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RESEARCH

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PARTNER PERCEPTION AND PARTICIPATION IN PRENATAL AND BIRTH CARE

*Percepção e participação do parceiro na assistência pré-natal e nascimento**Percepción y participación de la pareja en la atención prenatal y del nacimiento***Rubia Mariana de Souza Santos**¹ **Verônica Francisqueti Marquete**¹ **Viviane Cazetta de Lima Vieira**¹ **Herbert Leopoldo de Freitas Goes**¹ **Débora Regina de Oliveira Moura**¹ **Sonia Silva Marcon**¹ 

ABSTRACT

Objective: to understand the partner's perception of their experience and participation in prenatal care and birth. **Method:** a qualitative study conducted with 26 parents approached from October to November 2020, through interviews by recorded digital audio media. Content analysis was used, thematic modality. **Results:** three categories emerged which show that they had little participation in prenatal consultations and are unaware of the "partner's prenatal". In general, they show gratitude for assistance during childbirth, but few reported having received information related to health education. **Final considerations:** men recognize that as parents, they have a responsibility to monitor prenatal care, realize the benefits of this participation, but do not feel welcomed or encouraged to participate and do not have their health needs considered, which needs to be reviewed by health professionals, especially nurses.

DESCRIPTORS: Prenatal care; Parturition; Paternity; Nursing care; Professional-family relations.

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RESUMO

Objetivo: compreender a percepção do parceiro sobre sua experiência e participação na assistência pré-natal e nascimento. **Método:** estudo de abordagem qualitativa realizado com 26 pais abordados no período de outubro a novembro de 2020, mediante entrevistas por mídia digital áudio gravadas. Utilizada análise de conteúdo, modalidade temática. **Resultados:** emergiram três categorias as quais mostram que eles tiveram pouca participação nas consultas de pré-natal e que desconhecem o “pré-natal do parceiro”. Em geral, demonstram gratidão pela assistência durante o parto, mas poucos relataram ter recebido informações relacionadas à educação em saúde. **Considerações finais:** os homens reconhecem que como pais, têm responsabilidade em acompanhar a assistência pré-natal, percebem os benefícios desta participação, mas não se sentem acolhidos e nem incentivados a participar e não têm suas necessidades de saúde consideradas, o que precisa ser revisto pelos profissionais de saúde, em especial o enfermeiro.

DESCRITORES: Cuidado pré-natal; Parto; Paternidade; Assistência de enfermagem; Relações profissional-família.

RESUMEN

Objetivo: comprender la percepción de la pareja sobre su experiencia y participación en la atención prenatal y el parto. **Método:** estudio cualitativo realizado con 26 padres abordados de octubre a noviembre de 2020, a través de entrevistas por medio de audio digital grabado. Se utilizó análisis de contenido, modalidad temática. **Resultados:** surgieron tres categorías que muestran que tuvieron poca participación en las consultas prenatales y desconocen el “prenatal de la pareja”. En general, muestran gratitud por la asistencia durante el parto, pero pocos informaron haber recibido información relacionada con la educación para la salud. **Consideraciones finales:** los hombres reconocen que como padres, tienen la responsabilidad de acompañar el cuidado prenatal, se dan cuenta de los beneficios de esta participación, pero no se sienten bienvenidos ni animados a participar y no se tienen en cuenta sus necesidades de salud, lo que debe ser revisado. por profesionales de la salud, especialmente enfermeras.

DESCRIPTORES: Atención prenatal; Parto; Paternidad; Atención de enfermería; Relaciones profesional-familia.

INTRODUCTION

During the gestational period, the woman experiences important emotional changes that need to be considered by family members and also by health professionals, so that a relationship of trust and security can be established.¹

Although there is no evidence that the involvement of the partner in perinatal care has a direct relationship in reducing maternal deaths, his involvement is recommended by the World Health Organization, because it has shown benefits for the health of the mother-child binomial.² In most low- and middle-income countries, as is the case of Brazil, the man has a significant role in family decision making, including in the life of his partner, in relation to behaviors and health care. Thus, during the gestational period, men can encourage visits to health care facilities, support good nutrition, reduce the workload, assist in preparation for childbirth, and provide emotional support.²

To do so, they need to feel welcomed by the health professionals responsible for prenatal care. A welcoming and empathetic attitude on the part of professionals can encourage and favor a closer relationship between the woman and her companion with health services and professionals, making the gestational period an appropriate time to obtain information related to pregnancy, childbirth, and the puerperium, but also for the clarification of doubts and for health-related guidance, favoring the adoption of behaviors and habits important for the current pregnancy and for health in general.

