, right? The third, fourth child much less [...] (P3).

[...] I sought a diagnosis on my own because for the doctors I needed to abort three times for them to investigate something, right? Absurd, where is our mental health? Doesn't it count? No matter our suffering [...] (P1).

[...] I think it's absurd for the SUS to only investigate thrombophilia after the third pregnancy loss, where has it been seen, where is the humanization they talk about so much? And doesn't a woman's mental health count? Is it worthless? This, in my perception, is inhumane, it is absurd [...] (P14).

From the diagnosis, the daily life of women with thrombophilia in the gestational process is permeated by ups and downs, which run through feelings of fear and uncertainty to hope. The use of enoxaparin sodium requires, in addition to strength and courage, overcoming the limitations and fears related to the needle and the pain of administration.

[...] It was a pregnancy full of ups and downs, a lot of anxiety, moments of despair and anguish, with each ultrasound it was nervous, anguish. Every day they had the injections and of course this brought even more anxiety, fear [...] it was a painful process, more hopeful, because I knew I was getting the appropriate treatment (P12).

[...] I was always terrified of needles, how was I going to do that every single day? It's really facing your fears in search of your dream [...], it hurts, bleeds, hurts, it's very sad, but we do it because we know it's for the greater good [...] (P3).

Being diagnosed with thrombophilia and submitted to drug intervention with enoxaparin sodium makes it necessary to request the release of medications from the SUS, in addition to the clinical and personal conditions of the women, since they have a high cost. In this context, the participants report great challenges, since the release of medication is permeated by a complex process that requires time and patience, and it is necessary to resort to other forms of funding to maintain the treatment.

[...] the treatment of thrombophilia was not easy for me because I needed to take 60mg of Clexane a day and the SUS did not provide it, so I had to buy it, and to compensate I also bought insulin syringes and fractionated [...] you even need to learn how to handle these things [...] (P2).

The hardest thing is not getting it through SUS, SUS does not treat hereditary thrombophilia with the dosage that gave my changes, so I had to buy it, it was around 1,500.00 a month of injections [...] (P9).

In this category, it was possible to observe that in the vast majority of cases the diagnosis of thrombophilia is only established after the woman experiences pregnancy loss, and is not previously investigated before the gestational process. Nevertheless, this causes feelings of fear, insecurity and uncertainty in women, since it refers to a relatively rare, unknown condition that requires complex treatment.



In addition, because it is a high-cost medication, these women travel a complex path, permeated by obstacles that do justice to the difficulty of releasing the medication by the SUS, the release of the medication in milligrams and necessary doses and the interruption of supply without prior notice, which predisposes these women to lack of security to continue with the pregnancy.

THE STINGS OF LOVE: MEANING SODIUM ENOXAPARINS AS PROOF OF LOVE, STRENGTH, PERSISTENCE AND OVERCOMING

Using enoxaparins sodium daily is perceived as a proof of love, strength, persistence and overcoming, it is facing the fears and challenges of treatment in pursuit of the dream of motherhood.

[...] The pricks of love symbolize love itself, the strength and courage of a mother in search of her dream, they are an act of love, piercing yourself every day, seeing your body bleed with each puncture, seeing the huge bruises that formed on your belly is an act of love [...] for me they are life, hope, I believe that if it wasn't for God and the injections I would never get it. I would do it all over again, I would take double if necessary [...] (P9).

[...] their meaning for me is proof of love, it is really facing everything to have your child because it is very difficult, it is facing your fears, your misgivings, it is overcoming your limits in search of your dream, it is discovering that you are stronger than you imagine yourself (P10).

Enoxaparin represents for women with thrombophilia the solution to problems, being placed in them all the hopes that permeate the gestational process, it is believing that without it it is not possible to get pregnant, it is waiting for the medication schedule daily, it is believing that everything will be fine.

