



RESEARCH ARTICLE

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## PRENATAL PATERNAL IN THE PERCEPTION OF THE COUPLE

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### ABSTRACT

**Objective:** To describe the perception of the couple about the importance of performing the prenatal care of the partner and how its role is given during the prenatal, childbirth and postpartum period. **Methods:** This was a field study, of a descriptive type with a qualitative approach, a field research of exploratory character was carried out. This research was carried out in a health unit (UBS) located in the Guanabara neighborhood, Ananindeua, Pará, Brazil, from September to October 2018. With five pregnant couples accompanied in prenatal care. A socio-economic questionnaire and a semi-structured interview script were used. Data were analyzed by the content technique developed by Minayo. **Results:** From the content analysis of the collected material emerged six thematic axes: the profile of the couple nowadays; the perception of the couple in relation to pregnancy; The knowledge regarding the prenatal care of the partner and the pregnant woman; Main motivations to perform prenatal care together; The knowledge about the law of the companion; Partner's participation in childbirth. **Final Considerations:** This study is expected to encourage and stimulate couples and health professionals, especially nurses to perform prenatal care, which aggregates the needs of men and women because gestation is an exclusive and special moment of their lives.

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### INTRODUCTION

The male prenatal care is part of a national strategy of the Ministry of Health (MS) aimed at increasing adherence and loyalty to this man to the services offered in the health units,

besides encouraging him to be alongside his partner during the prenatal (BRASIL, 2017). Given the needs of a more humanized and safe care, the MS created a package of actions where it clarifies doubts about childbirth, breastfeeding,

exams, cares and assures women the right to humanized attention during pregnancy, childbirth and Puerperium, guaranteeing children the right to birth more protected, healthy growth and development. This strategy aims to structure and organize the attention to maternal child health in the country and will be inserted, gradually, throughout the national territory, respecting the epidemiological process, infant mortality rate and cause of maternal mortality (BRASIL, 2014). Along with the prenatal care of the pregnant woman, the partner performs a series of routine exams, HIV test, hepatitis, syphilis, updates his vaccine portfolio, receives guidance on the law of the Companion of (n° 11.108/05 of April 07, 2005); Paternity leave law (13.257/2016 of 08 March 2016) and the national policy for Integral attention to human health (PNAISH) instituted by Ordinance GM/MS n°. 1944 of August 27, 2009, to know through them their rights and benefits that stand out, so important for the bond father, mother and son (BRASIL, 2017a). The national policy for Integral attention to human health (PNAISH) inserted the theme of paternity and care, through prenatal partner, a strategy that presents many benefits to the care of pregnancy, childbirth and birth, approximates the relationship between Health workers, community and, above all, family affective bonds. It also focuses on increasing the acceptance, approximation and the way in which men are given in health services and programs (BRASIL, 2016).

In the previous decades, prenatal care was aimed only at the health of the pregnant woman and the baby, groups of debates, lectures, orientations were aimed at women, (BRASIL, 2012) For it was natural for women to take care of their children while men go out to work. Today, these groups are aimed at the family, the health care professional should be worth the prenatal to bring this man to the health unit and insert it into the programs of human health policy (NUNES, GOMES, RIBEIRO, 2016). The challenge is to sensitizing the father of the importance of his role because the presence of this is fundamental in the gestational process, besides the support it offers, prepares for the reception of the baby experiencing with the companion/wife the physiological and psychological changes of Pregnancy. Participation in care may be the opportune occasion for the conjugal approximation and/or strengthening of the affective and family bonds Almeida, (2016) That is, prenatal care is not only important for caring for the baby and the pregnant woman, but also for human health and strengthening the family bond. Thus, this work has as object of study to identify the perception of the couple in relation to the attitudes of the partner and what health professionals can accomplish to bring this man closer and encourage him to participate in the prenatal care that is so important to Family and maternal fetal wellbeing.

