

## Pregnancy-puerperal cycle of transmasculine people: Crossings and potentialities

*Ciclo gravídico-puerperal de pessoas transmasculinas: atravessamentos e potencialidades*

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**ABSTRACT** During the pregnancy-puerperal cycle, which includes pregnancy, labor and the puerperium, the pregnant person faces physical, hormonal and social changes that require an adequate care network. For transmasculine or non-binary people, this period can be more challenging, due to the obstacles imposed by transphobia and social relations. This study proposes to discuss, following the theoretical framework of Socioanalytic Institutional Analysis, the crossings and potentialities experienced by transmasculine people during the pregnancy-puerperal cycle. To produce the material, projective interviews were carried out with five subjects based on a graphic representation, in addition to the considerations in the field diary structured by the researchers. This study pointed out transphobia, gender dysphoria, financial difficulties and the lack of a support network as crossing points. As for the potential, the positive support network and the welcoming service provided by professionals stand out, reinforcing the importance of social relationships. It is clear that the challenges faced by the subjects are broad, therefore, it is recommended that new academic works, focused on the specifications of reproductive health, be developed, so that there is an increase in the discussion on the subject, based on new perspectives and realities different from those presented in this study.

**KEYWORDS** Transgender persons. Pregnancy. Labor, obstetric. Postpartum period. Institutional Analysis.

**RESUMO** Durante o ciclo gravídico-puerperal, que abrange a gestação, o trabalho de parto e o puerpério, aquele que gesta enfrenta modificações físicas, hormonais e sociais que exigem uma rede de assistência adequada. Para pessoas transmasculinas ou não binárias, esse período pode ser mais desafiador, devido aos obstáculos impostos pela transfobia e pelas relações sociais. O presente estudo propõe discutir, seguindo o referencial teórico da Análise Institucional Socioanalítica, os atravessamentos e as potencialidades vivenciados por pessoas transmasculinas durante o ciclo gravídico-puerperal. Para a produção do material, foram realizadas entrevistas projetivas com cinco sujeitos a partir de uma representação gráfica, além das ponderações do diário de campo, estruturado pelos pesquisadores. Este estudo apontou como atravessamentos a transfobia, a disforia de gênero, dificuldades financeiras e a falta de rede de apoio. Quanto às potencialidades, destaca-se a rede de apoio positiva e o atendimento acolhedor por parte dos profissionais, reforçando a relevância das relações sociais. Fica evidente que os desafios enfrentados pelos sujeitos são amplos, sendo assim, recomenda-se que novos trabalhos acadêmicos voltados às especificações da saúde reprodutiva sejam desenvolvidos, para que haja um aumento na discussão sobre a temática, a partir de novos olhares e de realidades distintas das colocadas neste estudo.

**PALAVRAS-CHAVE** Pessoas transgênero. Gravidez. Trabalho de parto. Período pós-parto. Análise Institucional.

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## Introduction

The pregnancy-puerperal cycle begins at the moment when fertilization occurs, that is, pregnancy, continues through labor and ends after the end of the puerperium<sup>1</sup>. This entire period is intertwined with different feelings, such as doubts, insecurities, and anxiety, in addition to physical changes resulting from fetal development<sup>2</sup>. This cycle, from the perspective of transmasculinities, can present obstacles related to the sense of self and social rules, which establish the pregnant and parturient person as a cisgender (cis) woman and mother<sup>3</sup>.

Although there is no mapping by government agencies, the Brazilian Institute of Transmasculinities (IBRAT), which mobilizes several studies on this population, mapped 900 transmasculine people and found that 32 (3.2%) reported having experienced one or more pregnancies<sup>4</sup>. Thus, transmasculine pregnancy is a reality that needs to be further explored, especially considering that the work carried out on pregnancy, childbirth and puerperium, mostly portrays the experiences of cis women<sup>5</sup>.

Therefore, this study aims to discuss, based on the theoretical framework of Socioanalytic Institutional Analysis, the crossings and potentialities experienced by transmasculine people during the pregnancy-puerperal cycle.

## Material and methods

The study follows a qualitative approach, using socioanalysis, one of the aspects of Institutional Analysis, as its theoretical-methodological framework.

Socioanalysis emerged within the context of Institutional Analysis—one of the strands of the Institutionalist Movement—and was developed by René Lourau in 1970 in France. It is a theoretical framework with a method of intervention in social situations, which seeks to understand the relationships established

between the various actors involved and the institutional systems (institution), both in their visible and hidden aspects<sup>6-9</sup>.

Regarding institutions—one of the concepts explored in socioanalysis—it is important to emphasize that they are conceived as structures of logical decisions that guide and regulate human actions, delimiting what is permitted, prohibited, or indifferent. They are analyzed based on a dynamic movement composed of three dimensions: the instituting (the movement that generates the institution), the instituted (the result of the process), and institutionalization (the consolidation process). To concretely exercise their regulatory function, institutions act through organizations or establishments<sup>10</sup>, such as health services.

Through socioanalysis, researchers—called socioanalysts—provide tools that enable participants in an organization (or research) to reflect on their own relationships, norms, behaviors, and daily practices. To this end, so-called ‘analyzing devices’ are used, which consist of materials or strategies capable of stimulating dialogue and provoking critical reflection, with the aim of bringing to light what is hidden (the unsaid)<sup>11</sup>.

