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LIVING WITH PREGNANCY-ASSOCIATED CANCER: GROUNDED THEORY BASED ON FAMILY EXPERIENCES

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ABSTRACT

Objective: to understand the experience of families living with pregnancy-associated cancer.
Method: grounded theory with symbolic interactionism as a theoretical reference. Twelve families with a woman diagnosed with pregnancy-associated cancer participated in the study. Data were collected by identification form, genogram and interview, between March 2018 and March 2019, and the analysis followed the stages of substantive and theoretical coding.
Results: the constant comparative analysis of the data developed the substantive theory "Living between weaknesses and motivations: experiences of families with pregnancy-associated cancer" explaining the experience with the central concept "Living between losses that weaken and the arrival of the child who strengthens", which represents the symbolic actions and strategies of the family that perceives itself in a condition of duality.
Conclusion: throughout the experience, the family moves from a condition in which illness is identified as a difficulty for the experience of pregnancy and birth to another in which pregnancy and birth are seen as motivators for cancer treatment.

DESCRIPTORS:CANCER. Pregnancy. Family. Grounded theory. Nursing. Nursing Research.

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CONVIVENDO COM O CÂNCER GESTACIONAL: UMA TEORIA FUNDAMENTADA NOS DADOS A PARTIR DE EXPERIÊNCIAS DE FAMÍLIAS

RESUMO

Objetivo: compreender a experiência de famílias diante do adoecimento de familiar por câncer gestacional.
Método: trata-se de uma teoria fundamentada nos dados que teve como referencial teórico o interacionismo simbólico. Participaram do estudo doze famílias que tiveram entre seus membros uma mulher com diagnóstico de câncer gestacional. A coleta dos dados deu-se por formulário de identificação, genograma e entrevista, entre março de 2018 e março de 2019, e a análise seguiu as etapas da codificação substantiva e teórica.
Resultados: a análise comparativa constante dos dados permitiu a elaboração de uma teoria substantiva "Convivendo entre fragilidades e motivações: experiências de famílias com o câncer gestacional" explicativa da experiência que teve como conceito central "Vivendo entre perdas que fragilizam e a chegada da criança que fortalece", que representa as ações e estratégias simbólicas da família que se percebe em uma condição de dualidade.
Conclusão: ao longo da experiência, a família movimenta-se de uma condição em que o adoecimento é identificado como um dificultador para a vivência da gestação e nascimento para outra em que a gestação e o nascimento são significados como motivadores para o tratamento oncológico.

DESCRITORES: Neoplasias. Gravidez. Família. Teoria fundamentada. Enfermagem. Pesquisa em Enfermagem.

VIVIR CON CÁNCER GESTACIONAL: TEORÍA BASADA EN DATOS DE EXPERIENCIAS FAMILIARES

RESUMEN

Objetivo: comprender la experiencia de familias frente a la enfermedad de un familiar por cáncer gestacional.
Método: se trata de una teoría basada en datos que tuvo como marco teórico el interaccionismo simbólico. Doce familias participaron en el estudio que tenían una mujer diagnosticada con cáncer gestacional entre sus miembros. La recolección de datos ocurrió a través de ficha de identificación, genograma y entrevista, entre marzo de 2018 y marzo de 2019, y el análisis siguió las etapas de codificación sustantiva y teórica.
Resultados: el constante análisis comparativo de los datos permitió la elaboración de una teoría sustantiva "Vivir entre fragilidades y motivaciones: experiencias de familias con cáncer gestacional" explicando la experiencia que tuvo como concepto central "Vivir entre pérdidas que debilitan y la llegada del niño que fortalece", que representa las acciones y estrategias simbólicas de la familia que se percibe en una condición de dualidad.
Conclusión: a lo largo de la experiencia, la familia pasa de una condición en la que la enfermedad es identificada como un impedimento para la experiencia del embarazo y del parto, a otra en la que el embarazo y el parto son pensados como motivadores para el tratamiento del cáncer.

DESCRIPTORES: Neoplasias. Embarazo. Familia. Teoría fundamentada. Enfermería. Investigación en enfermería.

INTRODUCTION

The family is the place where each person's story originates, a private space of spontaneous relationships, considered the primary context of human development, because the life cycle of each of its members affects the life cycle of the family.1 In this perspective, it is highlighted that the family is an open system in constant transformation that is organized based on the way in which its members interact[2].

Throughout its life cycle, the family goes through different stages that are related to the entrances and exits of new members and this organization aims to expand the view of the problems that this nucleus presents and the strengths that appear, in each stage of the cycle, and specific to this moment experienced by the family[3].