[...] Medication is all we have, it's our hope that everything will be fine and that we'll be able to reach the end of pregnancy [...] it's feeling a huge fear of losing, and feeling a huge fear of being without the injection, those who have already suffered a loss understand how important it is, so the injection is all we have and thank God it exists, She ensures that our blood reaches the baby and that his heart continues to beat until the end within us [...] (P3).

[...] we put all our hope in that injection, it was the sacred time, no matter where I was, the clock woke up, I did it, without fail (P9).

[...] I took around 200 injections during pregnancy, they are my love bites that without a doubt was the greatest collaborator in the miracle of having my daughter today [...] (P12).

In addition to the pain and discomfort perceived in the administration of enoxaparins, women experience the formation of hematomas which are related to the transection of blood vessels and repeated traumas in the application region. However, these bruises are



also perceived and signified as a proof of love and overcoming, making women a source of pride, which is immortalized in photos and memories.

[...] For me those bruises were proof of love, it was proof that I overcame my limits, it was proof that I faced everything to have my son in my arms [...] (P2).

[...] When I did the pregnancy photo shoot I told my photographer that I didn't want any spot to be removed from my belly because it's a sign, a sign of my strength and my love, so I wanted them to appear so I could always remember that I had to go through this [...] (P3).

[...] The syringes used during pregnancy are kept as a reminder of a moment of struggle and overcoming, they are proof that through love everything is overcome [...] (P9).

[...] I never felt ashamed of my bruises, I felt that those marks from the bites were my trophy of courage, because that medication would help me overcome thrombophilia, placental insufficiency, preeclampsia and low percentile, in my photos of the book of pregnant women I made a point of not using a photo shop and leaving the marks there for me to see and remember all the way to have my lap full with my baby. (P12).

After experiencing a high-risk pregnancy, based on a complex clinical treatment, women with thrombophilia mean this phenomenon as a moment of overcoming limits, recognizing strength, persistence and proof of love, making up the feeling of achievement and compensation, since they report that the whole struggle was worth it and that they would do it all again if necessary.

[...] For me, having managed to reach the end is a proof of love, of courage, I faced everything for the dream of having a child, and I did it [...] it was worth it, for sure, I would do it all again [...] (P3).

[...] The feeling that remains is overcoming and victory, when we hold our son in our arms we realize that it was all worth it, I would do it again a thousand times if necessary [...] (P9).

[...] It's a mix of feelings, emotion, crying, laughter, victory, overcoming, strength and fear too, for many days I couldn't sleep, I was on top of him all the time, I didn't want to move away, after the suffering we go through even after being born we are still afraid, but having gone through everything I went through what I went through what I can say is that it was worth it, very, very [even [...] (P11).

[...] It is worth going through everything, everything is worth it when it comes to a child [...] (P13).

Reports in this category showed that women with thrombophilia perceive enoxaparin sodium as an essential medication, placing all their trust and hope in it in relation to the success of the pregnancy. This is meant as a proof of love, strength, courage and overcoming, being seen as a unique moment worth facing in pursuit of the dream of motherhood.



DISCUSSION

Characterized as a high-risk condition during pregnancy and puerperium, thrombophilia is a clinical condition caused by genetic and acquired factors that reduces uteroplacental blood flow during pregnancy, leading to substantial risks to the mother-child binomial (2-3).

Receiving the diagnosis of a condition hitherto unknown, relatively rare and complex, causes women to feel anguish, despair and insecurity about the future. Such feelings are also perceived when it comes to diagnoses of autoimmune, rare and complex diseases (9) especially when they compromise the safety and healthy termination of the pregnancy (9).

The gestational process represents for the vast majority of women a stage of life that needs to be experienced, in this conjuncture pregnancy is seen as a dream that must be conceived as safely as possible (10). Therefore, being diagnosed with a rare condition and with gestational impacts undoes positive thoughts and feelings about pregnancy.