Thus, it should be added that socioanalytic research emphasizes instituting particulars, seeking to understand the social dynamics that give rise to and sustain structures, rather than simply analyzing them in isolation. It is a theoretical and political practice that is not limited to the random collection of concrete cases, but is based on an articulation of several theories: that of the subject (psychoanalysis), that of the social (dialectical materialism), that of the institution (institutional analysis), and an assumed political position (self-management). Instead of relying on an already established Freudo-Marxism – if such a synthesis can be considered complete – this approach constructs its own theoretical elaborations in the living process of research and social transformation<sup>12</sup>.

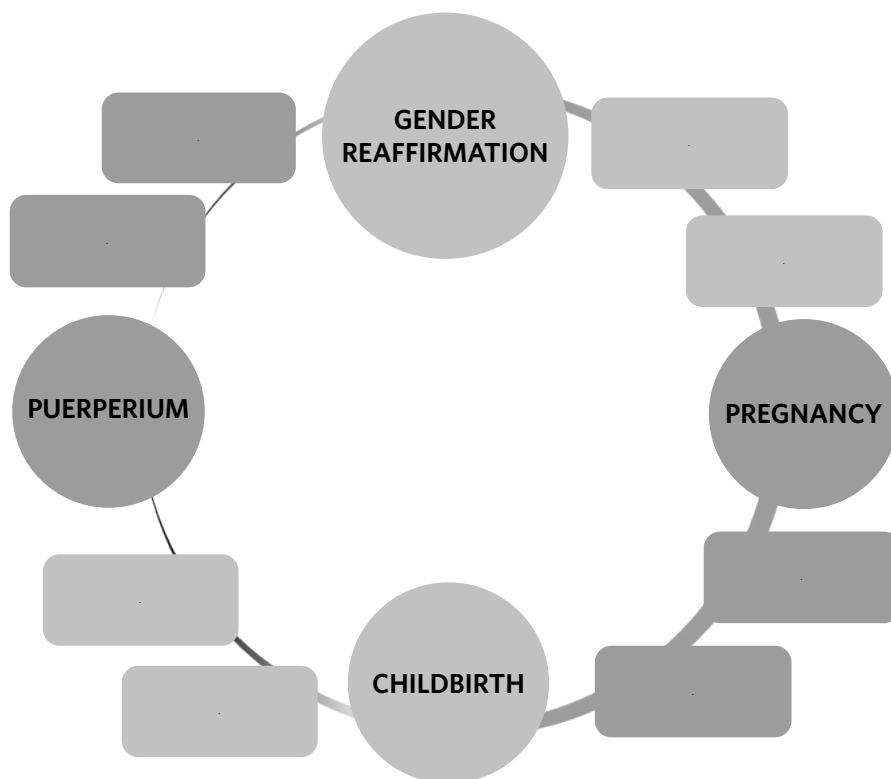
This study involved five subjects who experienced the pregnancy-postpartum cycle

and met the following inclusion criteria: 1) being over 18 years of age; 2) being a trans man, non-binary person, and/or falling within the spectrum of transmasculinity; and 3) have the experience of pregnancy, childbirth and postpartum after gender reaffirmation.

The instruments for producing material were carried out through projective interviews and the considerations of the field diary structured by the researchers. According to Goldenberg<sup>13</sup>, a projective interview involves the researcher employing visual devices, such

as pictures, paintings, and newsreel panels, to stimulate dialogue and responses from the interviewee. In this study, a graphic representation of a pregnancy-puerperal cycle (figure 1) was used, with the words: gender reaffirmation; pregnancy; childbirth; and puerperium, which served as the analytical device<sup>14</sup>. Participants were invited to fill in the graphic representation with two words that represented the moments mentioned, with the autonomy to make any modifications they deemed appropriate.

Figure 1. Visual representation of the analyzing device



Source: Own elaboration.

Fieldwork was conducted from August to October 2024 and was divided into two stages. Initially, a database was developed with the email and/or social media contacts of potential participants, discovered through: news articles found in the Google news tab, using

the descriptor 'Male pregnancy'; posts on Instagram and TikTok related to the terms 'Trans pregnancy' and 'Pregnant trans'; and checking posts on profiles related to the trans community, such as collectives, outpatient clinics, and non-governmental organizations

(NGOs). The survey yielded 19 individuals who had gone through the pregnancy-postpartum cycle.

In the second stage, the researchers contacted all individuals in the aforementioned database via Instagram, TikTok, email, and telephone, but only four individuals agreed to participate in the interview. Soon after, seeking to include more people in the study, the snowball technique was proposed, which consists of the interviewee indicating another person to participate in the research, within the inclusion criteria, and so on<sup>15</sup>, which resulted in the acceptance of a trans man, thus totaling a universe of 5 participants.

Informed Consent Forms (ICFs) were emailed to all participants to clarify the research. After the participants signed the form, the meetings took place on days and times chosen by the participants through Google Meet, a platform that allows instant messaging and communication via voice and video calls.

The meetings lasted between 59 and 107 minutes. With the participants' consent, the researchers used the voice recording feature, so that each interviewee's speech was transcribed and, subsequently, all the material was meticulously read.

