Empirical Articles

What is my Baby Like? Representations Concerning the Baby in the Third Trimester of Pregnancy

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Abstract

Aim: To investigate if during the third trimester of pregnancy fantasies emerge in the baby representations based on the information that pregnant women have on their real babies through ultrasound techniques.

Method: A qualitative, descriptive and exploratory research based on a sample of 30 pregnant Portuguese women, whose average age is 32 years old, was developed. A socio-demographic questionnaire and a semi-directive interview entitled "Interview of Maternal Representations During Pregnancy – Revised Version" (IRMAG-R, Ammaniti & Tambelli, 2010) were employed.

Results: Baby representations are immersed in a fantasy dimension, which means that the imaginary baby is quite present in this phase of pregnancy. Pregnant women mainly attribute psychological characteristics to the babies, rather than physical characteristics. Regardless of the type of characteristics analysed, the preference for these characteristics emerges based on their wishes. Secondly, characteristics of the parents may also emerge. Fetal movements and information from ultrasound have no significant influence on the characterization of the baby.

Conclusion: Despite the development of ultrasound techniques, the imaginary baby defines parents representations about the baby on the third trimester of pregnancy. Consequently, a new understanding of how pregnant women experience the transition to the postnatal phase has to be considered.

Keywords: pregnant women, third trimester of pregnancy, babies representations, imaginary baby, real baby, ultrasound techniques

Introduction

Pregnancy is a complex period in which physiological, psychological and social changes occur simultaneously (Dunkel-Schetter, 2011; Guedeney & Tereno, 2010). It is a unique and emotionally intense experience that reflects the entire woman's life up to that moment (Innamorati, Sarracino, & Dazzi, 2010; Raphael-Leff, 2010; St-André & Martin, 2010). This reality implies a restructuring process of all the representations that women have (Innamorati et al., 2010; Raphael-Leff, 2010; St-André & Martin, 2010). The woman changes the way she perceives herself, the others, the world, and also the type of interpersonal interactions she establishes and her role in society, in order to make room for new representations (George & Solomon, 1996; Pancer, Pratt, Hunsberger, & Gallant, 2000; Stern, 1995).
The complexity of the pregnancy process has become a focus of great interest, especially in the Western culture. Most of the knowledge on this issue comes from observation in clinical practice and existing investigations developed mainly during the twentieth century (e.g. Ammaniti, 1991; George & Solomon, 1996; Vizziello, Antonioli, Cocci, & Invernizzi, 1993). However, along with the significant development of ultrasound techniques, in our days, a new line of research has come to take hold and become an inexhaustible area for analysis within the thematic of baby representations. This development of ultrasound techniques increased in our interest as a topic to be explored, when studying baby representations of pregnant women in the third trimester of pregnancy.

Baby representations are composed by unconscious and conscious contents (Ammaniti et al., 1992). Therefore, and according to the perspective of Lebovici (1987), three babies coexist in the psychological organisation of women: the fantasy baby, the imaginary baby and the real baby. These babies are distinct from each other but are complementary among them.

The fantasy baby (Lebovici, 1983, 1988) is associated with unconscious fantasies. These fantasies are based on the relationship that the woman has established with parental figures during her childhood (Lebovici, 1988). This baby reflects the experience of the pre-Oedipal conflicts and the conflicts after the Oedipus complex, and it can be expressed during the night dreams in the period of pregnancy (Lebovici, 1987).

The imaginary baby is characterised by pre-conscious and conscious fantasies (Lebovici, 1983). Such fantasies allow the pregnant woman to interact consciously throughout the pregnancy with her baby and in this way she can share with him her social network, especially with the baby's father, through her narratives (Golse, 2007). Due to these characteristics, this baby has a central role in this study.

This baby is based on the desire for motherhood and is associated with the dreams, expectations and fears of the women (Stern, Bruschweiller-Stern, & Freeland, 2000). The relationship that the woman has established with the child's father is also decisive (Lebovici, 1983).

This relationship is associated with the capacity that women have, during pregnancy, to anticipate, create, interpret and provide a meaning to baby manifestations, thus progressively establishing a closer relationship (Raphael-Leff, 2005). The attribution of characteristics to the baby may reflect the ideals of the woman, namely, how she would like it to be (Lebovici, 1983).

