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Pregnant women's groups in primary health care: a strategy for promoting maternal mental health

Grupo de gestantes na atenção primária: uma estratégia para promoção da saúde mental materna

Grupos de gestantes en la atención primaria: una estrategia para promover la salud mental materna

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Abstract:
Pregnancy involves physical, emotional and social changes that may increase vulnerability to psychological distress, making maternal mental health an essential component of prenatal care in Primary Health Care (PHC). This study aimed to analyze the contribution of pregnant women's groups as a strategy for promoting maternal mental health in PHC. This is an exploratory, descriptive, cross-sectional study with a mixed quantitative-qualitative approach, carried out in two Basic Health Units in the municipality of Patos, Paraíba, Brazil, with 10 pregnant women who attended groups. Data were collected between September and October 2026 through a semi-structured questionnaire and analyzed using descriptive statistics and Bardin's Content Analysis. All participants stated that the group contributed positively to their emotional well-being and reported positive changes in mood or anxiety levels; 70% reported receiving effective emotional support, and 70% stated that the group helped them cope with fears and insecurities. All participants rated their relationship with the health professionals positively. The qualitative analysis yielded three categories: the group as a space for emotional support and embracement; the sharing of experiences and the strengthening of social bonds; and contributions to autonomy, confidence and preparation for motherhood. It is concluded that, from the participants' perspective, pregnant women's groups go beyond the informational dimension of prenatal care and constitute a relevant strategy for promoting maternal mental health in PHC, which supports their continuation and improvement.

Keywords:
Primary Health Care. Pregnant Women. Mental Health. Health Promotion. Prenatal Care.

Resumo:
A gestação envolve transformações físicas, emocionais e sociais que podem ampliar a vulnerabilidade ao sofrimento psíquico, o que torna a saúde mental materna um componente essencial do cuidado pré-natal na Atenção Primária à Saúde (APS). Este estudo teve como objetivo analisar a contribuição dos grupos de gestantes como estratégia de promoção da saúde mental materna na APS. Trata-se de pesquisa exploratória, descritiva e transversal, de

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abordagem quanti-qualitativa, realizada em duas Unidades Básicas de Saúde do município de Patos, Paraíba, com 10 gestantes participantes de grupos. Os dados foram coletados entre setembro e outubro de 2026, por meio de questionário semiestruturado e analisados por estatística descritiva e pela Análise de Conteúdo de Bardin. Todas as participantes afirmaram que o grupo contribuiu positivamente para o seu bem-estar emocional e relataram mudanças positivas no humor ou nos níveis de ansiedade; 70% referiram receber apoio emocional de forma efetiva e 70% afirmaram que o grupo as ajudou a lidar com medos e inseguranças. A relação com os profissionais foi avaliada positivamente por todas. A análise qualitativa resultou em três categorias: o grupo como espaço de apoio emocional e acolhimento; o compartilhamento de experiências e o fortalecimento de vínculos sociais; e as contribuições para a autonomia, a segurança e a preparação para a maternidade. Conclui-se que, na percepção das participantes, os grupos de gestantes extrapolam a dimensão informativa do pré-natal e constituem estratégia relevante de promoção da saúde mental materna na APS, o que recomenda sua manutenção e qualificação.

Palavras-chave:
Atenção Primária à Saúde. Gestantes. Saúde Mental. Promoção da Saúde. Cuidado Pré-Natal.