With the discursive corpus prepared, the analysis could begin, based on the concepts worked on by socioanalysis, such as, for example, analyzer, potentiality and crossings, in order to accompany the flow that was formed, with the intention of following the paths traced throughout the interviews. Thus, circles were revealed, which later disintegrated in 'From pregnancy to puerperium in transmasculinities: reflections'.

The study was carried out with the approval of the Research Ethics Committee of the Federal University of Espírito Santo (CEP/Ufes), under CAAE registration 7815214.4.0000.5060, opinion number 6,756,512, in April 2024, based on the terms set out in Resolution No. 466, of December 12, 2012<sup>16</sup>. In order to maintain the confidentiality of the participants, each of the interviewees

was identified by the letter 'E', followed by a cardinal number, according to the order in which the meetings took place.

## Results and discussion

### Characterization of subjects

Five subjects participated in the study, three trans men, one transmasculine person and one transmasculine non-binary person. Their ages ranged from 22 to 34. Regarding ethnicity, all self-identified as white. Regarding sexual orientation, one subject reported being pansexual, and the other four bisexual. Regarding current testosterone use, three subjects reported using it, while two were interested in (re)starting hormone therapy after finishing breastfeeding.

Regarding marital status, one participant declared themselves separated, and four declared themselves in a committed relationship. Regarding location, two participants live in the Southeast region, two in the Northeast region, and one in the South region. Regarding education, two participants completed higher education and three have completed high school.

### From pregnancy to puerperium in transmasculinities: reflections

Although pregnancy through natural fertilization is a possibility for many trans men and transmasculine people, there is a range of discourses that deem trans parenthood unacceptable, creating a "zone of abjection, leading to the symbolic sterilization of this population"<sup>17(267)</sup>. These discourses are fueled by cis-heteronormativity, which represents actions that marginalize, reprimand, and persecute anything that differs from cisgender and heterosexuality in cis bodies<sup>18</sup>.

Moreover, the institutionalization of healthcare related to pregnancy, childbirth, and puerperium in Brazil is directed at

cis women, such as the Prenatal and Birth Humanization Program<sup>19</sup> and the ‘Basic Care Handbook – Low-Risk Prenatal Care’<sup>20</sup>. Likewise, the National Policy for Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals (LGBT+) does not mention the possibility of pregnancy by transmasculine people<sup>21</sup>.

For those experiencing the pregnancy-puerperal cycle, breaking these discourses and exclusions is just one of the challenges experienced. Thus, the pregnancy process and being a transmasculine person in society can be interspersed with unsaid statements—that is, with some omission or distortion perceptible in speech, actions, and other forms of self-expression. This can present itself as a subtle, seemingly involuntary and unconscious attitude, yet it can cause conflict<sup>10</sup>.

The discovery of a pregnancy triggers physical, emotional, and social changes in the individual, all of which occur with the goal of conceiving a child<sup>22</sup>. These changes can be interpreted, from a socioanalytic perspective, as an event, that is, the period of emergence of difference, of the new absolute, of singularity; one that leads to changes, large or small, that reshape history at all levels<sup>10</sup>.

Regarding this event, one study participant shared the following:

*[...] When we saw the positive, it was crazy... I got the results and, wow... wow, I really got pregnant! But it's funny that it only really sunk in at the first ultrasound. I did the first few weeks of prenatal care in disbelief. I only started to believe it when I had the ultrasound. I heard the little heartbeat and thought, 'Wow, I'm really pregnant!' But it all materialized in that moment, because you're seeing and hearing the heartbeat. (E2).*

Considering the report of participant E2, who describes gestational awareness as something that arises only after hearing the fetal heartbeat on an ultrasound, a meta-synthesis developed from the analysis of 21 articles demonstrated that this perception is not an

isolated occurrence<sup>23</sup>. Aiming to identify the transformative potential of pregnancy in the life of the parturient and his family network, Mota et al.<sup>23</sup> show that the awareness of the fetus's existence does not necessarily occur at the moment of discovery, but can occur at the moment the baby expresses its individuality.

From the device used in the meetings with the participants of this research, the presence of some analyzers in the pregnancy-puerperal cycle was perceived. An analyzer is considered by Lourau<sup>24</sup> as that which allows the structure of an organization to be exposed, stimulating and compelling it to speak. Before the analyzer, the subject is guided to a position regarding how they explain their way of acting and the implications of this for the institutions<sup>25</sup>. From a socioanalytic perspective, this research identified transphobia and gender dysphoria as analyzers.