The effort that the pregnant employs in imagining the baby tends to decrease in the third trimester, especially after the eighth month (Ammaniti et al., 1992; Stern, 1995; Stern et al., 2000). According to the literature (Ammaniti, 1991; Vizziello et al., 1993), the reduction or even annulment of the representations of the baby takes place after a period (between the fourth and the seventh month of gestation), during which a great diversity and richness of detail in the elaboration of baby representations occurs. This reduction, that occurs progressively, corresponds to a defensive move to protect the mother and the baby against the differences that may arise between the imaginary baby and the real baby (Ammaniti, 1991). The attempt to annul the imaginary baby will allow the relationship, in the first moments after birth, to be the most satisfying possible for both parties, also leading to the acceptance of the actual characteristics of the baby (Vizziello et al., 1993).

At last, after establishing the relationship with the imaginary baby during pregnancy, we move on to the moment of birth, when the relationship with the real baby is established. For Lebovici (1987, 1988), the real baby is the baby that the woman can see, touch, smell and hear.
According to the literature (Raphael-Leff, 2005; Stern et al., 2000), the transition from the imaginary to the real baby is not limited only to the time of birth. It can be experienced even earlier, especially during the third trimester of pregnancy.

During the third trimester, the woman is proud of herself in being able to feel and interpret fetal movements explicitly (Brazelton & Cramer, 2004; Raynes-Greenow, Gordon, Li, & Hyett, 2013). She does this in such a way that she is able to mention the existence of baby activity patterns when the baby is exposed to internal or external stimuli (Brazelton & Cramer, 2004; Raynes-Greenow et al., 2013). This means that women remain on a vigilant state during the third trimester (Saastad, Winje, Israel, & Frøen, 2012). This state is emphasized by the existence of contradictory meanings in the literature, concerning the frequency of fetal movements expected at the end of pregnancy (Rådestad, 2010; Stacey et al., 2011). The pregnant feels that in this way she can prevent or minimize any negative consequences that may exist for her and the baby's health (Saastad, Winje, Stray Pedersen, & Frøen, 2011; Tveit et al., 2010; Van der Meulen, Davies, & Kisilevsky, 2008). Therefore, the fetal movements confirm the integrity of the baby, allowing a more realistic baby representation (Brazelton & Cramer, 2004; Frøen, 2004; Stacey et al., 2011). The baby assumes the status of human being and, since the fetal movements are already perceived by others, baby representations are no longer confined only to the dual relationship (Okamoto, Sugano, & Negayama, 2003).

This perception of uterine life, and also the ability to attribute meaning to what the pregnant woman perceives, influence how she imagines the baby. At the same time, external resources to obtain information on the baby also play a key role in the transition between the imaginary and the real baby (Garcia et al., 2002).

The ultrasound corresponds to a medical examination quite common during the perinatal monitoring, which focuses as much on women's health as on the development of the baby (Gomes & Piccinini, 2005). It has been significantly developed at a technological level. The two-dimensional ultrasound (2D) has evolved for three-dimensional (3D), allowing the access to a more realistic picture of the baby, and recently, a four-dimensional ultrasound (4D) has emerged (Edwards et al., 2010; Righetti, Dell'Avanzo, Grigio, & Nicolini, 2005). The 4D ultrasound, apart from the access to the physical traits of the baby with considerable detail, also allows us to see movements of the baby in real time, including the depth - which is associated with the fourth element of movement in real time (Edwards et al., 2010; Righetti et al., 2005).

According to the literature, this exam is mostly interpreted as a pleasurable act for the pregnant (Brown, Lumley, Small, & Astbury, 1994), allowing her to obtain answers to her concerns about the development of the baby (Viaux-Savelon et al., 2012). Being shared with the rest of the family, it also contributes to a common discussion about baby representations among all the members (Marteau & Richards, 1996). Also, it provides pregnant women another mode of contact with their babies, offering them an affective dimension, independently of the type of ultrasound (de Jong-Pleij et al., 2013). Hence, in the third trimester, the ultrasound has the particularity of allowing a perception of the baby quite similar to what it will be after birth, increasing the impact of ultrasound at this stage of gestation on the representations that women have about the baby, especially if ultrasounds are in 3D or in 4D (de Jong-Pleij et al., 2013).