Resumen:
El embarazo implica transformaciones físicas, emocionales y sociales que pueden aumentar la vulnerabilidad al sufrimiento psíquico, por lo que la salud mental materna constituye un componente esencial de la atención prenatal en la Atención Primaria de Salud (APS). Este estudio tuvo como objetivo analizar la contribución de los grupos de gestantes como estrategia de promoción de la salud mental materna en la APS. Se trata de una investigación exploratoria, descriptiva y transversal, de enfoque cuantitativo-cualitativo, realizada en dos Unidades Básicas de Salud del municipio de Patos, Paraíba, Brasil, con 10 gestantes participantes de grupos. Los datos se recogieron entre septiembre y octubre de 2026 mediante un cuestionario semiestructurado y se analizaron mediante estadística descriptiva y el análisis de contenido de Bardin. Todas las participantes afirmaron que el grupo contribuyó positivamente a su bienestar emocional y señalaron cambios positivos en el estado de ánimo o en los niveles de ansiedad; el 70% indicó recibir apoyo emocional efectivo y el 70% afirmó que el grupo les ayudó a afrontar sus temores e inseguridades. Todas evaluaron positivamente la relación con los profesionales. El análisis cualitativo dio lugar a tres categorías: el grupo como espacio de apoyo emocional y acogida; el intercambio de experiencias y el fortalecimiento de los vínculos sociales; y las contribuciones a la autonomía, la seguridad y la preparación para la maternidad. Se concluye que, desde la perspectiva de las participantes, los grupos de gestantes superan la dimensión informativa de la atención prenatal y constituyen una estrategia relevante de promoción de la salud mental materna en la APS, lo que respalda su continuidad y mejora.

Palabras clave:
Atención Primaria de Salud. Gestantes. Salud mental. Promoción de la salud. Atención prenatal.

Introduction

Pregnancy is a period marked by intense physical, emotional and social changes, which directly affect women's mental health. In this process, it is common to experience ambivalent feelings, insecurities and changes in identity, which can increase vulnerability to psychological

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distress. Therefore, maternal mental health is an essential component of care, since it affects both the well-being of the pregnant woman and the development of the baby (Zanatta; Pereira; Alves, 2017).

In this context, Primary Health Care (PHC) plays a fundamental role in the monitoring of pregnant women, as it is configured as a preferential gateway to the health system and as a privileged space for actions of promotion, prevention and comprehensive care. Through prenatal care, health professionals continuously accompany women, which allows not only the identification of clinical risks, but also the attentive listening to the emotional and social demands that emerge during the gestational period (Brasil, 2011).

Among the strategies developed in PHC, the groups of pregnant women stand out, which are constituted as collective spaces of care, health education and emotional support. These groups favor the exchange of experiences and the strengthening of bonds between the participants, contributing to the construction of support networks and to face the changes inherent to pregnancy. In addition, they allow greater approximation between users and professionals, expanding care beyond the clinical dimension (Brasil, 2012; Nunes et al., 2017).

Despite the recognition of these potentialities, gaps are still observed in the understanding of the effects of pregnant women's groups on maternal mental health, especially in the context of PHC (Maffei; Menezes; Crepaldi, 2019). Often, these actions are developed with a predominantly educational focus, without the proper appreciation of their impact on the emotional well-being of pregnant women (Amorim et al., 2022). Thus, the subjective and relational dimension of the groups tends to remain little visible in the evaluations on prenatal care.

In view of the experience with the implementation of groups of pregnant women, emotional demands brought by women during the meetings were perceived, which highlights the need to support multiprofessional practices from the planning to the execution of actions, highlighting important themes such as the promotion of welcoming care, the exchange of experiences and strengthening of support networks, contributing to the reduction of anxiety and insecurity. Thus, this study is justified by the need to understand the effectiveness of these groups in the promotion of maternal mental health, considering the low cost, the ease of implementation and the potential to qualify prenatal care from PHC.

In this context, the central question that guides this work is: how do pregnant women's groups contribute to the promotion of maternal mental health in Primary Health Care, in the perception of the participants? To answer it, the study aims to analyze the contribution of groups

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of pregnant women as a strategy to promote maternal mental health in PHC, seeking to understand how these collective practices influence emotional strengthening, social support and the experience of pregnancy.

In addition to this introduction, the article presents the theoretical framework on maternal mental health and groups of pregnant women in PHC, the methodological course of the research, the results and the discussion, organized into three thematic categories, and, finally, the final considerations.