Regarding transphobia, the following statements from participants during pregnancy and childbirth stand out:

*The biggest difficulty was people from outside, like on public transport. People don't respect you, so you have to assert yourself, you have to say something. In the beginning, when my belly was small, I had a reading of men on the street, in the preferential lines, everyone was giving me dirty looks and making comments. Several difficult things happened. Some people started calling me 'mom', people who had always addressed me as masculine my whole life, and calling me 'mom' and addressing me as feminine. (E1).*

*[...] in the family, it's a little more complicated. Because my family hasn't yet realized my transition, so they still call me by my dead name, like daughter, granddaughter, niece. They were happy, but I've always been treated as 'mom', and it took a long time to even get that right, right? (E2).*

*[...] the woman asked me what I was going to do, and I said it was an ultrasound, and she said: 'An ultrasound of what?'. I'm pregnant and I'm going to have an ultrasound to check if everything is okay.*

*Then she looked at the medical record, looked at something else, and I could see her confused expression. Then she asked me: 'What's your name?'. I answered my name; then she looked at the record again: 'But your name here is [dead name]?'. No, my name is 'E4,' not that, and even if I hadn't been corrected, my name would still be the same, because it would be my legal name. It's 'E4,' not [dead name]. So, you know, forcing the idea of having to be a woman, you know? It was a bit complicated. (E4).*

*[...] the whole time, he [the son's progenitor] would say my dead name in the audio [to the interviewee's mother], all highly transphobic, so I took all these audios and went to the police station and reported him transphobic, and I put my mother as a witness. And all of this in the middle of a postpartum period. (E5).*

In the reports, it is clear that transphobia can arise in different relationships, whether with healthcare professionals, family members, partners, or strangers. Regarding transphobia within the family, a study aimed at understanding the world of transgender men, conducted in João Pessoa with 242 participants, found in its results that the mental suffering of these individuals increases when they identify a lack of assistance, acceptance, protection, and love from their family members<sup>26</sup>.

The use of names that do not match the individual's gender identity, referred to by the participants as 'dead name', can be considered, as stated by Matsuno et al.<sup>27</sup>, a microaggression. Even if the aggressor reports saying it unintentionally, this attitude has negative repercussions, causing distress associated with gender dysphoria.

Even though the Healthcare User's Rights Charter<sup>28</sup> guarantees the use of a social name, there are reports demonstrating non-compliance associated with disrespect for their gender identity. Attitudes committed by health service professionals. Transphobia in services, establishments, or organizations results in the exclusion of the transgender population

from healthcare services. In addition to the disrespect for their gender identity and inappropriate questioning, they encounter professionals who are unprepared to meet their needs, which makes it impossible to access comprehensive healthcare<sup>29</sup>.

It is worth highlighting that, despite these participants suffering from transphobia, this group can be called a subject group, that is, it constitutes an active utopia (which is guided by productive-desiring-revolutionary processes) capable of constituting itself throughout the process (such as the pregnancy-puerperal cycle). This can be seen when subject E5, for example, files a complaint against her ex-partner for transphobia. Thus, there is a departure from the context of a subjected group, that is, one alienated from the procedures, objectives, and norms imposed on them<sup>10</sup>, such as, for example, passively accepting being called by their dead name.

Regarding the gender dysphoria analyzer, it is noteworthy that this term is used when identifying suffering due to a discrepancy between the sex assigned to an individual at birth, based on their genitals, and their gender identity<sup>30</sup>. This analyzer can be related to different contexts, as identified in the following statements:

*[...] I want to go back to taking testosterone. That's actually one reason I don't want to get pregnant again, because I'd want to breastfeed, and it would be a long time without using it [...] I wanted to go back to using testosterone because that's it, I occupy a woman's place all the time, both straight and cis, right? (E1).*

*After he [the son] weans, I'll go to the endocrinologist to start hormone treatment, because, wow, it's another hell in my life. Everyone treats me femininely, even though I've already said I'm masculine. I think that, after so many bad experiences during my pregnancy, I got tired of correcting so much. I just look blankly and walk away, so I prefer to start hormone therapy right away. (E2).*

*I thought that not in all these years had so many people seen my chest as in those days. A lot of people [...] my self-esteem, to this day, is extremely shaken by all the physical changes I've gone through, especially with the breast augmentation, because before I could hide it well, using micropore tape. [...] wow, horrible, horrible, you know? The feeling is terrible. It's two stone, I would take a shower, I would shower seven times a day, hot showers, massage, and I'm the type of person who has a lot of dysphoria with my breast. I have no physical or visual contact with it. And those days were torturous, because I had to keep looking, squeezing, and massaging. That was really bad for me. So, this part of breastfeeding, for me, what defines it was anguish. (E4).*

As seen in participant E4's report, physiological breastfeeding, which is typically considered exclusive to cis women, is a possibility for transmasculine individuals who wish to breastfeed. However, this decision can lead to physical discomfort related to breast enlargement, pain, tenderness, and engorgement, leading to suffering related to gender dysphoria<sup>31</sup>.

In the case of participants E1 and E2, gender dysphoria is related to being recognized and treated as women in society. Although bodily transformations through testosterone hormone therapy are not the desire of all trans men and transmasculine individuals<sup>32</sup>, both participants see hormone therapy as a strategy to alleviate dysphoria. However, they must wait until weaning, as those who are pregnant and/or breastfeeding should not use testosterone<sup>31</sup>.

Even temporarily stopping hormone therapy can reverse some bodily changes, such as breast growth, reduced facial hair, changes in body fat distribution, and other changes that influence social passability, as reported previously<sup>31</sup>. According to Porto, Silva, and Gugelmin<sup>33</sup>, passability can be understood as the aspiration to function in society without being characterized as a trans person, but rather as a person with one's identified gender.