In the context of the family's life cycle, especially childbirth, unpredictable events can arise, such as the illness of one of its members, which intensifies the need to adapt to new family demands. Illness due to a chronic cause such as cancer, regardless of the family´s situation, impacts and affects not only the patient, but the unit as a whole, even having repercussions on interactions and family dynamics[4–5]. Such impacts are commonly related to the representations of cancer for individuals and the society to which they belong, which is usually associated with pain, anguish, suffering and death[6–7].

With regard to the aspects that are inherent to pregnancy and birth, the family is immersed in this experience, together with the pregnant woman/postpartum woman, and shares the joys and fears that are part of this process, as well organizing care for the child and woman. In this context, the diagnosis of cancer possibly causes the family to need another type of care, different from the one it was planning for before. Pregnancy-associated cancer is defined as a malignant cancer diagnosed during pregnancy and up to one year after delivery[8].

Considering that the habitual birth process is seen as a challenge that requires changes to the family life and development cycle, illness as a result of pregnancy-associated cancer represents another type of disorder, one that is unexpected and, therefore, is an emotional and social problem that adds to the reality experienced. There is a mixture of feelings and emotions, such as joy and sadness, fear and courage, life and death, hopelessness and motivation. It is common to refer to pregnancy as life and, on the other hand, to cancer as death[9].

In a literature analysis on the repercussions of pregnancy-associated cancer, it is evidenced that the studies conducted aim to understand the perspective of the woman who experiences it[9–11]. Thus, a gap in knowledge is perceived, since there are questions about what it is like for the family group to receive the news of a pregnancy-associated cancer and how its members absorb and understand the consequences that this situation raises.

A review study that aimed to analyze trends in the construction of knowledge in Brazilian nursing about studies with families, which used grounded theory as a methodological reference, concludes that research is focused on disease situations and mainly involves families with children, with an emphasis on situations of special health care needs (chronicity). In addition, it considers that there is space for studies that focus on families who experience transitional moments in their development cycle, such as marriage, children leaving home, pregnancy, births, divorce and aging, as well as illness in these different stages such as pregnancy-associated cancer[12].

Thus, it is considered that understanding the experience of families who experience pregnancy-associated cancer and elaborating a substantive theory contribute to the construction of knowledge regarding relationships and family dynamics in a specific situation such as pregnancy associated with a serious disease. In addition, it gives visibility to those who need to face cancer as they prepare for the arrival of a new family member and, therefore, tend to have difficulties in reconciling demands of two different life events[13].

Considering the family's experience with pregnancy-associated cancer as an important research problem - as 1) the family is experiencing two conflicting events and need to adapt to them and that 2) pregnancy-associated cancer, from the family's perspective, is not yet explored in the literature - the objective is: understand the experience of families who experience pregnancy-associated cancer.

METHOD

This investigation uses symbolic Interactionism as its theoretical framework[14]. The methodological framework that supports it is Grounded Theory (GT), which studies human behavior and writes substantive theory based on the central concept that emerges from the data and its related concepts[15–16].

Two specialized oncology services were initially accessed in order to find families, one in the northwest region and the other in the central region of the State of Rio Grande do Sul. Based on the relationship of women with the profile for the study and their respective contacts, provided by the services, and by the use of the snowball strategy, the families were located in several municipalities, extrapolating the geographical limits served by the services, since families were contacted from the indication of other families[17]. Data collection occurred at the residence of the woman diagnosed with pregnancy-associated cancer or at the home of her parents, friend or aunt. An interview was conducted via the Google Meet platform. Data were collected between March 2018 and March 2019. All families indicated by the services and snowball strategy were contacted. One did not agree to participate and it was not possible to contact the other via telephone.

The participants included twelve families, totaling 31 people. As inclusion criteria, it was defined that the participants should be older than 18 years, be family (biological, affective or affinity) with the woman diagnosed with pregnancy-associated cancer, have accompanied her during the process of illness and treatment and, at least two adult people of the family had to be present at the time of the interview. One of them could be the woman herself. The decision of which family members would participate was made by the family itself. The woman diagnosed with pregnancy-associated cancer was considered one of the participants in all the interviews. All contact was made after the baby was born. What differentiated the families for the composition of the theoretical sampling was the moment of the pregnancy-postpartum cycle in which the woman was diagnosed with cancer. Four families began to live with the diagnosis of pregnancy-associated cancer when the woman was in the first half of pregnancy; five, in the second half of pregnancy; and three in the postpartum period. One family lived in the State of Paraná, one in the State of Rio de Janeiro and the other, in different regions of Rio Grande do Sul.

The number of participants was defined by theoretical saturation, based on the evidence for the need of incidents to compose and densify the concepts[15].