According to the National Policy of Integral Attention to Men's Health, paternity should not be seen only in the perspective of

legal obligation, but, above all, as a man's right, i.e., he has the right to participate in the whole process, to decide whether or not to have children, how and when to have them, to monitor pregnancy, childbirth, the postpartum period, and to participate in the child's education. Regarding the companion's presence in the childbirth process, Federal Law #11108 of April 7, 2005, guarantees to pregnant women the right to a companion of their free choice during the entire period of labor, delivery, and immediate postpartum,³ thus guaranteeing the father's right to participate in this symbolic and important moment of his life.

Since fathers do not experience the same physiological changes as women, they may have more difficulty in perceiving the fetus as a real baby; however, a closer experience of pregnancy from its beginning helps prepare men for the demands and challenges that arise during the child's different stages of growth and development.⁴ Therefore, their participation in prenatal care should be encouraged and favored.⁵

In this context, the role of nurses, as members of the health team, to welcome and encourage the participation of men in the partner's prenatal care, minimizing the barriers experienced by many men in access to health services, stands out. Thus, the participation of the partner during prenatal consultations brings benefits to partners, favoring the facing of changes generated by paternity and strengthening the family bond. In this sense, it is important that they recognize the importance of their involvement from the gestational period and for this they must be included and encouraged to participate in consultations.⁶ Furthermore, health education directed at partners should include guidance on

the care of the pregnant woman, the baby, and their own health care, minimizing possible morbidities and mortality.⁷

Thus, understanding how the participation of fathers/partners has occurred is essential to provoke reflection and enable ways to consolidate their presence as an active subject in the process of birth and parenthood. In view of the above, the following questions are posed: What are the perceptions of partners about their participation during prenatal care and birth? To answer this question, the objective of this study was to understand the partner's perception of their experience and participation in prenatal care and birth.

METHODS

This is a descriptive study, with a qualitative approach, developed in a medium-sized city in the South Region of Brazil, with parents of children aged between nine and eighteen months. The age limit was set aiming to reach parents who had experienced the gestational period and childbirth before the Covid-19 pandemic and, at the same time, could still remember the experience well. This is because the Sars-CoV-2 pandemic required the adoption of prevention and control measures also in the health care services, represented for example, by the prohibition of visits and limitation of the presence of companions only for specific cases and for a limited time,⁸ which could influence the results of the research.

The study informants were parents who met the following inclusion criteria: having a child aged between nine and eighteen months. In turn, parents who did not live with their partner during pregnancy (three) were excluded. They were located from online groups about baby care, mainly by indication of the mothers participating in these groups.

The groups were explored by the main researcher who identified mothers/fathers who, in their profile, publicly informed that they lived in Maringá. To these, a private message was sent informing about the study and the strategies that would be used for data collection.

The indicated parents were initially contacted by telephone, and invited to participate in the study after explaining its objectives, commitment to anonymity, and type of participation desired. New participants were included until the information became repetitive and the study objectives were reached.⁹

Data collection occurred in the period from October to November 2020, through interviews via WhatsApp®. They were audio recorded after authorization, conducted by the same researcher and lasted 10 to 15 minutes. During the interviews, a script consisting of two parts was used, the first with objective questions related to the characterization of the parents/partners and the second with the following guiding question: How was your experience and participation during the pregnancy and birth of your child? Three support questions were also used to reach the proposed objective, namely: How was your participation in prenatal appointments? What were your expectations regarding your child's delivery and birth? Were they met? Why? What do you know about your partner's prenatal care? Tell us about it.

The interviews were transcribed in full and submitted to content analysis, thematic mode, following the proposed steps: pre-analysis, data treatment and data interpretation.¹⁰ During data analysis, in order to obtain greater methodological rigor, the results presented were peer-reviewed and the researchers' preconceptions were left in abeyance so as not to have a direct impact on the analysis. Three categories emerged from this process.