It is important to emphasize that transphobia and dysphoria can also be understood as a crossing during the pregnancy-postpartum cycle, which, according to Baremlitt<sup>10</sup>, represents an interpenetration, intertwining, and articulation of conservative interests that serve as mystification, domination, and exploitation, demonstrated as necessary and beneficial.

Thus, it was found in this study that, in addition to transphobia and dysphoria, some participants cited the lack of financial conditions during pregnancy or the postpartum period as a barrier, as per the following reports.

*At first, we were quite scared because we were in a really bad financial situation during the pregnancy. I was living in this isolated place, but then things started to get better. Thank God, even though it seemed like it was going to get worse, I had a lot of help and received a lot of donations, a lot of gifts. I didn't have to buy much at first, so things gradually worked out, but it was a shock. (E1).*

*We share custody, but she [the child] lives with my ex because, since I'm living in a makeshift place, I stayed in a homeless shelter. [...] Now I have my own house, I'm in a studio apartment. I'm here with my little mattress, my sofa, my clothes, my fan—everything's here. Over time, I'll be setting up the house better. Then I'll put in a refrigerator, my stove will be bigger, and then I'll be able to welcome my baby home. Because she needs it, because she's so tiny, I need a stove, a refrigerator, to make food. (E3).*

In these reports, it is possible to perceive the financial difficulty present during the gestational period (E1) and in the puerperium (E3), which, in this second case, led to the consequence of the change in the child's place of residence, who no longer lived in the same environment as the father who gave birth to him. Financial issues are a crossing for pregnant people due to the expense of essential items for caring for a new baby, such as hygiene, clothing, food, and healthcare. Furthermore,

these issues include changes in routine, such as the need to give up their careers due to a lack of a support network. In a study conducted by Morais<sup>34</sup>, which included the stories of nine university mothers in Fortaleza, it was found that, for those with better financial conditions, what was considered a burden (unplanned pregnancy) became easier.

Another crossing identified was the lack of a support network during pregnancy, childbirth, and/or postpartum, as seen in the following account:

*[...] after my partner went back to work, it seemed like everyone assumed I could do everything alone. A week after giving birth, still in diapers, bleeding, in pain, with low blood pressure, with a baby I didn't know what he wanted, I was hungry and he wouldn't let go of my breast, no one helped me... When I realized no one was there to help me, they were just there to check on him, play with him, and go on with their lives as normal [...] I was starving, I was in terrible pain, I needed to shower, and I needed to do everything alone. So, the help everyone said they would give me, I didn't get. (E2).*

The statement by subject E2 demonstrates how the puerperium is a challenging time in the life of the parturient. In addition to dealing with his own needs and physical and emotional changes, he is expected to dedicate his full time and attention to the newborn and their needs, such as hygiene, sleep, and feeding. Support from family or other individuals is essential to minimize conflict during this time, and the lack of this support network can lead to physical and emotional overload for the parturient<sup>35,36</sup>.

The complexities and consequences of a lack of a support network can be exacerbated when it involves the progenitor, as seen in the following accounts:

*He [ex-partner] judged me, he treated me badly. There came a point when I was exhausted, and I had to leave home. I spent a month and a half in a homeless shelter. (E3).*

*He [son's progenitor] didn't help me financially at all. I once had to walk from one neighborhood to another to pick up medicine he bought because he said he would buy it, but I would have to go to his house to get it. (E5).*

According to the participants' reports, a turbulent relationship with their child's progenitor is evident. Instead of providing support, the progenitor behaved in a confrontational manner and failed to fulfill his responsibilities. The lack of support from the partner or progenitor plays a significant role for the pregnant person and their child, as it is associated with strengthening the bond between the parturient and the baby and the encouragement and success of breastfeeding<sup>37</sup>.

Furthermore, Arrais, Araujo, and Schiavo,<sup>38</sup> Moll et al.<sup>39</sup>, and Lima et al.<sup>40</sup>, report that both unplanned pregnancy and a lack of support from the father can be associated with the development of postpartum depression. This emotional fragility can be identified in the following excerpt:

*I had to take a strong stance, even though I was weak, shaken [...] I'm almost certain I had depression, something like that. I couldn't stop crying, everything I said, whether it was happy or sad, I felt sadness, everything. It was a very difficult time, and the hardest part was taking care of the baby, taking care of myself, having all the difficulties of being a parent and the puerperium. (E5).*

Despite this, a strengthened support network can be considered a potential that, according to Baremlitt<sup>10</sup>, refers to the effective attributes of production, invention, and transformation. These are forces capable of generating new things. Although some participants reported weaknesses in the support network, others emphasized that they had one and that it was essential:

*When we were in the hospital, my son's godparents, who are also trans people, stayed here with my pets, taking care of them. And when we need a*

*little time, they stay here with our son too. They're great people. And my mother, too, is wonderful. She picked him up recently and went to his grandfather's house. Having a support network is great, and thank God, we have it. (E4).*

*I believe it's the same for most pregnant people. We really need a support network. Sometimes, we just need someone to talk to about something other than pregnancy, about something else. I have a best friend, and we'd always meet up to talk, and he'd bring me snacks and Coca-Cola, because Coca-Cola is my favorite thing in the world [...] but that's it, something so simple, that he might not even remember, but it made all the difference. (E5).*

The above accounts highlight the importance of having people willing to assist in a variety of contexts, becoming a support network for these parturients. Thiengo et al.<sup>34</sup> conducted a study investigating the relationship between social support during pregnancy and the prevalence of depression, involving 100 pregnant people receiving prenatal care at a health center in the municipality of Nova Iguaçu. The results reinforced the importance of social interactions that lead to moments of entertainment, as these prevent isolation and reduce the risk of depression or the worsening of pre-existing depression.