2 Theoretical framework

2.1 Maternal mental health in pregnancy and postpartum period and Primary Health Care

Maternal mental health has been consolidated as an essential component of care during pregnancy and postpartum period, since pregnancy involves intense changes in biological, psychological and social dimensions. Recent studies indicate that this period can increase the vulnerability to the development of mental disorders, such as anxiety and depression, with direct repercussions on the woman's well-being and the development of the baby.

Data from the National Health Survey (PNS 2019) estimated prevalence of gestational depression around 15% of pregnant women in Brazil, demonstrating that the problem has an important dimension in public health (Lucas e Nascimento, 2025).

Recent studies have shown that mental disorders are frequent during pregnancy, especially anxiety and depression. Grillo et al. (2024) identified the average prevalence of depression in the pre-partum of 16.9% and in the postpartum of 20.8%, also indicating that anxiety affects 80% of the respective participants in the study.

The research of Lima et al. (2025) In the Brazilian Northeast, it found symptoms of anxiety in 37% of pregnant women and symptoms of depression in 23% of the participants identified a high frequency of symptoms of anxiety and depression among pregnant women attended in Primary Health Care.

Given the data presented, it is estimated that a significant portion of pregnant women present some type of psychological distress during pregnancy, which reinforces the need for expanded mental health care in this context (Silva et al., 2022; Costa; Santos, 2024).

Added to this are factors such as the absence of social support, financial difficulties, family conflicts and social idealizations about motherhood, which can intensify the emotional

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suffering of pregnant women. These elements favor the emergence of feelings of insecurity, fear and emotional overload, with negative impacts on the gestational experience. In this sense, pregnancy should be understood not only as a biological event, but as a complex phenomenon, crossed by social and emotional determinants (Maffei; Menezes; Crepaldi, 2019; Benjumea et al., 2025).

In the scope of PHC, prenatal care is a central strategy for the integral monitoring of pregnant women. As a gateway to the health system, PHC is responsible for continuous monitoring, risk identification and the development of health promotion actions. In this scenario, care must go beyond the clinical dimension, incorporating attentive listening and welcoming women's subjective demands (Brasil, 2011, 2012).

Recent scientific evidence indicates that the comprehensive prenatal approach, which includes mental health care, contributes to better maternal and neonatal outcomes. The early identification of symptoms of anxiety and depression enables timely interventions, reducing the negative impacts on the maternal-infant bond and on the quality of life of women. Thus, the integration between physical and psychological care should be considered a fundamental guideline for assistance to pregnant women (Figueiredo et al., 2022; Monçalves et al., 2026).

Another relevant aspect refers to psychological prenatal care as a complementary care strategy. This model of assistance seeks to promote the emotional well-being of the pregnant woman, prevent mental disorders and strengthen the bond with the baby, being considered a promising practice in the field of public health. Thus, the need to incorporate practices that value mental health into prenatal care is evident (Figueiredo et al., 2022; Miguel et al., 2025), among which are the groups of pregnant women, discussed below.

2.2 Groups of pregnant women as a strategy to promote maternal mental health

During pregnancy, women experience an adaptation process that involves physical, emotional and social changes, capable of generating insecurities, doubts and emotional instability. In this context, strategies that promote support, welcoming care and sharing of experiences become fundamental for the promotion of mental health (Steen; Francisco, 2019; Costa; Santos, 2024).

The groups of pregnant women are configured as an important tool in the scope of PHC, as they enable the construction of collective spaces of care. In these groups, pregnant women have the opportunity to share experiences, clarify doubts and develop greater security in relation

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to the gestational process, which contributes to their emotional and social strengthening (Nunes et al., 2017; Domingues et al., 2018).

The educational actions developed during prenatal care, especially in a collective format, can contribute significantly to the prevention of mental disorders, such as postpartum depression. Health education, combined with emotional support, favors greater autonomy, reduction of fears and better psychological preparation for motherhood. For this reason, the groups of pregnant women present themselves as an effective strategy for health promotion (Cândido; Couto; Lages, 2024).

