REVISTA ONLINE DE PESQUISA

CUIDADO É FUNDAMENTAL

Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

RESEARCH

DOI: 10.9789/2175-5361.2018.v10i3.856-862

The Partner's Involvement in the Prenatal Routine Through the Pregnant Women Perspective

A Participação do Parceiro na Rotina Pré-Natal Sob a Perspectiva da Mulher Gestante

La Participación del Socio en La Atención Prenatal Desde La Perspectiva de La Mujer Embarazada

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How to quote this article:
Cardoso VEPS, Junior AJS, Bonatti AF, *et al*. The Partner's Involvement in the Prenatal Routine Through the Pregnant Women Perspective. Rev Fund Care Online. 2018 Jul./Sep.; 10(3):856-862. DOI: http://dx.doi.org/10.9789/2175-5361.2018.v10i3.856-862

ABSTRACT

Objective: The study's goal has been to analyze how the pregnant woman perceives the partner's involvement in the prenatal routine. **Methods:** It is a descriptive-exploratory study with a qualitative approach. Data collection was performed from March to June 2016, through a semi-structured interview. The research participants were 11 pregnant women, starting at the 28th week of gestation, who were submitted to content analysis in the thematic modality. **Results:** Data analysis shows that only one participant had complete follow-up by the partner, another five reported the partner's presence only during the obstetrical ultrasonography procedure. Regarding the women that reported partner's absence, the work was highlighted as the main factor; it was also observed that gender issues influence this absence, since the pregnancy is seen as a woman exclusive moment. **Conclusion:** It is essential that health services can become sensitive to the insertion of the partner in this routine. Furthermore, an intersectoral partnership between the health, the legal and the educational sectors must become a reality in order to stimulate this change.

Descriptors: Prenatal care, Pregnancy, Paternity, Family health.

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Course Conclusion Paper: Integrality in the prenatal based on the triad: father-mother-fetus. 2017. Universidade Federal de Mato Grosso. Multiprofessional Residency Program in Family Health.

RESUMO

Objetivo: Analisar como a gestante percebe a participação do parceiro na rotina pré-natal. **Método:** Estudo descritivo exploratório de abordagem qualitativa. Coleta de dados entre março e junho de 2016, por meio de entrevista semiestruturada, com 11 gestantes, a partir da 28ª semana de gestação, sendo estes submetidos à análise de conteúdo na modalidade temática. **Resultados:** Das participantes do estudo, apenas uma teve acompanhamento integral do parceiro, outras cinco relataram a presença apenas na realização da ultrassonografia obstétrica. Daquelas que relataram ausência, o trabalho foi apontado como principal fator, também se observou que questões de gênero influenciam nesta ausência, pois a gestação é vista como momento exclusivo da mulher. **Conclusão:** É imprescindível que os serviços de saúde estejam sensíveis à inserção do parceiro nesta rotina, e que hajam parcerias intersetoriais entre a saúde, o setor jurídico e a educação que possam estimular esta mudança.

Descritores: Pré-natal, Gestação, Paternidade, Saúde da Família.

RESUMEN

Objetivo: Analizar cómo la madre percibe la participación del socio en la rutina prenatal. **Método:** Estudio exploratorio descriptivo de enfoque cualitativo. Recolección se llevó a cabo entre marzo y junio el año 2016, através de entrevistas semiestructuradas con 11 mujeres embarazadas desde la semana 28 de embarazo, que están sometidas a análisis de contenido en la modalidad temática. **Resultados:** De las participantes en el estudio, sólo uno tenía pareja de supervisión, otras cinco personas informaron de la presencia sólo en la realización de ultrasonido obstétrico. De los que reportaron ausencia, el trabajo fue considerado como el principal factor, también observaron que las cuestiones de género influyen en esta ausencia porque el embarazo es visto como un momento único de la mujer. **Conclusión**: Es esencial que los servicios de salud son sensibles a la inclusión del socio en esta rutina, y que tienen alianzas intersectoriales entre la salud, el sector jurídico y la educación que pueden estimular este cambio.

Descriptores: Prenatal, Embarazo, Crianza de los hijos, La Salud de la Familia.

INTRODUCTION

Pregnancy is a time of transition to parenthood and requires from the future parents a series of changes and adaptations, both psychologically and biologically, which serve as preparation for the new roles they will have to assume.[1] Culturally, it is observed that society has attributed to the woman great responsibilities derived from her biological condition of gestating, giving birth and breastfeeding, considering her maternal nature, while the man is the position of provider and maintainer of the home, as if he was unable to care for his own children.[2-3]

In the biological context, both the father and the mother participate in the reproductive process, however, this occurs in an unequal way, since the pregnancy occurs exclusively in the body of the woman,[1,4] who since the beginning perceives her role as mother, living with the hormonal and bodily changes as she feels the baby's movements.[5]

Nonetheless, it must be understood that the act of gestation is not the sole task of woman as mother, but of the couple. The early involvement of the partner will facilitate the development of the feeling of paternity and this contributes to the fact that the attachment to the child occurs as soon as possible.[6]

In recent years, some factors have contributed to a change in the parents behavior, an example is the insertion of women into the labor market, requiring them to be more involved during pregnancy or even when taking care of the newborn child.[1,3,7]

Nevertheless, although it seems simple to extend prenatal care to the pregnant woman's partner, health services still face difficulties in this insertion, because in some cases, there is no orientation to sensitize pregnant women and partners so that they can actively participate in this process.