From a socioanalytic perspective, these networks can be viewed as a community—a group of individuals who share some characteristic or attribute, which, in this case, may be family ties, friendships, or mutual feelings. Essentially, they confer a uniqueness and/or identity among the participants, leading to solidarity and cohesion<sup>10</sup>.

Another potential identified in the participants' statements is the appropriate reception by healthcare professionals. Although these professionals were mentioned previously in the transphobia analyzer, there were those who fulfilled their role of providing adequate care, thus marking the journey during the pregnancy-puerperium cycle of the following participants:

*[...] there was only one time, the nurse who collected the blood sample from me said: 'What's your name?'. I asked, and she said it was beautiful [...] she was simply the only person who asked how to treat me, and she herself said that this should be something everyone should do. I felt, amidst all the chaos, a unique and differentiated treatment. That was very important to me. (E2).*

*[...] the team supervisor [during hospitalization for childbirth] came to me and said that it was the first time they had received a trans man, but that they wanted me to feel comfortable, that if there was any problem I could report it. So that made me feel very calm, knowing about her concern. When he [the interviewee's son] was born, they placed him in that part with the glass, then they wrote the mother's name and my partner's name on the information. They took such care to include it, and it made a huge difference. She was very happy about it, she was moved. It was [pause] very good. (E4).*

Participant E4's account demonstrates how positive attitudes on the part of healthcare professionals can be impactful for the woman in labor and help reduce feelings such as anxiety and insecurity. The team's decision to indicate that the baby's mother is their partner, a trans woman who did not conceive, demonstrates that the professionals understood the couple's reality and adapted the institution's rules and procedures to provide better care.

To ensure the trans population receives care during pregnancy and childbirth, following the principles of the Unified Health System (SUS) – comprehensiveness, universality, and equity – it is necessary to implement actions in different spheres<sup>42</sup>. Among these, more effective measures include combating hate crimes and transphobia<sup>43</sup>, especially when the perpetrator of the violence is a healthcare professional; and proposals for continuing education on the health of the trans population<sup>42</sup>.

## Conclusions

Transmasculine pregnancy emerges amid the understanding that it is normal for cis female bodies to conceive, give birth, and form a family nucleus. In line with this, policies related to sexual and reproductive rights substantiate a cis-heteronormative family model, fostering care through inequity.

This study clearly demonstrates the broad challenges faced by individuals, with an intertwining of intersections and potentialities throughout the pregnancy-postpartum cycle, generated by the relationships between family members, society, and healthcare professionals. Considering the theoretical-methodological framework of Institutional Analysis (socioanalysis), transphobia, gender dysphoria, financial difficulties, and a lack of a support network were identified as crossings; and the presence of a positive support network and welcoming care from professionals were identified as potentialities, reinforcing the importance of social relationships. Based on the discussion in this research, it is recommended that new academic work focusing

on the specifics of reproductive health in transmasculinities be developed to foster broader discussion on the topic, drawing on new perspectives and realities distinct from those presented in this study.

## Collaborators

Duque BLT (0000-0002-2153-9334)\* contributed to the acquisition, analysis, and interpretation of data for the work; drafting and critically revising it for important intellectual content; and final approval of the version to be published; and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy and integrity of any part of the work are appropriately investigated and resolved. Coqueiro JM (0000-0002-5321-5174)\* contributed to the conception and design of the work; critically revising it for important intellectual content; and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy and integrity of any part of the work are appropriately investigated and resolved. ■

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## References

1. Dias BP. Atendimento da mulher brasileira no ciclo gravídico-puerperal: Percepções de gestores brasileiros em tríplice fronteira [dissertação]. Foz do Iguaçu: Universidade Estadual do Oeste do Paraná; 2024. 89 p.
2. Cavalcanti LMDB, Sousa MNAD. Educação em saúde na Atenção Primária no ciclo gravídico puerperal: uma revisão integrativa. *Res Soc Dev.* 2021;10(5):1-11. DOI: <http://dx.doi.org/10.33448/rsd-v10i5.14662>
3. Boffi LC, Santos MA. Gestaç o e parentalidade transmasculina: posicionando a literatura cient fica. In: 13<sup>o</sup> Semin rio Internacional Fazendo G nero [Internet]; 2024 jul-ago 29-2; Florian polis. Florian polis: UFSC; 2024 [acesso em 2025 jan 15]. p. 1-12. Dispon vel em: [https://www.researchgate.net/publication/383789904\\_GESTACAO\\_E\\_PARENTALIDADE\\_TRANSMASCULINA\\_POSICIONANDO\\_A\\_LITERATURA\\_CIENTIFICA](https://www.researchgate.net/publication/383789904_GESTACAO_E_PARENTALIDADE_TRANSMASCULINA_POSICIONANDO_A_LITERATURA_CIENTIFICA)

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\*Orcid (Open Researcher and Contributor ID).