In addition, participation in groups favors the construction of support networks, an essential element to face the difficulties experienced during pregnancy. The presence of adequate social support is directly related to the reduction of anxiety and depressive symptoms, contributing to a more positive gestational experience. In this sense, the groups work as spaces of collective strengthening and emotional support (Silva et al., 2022; Benjumea et al., 2025).

The groups of pregnant women also allow to expand the link between users and health professionals, favoring a more humanized approach to care. Active listening, dialogue and exchange of experiences contribute to the construction of a care centered on women, which values their needs and subjectivities (Brasil, 2012; Amorim et al., 2022).

However, despite the benefits evidenced, it is observed that the groups of pregnant women are often underused or developed with a restricted focus on health education, without fully exploring their potential as a strategy to promote mental health. This limitation highlights the need to broaden the understanding of the importance of these practices in the context of PHC (Amorim et al., 2022; Benjumea et al., 2025).

Given this context, it is essential to increase the appreciation and qualification of groups of pregnant women as strategic spaces for comprehensive care for women. The incorporation of approaches that contemplate not only educational aspects, but also emotional support and attentive listening, can enhance the positive effects of these practices. Thus, it reinforces the need for initiatives that promote the effective use of these groups in PHC, with a view to a more humanized care, integral and focused on the real needs of pregnant women.

3. Materials and methods[1]

[1] According to the CNPq Ordinance No. 2.664/2026 (Article 9, item c), the use of the Claude generative AI tool is declared (Claude Opus 5.5, Anthropic), in November 2026, as a support to the critical review of the text, the organization of the drafting of the Abstract, the Introduction and the Final Considerations and the standardization of the Theoretical Framework. All content was reviewed and validated by the authors, who assume full responsibility for the work.

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This is a quantitative-qualitative study, of an applied nature, with an exploratory, descriptive and cross-sectional design, carried out in two Basic Health Units (UBS) in the city of Patos, Paraíba, Brazil. The research aimed to evaluate the contribution of groups of pregnant women to the promotion of maternal mental health, identifying aspects related to emotional strengthening, social support and the exchange of experiences among the participants.

The groups were conducted by a multiprofessional team of residents, composed of professionals in the areas of Nursing, Nutrition, Physical Education and Psychology. The meetings took place monthly, through activities of health education, welcoming care, dialogue and sharing of experiences, aiming to strengthen the bonds between the participants and contribute to the emotional well-being during pregnancy.

The study population consisted of women participating in groups of pregnant women developed in two Basic Health Units (BHU) of the municipality, 22 pregnant women linked to the group of the first unit and 15 to the second, totaling 37 participants. The sample consisted of convenience, including 10 pregnant women who voluntarily agreed to participate in the research and met the established inclusion criteria.

Considering that the participation depended on the presence of pregnant women in the groups, the availability to respond to the research instruments and the manifestation of interest in participating, those who were accessible at the time of collection were included and voluntarily agreed with the participation, through the signing of the Informed Consent Form (TCLE).

Data collection was carried out between September and October 2026, in person in the health units, in a single moment for each participant, characterizing the cross-sectional design of the research. For this purpose, a semi-structured questionnaire was used, consisting of 18 open and closed questions, elaborated specifically for this study and made available through the Google Forms platform. The filling was performed by the pregnant women in electronic device, with mediation of the researcher during the application of the instrument.

The questionnaire included sociodemographic aspects, perceptions of participation in the groups of pregnant women, emotional support received and contributions of activities for the promotion of mental health during pregnancy. The answers allowed to understand the experiences and perceptions of the participants in relation to the welcoming care, the strengthening of the bonds and the emotional well-being provided by the groups.

Quantitative data were organized in spreadsheets and analyzed using simple descriptive statistics, using absolute and relative frequencies. Qualitative data from open questions were

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analyzed according to the technique of Content Analysis proposed by Bardin (2016), contemplating the stages of pre-analysis, exploration of the material and interpretation of the results.