Considering this approach and with the aim of improving the access of men to prenatal care, the Health Ministry has developed strategies that can break with this cultural barrier, with initiatives such as the Stork Network; the Law of the Companion, which guarantees the right to the presence of a companion chosen by the woman during childbirth and immediate postpartum, within the scope of the public health services – in Brazil, Sistema Único de Saúde [Unified Health System]; and more recently, a guide for health professionals regarding the men prenatal care.[8-9-10]

The experience as a resident nurse made it possible to perceive that the prenatal routine in the units of the Family Health Strategy occurs almost exclusively with a focus on the pregnant woman, and there are no spaces in which the male parent is included in this context. Also, it has been observed that there is no questioning about this absence, or even about how this affects this woman in the gestational period.

Implicitly, the absence of the partner is justified by the work, and yet, there are no strategies to overcome this difficulty.

It is worth stating that women who are followed up in the prenatal routine by their partners have fewer complications during childbirth and postpartum, as well as less physical and emotional symptoms during pregnancy.[11]

Therefore, this study aimed to analyze how the pregnant woman perceives the participation of her partner during the prenatal routine.

Furthermore, this work proposes strategies in order to allow the participation of the partner during the gestational period.

METHODS

It is a descriptive-exploratory study with a qualitative approach. The qualitative approach was chosen because this research modality makes it possible to study history, relationships, beliefs, perceptions and opinions as the products of human interpretation of how they live, build their artifacts and themselves, as well as feel and think. This approach investigates deeper into social phenomena; in other words, the human reality lived and shared with its peers, so the focus is based on the universe of meanings, motives, aspirations, and above all, attitudes.[12]

This study was carried out in two units of the Family Health Strategy from a municipality in the interior of *Mato Grosso* State, located in distinct health districts, Southern District and Eastern District, which have the multiprofessional team of residents from the Multiprofessional Residency Program in Family Health, where there were two nurses, one psychologist and one pharmacist.

In both units, the prenatal care routine follows a scheduling scale, in one of which the care is shared between doctor and nurse, and in the other the care is intercalated between these two professionals.

A sample of 11 pregnant women who were in the third trimester of gestation, that is, from the 28th week of gestation, and who underwent prenatal follow-up exclusively in one of the two selected units participated in this study. The gestational period chosen for data collection allowed us to evaluate how the partner's follow-up had been during a longer gestation period, that is, whether there was participation in the prenatal care routine, such as consultations, exams and groups to discuss topics related to pregnancy.

Data were collected from March to June 2016, and each pregnant woman was individually approached in a place reserved at the units at the time she attended the consultation, at which time the invitation was made, as well as the reading of the Free and Informed Consent Term and in case of agreement, followed by the signature of the same. Afterwards, the home visit was scheduled to proceed with the interview that was given through a semi-structured script and were recorded with the permission of the pregnant women.

The script was composed of two guiding questions, as follows: "How do you perceive your partner's involvement in the follow-up of your prenatal care? What do you think about your partner's participation during prenatal consultations?", and also had space for information regarding the sociodemographic profile of the participants.

During the interviews a field diary was used as support so that impressions of the moment of the interview were not lost. The testimonies were recorded in audio and transcribed in full. The number of interviews was defined by the saturation of the data.

The analytical technique used was based on content analysis, since it allows replicating and validating inferences about a given context, through specialized procedures. This methodological strategy consists of three stages: pre-analysis, material exploration, data processing and, finally, interpretation.[12]

In order to guarantee the anonymity of the participants, they were identified by the letter G of gravid woman, followed by a growing cardinal number (G1, G2,...).

This study followed the ethical and legal principles of research involving human beings as described in the Resolution No. 466/2012[13] from the National Health Council, obtaining a favorable Legal Opinion No. 1,243,359.

RESULTS AND DISCUSSION

The research participants were 11 pregnant women within the age group from 18 to 31 years old, 18.2% were married, while 81.8% lived in a stable union. Regarding the pregnant women interviewed, 63.6% were having the second child, 27.3% were having the first child, and only 1 participant was having the third child, corresponding to 9.1%. Out of these participants, 3 had a history of abortion, 2 in the first gestation and 1 in the second gestation.