Initially, as part of the interview, through a form, the woman´s sociodemographic and clinical information was collected and, together with the family, her genogram was constructed. After obtaining authorization, the interview was recorded and began with the question: "Tell me about your family´s experience regarding experiencing the illness of (the woman's name) during pregnancy (or postpartum)". According to the content of the answers, other questions were formulated and circular questions were included during the interview. The circular questions allowed us to elucidate the differences between family members regarding relationships, ideas, beliefs, thoughts regarding illness and the future, as well as learning about the family's life history[18–29]. The interviews were conducted by a single researcher and were between 90 and 130 minutes in duration.

Data analysis followed the Constant Comparative Method of Grounded Theory, composed of four stages: comparing applicable incidents for each concept, integrating concepts and their properties, delimiting theory and writing theory. The coding process was guided by Glaser's proposal[15] and, therefore, organized in substantive coding (open and selective) and theoretical coding.

The substantive coding was performed together with data collection, in a constant process of coming and going to the data and formulating hypotheses, which deductively contributed to direct the data collection and analysis. It is noteworthy that during the data treatment and analysis, memos, support tools for the development of Grounded Theory, as well as diagrams were written, an artifice that allowed a better visualization and understanding of the interactions between concepts, in addition to helping to reach the central concept and substantive theory[16]. In the data organization process, the QSR Nvivo® Pro, version 12 was used. The theoretical codification through the constant comparative method showed relationships present in the theoretical code six Cs[15], which proposes that the links between the concepts in the studied phenomenon occur through causes, context, contingencies, consequences, covariance and condition. Due to the interrelationship evidenced in the concepts that emerged in this investigation, four were elected: context, cause, conditions and consequences.

The validation of the substantive theory, as well as its representative diagram, was performed with specialists, during study group meetings and with families participating in the study to which the theory and diagram were presented and asked to indicate whether it represented the experience in question. Adjustments could then be made to the final version.

The investigation was approved by the Research Ethics Committee and conducted in view of the ethical precepts regarding research with human beings, according to Resolution 466/12.

RESULTS

The interviews were attended by twelve women who had been diagnosed with pregnancy-associated cancer, six mothers, nine spouses, a brother-in-law, a friend, a father, an aunt. Two of these women were considered cured and did not receive any more type of treatment, the others were in a period of remission and remained on medication, chemo or radiotherapy therapy. The youngest at the time of diagnosis was 26 years old and the oldest was 41 years old. Four babies were born at term, there were five premature and for three families the diagnosis occurred in the postpartum period, when the children were less than six months old. Regarding the stage of the family life cycle, at the time of diagnosis, two families had adolescent children, three families had small children and seven families were made up of couples only[3].

Six concepts were organized from the codification and analysis: In "Preparing to receive a new member in the family" there is the context in which the experience occurs, when the news is presented and the family organization occurs to receive the new member, during pregnancy and after the child's birth. Next, "Being surprised by the discovery of cancer during pregnancy" explains the cause, because it understands how the diagnosis happened and the strategies used by the family to cope with the disease. The concepts "Suffering from the repercussions of cancer in pregnancy, birth and in the family" and "Reorganizing family dynamics for care" are the conditions, strategies and actions undertaken by the family during the experience. "Finding in strength in the pregnancy and the child to face cancer" and "Learning to live with the (in)certainties of illness" refer to the consequences and allow us to glimpse how the family's life continued. These interrelated and articulated concepts support and integrate the central concept "Living between losses that weaken and the arrival of the child that strengthens", which allows us to understand the family experience during the experience of illness from pregnancy-associated cancer.

The substantive theory

The relationship of the central concept with the other concepts is presented in Figure 1 and represents the substantive theory "Living between weaknesses and motivations: experiences of families with pregnancy-associated cancer", which explains the concepts and their properties in a condition that evidences the movement of the family throughout its experience, based on context relations, conditions and consequences[15].