## MATERIALS AND METHODS

This is a field study, of a descriptive type with a qualitative approach, an exploratory field research was carried out. In view of the object of study, the perception of the couple regarding the prenatal care of the man. The place of study was a health unit (UBS) located in the neighborhood of Guanabara, in the city of Ananindeua, Pará, Brazil. Participants were 5 pregnant couples who performed prenatal care at the health unit, held in the period from September to October 2018. We included couples enrolled in the health unit who are performing prenatal care together, regardless of the period of gestation or number of children and who do not present

alterations of physiological or psychological nature that preclude their participation. And excluding unaccompanied puerperal women from their partner, pregnant people who were not enrolled in the health unit, under 18 years of age, who did not agree to participate in the study or who did not sign the informed consent form. Data collection was used as an instrument for data collection a socioeconomic questionnaire and a semi-structured interview script individualized with subjective and open questions, intending to seek the meaning of the messages of the interviewees, Contextualizing them. According to Minayo (2010), it unfolds in the pre-analysis steps, material exploration or coding and treatment of the results obtained/interpretation. To preserve the identity of the research participants, we used a pseudonym, C "Couple" followed by numbering and letter F for "feminine" and M for "male", to identify the users. We analyzed the data from the thematic analysis in order to seek the meaning of the messages of the interviewees (or nuclei of meaning), contextualizing them. According to Minayo (2010), it unfolds in the pre-analysis steps, material exploration or coding and treatment of the results obtained/interpretation. The research was initiated, after undergoing evaluation of the Brazilian platform according to the guidelines of resolution 466/2012 of the National Health Council, which deals with research involving human beings and approved according to the CAAE: 99252218.0.0000.5512.

## RESULTS AND DISCUSSION

Regarding the sociodemographic profile of the participants, in relation to the age group 6 participants are between 18 and 21 years (60%), 1 between 22 to 25 years (10%), 1 between 26 and 30 years (10%) and 2 over 31 years (20%). About color/Race 5 declared white (50%) and 5 Brown (50%). Regarding marital status, the 10 declared themselves single (100%). With regard to education 2 has complete higher education (20%), 1 incomplete Superior (10%), 1 complete medium (10%), 2 incomplete medium (20%), 2 complete elementary (20%), 2 incomplete Elementary (20%). Regarding residence 8, they declared themselves (80%) and 2 (20%) Courtesy. All (100%) Located in urban areas. With regard to the number of children 3 participants said they already have 1 child (30%) and 7 not having (70%). As to how many people reside in their house 6 responded from 4 to 7 (60%) and January 4 to 3 (40%). As for occupation 6 said not to have (60%), 1 driver (10%), 1 moto Taxi (10%), 1 autonomous (10%) and one with technical support (10%). In relation to family income 4 receive up to 1 minimum wage (40%), 4 receive from 1 to 3 minimum wages (40%), 1 receives from 3 to 6 minimum wages (10%) and 1 receives from 9 to 12 minimum wages (10%). Only 1 participant receives social benefit (10%) and 9 do not receive (90%), on the transport used to attend prenatal Care 4 use Van (40%), 2 buses (20%), 2 car (20%) and 2 Go on foot (20%). After analyzing the interviews, it was possible to elaborate the following thematic axes: the profile of the couple nowadays; The perception of the couple in relation to pregnancy; The knowledge regarding the prenatal care of the partner and the pregnant woman; Main motivations to perform prenatal care together; The knowledge about the law of the companion; The partner's participation in childbirth.

### The profile of the couple nowadays

Pregnancy is a unique moment in the life of the couple and can become the right time to talk about and appreciation of the