This early contrast that medicine imposes between the imaginary and the real baby is pointed out by some authors (e.g. Bayle, 2005; Caron, 2000, Gomes, 2003) as an opportunity, even during gestation, to begin the acceptance process of the individuality of the child, moving away from a relationship based on an idealized image.
Following such considerations, it is pertinent to analyse, through narratives of pregnant women in the third trimester, how they experience this intermediate stage between the confrontation and the acceptance of the individuality of the baby. Will it be possible to identify, in the third trimester of pregnancy, the emergence of fantasies in the baby representations? In other words, we want to investigate if, in third trimester of pregnancy, the imaginary baby is still present in the discourse of pregnant women, given the information they have on the real baby through ultrasound techniques. This way, it will be possible to understand the characteristics that pregnant women mention when characterising their babies.

**Method**

**Participants**

The recruitment of participants resulted from a non-probability sampling method, convenience sampling, with the aim of obtaining a diverse set of information on an issue on which the existing knowledge is limited (Carmo & Ferreira, 2008). The participants were 30 pregnant Portuguese women (20 primipara and 10 multipara) in the third trimester of pregnancy (between 28 and 41 weeks). The age of participants varies from 27 to 42 years old ($M = 32$ years, $SD = 4.0$ years). They are mostly Catholic (90%), married or living in a relationship (90%). The most prevalent academic qualifications are secondary education (37%) and bachelor degree (37%). All pregnancies were desired (100%) and essentially planned (83%). The majority of them had no gestational pathology (77%) and correspond to the designation of normal pregnancies (93%). To this point, participants had done an average of five ultrasounds ($SD = 2.9$ ultrasounds). During the monitoring process of pregnancy, the father’s presence in medical consultations was significant (73%). Half of the pregnant women resorted to public health institutions (50%), another significant part to private health institutions (40%) and a minority to both institutions (10%).

**Instruments**

The Sociodemographic Questionnaire was specifically designed for this research with the aim to characterise the sample. It allows to collect information on age, academic background, profession, marital status, birthplace, nationality and the number of children. In what refers to gestations, it was considered relevant to ask whether it was a planned pregnancy; if it is a desired pregnancy; if there were any complications; what kind of pregnancy has been considered (risk or normal); the number of weeks of pregnancy; the number of ultrasounds performed until this moment; the presence of the father during visits to the doctor; and the type of healthcare institution where the pregnancy is monitored.

The Interview of Maternal Representations During Pregnancy - Revised Version (IRMAG-R; Ammaniti & Tambelli, 2010) is a semi-directive interview that aims to access the representations of pregnant women during the third trimester. It was translated to Portuguese for the present study. The interview features a total of 41 questions and is organized in seven parts with different objectives. The first part investigates how the mother organizes and expresses her experience. The second part covers the topics on the desire for maternity based in the personal and conjugal history of the pregnant. The third part focuses on the reactions of the pregnant and of her network to pregnancy news. The fourth part explores the emotions and changes that occurred in all areas of her life. The fifth part draws attention to the perceptions, emotions, fantasies and the mental space allowed for the baby. The sixth part focuses on expectations about the future and possible changes. At last, the seventh part covers the life history of the pregnant woman.
Procedure
During the recruitment process, the purpose of the first contact with the pregnant women was to explain the aim of the study and the format of their participation. After the pregnant women agreement to participate in this study was obtained, another meeting was arranged in order to carry out the three phases of participation. The first phase consisted in signing the informed consent. The second phase consisted in completing the sociodemographic questionnaire together with the investigator, in order to characterise the sample, taking a maximum of five minutes. Finally, permission was requested to record an audio interview entitled Interview of Maternal Representations during Pregnancy – Revised Version (IRMAG-R; Ammaniti & Tambelli, 2010). The fact that it consists in a semi-directive interview allowed making several adjustments to the pre-established script in order to obtain a open and comprehensive responses concerning the subjects. The duration ranged from 30 to 60 minutes, depending on the answers of pregnant women. It is important to note that the use of this instrument was only possible in this study after the approval of the respective authors. All interviews were transcribed and reviewed to ensure the accuracy of information. The anonymity and confidentiality of the participants were ensured along the transcription process. These procedures allowed us to carry out the content analysis.