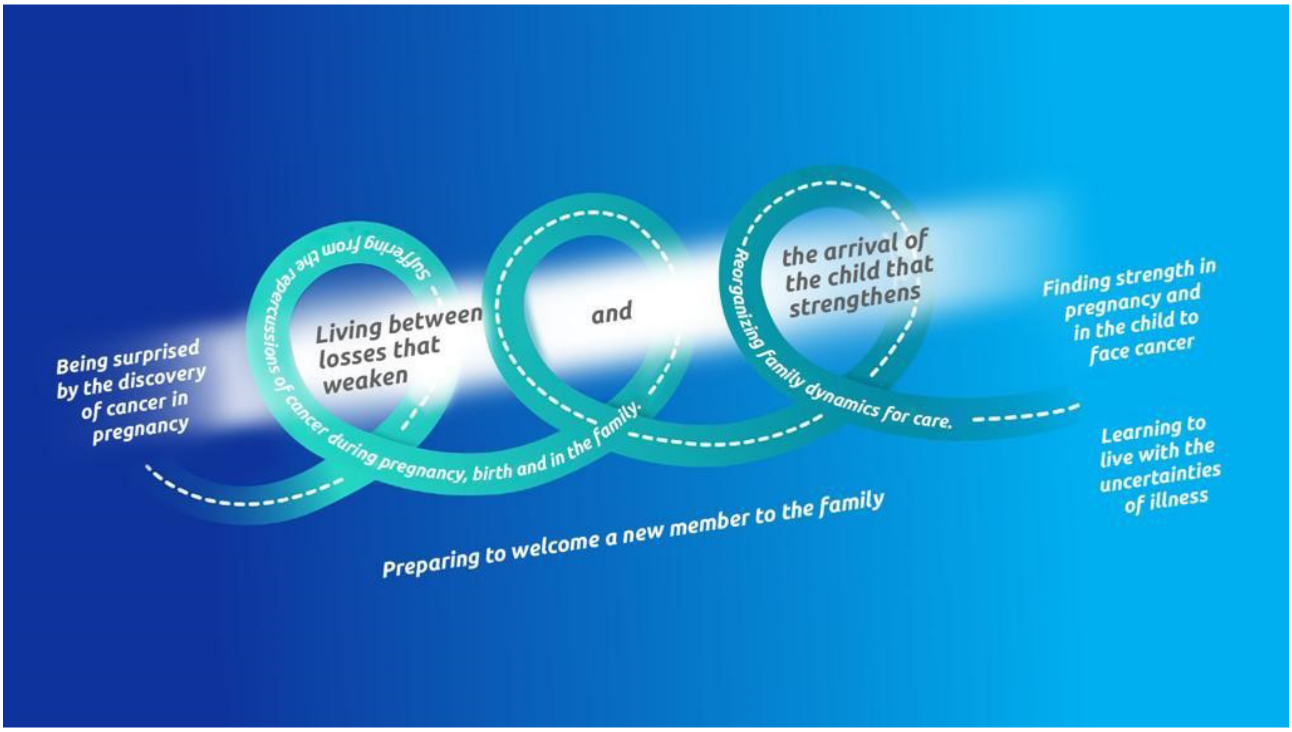

Figure 1 - Representative diagram of the substantive *theory living between losses and motivations: experiences of families with pregnancy-associated cancer.* Santa Maria/RS, Brazil, 2020.

The central concept Living between losses that weaken and the arrival of the child that strengthens, expresses the family's experience in the face of illnesses due to pregnancy-associated cancer, which is apprehended from the contingencies that arise and place this nucleus in a situation of duality, as it experiences a moment with two principles. One of them, cancer, defined by the possibilities of losses, and the other, pregnancy and birth, defined as life, since they will bring a new member to the family.

Initially, the family's experience happens by identifying pregnancy as a complicating factor to face cancer, because, in addition to those concerns inherent to the diagnosis and treatment of the disease, there is fear related to the child, since it can suffer repercussions of cancer therapy and also being away from the mother for a short or long time. The opposite also happens, cancer is represented as a complicating factor for pregnancy, as its consequences distance the family from actions, as well as from the joys and expectations experienced while waiting for the birth of the child.

On the other hand, pregnancy is the factor that provides strength to cope with cancer and fight for the women's lives. In the course of the family experience, pregnancy and birth are re-signified and they are given an important reason to seek treatment, a desire for life, despite the difficulties and fears arising from illness due to pregnancy-associated cancer.

The losses are understood both from the perspective of their effectiveness and in their concreteness, causing discomfort, fear and anxiety to the family. These are beyond what death may represent, a possibility that seems closer in the experience of a serious disease such as cancer. They refer to autonomy, the possibility of experiencing pregnancy in all its potentiality and important moments of motherhood, such as caring and for the child and nursing it. The perspective of what can be experienced and not experienced threatens and weakens the stability of family unity.

"Preparing to receive a new member in the family" is the context in which the family's experience with pregnancy-associated cancer occurs and refers both to the period that comprises pregnancy, and to those in which they received the diagnosis in the postpartum period, that is, in the stage of the family life cycle regarding the birth of children or having young children. It is considered that the family prepares to receive the baby during pregnancy with joys and fears - organizing the house, thinking about the delivery, about the arrival of the child and planning the care - as well as continuing to prepare for the postpartum period, in the concreteness of the needs that present themselves. Receiving a child into the family requires a continuity of the preparation performed during pregnancy, that is, it refers to a continuum.