4. Pfeil CL, Lemos DK, Gomes E, et al. Gravidez, Aborto e Parentalidade nas Transmasculinidades: Um estudo de caso das políticas, práticas e experiências discursivas. *REBEH*. 2023;6(19):7-31. DOI: <https://doi.org/10.31560/2595-3206.2023.19.15503>
5. Rioux C, Weedon S, London-Nadeau K, et al. Gender-inclusive writing for epidemiological research on pregnancy. *J Epidemiol Community Health*. 2022;76(9):823-7. DOI: <https://doi.org/10.1136/jech-2022-219172>
6. L'Abbate S. Análise institucional e intervenção: breve referência à gênese social e histórica de uma articulação e sua aplicação à Saúde Coletiva. *Mnemosine*. 2012;8(1):194-219.
7. Figueiredo TAM. A Análise Institucional na formação acadêmica da Pós-Graduação em Saúde Coletiva no Espírito Santo. In: L'Abbate S, Mourão ML, Pezzato LM, organizadoras. *Análise institucional e Saúde Coletiva*. São Paulo: Hucitec; 2013. p. 607-32.
8. Hess R. O movimento da obra de Lourau (1933-2000). In: Altoé S, organizadora. *René Lourau: analista institucional em tempo integral*. São Paulo: Hucitec; 2004. p. 15-46.
9. Monceau G. Pratique socianalytiques et sócio-clinique institutionnelle. *L'Harmattan*. 2003;(147):11-33.
10. Barembliitt GF. *Compêndio de análise institucional e outras correntes: teoria e prática*. Belo Horizonte: Instituto Felix Guattari; 2002.
11. Pereira WCC. Movimento institucionalista: principais abordagens. *Estud Pesqui Psicol*. 2007;7(1):6-16.
12. Machado MNDM. Pesquisa socioanalítica. *R Esc Bibliotecon UFMG*. 1987;16(2):123-9.
13. Goldenberg M. *A arte de pesquisar: como fazer pesquisa qualitativa em Ciências Sociais*. Rio de Janeiro: Record; 2004.
14. Pereira WCC. Movimento institucionalista: principais abordagens. *Estud Pesqui Psicol*. 2007;7(1):6-16.
15. Vinuto J. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. *Temat*. 2014;22(44):203-220. DOI: <https://doi.org/10.20396/tematicas.v22i44.10977>
15. Conselho Nacional de Saúde (BR). Resolução nº 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial da União, Brasília, DF*. 2013 jun 13; Seção I:59.
16. Angonese M, Lago MCDS. Direitos e saúde reprodutiva para a população de travestis e transexuais: abjeção e esterilidade simbólica. *Saúde soc*. 2017;26(1):256-70. DOI: <https://doi.org/10.1590/S0104-12902017157712>
17. Rosa EBPR. Cisheteronormatividade como instituição total. *PETFILO*. 2020;18(2). DOI: <https://doi.org/10.5380/petfilo.v18i2.68171>
18. Ministério da Saúde (BR). Portaria no 569, de 1o de junho de 2000. Institui o Programa de Humanização no Pré-natal e Nascimento, no âmbito do Sistema Único de Saúde. *Diário Oficial da União [Internet]*, Brasília, DF. 2000 jun 1 [acesso em 2025 jan 10]; 110-E; Seção 1:4-6. Disponível em: <https://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?data=08/06/2000&jornal=1&pagina=4&totalArquivos=74>
19. Ministério da Saúde (BR). *Atenção ao pré-natal de baixo risco*. [Internet]. Brasília, DF: Ministério da Saúde; 2012 [acesso em 2025 jun 24]. 318 p. (Série A - Normas e Manuais Técnicos, nº 32 Cadernos de Atenção Básica). Disponível em: [https://bvsms.saude.gov.br/bvs/publicacoes/cadernos\\_atencao\\_basica\\_32\\_prenatal.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf)
20. Ministério da Saúde (BR). *Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais* [Internet]. Brasília, DF: Ministério da Saúde; 2013 [acesso em 2025 fev 5]. 32 p. Disponível em: [https://bvsms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_saude\\_lesbicas\\_gays.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_lesbicas_gays.pdf)
21. Pereira DMR. *Representações sociais da gestação entre homens trans* [dissertação]. Recife: Universidade Federal de Pernambuco; 2022. 117 p.