Concerning the schooling, 72.7% either completed or attended high school, 9.1% had graduation degree, and the others were distributed between incomplete elementary school 9.1% and complete elementary school 9.1%. The declared income varied between one and four minimum wages, and having an average of two minimum wages.

Regarding the speech of these pregnant women, it was possible to list two categories that refer to how the pregnant woman observes the partner's participation in the prenatal care actions, such as the prenatal consultation, the pregnant group and the consultation for the ultrasonography.

The partner in prenatal care

In this category, we discuss the results that demonstrate the partner's participation during prenatal care and the satisfaction of pregnant women about this behavior.

Observing the pregnant women interviewed only one (G1) had the presence of the partner in prenatal and ultrasound consultations.

> *[...] he participates a lot, sometimes he goes there - Health Basic Unit - talk and I stay home. [...] he's very attentive, he remember things better than I do. So I like when he goes with me because he asks a lot of questions. (G1)*

The G1 considers that having the partner during prenatal care helps in solving the doubts that arise regarding the pregnancy cycle and that this can still be a support to remind the orientations carried out by the prenatal care professional.

Prenatal care includes not only the issues related to the pregnant woman, but also must be able to involve the partner in this care and in this way, they come to better understand the extent of the physiological and emotional changes that may even promote the appearance of Signs and symptoms.[14-15-16]

The experience of experiencing pregnancy allows the father to create affective and bonding feelings that favor the construction of the father-mother-child trinomial, bringing the family closer and contributing to a healthy and welcoming relationship.[17]

Another five pregnant women had the presence of the partner only during the execution of the ultrasound examination.

> *He sometimes accompanies me on the ultrasound [...] (G2)*

> *He went to the ultrasound examination, but in the consultations he did not go. (G8)*

> *In the ultrasound examination he goes [...] only there. But in the consultations he did not go. (G9)*

> *[...] he has always been together in the ultrasound examination. (G10)*

> *[...]In the ultrasound examination he goes, he accompanies everything. (G11)*

It was observed the appreciation of the partner by the accomplishment of the ultrasonography, which is actually distant of the orientations realized by the professional with regard to the evolution of the gestation, in the preparation for the childbirth and mainly of the care in the puerperium, with both the puerperal woman and the newborn.

The moment of the examination is a privileged situation, since it is one of the most expected moments by the parents and can be used as a strategy to approach father-child, because their presence indicates concern for the baby and even if their visualization is not understood by the child. It is here that the parents discover the details about the expected child, the discovery of sex being the summit of this care.[18-19] Also the possibility of listening to the baby's heartbeat allows the sound and image information to be produced to produce the idea of the real child, and even if the place of gestation is the mother's belly, the father is allowed the sensation of the gestation.[19]

Women who can count on their partner at this time report that they feel supported and more confident in coping with the changes that come with gestation, and also about the care that a child requires.

> It helps, we feel more supported, because then you know you really want the child, it's a child and he's willing to have it, he's willing to help. (G1)

> I feel good I feel more reliable, when you have the father of the child present, it becomes easier, when it is a single mother becomes more difficult [...] now when you have your husband, you can sit, talk, he can accompany you to the doctor, I feel good with his help. (G7)

The speech of these pregnant women shows how important the involvement of the partner is, because for them this represents, especially the acceptance of the baby, besides knowing that they can trust their partners in times of difficulty.

When the family is formed only by the couple, the partner is usually the only or main emotional and social reference of the pregnant woman, the first being an important function. The partner concerned about his partner's emotional state, if well prepared, can keep her calm and calm, bringing benefits to her health and that of the baby, indicating commitment to family care.[1,18]

The partner's absence during the prenatal routine

The presence of the men in Primary Care is still lower compared to women, and it is difficult for the user to seek health services for health promotion and, consequently, their entrance door becomes the specialized service.[20]

Nevertheless, there is a counterpoint when it comes to prenatal care, the study carried out by Duarte, pointed out that 94% of the partners of pregnant women would like to participate in this routine, and they feel frustrated because they do not experience this right.[21]

In this study, it was possible to observe two phenomena that contributed to the absence of the partner. The first one is related to questions such as work and study, and the second one showed a little discussed issue, since it refers to the fact that it is the pregnant woman who prefers not being accompanied.

The work and the study as absence factors

> *No, in the consultation he does not accompany, because he works at night [...] he works at night and during the day he works as well. (G6)*

> *[...] in these interviews, in the consultations he does not participate much because of the work, because they do*

not let him come... he travels, he is a driver, so all my consultations he travels, he travels two to three days, then he comes back. (G11)

He does not participate because he is a college student, there is no way he can go with me, because it's morning and there is no way he can go, but when I get home I tell him how it was, he sits down and talks to me. (G7)

When questioned, these pregnant women pointed out the work as the cause of the absence of the partner, since the times available for attending the unit coincide with their working hours. Consequently, it was observed that greater attention is given to the labor relationship than to prenatal care.