The qualitative analysis listed three thematic categories: I. The group of pregnant women as a space for emotional support and welcoming care; II. Mental health in the context of sharing experiences and strengthening social bonds; and III. autonomy, security and preparation for motherhood: the relationship with professionals and perceived challenges. In order to maintain the anonymity of pregnant women, participants were identified with the letter G (do G1 ao G10).

The research was approved by the Research Ethics Committee of the University Center of Patos (UNIFIP), under Opinion No. 8.523.135, respecting the ethical principles established by Resolution No. 466/2012, and in accordance with Resolution No. 510/2016, both published by the National Health Council. The participation of pregnant women was voluntary, ensuring the anonymity and confidentiality of the information provided, the confidentiality of the data and the freedom of withdrawal at any stage of the investigation, without any prejudice to the participants.

4. Results and discussion

Although the study was initially planned with a mixed approach, the selection for convenience proved to be adequate for obtaining information from pregnant women effectively inserted in the investigated group activities, allowing to explore both quantitative aspects of the profile of the participants and qualitative elements, related to their perceptions and experiences. Thus, we sought to understand the phenomenon studied in the specific context in which it occurred, without the intention of statistical generalizations for other populations. Below, Tables 1 (one) and 2 (two) present the sociodemographic characterization of the participants:

Table 1. Gestational history of the participants (n = 10)

Gestational history	**n**	**%**
Primigravida	3	30,0
Multigravida	7	70,0
Total	10	100,0

Source: Research data, 2026.

As presented in Table 1, 10 pregnant women followed by Primary Health Care in the city of Patos, Paraíba, members of the groups of pregnant women performed in two Basic

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Health Units, aged between 17 and 33 years and average of 26.6 years. Regarding the gestational history, there was a predominance of women who had already experienced previous maternal experience. (70%; n=7), while 30% (n=3) were in the first pregnancy.

Regarding education, there was a predominance of participants with complete high school (90%; n=9), while only one pregnant woman had higher education (10%; n=1), with no records of elementary or post-graduation, as presented in Table 2. This educational profile demonstrates that all participants had a level of instruction compatible with the understanding of the guidelines provided during the research and with the handling of the application used in the study. The predominance of high school or higher education suggests greater familiarity with technological and digital resources, favoring navigation, filling in information and access to the contents provided by the tool, reducing possible difficulties related to its use.

Table 2. Schooling of participants (n = 10)

Schooling	**n**	**%**
High school	9	90,0
Higher education	1	10,0
Total	10	100,0

Source: Research data, 2026.

As for the marital status, there was a predominance of married pregnant women (70%; n=7), while 30% (n=3) They declared themselves single. Considering that most participants had a formal marital relationship, it is inferred the possibility of a greater presence of a family support network during the gestational period, which can favor prenatal care and emotional support for pregnant women. In addition, even among single participants, the participation of the child's father or other family members in the care process cannot be ruled out, since the marital status does not determine, in isolation, the absence of support during pregnancy. Due to the simplicity of the data distribution and its proper description in the text, it was decided not to present this variable in a table.

Regarding the occupation, it was observed that 90% (n=9) of the participants were dedicated to the activities of the home, while only one participant (10%; n=1) He had another occupational activity. This finding deserves attention, since the exclusive dedication to domestic activities may be related to financial dependence, burden of responsibilities and the reduction of opportunities for social coexistence, factors that can impact on mental health during pregnancy.

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Regarding the time of participation in the groups of pregnant women, 70% (n=7) They attended the meetings for a period between one and three months, while 30% (n=3) participated for less than a month. There were no participants with a length of stay longer than three months.

These characteristics allow us to understand the socio-demographic context of the participants and contribute to the analysis of their perceptions and experiences during pregnancy, especially with regard to emotional support, the exchange of experiences and the strengthening of the social bonds provided by the meetings.