22. Mota ZMM, Anjos SDJSBD, Freitas ASFD, et al. O potencial transformador da gestação e do parto na vida das mulheres através de evidências qualitativas. *Rev baiana enferm.* 2019;33:1-13. DOI: <https://doi.org/10.18471/rbe.v33.28286>
23. Lourau R. A análise institucional. Petrópolis: Vozes; 2014. p. 294.
24. Dobies DV, L'Abbate S. A resistência como analisador da saúde mental em Campinas (SP): contribuições da análise Institucional. *Saúde debate.* 2016;40(110):120-33. DOI: <https://doi.org/10.1590/0103-1104201611009>
25. Bezerra DS, Bezerra AK, Souza RCMDS, et al. Homens transexuais: invisibilidade social e saúde mental. *Temas Saúde.* 2018 [acesso em 2025 fev 5]; 18(1):428-44. Disponível em: <https://temasensaude.com/wp-content/uploads/2018/04/18122.pdf>
26. Matsuno E, Bricker NL, Collazo EN, et al. "The default is just going to be getting misgendered": Minority stress experiences among nonbinary adults. *PSOGD.* 2022;11(2):202-14. DOI: <https://doi.org/10.1037/sgd0000607>
27. Ministério da Saúde (BR); Conselho Nacional de Saúde. Carta dos direitos dos usuários de saúde [Internet]. Brasília, DF: Ministério da Saúde; 2011 [acesso em 2025 jan 10]. 28 p. Disponível em: [https://bvsms.saude.gov.br/bvs/publicacoes/cartas\\_direitos\\_usuarios\\_saude\\_3ed.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/cartas_direitos_usuarios_saude_3ed.pdf)
28. Gomes MDS, Sousa FJGD, Fraga FA, et al. Homens transexuais e o acesso aos serviços de saúde: revisão integrativa. *Res, Soc Dev.* 2021;10(2):1-13. DOI: <http://dx.doi.org/10.33448/rsd-v10i1.12018>
29. Rodrigues CA, Marguilho M, Ferreira B, et al. Gender Dysphoria: Concepts, Diagnosis and Clinical Management. *Acta Med Port.* 2024;37(5):379-85. DOI: <https://doi.org/10.20344/amp.21057>
30. Garcia-Acosta JM, Juan-Valdivia RMS, Fernández-Martínez AD, et al. Trans\* Pregnancy and Lactation: A Literature Review from a Nursing Perspective. *Int J Environ Res Public Health.* 2020;17(1):44. DOI: <https://doi.org/10.3390/ijerph17010044>
31. Lima F. Biotecnologias, modos de subjetivação e práticas de si nos processos de hormonização entre homens transexuais. In: Lima F, organizadora. *Corpos, gêneros, sexualidades: políticas de subjetivação-textos reunidos.* Porto Alegre: Rede Unida; 2014. p. 111-30.
32. Porto RKD, Silva MAD, Gugelmin S. Narrativas de passabilidade e a segurança para transitar: transmasculinidades e saúde. *Rev ACENO.* 2021;8(16):219-30. DOI: <https://doi.org/10.48074/aceno.v8i16.12039>
33. Morais AEDD. Pedagogia da maternagem: narrativas das mães do Curso de Pedagogia da UFC no período da gestação e puerpério [monografia]. Fortaleza: Universidade Federal do Ceará; 2023. 47 p.
34. Ribeiro KCA, Santos MMDD, Carreiro MDA, et al. Puerpério: os desafios da chegada de um bebê. *R Pró-Uni.* 2024;15(3):148-53. DOI: <https://doi.org/10.21727/rpu.v15iEspecial.3869>
35. Ribeiro DHF, Lunardi VL, Gomes GC, et al. Vivências de cuidado da mulher: a voz das púerperas. *Rev enferm UFPE online.* 2014;8(4). DOI: <https://doi.org/10.5205/1981-8963-v8i4a9748p820-826-2014>
36. Jesus AMD, Robles EVDN, Tavares JM, et al. A falta na rede de apoio na amamentação [Monografia na internet]. Mongaguá: Etec Adolpho Berezin; 2023 [acesso em 2025 jan 10]. 76 p. Disponível em: <https://ric.cps.sp.gov.br/handle/123456789/13741>
37. Arrais ADR, Araujo TCCFD, Schiavo RDA. Fatores de Risco e Proteção Associados à Depressão Pós-Parto no Pré-Natal Psicológico. *Psicol cienc prof.* 2018;38(4):711-29. DOI: <https://doi.org/10.1590/1982-3703003342016>
38. Moll MF, Matos A, Rodrigues TDA, et al. Rastreando a depressão pós-parto em mulheres jovens. *Rev Enferm UFPE on line.* 2019;13(5):1338-44. DOI: <https://doi.org/10.5205/1981-8963-v13i05a239289p1338-1344-2019>

39. Lima MDOP, Tsunechiro MA, Bonadio IC, et al. Sintomas depressivos na gestação e fatores associados: estudo longitudinal. *Acta Paul Enferm.* 2017;30(1):39-46. DOI: <https://doi.org/10.1590/1982-0194201700007>
40. Thiengo DL, Santos JFC, Fonseca DL, et al. Depressão durante a gestação: um estudo sobre a associação entre fatores de risco e de apoio social entre gestantes. *Cad Saúde Colet.* 2012;20(4):416-26.
41. Lopez ASQ, Lopatiuk CE, Santos EEDC, et al. Atenção ao pré-natal para homens trans: desafios e estratégias de inclusão no SUS. *Lumen Virtus.* 2025;XVI(XLVII):3113-25. DOI: <https://doi.org/10.56238/levv16n47-013>
42. Moura IB. Transfobia institucional: o caráter contraditório do Estado frente ao acesso à saúde pública por travestis e mulheres transexuais. In: Oliveira FA, Silva R, organizadores. *Corpos em Diálogo: Vivências LGBTQIA+ e os desafios da interseccionalidade.* Foz do Iguaçu: CLAEC e-books; 2023. p. 41-55. DOI: <https://doi.org/10.23899/9786589284475.3>

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