Data Analysis
The reading of the transcribed answers resulting from 30 interviews allowed us a deeper understanding of the material obtained, in accordance with a pre-established theoretical framework. The theoretical framework stems from the article entitled “Exploring maternal representations during pregnancy in normal and at-risk samples: The use of the interview of maternal representations during pregnancy” (Ammaniti, Tambelli, & Odorisio, 2013), in which the same instrument is used to analyse the maternal representations, as it is done in the present study. One of the topics analysed in this article through the interview corresponds to the emergence of fantasies in the representations that pregnant women have as mothers, concerning their babies (Ammaniti et al., 2013). This topic covers various themes, including the concept of the imaginary baby (Ammaniti et al., 2013), which plays a central role in our study. Thus, we focus our data analysis (Bardin, 1994) on this theme, since it falls within the objective we proposed to explore. The theoretical framework mentioned above allowed us to categorise the content in two thematic categories. Due to the variety of content, each category was organised in four subcategories. Narratives of pregnant women were classified separately and at different moments by the investigators. In cases of disagreement among them, the investigators resorted to a third judge. The categorisation of content permitted the creation of a table containing the distribution of the pregnant women frequency of responses, in each subcategory. Based on these tables it was made possible to present the results for further discussion.

Results
This study focuses the analysis of the imaginary baby throughout the narratives of pregnant women in the third trimester. This goal allowed the creation of two categories: psychological characteristics and physical characteristics. After this, each category will be presented in detail along with transcriptions of the discourses of pregnant women. Tables are presented in each analysis with the number of pregnant women for each subcategory.

Psychological Characteristics
The first category corresponds to the identification of the psychological characteristics that pregnant women imagine for the baby. Four subcategories were created according to the analysis of the narratives of pregnant women: desired characteristics, parental characteristics, impact of fetal movements and impact of ultrasound.
In Table 1, the data show that all the pregnant women mention psychological characteristics. It is observed that the dominant subcategory in the discourses of all pregnant women refer to the desired characteristics (100%). In second place, we have the attribution of characteristics associated with the characteristics of the parents (60%). Thirdly, we have the impact of the interpretation of fetal movements in the attribution of baby characteristics (37%), and finally the impact of ultrasound information (3%).

Table 1
Frequency of Pregnant Women for the Category Psychological Characteristics

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Frequency of pregnant women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired characteristics</td>
<td>100% (30)</td>
</tr>
<tr>
<td>Parental characteristics</td>
<td>60% (18)</td>
</tr>
<tr>
<td>Impact of fetal movements</td>
<td>37% (16)</td>
</tr>
<tr>
<td>Impact of ultrasound</td>
<td>3% (1)</td>
</tr>
</tbody>
</table>

Note. Each pregnant woman might have given answers classified in more than one category.

In the analysis of the desired characteristics, it was observed that pregnant women mentioned mainly their wishes about how they would like the baby to be at a psychological level: "I wanted her to be one of those friendly babies, smiling to everyone, communicative, smart ..." A minor number of discourses of pregnant women (43%) have shown desires based on how they would not want the baby to be: "I wouldn’t want him to be much of a cry-baby, one of those boring babies, I don’t know!"

In the subcategory parental characteristics, a comparison was made attending to the characteristics of the pregnant woman, of the baby's father, and both, assuming a perspective of similarity and difference, as noted in Table 2.

Table 2
Frequency of Pregnant Women for the Subcategory of Parental Characteristics

<table>
<thead>
<tr>
<th>Parental Characteristics</th>
<th>Number of pregnant women</th>
<th>Comparison with parental characteristics</th>
<th>Frequency of pregnant women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>33% (10)</td>
<td>Similarities</td>
<td>23% (7)</td>
</tr>
<tr>
<td>Baby's Father</td>
<td>13% (4)</td>
<td>Similarities</td>
<td>6% (2)</td>
</tr>
<tr>
<td>Both</td>
<td>37% (11)</td>
<td>Similarities</td>
<td>30% (9)</td>
</tr>
</tbody>
</table>