4.1 The group of pregnant women as a space for emotional support and welcoming care

The analysis of the answers showed that emotional support and welcoming constituted central aspects of the participants' experience in the groups of pregnant women. The results indicate that the meetings were perceived as spaces for listening, caring and emotional strengthening, contributing positively to the experience of the gestational period.

Regarding satisfaction with the group, it was observed that 60% (n=6) of the participants reported being satisfied and 30% (n=3) very satisfied with the activities developed, while 10% (n=1) showed a neutral evaluation. These results demonstrate a predominantly positive perception of the participants in relation to the activities performed. In addition, all participants (100%; n=10) stated that the group contributed positively to their emotional well-being, highlighting the relevance of meetings as a strategy for welcoming, strengthening bonds, sharing experiences and promoting mental health during pregnancy.

When questioned about the most important aspects for their mental health, the participants highlighted mainly the welcoming care and attention offered by health professionals. Among the most mentioned elements were the support of the team, the attentive listening, the care provided, the care of the professionals and the conversations held during the meetings. The conversation circles and the lectures focused on the theme of mental health were also valued.

Regarding the emotional support provided by the groups, 70% (n=7) of the participants stated to receive it effectively, while 30% (n=3) reported that this support occurred occasionally. These results suggest that the meetings constituted important spaces of emotional support, favoring the welcoming care, the exchange of experiences and the construction of relationships of trust between pregnant women and health professionals.

The most significant experiences during the participation in the groups reinforce this perception. The activity of the time capsule, in which pregnant women wrote letters for their

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babies, was mentioned by 40% (n=4) of the participants. The meetings related to breastfeeding and postpartum care were cited, each one, by 20% (n=2) of the respondents. The activity on disengagement maneuver and the conversation wheels on mental health were also mentioned, each representing 10% (n=1) of the answers.

The reports reveal that the most striking experiences involved both educational activities and moments of affective expression and strengthening of maternal bonds:

> "The meeting about the capsule of time, in which we write a booklet for our babies." (G6).
> "The conversation wheels about mental health." (G9).
> "A meeting on the importance of breastfeeding, as it was a knowledge that I did not have during my previous pregnancy." (G4).

The activity of the capsule of time stands out, as it enables the exteriorization of feelings, expectations and affections related to motherhood. Likewise, the meetings on breastfeeding and postpartum care showed the importance of educational guidelines associated with emotional support offered to the participants.

The results found converge with the literature that highlights the relevance of the groups of pregnant women as devices of welcoming care and social support during the gestational period. Klein and Guedes (2008) showed that the identification among the participants, the sharing of feelings and mutual support favor emotional strengthening and health promotion.

Similarly, Backes et al. (2024) observed that collective prenatal care enables the shared construction of knowledge and experiences, strengthening the active participation of pregnant women in care.

In addition, the guidelines of the Ministry of Health (Brasil, 2012) and the World Health Organization (WHO, 2016) They emphasize that welcoming care, attentive listening and psychosocial support are essential components for the promotion of maternal health and for the qualification of prenatal care.

Thus, at first, the results of this study show that the groups of pregnant women go beyond the informative dimension of prenatal care, constituting spaces for welcoming care, attentive listening, sharing of experiences and emotional strengthening. In this sense, the results reinforce the potential of these activities as a strategy to promote maternal mental health in the context of Primary Health Care.

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4.2 Mental health in the context of sharing experiences and strengthening social bonds

The analysis of the answers showed that the sharing of experiences among the participants and the strengthening of social bonds constituted important aspects of the experience in the groups of pregnant women. The meetings provided opportunities for interaction, dialogue and exchange of experiences related to pregnancy, favoring the construction of mutual support relationships between the participants.

Regarding mental health and emotional well-being, all pregnant women (100%; n=10) reported having perceived positive changes in mood or anxiety levels after participation in the group. Regarding the current emotional well-being, 60% (n=6) classified it as moderate, 30% (n=3) as high and 10% (n=1) as low.