The project was approved by the Ethics Committee on Research with Human Beings of the signatory institution (Opinion no. 3.384.422/2019). The participants received the Informed Consent Form remotely through an electronic link sent by Whatsapp® or social network (Facebook® and Instagram®). To preserve their anonymity, the extracts of the reports were identified by the letter P (partner), followed by an Arabic number, according to the sequence in which the interviews were conducted.

RESULTS

The 26 parents participating in the study were aged between 17 and 51 years, most of them (16) over 30 years old. Regarding gestational age, 20 children were born at term (over 37 weeks) and six were premature. Regarding the type of financing of the assistance, 10 families received prenatal care and birth through the Unified Health System (SUS) and 16 through the private network. Regarding the participation in prenatal consultations, four said they had not attended any consultation and three attended all consultations. From the analysis of the reports, three categories emerged, which will be described below

Partner's view on prenatal care

The interviewees pointed out prenatal care as a fundamental moment to monitor the healthy growth and development of the pregnancy and the future child, as well as the identification of possible pregnancy-related problems.

They are important to detect some strange activity in pregnancy and thus prevent something that can endanger the life of the child and the mother. (P24)

I think it is for the baby to develop more. If it wasn't for the prenatal she wouldn't have taken those vitamins that she took, everything right. (P9)

I think that prenatal care when done from the beginning is very important, because it prevents many diseases, and helps the baby to grow healthy. (P16)

The performance of periodic exams during prenatal care was identified by the interviewees as a primordial factor for the evaluation of maternal and fetal well-being and for a good gestational follow-up.

The real question of importance is the examinations. It is the examination that concerns whether everything is really okay with her and with the child. So I think that this is the most important part of the prenatal cycle. (P11)

Ah! you have to follow up, the woman is pregnant everything. The question of the exams is also fundamental, you have to have them. (P13)

Important for the baby, the baby's health, there is the ultrasound, I think it is the most important, first time fathers. (P2)

The partners in general were willing to be together with the pregnant women, accompanying them whenever possible to consultations or exams.

I accompanied all the consultations, because the father's participation is important, it is necessary. (P22)

I accompanied all of them and all the exams too. (P8)

I like to know everything about my daughter and how her development is, I like to accompany my wife in everything. (P20)

Some respondents pointed out the importance of their participation in prenatal consultations, highlighting the fact that it contributes to the reduction of negative feelings during pregnancy and childbirth, as well as the sharing of responsibilities during this period.

The prenatal contributed a lot to take away some of our anxiety, the fears, the doubts. (P14)

The child feels the father's presence from the beginning, that's why I accompanied all prenatal consultations [...]. (P8)

I always thought it was important that the father participate in prenatal care, thus taking away the responsibility only from the mother and pulling some of the responsibility for himself. (P24)

The prenatal follow-up is important, because it was my son who was going to be born. I did everything for my son, both for him and of course for my wife. (P4)

Although most reported having accompanied their partners to prenatal visits and examinations at least once, they were unaware of any information about their partner's prenatal care.

Partner prenatal? No, I was not aware of it. (P6)

I didn't even know it existed. (P9)

They also pointed out weaknesses and suggestions for improving the assistance.

The service should change, because there are some women who go just to get a certificate, and other women who go, because they are in need of a consultation or even have a lot of pain and it is on a first come, first served basis. Those who are in pain have to be consulted first. (P21)

It could be faster, because in the last consultation my wife had to wait a long time. (P23)

In summary, this category shows that fathers recognize the importance of prenatal care, especially the tests performed. However, they are unaware of the policy of including men in gestational care (partner's prenatal care).

Challenges for a more effective participation in supporting pregnant women

Fathers, in general, showed interest in accompanying their partners to routine prenatal visits, but pointed out difficulties for a more effective participation. The biggest obstacle is related to the working day, which is not very flexible:

I tried to participate in most of the consultations, but I had to pick up time at work. I asked to leave for a few days. (P1)

I managed to go twice, because of work. For me, always being out I couldn't make it. (P7)

In the consultations I didn't go with them, I only took them. I was not excused from work. (P9)

The schedule didn't match, because I had to work and couldn't leave. I couldn't take a medical certificate. (P23)

The availability of schedules (morning and afternoon period) does not have to provide a flexible schedule for parents to be able to accompany the appointments. (P24)

The flexibility of ultrasound exam schedules, and the possibility of scheduling them according to the family's availability was pointed out as a favorable aspect for the father's participation.