It is from the perspective of this context, presented by a set of socially shared meanings, that the family interacts, acts and attributes meaning to the experience of pregnancy, birth, care for the newborn and, at the same time, pregnancy-associated cancer. In this interactional process, each family member, based on previous experiences and their perspectives of the future, interprets, defines and acts, with a view to dealing with the situation resulting from pregnancy-associated cancer.

The family experience begins by "being surprised by the discovery of cancer during pregnancy", which highlights the cause of the phenomenon studied and family experiences when living with pregnancy-associated cancer. It approaches what moves the family from an experiential situation specific to its life cycle - the arrival of children and the formation of a new family nucleus - to another, the unexpected, a cancer diagnosis.

Cancer in the family causes this group to mobilize in order to recognize the symbolic elements present in the situation and, from a mental activity processed individually, but that reflects and is reflected in the family unit, seek elements to interpret the experienced and to define reality. As a result of this and the repercussions of cancer felt in the experience of pregnancy, the family begins to define their experience as "suffering from the repercussions of cancer in pregnancy, birth and in the family". This is the condition in which the family perceives illness as a situation that disorganizes it and, therefore, has made it difficult to experience pregnancy, motherhood and care related to the postpartum period. Thus, in this context, the family now feels optimistic and confident, but also fearful and insecure.

At first, it is difficult to understand how to face cancer during pregnancy, to transpose from a situation in which medications of habitual use were prohibited by possible action on the fetus, to another, in which there is a need to prescribe chemotherapy and surgical procedures during this period.

The illness, a condition that hinders the experience of pregnancy and care for the child, is visualized as the one that leads the family down a different path from what was being traveled from the news of the pregnancy. A path in which the family is constantly invaded by concerns regarding the outcome of this pregnancy and begins to perceive difficulties for the woman to experience the motherhood she once planned.

At the same time that the family perceives the difficulties and contingent challenges of living with pregnancy-associated cancer, needs to bring what it has symbolically created about cancer and about pregnancy throughout its trajectory to the present. Based on social interaction, the exchange of information is possible, which allows the alignment of ideas, the re-signification of the situation experienced, in order to accept, encourage and support the woman for the implementation of the guidelines and prescriptions received in relation to cancer therapy. From this, they "reorganize the family dynamics for care", a movement in which the family creates conditions to accompany and care for the woman during treatment, as well as the child and other children, fully meeting their demands.

The actions of the family, in this moment, are constructed and result from the definitions established collectively, by all involved, each identifying their potential to act collaboratively in the necessary care and assume tasks based on these definitions, seeking to organize themselves from the needs of the woman and the child and prioritizing the well-being of both. Such attitudes reveal that the functioning of the family is based both on their capacity for interaction, as well as of putting themselves in the place of the other to act according to family needs, which is reflected in dedicating themselves to caring for the woman, accompanying her in the treatment, taking care of the baby, the home and other children. There is an individual and collective internal movement in the family of cooperation and solving problems.

Thus, it is in this experience and the way the family mobilizes its capacity to rebalance itself in adversities that one has, as a consequence of the experience, “finding strength in pregnancy and in the child to face cancer”. The pregnancy/child starts to have the potential to also be a motivation for the cancer treatment, since the woman and family want and need them to be well to take care of themselves and the child, performing activities that are socially inherent to motherhood and understood by the family as necessary to the child.

Thus, the pregnancy and the arrival of the child are no longer experienced by the family only as situations that, added to cancer, potentiate the difficulties and negative feelings in relation to their coping and outcome. They are also perceived as elements that motivate and that allow the possibility of learning and valorization of life, family and all the moments experienced.

In addition, as a consequence of the experience of pregnancy-associated cancer, the family is “learning to live with the (in)certainties of illness”. From interactions, they learn to deal with the uncertainties caused by concerns such as the possibility of cancer recurrence and the appearance of complications in the child due to intrauterine exposure to chemotherapy.

Despite fears, the family defines what is necessary to live beyond illness, values every day, projects a future without the disease, or simply does not think about the future, if the possibilities of what it represents cause fear. It also rescues quality of life and well-being plans that may have been postponed in times of disorganization and family instability.

Moving on after or during pregnancy-associated cancer requires important reflections and interactions with each family member, with professionals and with other circumstances that contribute to creating strategies. These, in turn, should contribute both to expand and enhance resources to manage the situation, as well as to allow the continuity of the experience, whether living with the difficulties that are consequent to illness, or facing the concerns that remain, despite their remission.