Studies indicate that the vast majority of men do not attend prenatal care because they are at work. In this way, labor relations end up hampering their participation, since the man is not allowed to miss work to assist his wife and child.[22-23-24] This also reinforces the idea that the gestational process is a woman's exclusive role and that the pregnant woman should be able to take care of herself or have someone to take care of her, but in any case, only she needs care.[23]

The absence in the prenatal follow-up by choice of the pregnant woman

Another factor that drew attention was that some women prefer to be unaccompanied at the time of the visits, totally excluding the partners from participating in the routine of consultations.

He will not go because I do not ask him to do it. He's under insurance (unemployment), he stays at home, but I do not ask him to come. [...] Oh, I do not know. I think so, it's just for women... it's just for women, then there's going to be a man in the middle. (G8)

Because I think this is a woman thing, isn't it? You want to talk to the nurse; you want privacy along with her. (G9)

I never asked him to come. In fact, that's when I began to do the prenatal care, the baby was very small, could not hear the heart, gave nothing, then did not ask [...] and I still do not ask. (G10)

Here, it is clear that this is a gender issue, since women consider that prenatal care is a space exclusively for women, and in this way, the gestation process is taken only by her.

The fact is that health settings are prepared to serve women, and often are not receptive to the presence of man. This might contribute to creating a barrier between men and health services, favoring the construction of a wrong image for the women, that this space is not a place for their partner to be in.[25]

It is worth noting that the lack of informative and decorative materials in the unit, aiming to illustrate the figure of man as a father, can contribute to an interpretation that the health unit is a feminine environment, so that the woman understands that only she must experience this gestational period.[25]

In none of the two units where the study was conducted there was educational material that reinforced the importance of including the partner in prenatal care, aiming to break with the paradigm that gestation is a feminine moment and, in this way, overcome the barriers imposed by the gender issue.

The Health Ministry has formulated strategies to include the partner in the routine of the puerperal pregnancy cycle, such as the Stork Network and the Law of the Companion,[8-9] however, health services still do not provide adequate space for this involvement, since there is no incentive for the professionals to invite these pregnant women to bring their partners to the consultations.[10,25]

CONCLUSIONS

Based on the assumption that the involvement of the partner in prenatal care can contribute to a safe pregnancy, and also to overcome the insecurity experienced by these women, the Health Ministry has invested in strategies that may contribute to the achievement of this goal through policies that ensure this inclusion.

Hence, some strategies aiming the insertion of the partner in the prenatal routine would be: to raise the consciousness of prenatal care professionals, doctors and nurses, who are at the top of the health services, so that they begin to include the partner in the care. The professionals might initiate by requesting to the pregnant woman the partner presence, besides making these men aware of their role in the pregnancy-puerperal cycle, as well as in other phases of the child's growth.

All these changes, if organized in a systematic way, can give rise to a line of care that guarantees integrality in the care of the father-mother-fetus trinomial, which is nothing more than the articulation of resources and practices of health production, guided by clinical guidelines, in other words, the reorganization of the work processes in health, so that each one is responsible for this care, then being incumbent to the following:

Health Sector: stimulating the partner insertion in the prenatal context since the entrance of this pregnant woman; promoting dialogue and experience exchanges at times that allow the participation of the partner, orienting about prenatal/childbirth/puerperal issues and the importance of his presence in this process; also, offering to the partner the access to examinations during the period, guaranteeing the appro-

priate treatment and management in case of intercurrence and, if necessary, referring to levels of greater complexity; training all professionals involved in the care services, then ensuring a humanized and inclusive care;

Juridical Sector: promoting the discussion about the importance of labor laws that can guarantee, without prejudice to work, the inclusion of the partner in the routines of the gestational process, allowing the issuance of the certificate of companion in this period; promoting incentives for this to happen, as it is already the case with companies that support six-month maternity leave, stimulating the exclusive breastfeeding period;

Educational Sector: it is understood that it would not be possible to produce health without appropriating the education processes, in this way, the Health Education comes as a great strategy to strengthen these changes, because the more oriented the participants are, the greater the empowerment to ensure that these changes are going to be established.

Given the aforementioned, it is necessary to strengthen intersectoral actions, expanding the understanding that the qualification of health care is not restricted only to this sector, but is a result of the partnerships that are established between this sector and the other sectors of society.

It is also worth mentioning that this work opens the door for new studies on this topic and aiming to evaluate how the presence of the partner impacts on health indicators related to prenatal care, childbirth and puerperium.

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Received on: 02/01/2017
Required Reviews: 02/07/2017
Approved on: 03/08/2017
Published on: 07/05/2018

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