Although all identified positive changes, the presence of a participant with a low level of emotional well-being reinforces that pregnancy may involve different levels of psychological vulnerability. According to Silva et al. (2022) and Costa and Santos (2024), the biological, psychological and social transformations of this period can favor psychological distress, including anxiety and depression. In this context, the groups of pregnant women represent important spaces for welcoming care and listening, enabling the identification of emotional needs and, when necessary, referral for specialized monitoring in the Psychosocial Care Network (RAPS).

When questioned about the most frequent feelings during pregnancy, anxiety, sadness and insecurity were mentioned. Despite these emotional challenges, 70% (n=7) of the participants stated that the group contributed to deal with fears and insecurities related to pregnancy, while 30% (n=3) they considered that this contribution occurred partially.

> "The meetings carried out through conversation wheels." (G4).
> "The support offered by the multidisciplinary team." (G1).
> "The educational lectures on mental health." (G9).

The results suggest that the coexistence with other pregnant women favored the identification with similar experiences, providing welcoming care and social support during the gestational period. The possibility of sharing doubts, fears and expectations with women who experience similar situations proved to be relevant for coping with the emotional demands inherent to pregnancy.

The availability of social support during pregnancy represents a relevant aspect for maternal mental health, considering the emotional demands and changes experienced in this

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period. In this sense, Araujo and Cerqueira-Santos (2021) When investigating 90 pregnant women, they identified a significant relationship between the indicators of depression, anxiety and social support, highlighting the importance of support networks.

In this context, the strengthening of the social bonds established in the meetings contributed to the creation of a support network among the participants, favoring feelings of belonging, understanding and emotional support. These aspects may have positively influenced the perception of well-being reported by pregnant women, reinforcing the importance of group activities as a strategy to promote maternal mental health.

Still, based on Backes et al. (2024), collective prenatal care promotes environments of dialogue and shared construction of knowledge, contributing to the well-being of the participants. In addition, Klein and Guedes (2008) report that the interaction between women who experience the same period favors the identification with similar experiences, reduces feelings of isolation and strengthens emotional support.

The results show that the groups of pregnant women constitute an important care strategy in PHC, because, in addition to providing information and guidance in health, they favor social interaction, exchange of experiences and strengthening of support networks, contributing to a safer and more welcoming gestational experience.

4.3 Autonomy, safety and preparation for motherhood: the relationship with professionals and perceived challenges.

The analysis of the answers showed that the relationship established between pregnant women and health professionals was a relevant element for the strengthening of autonomy, safety and preparation for motherhood. In this sense, the interaction with the health team was pointed out as a positive aspect of participation in the groups, favoring both the access to information and the welcoming care and support necessary during the gestational period.

Regarding the interaction with the professionals responsible for conducting the groups, all participants (100%; n=10) evaluated this relationship as positive, demonstrating satisfaction with the welcoming care, attention and assistance offered during the meetings. This result suggests that the bond established with the team favored an environment of trust and dialogue, contributing to the pregnant women feel safer to express doubts, share experiences and seek guidance related to pregnancy and motherhood.

The findings of this study corroborate Paulo Freire's perspective (1996), which conceives education as a process based on dialogue, exchange of experiences and active

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participation of the subjects. In this conception, "teaching is not to transfer knowledge, but to create the possibilities for its production or construction" (FREIRE, 1996, p. 25). From this perspective, the groups of pregnant women are configured as spaces for collective construction of knowledge, in which the participants share knowledge, experiences and experiences, strengthening their autonomy and developing essential skills for maternal-child care.

When questioned about challenges and difficulties related to the participation or functioning of the group, none of the participants reported significant obstacles. This result indicates that the meetings were perceived as accessible and adequate to the needs of pregnant women, favoring their continuous participation in the activities. The absence of reported barriers suggests that the group provided favorable conditions for learning, welcoming and strengthening trust during pregnancy.

When asked about possible improvements to strengthen mental health care during pregnancy, some participants suggested a higher frequency of meetings, while others considered that the activities already met their needs.