The results show that pregnant women mostly attribute characteristics similar to both: I hope that she is at least good-humoured like me and her father...". However, the percentage obtained from pregnant women who mention characteristics that they themselves have is not much different from the previous result: "I am always telling my husband that she'll be super girly as I am ...". At last, with less influence on the attribution of characteristics, emerge those characteristics that are similar to the baby's father: "... apparently he was a dream baby, so it would be nice if he was like him."
The impact of fetal movements in the psychological characteristics of the baby is not much significant (37%): “There is a little of that thing like, ‘She is so agitated that she will be restless! She will be very naughty! She will be ... She will be something. That’s how I associate these things.” The same goes for the impact of the information obtained in the ultrasound (3%): “Definitely not shy!”

Physical Characteristics

The second category aims to identify the physical characteristics that pregnant women imagine for the baby. In accordance with the analysis of the narratives of pregnant women, four subcategories were created: desired characteristics, parental characteristics, impact of fetal movements and impact of ultrasound.

Table 3 allows us to note that only 23 of the 30 pregnant women mentioned physical characteristics. This group of pregnant women refers content that corresponds mainly to the subcategory desired characteristics (47%). In second place, there is the attribution of characteristics associated with the characteristics of the parents (37%). In third place, there is the impact of ultrasound. Finally, it should be noted that no pregnant woman mentions the influence of fetal movements on physical characteristics.

Table 3

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Frequency of pregnant women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired characteristics</td>
<td>47% (14)</td>
</tr>
<tr>
<td>Parental characteristics</td>
<td>37% (11)</td>
</tr>
<tr>
<td>Impact of fetal movements</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Impact of ultrasound</td>
<td>23% (7)</td>
</tr>
</tbody>
</table>

Note. Each pregnant woman might have given answers classified in more than one category.

In the analysis of the subcategory desired characteristics it could be observed that references to the characteristics the pregnant woman would like the child to have predominate (47%): “… I imagine my baby to be very beautiful, with lots of hair ... She will have small round eyes, a pretty little nose, oh … I can imagine.” Only one pregnant woman refers how she doesn´t want the baby to be in physical terms: “… Sometimes I think: I pray to God that D. doesn’t have a mouth like mine! ”.

Also in this category, the subcategory parental characteristics examined the similarities and differences between the characteristics of the pregnant woman, of the baby’s father and of both. The results of this analysis are shown in Table 4.
Table 4

<table>
<thead>
<tr>
<th>Parental Characteristics</th>
<th>Number of pregnant women</th>
<th>Comparison with parental characteristics</th>
<th>Frequency of pregnant women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>10% (3)</td>
<td>Similarities</td>
<td>10% (3)</td>
</tr>
<tr>
<td>Baby’s Father</td>
<td>30% (9)</td>
<td>Similarities</td>
<td>20% (6)</td>
</tr>
<tr>
<td>Both</td>
<td>13% (4)</td>
<td>Similarities</td>
<td>10% (3)</td>
</tr>
</tbody>
</table>

In terms of physical characteristics, the pregnant woman mainly tends to point characteristics similar to the baby’s father (30%; 20%): “I wish that he can have slanted eyes like his father ...”. To a less extent emerges the reference to characteristics common to both parents (13%, 10%; “We think that she will likely be blonde, with light-coloured eyes, because me and her father are both blond and have light-coloured eyes …”) and similar to the pregnant woman (10%, 10%; “...I have a feeling that she will have my nose, I do not know why!”).

Finally, only seven pregnant women considered the information obtained from the ultrasound when they imagine the physical characteristics of the baby: “When seeing the ultrasound, I know that he must have a little something in his chin, a little mark ...”.

Discussion

When we analysed the narratives of pregnant women during the third trimester, we observed an attribution process related to the baby characteristics, by all pregnant women who participated in the study. Thus, we observed that there is the need for women to personify the baby, creating mental representations of this new element, which are immersed in a fantasy dimension, through which the pregnant woman establishes an affective bond with her baby, even before the time of birth (Caron, 2000; Ferrari, Piccinini, & Lopes, 2006; 2007). This is done as an attempt to avoid the baby to be totally unfamiliar to her when he/she is born (Brazelton & Cramer, 1992).