family, concepts inherent to the process of humanization and welcoming, as directed by the National Policy of humanization (PNH) (MORAES, 2013). In addition, prenatal monitoring will enable the creation of spaces for paternal care, also seeking to respond to the social and health needs of parents. The participants' profile was characterized from the observation of the data records captured by the testimonies. The age variation shows that parents are in the adult phase of their lives, considered the most active and productive stage within society. In this phase, people experience their own life situations, new responsibilities, rights, duties and share desires and achievements. It also emerges the desire to guarantee its offspring both through procreation and the achievements produced throughout life (GOMES *et al.*, 2016). The analysis of the marital status factor indicates that all participants declared themselves single. With social changes, there are different types and forms of family as the mono parental, in which the mother or father is present, either by the death of the other, whether separation/divorce or being a single parent or father. There are also families recomposed or reconstituted, formed by father and/or mother living in a new union, legally or consensually able to have children living or not in the same house. (BRASIL, 2013). In the last census of 2010 IBGE, the family of the traditional type is no longer the majority in Brazil due to factors such as the structural change of family groups, the greater participation of women in the labor market, the low fertility rates and the ageing of Brazilian population (BRASIL, 2013).

The educational factor was analyzed using the dimensions of education of the Brazilian population organized in two levels: basic education (Early childhood education, elementary school and high school) and higher education (BRASIL, 2013). The results of the research showed that four participants had complete and/or incomplete elementary education, three completed high school and/or incomplete, followed by two with complete higher education and an incomplete superior. Regarding the economic factor, the family income classification was analyzed by classes (BRASIL, 2013). Four participants are included in class E, that is, with family income of up to two minimum wages, four in class D; With family income of two to four minimum wages, one in class C, with family income of four to ten minimum wages and one in class B, with family income of 10 to 20 minimum wages. Each participant exerting a different function, including: technical support, driver, taxi and autonomous motorcycle and six did not have paid activities. In relation to the means of transport used to move to the health service, four of the participants use Van, two use buses, two cars and two go on foot, without needing to use any type of motor vehicle.

### **The perception of the couple in relation to pregnancy**

The meaning of pregnancy for parents is evidenced by their doubts, desires, experiences, knowledge and opinions, often formed in their families, who usually present definition of health, disease and care practices, originated from their context Social LEININGER, 2006). In this perspective, the definition of pregnancy by couples is identified in their discourses expressing the characteristics of everyday life that can modify their ways of living, as shown in the testimonies the fragments below:

"I feel happy, even more so that I have had a child and found that it is a girl, will stay a couple and I am happy." (C1F)

"I am also very happy, and in the ultrasound we find that you are another young lady, I had experience of having another girl and liked and I am in a good expectation of the baby." (C1M)  
 "At first it was a fright, that fright of how you will create, these things, now increased responsibility, but at this time of end of pregnancy we are feeling anxious and happy for the moment, awaiting her arrival." (C5F)

"I feel happy and also a little worried right, in the question also of how to create right, and at the same time very happy." (C5M)

The surprise with the news of pregnancy is one of the characteristics attributed to non-planning, indicating that there was no sexual practice using contraceptive methods and therefore not considering that this activity, even if momentary, could modify Your whole life. For Oliveira, (2010), the way people experience this process is profoundly influenced by their sexual and reproductive education, knowledge of contraceptive methods and modes of relationship with their partners.

In the report of the Father (C1M), there is no longer the feeling of surprise and makes it clear that he has some experience of the previous gestation, which can facilitate the help of his partner in this current gestation, because she already has a daughter, improving her performance as a father and being more Mate. Some studies indicate that there is a tendency of men to adopt for themselves the responsibility to ensure the welfare of women and children, in the search for a more egalitarian posture, developing actions of various natures (OLIVEIRA, 2010; ZAMPIERI 2009).

### **The knowledge regarding the prenatal care of the partner and the pregnant woman**

The nursing consultation in prenatal care aims to clarify doubts and desires, the possibility of creating a bond between the nurse and the pregnant couple, contributing to a relationship of trust and proximity of the pregnant woman and her partner/spouse with the service Health, consequently improving the quality of care in prenatal care (CUNHA *et al.*, 2009). It is necessary to base the concept of prenatal care in order to ensure the development of pregnancy, allowing the delivery of a healthy newborn, without an impact on maternal health, with an approach in the psychosocial aspects and activities Educational and preventive (BRASIL, 2012). The proposal to dispose of these health policies aims to include man in the social context in a more active and participatory way in the face of sexual and reproductive health issues, using as one of the principles proposed in the line of male care the Involvement of men in prenatal consultations (GOMES *et al.*, 2016). It is important to extend prenatal care to the partner of the pregnant woman, in this context, it is worth mentioning some testimonies of this research that demonstrate the lack of knowledge considering the participants' information regarding prenatal care.