DISCUSSION

The lack of studies about the experience of families faced with pregnancy-associated cancer is evident in the literature[9–11], which makes the theme relevant for the scientific and practical universe. In view of this issue, we can see the emergence of discussions that transcend the therapeutic perspectives and outcomes in relation to pregnancy-associated cancer. Although there are studies, mainly, at the international level, in which emotional and social aspects of women who experience this condition are analyzed, they do little to include the family and, if they do, point to it as a context and consider it as an individual phenomenon.

The understanding of the experience and the development of the substantive theory reveal that families are surprised by the cancer diagnosis as they prepare to receive a new member in the group. This situation significantly impacts the way they experience both pregnancy/birth and cancer, because these events, per se, have contradictory meanings: life and death, respectively. Both demand changes in their daily lives and cause the group to need to use new strategies to live with the scenario that presents itself.

With the transition to parenthood, the family becomes a permanent system for the first time, because, even in divorce situations, its members remain connected by the bonds established by their children, who also remain linked to the two families of origin. Thus, symbolically, it is considered a “key transition” in the family life cycle[3] a condition also represented in a study that aimed to identify ways to promote the transition of parenting in the family[20]. At the same time, this transition represents one of the most intense joys and one of the most significant and stressful changes that will occur during life. However, this is not simply because you receive a new member in the family, but because this moment means important changes in life, whether they are expected or not by individuals, by the family and their relationships[21]. Because parenting is an expected transition in the life cycle of most families, the stressors triggered by it are called developmental, that is, they are related to the family's developmental stages[3].

Thus, it is in this context of joys, conflicts, needs for self-knowledge, definitions of roles, of opening up and preparing to receive a new member that the families participating in this study received the news that the woman was diagnosed with pregnancy-related cancer. Therefore, stressors also called unpredictable[3], especially at a time of intense changes in family life, as illustrated by the birth of a child.

The presence of a disease has a significant impact on intrafamily relationships, because the family may have difficulty in managing the changes that will occur in their daily lives, especially when they do not know much about the disease[22], about the treatment or about how to care for and support their sick family member. The processes involving cancer lead to several adaptations in the family's life, resulting from a new meaning attributed to it, characterized by the insertion of habits and routines previously little practiced or undervalued in their daily lives and/or by the reassessment of some pre-existing concepts[5].

The substantive theory presented in this study is based on the family's experience with the illness of one of its members due to pregnancy-associated cancer and portrays family experience as a dynamic and systemic process in which all members assume an active situation. From an interactionist understanding, the way the family acts in the situation of pregnancy/birth and cancer is the result of the symbolic interaction shared between people, in which the interpretation and definition of the situation lead to a perspective that is common, and from this, there is the alignment of individual actions so that, cooperatively, all act in solving the problem[14,19].

The families participating in this study were able to bring both previous experiences of diagnosis and treatment of a cancer to the discussion, as well as perceptions of the current situation of illness in the context of pregnancy and the birth of the child. In an interactional process, permeated by fears and insecurity, they were allowed to define pregnancy and the child as a reason for treatment and meaning to live, and learned to live in the family with the (in)certainties of illness.

Each family has its own way of relating to the issues of human existence, including disease and death[3]. Understanding how the family organizes itself to deal with a disease such as cancer at a certain point in its life cycle - and in this study, especially in the birth process - can contribute to the elaboration of strategies that enable greater care to the family, contributing to it having adequate support for its sick member and other family members involved.

In this sense, the comprehensive care of women with cancer during pregnancy and their families represents a challenge for nursing and other members of the health team. The importance of emotional care in when receiving a diagnosis of a potentially fatal disease is highlighted, especially in the situation in which the family celebrates the beginning of a new life, as well as the guarantee of continuous channels of communication and frank dialogue, instrumentalizing these women for the expression of their thoughts and needs for information[23].

It is considered as a limitation of the study the fact that it was not possible to include families in which the woman died from pregnancy-associated cancer, so that this dimension of the experience in which they faced, in addition to illness, could also be understood, and the responsibility of moving forward and taking care of the child without the mother's presence, which was not possible to achieve in the present study.

In view of the findings of this study, the recognition by nursing professional of the particularities of the experience of families with pregnancy-associated cancer can contribute to the design of care plans that are unique to each family coping with this condition, from a perspective of the longitudinality of health care. Thus, nursing also has an important space to occupy in women's health care, especially in the prevention of breast and cervical cancer, prenatal, childbirth and puerperium, as well as in hospital care in situations of cancer - surgery, chemotherapy and radiotherapy - caring not only of the pregnant/postpartum woman or the one diagnosed with cancer, but also of the family as a unit with specific demands.