Every pregnant women participating in this study are in the third trimester of pregnancy, which presupposes, according to the literature (Ammaniti et al., 1992; Stern et al., 2000; Vizziello et al., 1993), a disinvestment in the emergence of fantasies. In other words, according to the literature, there is a disinvestment in the development of the imaginary baby, favouring, in turn, a mental flexibility on the part of the pregnant woman to receive the real baby, making the necessary adjustments to create a satisfactory relationship between mother and baby. However, our results differ from what was previously advocated. The qualitative analysis of the interviews shows that during the third trimester there is still a significant investment in the imaginary baby by the pregnant woman.

When analysing the type of content that characterises the imaginary baby, we essentially observed the presence of psychological characteristics and physical characteristics. Comparing these two types of characteristics that are mentioned, the psychological characteristics are the most mentioned by all pregnant women. This result is not in accordance with the literature. According to some authors (e.g. Ammaniti et al., 1992; Ilicali & Fisek, 2004), the prevalence of physical characteristics would be expected at this stage of pregnancy.
The significant presence of psychological characteristics rather than physical characteristics can be understood if we relate it with the minor influence that the real data about the baby (e.g. impact of fetal movements and impact of ultrasounds) demonstrated to have in baby representations at this stage of pregnancy, showing once more the dominance of fantasy dimensions in the baby representations. This finding can be understood as a consequence of a phase in which these real data proved to be extremely stimulating to the imagination of the pregnant woman, allowing her to rediscover the baby (Grigoletti, 2005). With the information from the ultrasound, especially regarding physical characteristics, these become basic elements, directing the attention of the pregnant woman to other characteristics, such as psychological. This suggests that they have a flexible mental space when considering the baby, going beyond what they can see.

As we can observe in Table 1 and 3, despite the real data about the baby have a residual influence in the elaborations of representations in the third trimester of pregnancy, the tendency to preferably establish a relations between the interpretations on fetal movements and psychological characteristics (Brazelton & Cramer, 1992; Soifer, 1992), as well as between data from the ultrasound and physical features (Fonseca, Magalhães, Papich, Dias, & Schmidt, 2000) was found.

When the pregnant woman characterises the imaginary baby at a psychological and physical level, it is observed that the attributed characteristics are based mostly on her wishes regarding her baby. This result allows us to understand that the woman is not restricted only to the formulation of expectations about the baby, but also to convey her desire, meaning how she would like him to be and not how she would not like him to be. We can understand this fact if we consider that this kind of desire reflects the need of the pregnant woman to acknowledge that this element can repair, carry out or compensate any of her internal conflicts and thus providing an idealized and omnipotent dimension, as an extension of herself (Bayle 2005; Stern et al., 2000). Also, the fact that nowadays the decision to have a child derives from exhaustive reasoning and careful planning contributes to the child being perceived as a perfect being in which any imperfections are annulled, making the baby the most important element in her life (Gomes & Piccinini, 2007).

It also arises the influence of parental characteristics on the imaginary baby when conducting an analysis in terms of psychological characteristics, we observed the dominance of the attribution of similar characteristics to both parents. This result can be understood by the fact that this type of characteristics represents the best of both parents, and project in the baby the materialization of an intimate relationship, such as continuing the love that unites them, since this is the life project they have in common (Canavarro, 2006; Relvas & Lourenço, 2006). This conviction also finds justification in the fact that we are facing a number of pregnant women who are mainly married or live with the father of the baby.

When conducting an analysis in terms of physical characteristics, we observed that pregnant women assign characteristics similar to the ones found in baby's father. The fact that they have a relationship with the baby's father also allows to understand this result. The child is, in this case, considered to be the mirror of the man she loves most, thus making him more precious to her (Stern et al., 2000). Hence, she justifies her love for the baby's father and the reason for choosing this man in detriment of all others (Stern et al., 2000). This statement is compatible with the conviction that during pregnancy the representations that those pregnant women have concerning their husbands as persons, companions and fathers, tend to become more positive (Vizzillo et al., 1993).