"From the pregnant woman I already knew, because I had already made my other child, and also was not very different, but the partner I did not know, I heard in this manual that I won." (C1F).

"From the pregnant woman I knew because I followed my first daughter, but the partner I did not know, I came to know by (CF1) who was reading the Manual of the pregnant woman."

"Well, I knew the pregnant woman, the partner I learned now." (C3F)

"I didn't know about the partner because I never heard about it, and since I was able to get the knowledge about it I found it very important." (C3M)

"It is interesting also to know how it is because I have never entered a room, I have heard that the father or the companion all the way outside, now invite to enter and this motivates much also know what is done and what the wife is doing in there that she only Comes with response from there. " (C3M)

PNAISH proposes the quality of access of the male population to the actions and services of the SUS network. However, the existing and directed activities of men are specific and poorly structured with the guidelines of the current human health policy and, generally, focused on clinical and care actions, highlighting only the prevention of prostate cancer (KNAUTH, COUTO, FIGUEIREDO, 2012).

It is necessary to strengthen the relationship between health professionals, the community and, above all, with a view to improving the Parent-Mother-Baby affective bond. For what we saw was its opposite because the partners felt excluded from the prenatal consultation room in the public service.

#### **Main motivations to perform prenatal care together**

The presence of the father in prenatal care can become a natural pathway, in which he can clarify his doubts, desires and intentions. It also brings improvements in affective bonding between the family and health professionals who promoted the father's involvement in pregnancy. Participate allows interaction with other people, self-expression, the development of reflective thinking, and also the appreciation of oneself by others (EVANGELISTA, 2013). It is worth mentioning some testimonies of this research that demonstrate how they feel when they perform prenatal care together.

"I feel beyond flattered, I feel obliged to accompany and feel good because I see the development of pregnancy I realize that the baby is growing". C1M

"I feel very happy also to be accompanying despite the fatigue, because sometimes there are many people in line, but when our time comes, we measure, weigh, do everything." (C1F) "

Well, in my case I feel like a valued father, I feel like a well-supported person in relation to all this, I believe that this support motivates and encourages a lot to be a real father. " (C3M)

"While I am already relieving myself of trying to explain right, so he already understands, we already relax the head." (C3F)

"I feel good also because he's there accompanying me, and most of the pregnant go alone, and when he's there I feel good because he's sharing that moment, he's following, he's interested, sometimes there's a mother who doesn't even have a partner.(C5F)

It was evident the joy, appreciation and relief lived by accompanying the pregnant woman in the consultations, although it is different; Only the fact of being able to participate already makes him grateful, especially when he knows that everything is occurring well. In this perspective,

the father feels privileged to participate in the consultation (CARDELLI; TANAKA, 2012). It is verified that the discovery of pregnancy commonly generates several types of emotions such as: surprise, joy and sometimes fear. Factors such as personal planning and, especially, the desire of women in relation to motherhood contribute to the predominance of the experience of positive feelings, but when the opposite occurs, especially the absence of support from the partner or the family has the Experience of insecurity and loneliness. (SHIMIZU, LIMA, 2009).

#### **The knowledge about the law of the companion**

Despite the evidence on the benefits of the companion during childbirth and the assurance that this support should be offered to all women, the data on its implementation are scarce. Childbirth is considered a unique experience in the life of the couple. In this sense, it is important that clinics and hospitals ensure compliance with Law No. 11,108, of April 7, 2005, which assures the woman the presence of a companion who she trusts to be next to her choice during the labor period, childbirth and postpartum. The baby's father can be appointed as an ideal companion for the woman and for the formation of the bond, since, when accompanying the birth of the child, he would be exercising his fatherhood and valuing his role. (FRUTUOSO E BRÜGGEMANN, 2013). We observe in the following statements that the couples do not know the law or know little about it, with little clarity about its purpose.