As evidenced in this study, these diagnoses are complex and cause women to feel fear, insecurity and uncertainty about the future. In agreement with these findings, a study published in 2019 that aimed to describe the perception of pregnant women and family members about the condition of vulnerability of a high-risk pregnancy showed that being diagnosed with conditions of risk during pregnancy causes these women feelings of worry, anxiety, fear and stress in the face of the condition of vulnerability (10). In the same direction, the feelings and perceptions of women diagnosed with Systemic Lupus Erythematosus (9) and Gestational Diabetes (11) are moving in the same direction. Systemic Arterial Hypertension, heart disease and depression (10).

In the case of thrombophilia, these feelings, perceptions and meanings are also related to the diagnosis process, which in most cases is only established after the woman experiences one or more consecutive abortions, which is perceived as an inhumane condition, which does not value feelings, nor the physical and mental health of the woman who experiences the condition.

This statement is confirmed in the clinical protocol and therapeutic guidelines for the prevention of venous thromboembolism in pregnant women with thrombophilia, within the scope of the Unified Health System (SUS) of the Ministry of Health (MS), which provides that laboratory investigation (screening) of thrombophilias is not indicated for all pregnant women. This is indicated in cases of pregnant women with a personal history of deep venous thromboembolism, with or without recurrent risk factor and without previous thrombophilia testing, and pregnant women with a family history of high-risk hereditary thrombophilia in first-degree relatives (8).



In this scenario, it is perceived that the humanization of health care, as well as the guarantee of safety, quality, comprehensiveness and problem-solving capacity of care, does not happen as proposed by the principles and guidelines of the SUS, as well as does not follow the precepts established by the National Policy for Comprehensive Attention to Women's Health ⁽¹²⁻¹³⁾.

Fetal loss in patients with thrombophilia could be explained by the excessive formation of intraplacental venous thrombi and placental infarctions, leading secondarily to placental insufficiency. However, other pathophysiological mechanisms must be involved, since it is possible to have adverse gestational outcomes even in the absence of placental thrombosis ⁽¹⁴⁾.

In addition, it is perceived that the mental health of women who experience repeated miscarriages is highly compromised ⁽¹⁵⁾. According to the findings of this study, it is perceived that the experience of abortion is perceived, experienced and experienced by the woman as a deep, continuous and endless mourning, regardless of the period in which it occurred.

In agreement, previous research has shown that abortion can modify the way women perceive and signify pregnancy, causing feelings of fear, anguish, loneliness, guilt, depression and revolt ⁽¹⁵⁾. In addition, women in situations of abortion faced, in addition to psychological pain, fear and sadness, physical pain, sometimes accompanied by obstetric violence during hospital care, and the lack of humanization of people with the grief experienced by the woman ⁽¹⁶⁾. In this context, it is perceived that the abortion process impacts the physical and mental health of women, as well as is related to the way they are perceived and cared for by health professionals, thus making their perception of the gestational process ⁽¹⁵⁾.

After experiencing the abortion process and receiving the diagnosis of thrombophilia, the vast majority of women experience a new pregnancy and in this process they are required to undergo high-risk follow-up, which requires greater attention to maternal-fetal health throughout the pregnancy-puerperal cycle in an intensive and continuous way ⁽¹⁰⁾. This process was also perceived as a complicating factor, since it requires specific care and attention from the pregnant woman, causing feelings of fear and insecurity in relation to pregnancy.

Nevertheless, these women are faced with the essential need to use low molecular weight heparin (LMWH) prophylactically throughout the pregnancy-puerperal cycle, subcutaneously, accompanied or not by other medications. Making even more feelings of fear and uncertainty related to the risk of aggravations and complications.



The scientific literature predicts that in cases of thrombophilia, which require the daily use of LMWH, pregnancy is configured as a high-risk condition, which is related to the high risk of blood hypercoagulation ⁽¹⁷⁾. It is known that pregnancy itself is configured as a process of hypercoagulation, where the risks of thromboembolism increase by up to ten times, which is more significant in the puerperal period. In this sense, in thrombophilia diagnoses, the use of anticoagulant or antiplatelet is indispensable ⁽³⁾.