About eight ultrasounds I went to. You have the most accessible schedules, you can already follow up. (P11)

I went only to the ultrasounds. I went in all, only the consultation with the doctor that I did not. (P13)

The ultrasounds I went in all, the consultations I went more at the end, because my schedule did not match [...]. (P3)

Participants also reported that they did not feel welcomed by the prenatal care team.

During my wife's pregnancy I was never asked to attend the prenatal clinic. I didn't participate in the consultations, but I followed at home the orientations that were given to my wife. (P18)

I went a couple of times with her to the consultation, but nobody talked to me, it didn't even seem that I was there. (P16)

However, the excerpts from their reports show their concern and interest in having information about the evolution of the pregnancy.

I would hear about it from my wife. Just as doctors report on their computers the information, there could be a tool that would allow parents to have access to what was reported. (P24)

My participation was to take my wife to the appointments, leave her there, go to work and then try to find out how she was doing and the baby too. I was worried because I couldn't go with her, and I didn't even know exactly what was going on. (P17)

The doctor who accompanied my wife, had a private nurse, so when I had any doubt I talked to her by Whatsapp®. (P5)

Even before she arrived home I already sent a message, then I asked her how she was, then if I had disagreement with something in the next consultation I found a way to accompany her. (P11)

This category shows that prenatal care is still centered exclusively on the pregnant woman and that the father's participation is limited by inflexible appointment times, as well as the lack of welcoming by health professionals.

Paternal experiences in the face of child birth

Most parents attended the birth and referred to the experience with enthusiasm, revealing that their expectations were exceeded.

As I had never seen a birth, a child being born, I think it was the most important thing in my life. (P2)

It is an experience that I can't explain, a moment that only I am living. Too cool. There is no way to describe my joy, my happiness [...]. (P8)

I didn't expect it to be all that, it was really cool. (P16)

According to her accounts, the birth of her son was accompanied by a mixture of emotions.

We got nervous, that's normal. (P13)

I was very calm, because I had to be ready regardless of the situation. (P10)

We were more afraid of the cesarean section and after it happened, it was not that thing, that ghost that we imagined. (P6)

The care and guidance from the nursing team were positively received, showing feelings of gratitude and satisfaction. Notoriously, the support they seek from nursing professionals to solve their doubts, insecurities, and anxieties is noticeable, as well as their recognition for this support.

I took full advantage of the nursing professionals, to learn the care. First time parents have no idea how to clean the cord, give a bath, care with noise, sleep, feeding, that was cool, very interesting. (P1)

We were impressed with the service, very satisfied. We discovered many things that we had never imagined we had in relation to the child. (P6)

The girls guide perfectly all the procedures, then it was just a matter of practice (laughs). (P10)

The parents, too, pointed out that the birth of their child involved a process permeated by much learning and change.

I thought I was going to receive training in the hospital, that I was going to master the situation, arrive home ready to go. But it is not quite like that, every day I was learning a little more. (P4)

We learn, from the beginning in the prenatal, there are many things that are learned and this course changes our lives [...]. (P8)

The reports included in this category show that, the parents perceived the experience of attending childbirth very positively and were generally satisfied with the assistance received in the hospital environment.

DISCUSSION

Parents showed involvement in childbirth care, bringing this experience with great emotion and gratitude and that, despite the difficulty of access and bonding with prenatal care, at the time of delivery they felt welcomed, involved and supported by the team. Most of the participants in this study were unable to participate in the PN consultations due to their jobs, and those who participated reported that they did not feel welcome, and even did not have any information about their partner's PN.

The World Health Organization and the Ministry of Health recommend the involvement of fathers in prenatal consultations, aiming at humanized care.³ Despite the existing laws such as the National Policy for Integral Attention to Men's Health, the participants of this study reported not knowing about this program and the actions proposed by it and did not feel welcomed or encouraged by health professionals to participate in prenatal consultations.