These reflections demonstrate the need for women, even during pregnancy, to place the baby in the reality they are familiar with, and recognizing him/her as a continuation of the parents’ legacy. (Brazelton & Cramer, 1992).
Therefore, we consider the presence of a perspective of transgenerationality sustained in the conscious and unconscious reasons associated with the desire to have a child (Brazelton & Cramer, 1992; Piccinini, Ferrari, Levandowski, Lopes, & Nardi, 2003; Raphael-Leff, 2005).

Baby representations reflect genetic, socio-cultural and developmental factors, mediated by the personality and the cognitive processes of the pregnant women (Canavarro, 2006). Thus, literature indicates that when these factors have vulnerabilities that are characterised by the presence of risk factors (e.g. lack of social support, poverty, psychiatric illness), these indirectly influence the maternal representations, assigning them a more negative nature (Huth-Bocks, Levendosky, Bogat, & Van Eye, 2004; Pajulo, Savonlahti, Sourander, Piha, & Helenius, 2001). Bearing these data in mind, we tried to establish a relationship with our sociodemographic information. According to our sociodemographic data, it appears that pregnant women in the study have, mostly, stability on a socio-economic level, as well as during the pregnancy process. Their context of life does not indicate risk factors. So, their reality contributes once more to support our results. It is observed that baby representations are rich in detail and predominantly positive, and this fact reinforces what the literature argues, that is, sociodemographic factors may influence the way pregnant women perceive their representations (Raphael-Leff, 2005).

According to the results of this study, it is clear that in the third trimester of pregnancy there is an extremely intense emotional relationship between women and their babies. This close relationship is more related to a set of fantasies than to real data about the baby. These observations allow us to speculate that, during the third trimester, the transition from the imaginary baby to the real baby in the psychological organisation of the pregnant is not observed, as it would be expected (Stern et al., 2000). According to the results, this transition is still quite embryonic for the pregnant woman in the third trimester, as the imaginary baby prevails in their narratives. This understanding of the results leads us to consider that, even before the baby is born, women interpret it as a personal loss, in which the differentiation is experienced abruptly, at a physical as well as at an emotional level.

According to the literature, the process of individuation-differentiation should be consolidated at this stage of pregnancy (Raphael-Leff, 2005), allowing women to deal with the loss of the imaginary baby (Caron, 2000). However, the dominant presence of the imaginary baby in their discourse indicates that this will possibly overlap with the real baby, influencing the type of postnatal relationship (Caron, 2000). This understanding of the facts is supported by some authors (Brazelton & Cramer, 2004; Caron, 2000; Raphael-Leff, 2005) when they argue that during the gestation period, the type of relationship that is established will predominate in the postnatal period and throughout the child's development. Thus, from our results emerges the need to analyse the possible consequences that the dominant presence of the imaginary baby will have in the postnatal period (Piccinini, Gomes, Moreira, & Lopes, 2004; Stern, 1995).

We can argue that the intensive investment in the imaginary baby allows the baby to assume the status of a human being with certain characteristics as well as a personal history (Piccinini et al., 2004). However, this ability to humanize this baby, based on the fantasies and desires of women, contributes to hinder the ability to identify and relate to the real characteristics, as she will tend to relate with the baby that she imagines and not with the baby that she has in her arms (Cramer & Palácio-Espassa, 1993; Piccinini et al., 2004). It is essential that women are able to handle the unknown and make necessary adjustments to relate with the real baby (Cramer & Palácio-Espassa, 1993; Ferrari et al., 2007). If such flexibility is absent, we will be faced with a new topic, which is the possible psychopathology that may derive from dysfunctional relationships.
Despite the reflections previously attained, our study has some limitations. The sample includes a small number of participants and has an unequal number of primipara and multipara, as it was not possible to control the influence of these characteristics in the results. The reference to sociodemographic data in the discussion of the results is considered to be superficial. In this line of thought, some questions that can influence the results were not considered, such as the medical history of the pregnant, the baby's sex, the name of the baby, and the existence of a physical space to receive him. Since we did not assess the impact of these variables, they should serve as the basis for further studies.

The analysis and discussion of the results of this study, concerning the third trimester of pregnancy, are not exhaustive. Instead, they impose new lines of study, since we are dealing with two issues, pregnancy and maternity, sufficiently complex and unique issues in women's personal history, making them promising topics for future researches.

**Competing Interests**

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