The study also provides visibility to the studied group, since, in the daily professional interactions of those who care for pregnant women or postpartum women, cancer is generally not a topic of discussion and evaluation, because they consider it distant in the professional dimension in which they work. This study brings the theme to the debate and shows that it is a reality experienced by families and, therefore, needs to be taken into account in the clinical evaluation of pregnant women in prenatal and postpartum women, as well as women in the reproductive phase who have cancer. Therefore, the results of this study reinforce the commitment to contribute to the advancement of care for families in different spaces: care, teaching and research itself.

CONCLUSION

The diagnosis of pregnancy-associated cancer is defined by the family as a situation of duality, which places it between life - birth of the child - and death, represented by cancer. The illness is identified as a factor that complicates the experience of pregnancy and birth, conditions that are defined as unfavorable for coping with cancer. In the course of the experience, pregnancy and birth are motivators for treatment. The actions of the family and the meanings attributed to the experience are constituted from the interactions with themselves and with the support network.

The understanding emerges that the experience of families facing pregnancy-associated cancer is unique, learned and transformative. It is unique because it is related to the characteristics of each family and of each of its members; there are behaviors that seem to be standard in the families participating in the study, but the experience of each one is their own. Learned, because the interactions that are established in the family and the meanings attributed to situations lead to learning as a group, and about the individual potentialities of its members. Transformative, because they begin to have different perspectives on the present and the future.

Therefore, the nursing practice must be centered on positive elements present in family interactions and their context, that is, on what its members are capable of doing well, despite the challenges they face. It is not a question of denying difficulties, risks, losses, but of recognizing that, in the same context, losses, weaknesses, resources and possibilities coexist. Likewise, it is interesting for nurses to recognize that the capacities of families can be developed or reinforced through actions implemented both in the professional and non-professional spheres. This implies recognizing the competences for this purpose, not only in the professionals, but also in the family and in the informal social support network.

The results of this study also reinforce the need for the daily search for the expansion of interdisciplinary care to the family, and not only care focused on those who fall ill.

REFERENCES

1. Walsh F. Loss in couples and families. In: Lebow J, Chambers A, Breunlin D. Encyclopedia of couple and family therapy [Internet]. Springer; 2017 [cited 2021 Aug 20]. p. 1-8. Available from: https://doi.org/10.1007/978-3-319-15877-8_469-1
2. Stürmer TR, Marin AH, Oliveira DS. Compreendendo a estrutura familiar e sua relação com a parentalidade: relato de caso de um casal em terapia de abordagem sistêmica. Rev Bras Psicoter [Internet]. 2016 [cited 2020 Aug 22];18(3):55-68. Available from: http://rbp.celg.org.br/detalhe_artigo.asp?id=213