Consistent data were found in a study conducted in São Paulo, in which most pregnant women reported not having been encouraged by the health team to take their partners to prenatal consultations and childbirth.¹¹ A study that considered the perspective of pregnant women also concluded that the prenatal routine in basic health units is almost exclusively focused on the pregnant woman, with little space for the man, the father. The absence of the man in this health care context is not questioned and sometimes even noticed, as well as how much this affects the woman in this unique period.¹²

It is noteworthy that the father's participation in prenatal care brings numerous benefits for the pregnant woman and her family, as it prepares the man to experience the birth, contributing to the establishment of the father and child bond; favors the social and emotional support of the companion to the pregnant woman, facilitates learning to care for the mother and baby; assists in preparation for childbirth; strengthens the relationship between the couple and their ability to make choices, helping the companion in pregnancy, childbirth and postpartum and

increases the woman's satisfaction with the support received from her partner during labor.¹³

Systematic review including studies conducted in nine countries identified that interventions conducted with men in maternal and newborn health increased couple communication and joint decision making, with ambiguous effects on women's autonomy their findings therefore recommend the involvement of men as a health promotion strategy. They emphasize, however, that interventions for this purpose must be carefully planned so that potential detrimental effects on the dynamics of the couple's relationship can be mitigated.¹⁴

The reports of parents in this study signal that they would like to follow up on these consultations and, as they cannot, they try to follow up on the evolution of the pregnancy indirectly by questioning how the care was. In this direction, the effectiveness of a mobile application for virtual prenatal care was tested in the United States, and a positive association was found between its use and the reduction of in-person visits to health services, and with patient and provider satisfaction.¹⁵ The use of this technology favors the provision of educational content about the gestational period and the necessary care, as well as facilitating the monitoring of vital signs and weight gain. However, the authors emphasized that the application should not replace face-to-face consultations, which may even be more productive and individualized as some actions that make up the consultation, such as the educational ones, are already worked on in the application.¹⁵ Therefore, this may be an alternative to be explored in health services, especially in times of pandemic, in order to favor the incorporation of the partner in prenatal care.

The lack of flexibility in appointment times, often incompatible with the partner's working hours, was indicated as a factor that hinders the father's presence in prenatal consultations, which reinforces the results of a study conducted in Mato Grosso.¹² Thus, prenatal consultations, especially in Primary Care, occur during business hours, making it difficult for fathers to access prenatal consultations. Thus, there is a need for health services to adopt more flexible schedules so that fathers can follow prenatal care, guidance, and the evolution of pregnancy.

The adoption of some strategy that favors the father's participation is urgent, since a study conducted in Rio Grande do Sul found that fathers who participate in prenatal care return to the health unit more often, either by bringing their child for vaccinations, for consultations with the pediatrician, and/or puerperium consultations, in addition to being more informed about breastfeeding, stump care, among others.¹

It is important to emphasize that by approaching the health service, besides favoring the care of the mother-child binomial, men are also awakened to the importance of self-care. In this direction, a study conducted in Fortaleza showed that the active participation of men in prenatal and childbirth care influences the redefinition of male identities, because it allows them a new

look at health care and a greater approach to health programs and services.¹⁶

In addition to these benefits, the insertion of men in prenatal care and monitoring also favors their involvement at delivery and in the puerperal period, breaking paradigms in which only the woman is seen as responsible for care, and promotes an exchange of roles in which men assume responsibility beyond the family provider, sharing and offering various types of care.⁶

It is worth considering that as important as the partner's participation in prenatal care is to understand that birth is a unique moment in which the presence of the father/partner makes all the difference for the woman, especially with regard to the security that she needs and, for many times, being the only emotional reference of the pregnant woman.³

A study conducted in Sweden with 60 fathers found that, in their perception, the transition to parenthood was facilitated when professionals emphasized the importance of their roles in supporting/allying with women before and after birth and in caring for their child.¹⁷ These data reinforce once again the importance of health professionals encouraging fathers to participate in this period, in order to promote self-care for pregnant women and their families, strengthening the self-efficacy and autonomy of women, and helping to build a safe and protected space for the child.¹¹ Therefore, health professionals need to be trained to recognize the numerous benefits that the father's presence can provide in the life of the child and his family, so that they can establish routines for welcoming and encouraging care practices that are not centered exclusively on the pregnant woman.