"I saw in the Manual of the pregnant woman, but I did not know". (C1F)

"I didn't know, this information in the consultations was not passed." (C1M)

"No, now that I have learned of this law". (C2M)

"Well, I've never heard of the companion's law, but now that I know he's not going to come out of my side anymore."(C3F)

"No, first time I hear about her. "(C4M)

Unfortunately, law number 11.108/05 in practice is understood as if physicians and services had authority to violate the law. There is no penalty if the health authorities, managers or professionals refuse to authorise companions, justifying their disregard of rights based on their "medical autonomy", or with the lack of privacy in the wards, or that they have not had Time to adapt to the new legislation. This is unlikely to be considered acceptable after 13 years to adjust to national legislation (2005). The absence of any obligation to inform the data on companions, or of sanctions for ignoring women's rights, contributes to the low rates of implementation of this policy. (DINIZ E SANDALL, 2014).

#### **The partner's participation in childbirth**

To request the accompaniment of the partner in prenatal care, several setbacks should be overcome, not only related to the physical structure and equipment, but also to the change of attitudes of those involved with the assistance to the woman and her companion during pregnancy. This last action requires an ethical and supportive stance by health professionals in creating a welcoming environment (SILVA, 2013). It is known that the presence of someone who is confident of the pregnant woman increases the feeling of well-being of both her and the baby, as observed in the following statements:

"Yes I would like, that he would participate, even for me to be quieter, to know that there will be no mistake, that will not change the baby".(C1F)

"Yes, I want to participate." (C1M)

"I think it's important to have the father's accompaniment at all, if there's no point in consulting." (C4M)

"I feel safer if he has me, because if anything happens he can answer to the doctor too." (C4F)

The presence of the father following the evolution of the labor and childbirth of the woman, always assisting her, has consequences in the outcome of the birth of the baby: with positive experiences by the emotional support that provide the pregnant, in the construction of the bond between The father and the newborn, as well as, encourages the woman at the moment of childbirth, and can thus diminish interurrences during the birth process which will certainly be remembered in a remarkable way in the life of the couple.(PERDROMINI E BONILHA, 2011).

### Final Consideration

Prenatal care offered space for the emergence of new questions for studies and research, resulted in the commitment to favor the father during the gestational process, while pointing out the need to seek a new look at the practice Nursing professional and also for the training process of the nurse. The literature also points to endless advantages for the mother-father-child triad with the presence of the father in labor, as it becomes aware of the difficulties and concerns that were previously not noticed by them, however it is essential that health professionals are attentive and receive training to provide the father with a positive and satisfactory experience. In the past men needed to assume their role as a provider, of strong, they could not demonstrate feelings and experience experiences belonging to the feminine world, today these men have the opportunity to broaden their horizons, have their doubts Responses, thus decreasing the stress and anxiety that can be generated if there is no support and attention to this need.

With the creation of mechanisms of approximation and insertion of parents in the gestational process, most parents expressed a great will to maintain a closer bond with the partner/wife and the baby, showed that they seek to put into practice the information Received and what they are learning during prenatal care. At this moment, the possibility of caring for men with their health is open, such as, for example, through guidance on a healthy diet with restriction of salt and fried food during the entire gestation, which will contribute to the human being to collaborate with the health of Partner/wife and also modify their habits in everyday life. It was possible to observe the perceptions of the couples during the prenatal consultations, which contributed to reveal and demonstrate the importance of this theme, because we know that the physical and emotional transformations that women suffer during this period are great and need to be monitored. The importance of the presence of parents in prenatal consultations is still poorly addressed and stimulated by health professionals mainly by nursing professionals, who are involved in the gestational process, from prenatal, childbirth and postpartum, Clarifying the importance of his presence for both the baby and his mother. It is hoped that this study may encourage and stimulate couples and health professionals, especially nurses to perform prenatal care, which aggregates the needs of men and women

because gestation is an exclusive and special moment of their Lives.

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