> "I would like the meetings to be held more frequently." (G2).
> "For me, it's great. There is no need for improvements. (G5).
> "I suggest the approach of other themes, including maternal feelings and experiences during the postpartum period." (G7).
> "Coexistence with the team was very good." (G3).
> "The relationship with the professionals was great during the meetings." (G6).

Such responses reflect a favorable evaluation of the organization and conduction of the groups, in addition to highlighting the interest of pregnant women in expanding the moments of exchange, guidance and monitoring offered by the multiprofessional team.

These results are in line with the guidelines of the Ministry of Health (Brasil, 2012), who recognize the educational actions in prenatal care as fundamental instruments to prepare the woman for childbirth, the puerperium and care for the newborn. Similarly, Backes et al. (2024) They highlight that the groups of pregnant women and the collective prenatal care favor the shared construction of knowledge, increase the confidence of women and strengthen their active participation in decisions related to their own health.

The World Health Organization (WHO, 2016) recommends that care for pregnancy is centered on women and based on relationships of respect, support and participation. From this perspective, the positive relationship established between the participants and health professionals is an important factor for the development of autonomy, emotional security and preparation for motherhood.

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In general, the results show that the groups of pregnant women not only promote access to information and professional monitoring, but also favor the construction of bonds of trust that contribute to the strengthening of autonomy, safety and the capacity of women to face the challenges of the pregnancy and postpartum period.

5. Final considerations

This study sought to analyze the contribution of groups of pregnant women as a strategy to promote maternal mental health in Primary Health Care. The results indicate that, in the perception of the participants, the groups go beyond the informative dimension of prenatal care and constitute spaces for welcoming care, attentive listening, exchange of experiences and emotional strengthening, which answers the question that guided the research.

With regard to emotional support and welcoming care, all participants recognized the contribution of the group to their emotional well-being, and most referred to receiving support effectively. The welcoming care and attention of professionals, the conversation circles and the affective expression activities, such as the capsule of time, were among the most valued aspects, along with the guidelines on breastfeeding and postpartum care.

As for the sharing of experiences, the coexistence with other women who experience the same moment favored the identification, the feeling of belonging and the constitution of support networks. Although anxiety, sadness and insecurity have been mentioned as frequent feelings during pregnancy, participants reported positive changes in mood or anxiety and recognized the group as a resource to deal with fears and insecurities.

Regarding autonomy and preparation for motherhood, the relationship with professionals was positively evaluated by all participants, which highlights the bond as a central dimension of care. The dialogical construction of knowledge proved to be powerful to strengthen the safety of pregnant women, and the suggestion of more frequent meetings reveals the interest in expanding these spaces.

It should be noted, however, that the evaluations on satisfaction with the group were not homogeneous and that part of the participants classified their current emotional well-being as moderate or low. These findings indicate that the groups, although relevant, do not replace individual monitoring, and reinforce the importance that teams associate with collective activities the identification of signs of psychological distress and the articulation with the Psychosocial Care Network, when necessary.

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For PHC, the findings reinforce the relevance of maintaining and qualifying groups of pregnant women as comprehensive care devices, conducted by multiprofessional and planned teams in order to contemplate, in addition to educational content, the emotional and social dimensions of pregnancy. In this sense, the Multiprofessional Residency in Primary Health Care is a privileged space to develop and systematize these practices.

As limitations, the reduced number of participants stands out, the accomplishment of the research in only two health units in a municipality and the cross-sectional design, which restrict the generalization of the results. It is added that the data are based on the self-perception of pregnant women, obtained by an instrument designed for the study and not validated, which may be subject to the bias of social desirability. It is recommended, therefore, to carry out further studies with larger samples, monitoring throughout pregnancy and postpartum, and the use of validated instruments for tracking emotional symptoms.

It is concluded that investing in groups of pregnant women in Primary Health Care means strengthening integral and humanized care, which recognizes pregnancy as a period marked not only by physical changes, but also by emotional and social experiences that require attention, support and monitoring.

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