It is emphasized the need for health professionals to provide prenatal and postpartum care in a humanized way and centered on families, because women and men have needs that need to be considered. The results show that the pregnancy of the partner also triggers anxiety and insecurity for the man, especially in the case of the first child. This corroborates the results of a study conducted in Switzerland, which showed that the birth of the first child in general is a cause for great satisfaction, and waiting for it is a period surrounded by intense care and full of tensions and challenges.¹⁸

In the same direction, a prospective cohort study conducted in England explored, after the birth of the first child, the opinions and experiences of 42 parents regarding their perinatal mental health and found that they experienced psychological distress, but were reluctant to express their need for support or seek help amid concerns that this might jeopardize the needs of their partners. This result points to the importance of both fathers' mental health needs being identified and managed, with a view to the couple's psychological well-being.¹⁹ In this sense, the nursing professional, as part of the team responsible for prenatal care and health education, plays a relevant role in the guidance and welcoming of the father figure, encouraging fathers to discuss their feelings, thus contributing to a comprehensive care to the family.

CONCLUDING REMARKS

Parents in this study reported little participation in prenatal appointments, due to work and little or no flexibility of schedule in health services. They consider their participation in the consultations relevant besides being a responsibility. They showed a lack of knowledge about their partner's prenatal care and emphasized that watching the birth of their child was a unique moment in their lives.

In general, they reported that they did not receive any guidance related to health and/or pregnancy during prenatal care and did not feel welcome when they attended the consultations. These aspects show the importance of health professionals being trained to stimulate the insertion of men in prenatal care, in order to empower them to care for the pregnancy and the child.

The limitations of the study refer to the fact that the participants were approached during the pandemic by Covid-19, which required that the data be collected virtually. It is likely that in person the parents had more freedom and ease to express themselves. Thus, we suggest the development of studies with this same theme in another context/moment, as well as studies that explore the experience of pregnant women and their partners regarding pregnancy and prenatal care during the pandemic. Also, studies that verify the feasibility of using tools that provide parents, especially those who cannot keep up with their partner due to work, the opportunity to participate indirectly in prenatal care, with remote access to information about pregnancy.

REFERENCES

1. Henz GS, Medeiros CRG, Salvadori M. A inclusão paterna durante o pré-natal. *Rev. enferm. atenção saúde.* [Internet]. 2017 [cited 2020 nov 09]; 6(1):52-66. Disponível em: <http://seer.uftm.edu.br/revistaeletronica/index.php/enfer/article/view/2053>
2. World Health Organization. Recommendations on health promotion interventions for maternal and newborn health. [Internet]. 2015 [cited 2020 oct 04]; 1-94. Available from: https://www.who.int/maternal_child_adolescent/documents/health-promotion-interventions/en/
3. Ministério da Saúde (BR). Guia do pré-natal do parceiro para profissionais de Saúde. [Internet]. 2018. [acesso em 10 de novembro 2020]. Disponível em: <https://portaldeboaspraticas.iff.fiocruz.br/biblioteca/guia-do-pre-natal-do-parceiro-para-profissionais-de-saude/>
4. Ribeiro JP, Gomes GC, Silva BT, Cardoso LS, Silva PA, Strefling ISS. Participação do pai na gestação, parto e puerpério: refletindo as interfaces da assistência de enfermagem. *Revista espaço para a saúde.* [Internet]. 2015 [acesso em 13 de novembro 2020]; 16(3):73-82. Disponível em: <http://espacoparasaude.fpp.edu.br/index.php/espacosaude/article/view/398>
5. Silva MC, França AMB, Pedrosa AK, Rodrigues ARA. A participação do homem/pai no acompanhamento da assistência no período gravídico puerperal. *Ciências Biológicas e de Saúde Unit.* [Internet]. 2019 [acesso em 13 de outubro 2020]; 5(3):105-116. Disponível em: <https://periodicos.set.edu.br/fitsbiosaude/article/view/6467>
6. Santos DSS, Rosário CR, Brito HES, Soares TM, Bispo TCF. Importância da participação paterna no pré-natal para compreensão do parto e puerpério: uma revisão sistemática. *Revista Brasileira de Saúde Funcional.* [Internet]. 2018 [acesso em 18 de outubro 2020]; 5(2). Disponível em: <http://www.seer-adventista.com.br/ojs/index.php/RBSF/issue/archive>
7. Wanderley TDC, Lima SRD, Araújo LDCA. O papel da enfermagem na assistência ao pré-natal do parceiro. *Revista Saúde.* [Internet]. 2016 [acesso em 26 de outubro 2020]; 10(1). Disponível em: <http://revistas.ung.br/index.php/saude/article/view/2641#:~:text=Conclus%C3%A3o%20A%20assist%C3%AAncia%20de%20enfermagem,importante%20no%20processo%20da%20gesta%C3%A7%C3%A3o.>
8. Bezerra ACV, Silva CEMD, Soares FRG, Silva JAMD. Fatores associados ao comportamento da população durante o isolamento social na pandemia de COVID-19. *Ciênc. Saúde Colet.* [Internet]. 2020 [acesso em 15 de outubro 2020]; 25(1):2411-2421. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232020006702411&tlng=pt
9. Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with school children. *Rev. bras. enferm.* [Internet]. 2018 [acesso em 26 de outubro 2020]; 71(1):228-33. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672018000100228
10. Bardin L. *Análise de conteúdo/ Laurence Bardin: tradução Luiz Antero Reto, Augusto Pinheiro.* São Paulo: Edições 70, 2016.
11. Magalhães SQC, Fracoli LA, Siqueira LD, Chiesa AM, Reticena KO. Contribuições do pré-natal para o autocuidado de mulheres assistidas por equipes de saúde da família. *Ciênc. cuid. saúde.* [Internet]. 2018 [acesso em 10 de outubro 2020]. Disponível em: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/39994>
12. Cardoso VEPS, Junior AJS, Bonatti AF, Santos GWS, Ribeiro TAN. A Participação do Parceiro na Rotina Pré-Natal Sob a Perspectiva da Mulher Gestante. *Rev Fund Care Online.* [Internet]. 2018 [acesso em 13 de outubro 2020]; 10(3):856-862. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/download/6252/pdf_1