3. Dupont S. The family life cycle: an essential concept for looking at contemporary families. Ther Fam [Internet]. 2018 [cited 2020 Aug 20];39(2):169-81. Available from: https://doi.org/10.3917/tf.182.0169
4. Ferraza A, Muniz RM, Pinto BK, Viegas AC, Matos MR. A sobrevivência ao câncer na perspectiva da família. Rev Enferm UFPE on line [Internet]. 2016 [cited 2020 Dec 7];10(3):1022-8. Available from: https://pesquisa.bvsalud.org/portal/resource/pt/bde-29619
5. Oliveski CC, Girardon-Perlini NMO, Cogo SB, Cordeiro FR, Martins FC, Paz PP. Experience of families facing cancer in palliative care. Texto Contexto Enferm [Internet]. 2021 [cited 2021 Sep 26];30:e20200669. Available from: https://doi.org/10.1590/1980-265X-TCE-2020-0669
6. Bezerra NC, Martins VHS, Guisande TCCA, Santos TV, Carvalho MAB, Belfort LRM. Pregnancy-associated cancer: a literature review. Res Soc Dev [Internet]. 2019 [cited 2021 Sep 24];8(6):e40861075. Available from: https://doi.org/10.33448/rsd-v8i6.1075
7. Ziguer MLPS, Bortoli CFC, Prates LA. Sentimentos e expectativas de mulheres após diagnóstico de câncer de mama. Rev Saúde Púb Paraná [Internet]. 2016 [cited 2021 Feb 17];17(1):107-12. Available from: https://doi.org/10.22421/15177130-2016v17n1p108
8. Amant F, Berveiller P, Boere IA, Cardonick E, Fruscio R, Fumagalli M, et al. Gynecologic cancers in pregnancy: guidelines based on a trird international consensus meeting. Ann Oncol [Internet]. 2019 [cited 2022 Feb 26];30(10):1601-12. Available from: https://doi.org/10.1093/annonc/mdz228
9. Hammarberg K, Sullivan E, Javid N, Duncombe G, Halliday L, Boyle F, et al. Health care experiences among women diagnosed with gestational breast câncer. Eur J Cancer Care (Engl) [Internet]. 2017 [cited 2021 Nov 27];27(2):e12682. Available from: https://doi.org/10.1111/ecc.12682
10. Vanderbroucke T, Han SN, Calsteren KV, Wilderjans TF, Bea RH, Van den Bergh LC, et al. Psychological distress and cognitive coping in pregnant women diagnosed with cancer and their partners. Psycho-Oncol [Internet]. 2017 [cited 2021 Feb 20];26(8):1215-21. Available from: https://doi.org/10.1002/pon.4301
11. Rees S, Young A. The experiences and perceptions of women diagnosed with breast cancer during pregnancy. Asia Pac J Oncol Nurs [Internet]. 2016 [cited 2020 Nov 27];3(3):252-8. Available from: https://doi.org/10.4103/2347-5625.189814
12. Gomes JS, Girardon-Perlini NMO, Coppetti LC, Dalmolin A. Teoria fundamentada nos dados como referencial metodológico para pesquisas com famílias na enfermagem brasileira. Cienc Cuid Saude [Internet]. 2017 [cited 2020 Nov 27];16(4):1-9. Available from: https://doi.org/10.4025/ciencuidsaude.v16i4.39467
13. Faccio F, Mascheroni E, Ionio C, Pravettoni G, Peccatori FA, Pisoni C, et al. Motherhood during or after breast cancer diagnosis: a qualitative study. Eur J Cancer Care (Engl) [Internet]. 2020 [cited 2021 Mar 20];29(2):e13214. Available from: https://doi.org/10.1111/ecc.13214
14. Charon JM. Symbolic interactionism: in introduction, as interpretation, an integration. 10th ed. New Jersey, NJ(US): Pearson Prentice Hall; 2010. 208 p.
15. Glaser B. Theoretical sensitivity: advances in the methodology of grounded theory. San Francisco, CA(US): The Sociology Press; 1978.
16. Glaser BG. Getting Started. The Grounded Theory Review [Internet]. 2018 [cited 2020 Nov 27];17(1):3-6. Available from: http://groundedtheoryreview.com/wp-content/uploads/2019/01/02-getting_started_Glaser_GTR_Dec_2018.pdf
17. Naderifar M, Goli H, Ghaljaie F. Snowball sampling: a purposeful method of sampling in qualitative research. strides Dev Med Educ (Online) [Internet]. 2017 [cited 2022 Feb 25];14(3):e67670. Available from: https://doi.org/10.5812/sdme.67670

18. Leahey M, Wright LM. Application of the calgary family assessment and intervention models: reflections on the reciprocity between the personal and the professional. J Fam Nurs [Internet]. 2016 [cited 2021 Apr 22];22(4):450-9. Available from: https://doi.org/10.1177/1074840716667972
19. Girardon-Perlini NMO, Ângelo M. The experience of rural families in the face of cancer. Rev Bras Enferm [Internet]. 2017 [cited 2021 Apr 22];70(3):550-7. Available from: https://doi.org/10.1590/0034-7167-2016-0367
20. Tralão F, Rosado AF, Gil E, Amendoeira J, Ferreira R, Silva M. Family as a promoter of the transition to parenting. Rev UIIPS [Internet]. 2020 [cited 2021 Apr 20];8(1):17-30. Available from: https://doi.org/10.25746/ruiips.v8.i1.19874
21. Soares B, Colossi PM. Transições no ciclo de vida familiar: a perspectiva paterna frente ao processo de transição para a parentalidade. Barβorói [Internet]. 2016 [cited 2021 Apr 22];48:253-76. Available from: https://doi.org/10.17058/barbaroi.v0i48.6942
22. Santos CA, Costa KSR, Dantas MJ, Morais C. Factors influencing the adaptation of families, as systems and clients, to cancer: a scoping review. Rev Enfermagem Referência [Internet]. 2021 [cited 2022 Feb 26];5(8)e20149. Available from: https://doi.org/10.12707/RV20149
23. Kozu M, Masujima M, Majima T. Experience of Japanese pregnant women with cancer in decision-making regarding cancer treatment and obstetric care. Jpn J Nurs Sci [Internet]. 2020 [cited 2021 Feb 20];17(2):e12300. Available from: https://doi.org/10.1111/jjns.12300

NOTES

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CONTRIBUTION OF AUTHORITY

Study design: Gomes JS, Girardon-Perlini NMO.
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APPROVAL OF ETHICS COMMITTEE IN RESEARCH

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