Due to prophylactic treatment, many pregnancies go through an arduous, complex process permeated by ambiguous feelings that reflect fear and hope ⁽³⁾. In this study, the results showed that the use of LMWH or enoxaparin sodium is perceived and signified as an overcoming of limits, a proof of love, struggle and faith. By using the medications, women place their hopes, strength and also surrender their limitations, they realize that the treatment is difficult, painful and suffering, but they mean it as a unique moment that brings positive expectations in relation to the realization of the dream of motherhood.

Similar perceptions and feelings are observed in different populations. A study carried out with women diagnosed with gestational diabetes who used insulin therapy during the pregnancy-puerperal cycle found that they were terrified, feared, insecure, and uncertain about pregnancy ⁽¹⁸⁾. In this sense, it is possible to perceive that treating clinical conditions of risk during pregnancy and that makes the need for daily invasive treatments is a difficult process that impacts the physical and mental health of the woman who experiences it.

Literature focused on the use of LMWH in the treatment of thrombophilia has identified that it is considered a beneficial prophylaxis, especially when it comes to hereditary thrombophilias ⁽¹⁻³⁾. However, in terms of humanization and quality of pregnancy, the premises and difficulties perceived by women in the face of treatment cannot be omitted.

In addition to LMWH, the associated use of other medications is necessary in some conditions, women with antiphospholipid syndrome, for example, should use antithrombotic prophylaxis both during pregnancy and in the puerperium, combined with low doses of acetylsalicylic acid (75 to 100mg/day) ⁽¹⁹⁾. In this sense, it is perceived that health care is even more peculiar.

In this scenario, it is possible to perceive that the pregnancy experienced with thrombophilia and the need for the routine use of LMWH, makes up a complex process that requires specific care and attention to health in order to ensure a healthy, quality pregnancy with good gestational prognosis.



A possible limitation of the study refers to the fact that the informants were located from a virtual platform and, therefore, their results may be subject to contextual influences of this means of communication. Another limitation is related to the fact that the interviews were conducted remotely, causing a risk of selection bias, since participation became restricted to women with access to the Internet network. In addition, participants were selected based on their willingness to share their experiences with the study phenomenon. Therefore, women with lower communication skills were not considered as potential participants.

There is a need to disseminate information on thrombophilia and pregnancy among health professionals and managers, in order to help them understand this phenomenon during pregnancy and the puerperium, with a view to improving health care during the gestational process. However, because it is a relatively rare and complex condition, the dissemination of information can contribute to previous diagnoses, safe treatments, planned pregnancies, as well as to the reduction of complications arising from this process.

FINAL CONSIDERATIONS

Experiencing a high-risk pregnancy based on a relatively rare condition and with complex treatment is a difficult experience, permeated by ambiguous feelings that range from fear and insecurity to hope, joy and overcoming. Because it is a little-known condition, the time to establish the diagnosis can be too long and permeated by bad experiences that range from miscarriage to late fetal loss, leading the woman to live a traumatic experience, permeated by pain, suffering and hopelessness. From the diagnosis and a new pregnancy, women with thrombophilia experience difficult routines, permeated by a complex treatment that routinely requires the application of injectables that cause pain, bleeding and bruising. In addition, they experience a period of uncertainty, ranging from the need to guarantee medication to the need for rigorous and continuous monitoring.

However, pregnancy with thrombophilia is perceived as an overcoming. Drug treatment with enoxaparin sodium is meant as an act of love, strength and courage. It is perceived as the hope of life, as the overcoming of limits. It is discovering that you are stronger than you believe, it is facing the world in search of the dream of motherhood. Thus, it is concluded with emphasis on the need for information on thrombophilia and pregnancy among health professionals and managers, favoring a greater understanding of this phenomenon, in order to ensure improvements in health care, as well as a safe and healthy pregnancy for women with thrombophilia.



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