13. Mendes SC, Santos KCB. Pré-natal masculino: a importância da participação do pai nas Consultas de pré-natal. *Centro Científico Conhecer*. [Internet]. 2019 [acesso em 19 de outubro 2020]; 16(29): 2120. Disponível em: <https://www.conhecer.org.br/enciclop/2019a/sau/pre%20natal.pdf>
14. Tokhi M, Comrie-Thomson L, Davis J, Portela A, Chersich M, Luchters S. Involving men to improve maternal and newborn health: a systematic review of the effectiveness of interventions. *PLoS ONE*. [Internet]. 2018. [cited 2020 nov 09]; 13(1):e0191620. Available in: <https://pubmed.ncbi.nlm.nih.gov/29370258/>
15. Marko KI, Ganju N, Krapf JM, Gaba ND, Brown JA, Benham JJ, et al. A Mobile Prenatal Care App to Reduce In-Person Visits: Prospective Controlled Trial. *JMIR Mhealth Uhealth*. [Internet]. 2019 [cited 2020 nov 14]; 7(5):e10520. Available in: <https://doi.org/10.2196/10520>
16. Braide ASG, Brilhante AV, Arruda CN, Mendonça FAC, Caldas JMP, Nations MK, et al. Sou homem e pai sim! (Re) construindo a identidade masculina a partir da participação no parto. *Rev. panam. salud pública*.. [Internet]. 2018 [acesso em 02 de novembro 2020];42:e190. Disponível em: <https://scielosp.org/article/rpsp/2018.v42/e190/>
17. Barimani M, Vikström A, Rosander M, Frykedal KF, Berlin A. Facilitating and inhibiting factors in transition to parenthood – ways in which health professionals can support parents. *Scand J Caring Sci*. [Internet]. 2017 [cited 2020 nov 20]; 31(3):537-546. Available in: <https://pubmed.ncbi.nlm.nih.gov/28144992/>
18. Mikucka M, Rizzi E. The Parenthood and Happiness. Link: Testing Predictions from Five Theories. *Eur J Popul*. [Internet]. 2019 [cited 2020 nov 05]; 36(2):337-361. Available in: <https://link.springer.com/article/10.1007/s10680-019-09532-1>
19. Darwin Z, Galdas P, Hinchliff S, Littlewood E, McMillan D, McGowan L, Gilbody S; Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. *BMC Pregnancy Childbirth*. [Internet]. 2017 [cited 2020 nov 05]; 17(1):45. Available in: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5270346/>