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**RESEARCH**

# FEELINGS EXPERIENCED BY THE MAN BEFORE THE PREGNANCY OF THE PARTNER AFFECTED BY HYPERTENSIVE SYNDROMES

SENTIMENTOS VIVENCIADOS PELO HOMEM FRENTE À GRAVIDEZ DA COMPANHEIRA ACOMETIDA POR SÍNDROMES HIPERTENSIVAS

SENTIMIENTOS VIVIDOS POR EL HOMBRE FRENTE AL EMBARAZO DE LA COMPAÑERA AFECTADA POR SÍNDROMES HIPERTENSIVOS

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**ABSTRACT**

**Objective:** To identify the feelings experienced by the man before the pregnancy of the partner affected by hypertensive syndromes. **Method:** This is an exploratory and descriptive study, with a qualitative nature, which was developed in two maternities at the city of Natal-RN/Brazil, with 20 men whose partners were admitted with a diagnosis of hypertensive syndromes. The data were collected through semi-structured interviews during the period from May 2008 to January 2009, after approval by the Research Ethics Committee from the Federal University of Rio Grande do Norte, under the opinion nº 81/07. The statements were treated in line with the content analysis, according to Bardin. **Results**: The feelings of fear and concern were prevalent, which were related to the possibility of loss of the wife and of the child, which is a fact aggravated by the lack of information about the health status of health of them both. **Conclusion**: There is the need of health care professionals to conduct the welcoming of the man in the context of a humanized obstetric care. **Descriptors:** Obstetric nursing, High-risk pregnancy, Spouses, Men's health.

**RESUMO**

**Objetivo**: Identificar os sentimentos vivenciados pelo homem frente à gravidez da companheira acometida por síndromes hipertensivas. **Método**: Estudo exploratório e descritivo de natureza qualitativa, desenvolvido em duas maternidades de Natal-RN/Brasil, com 20 homens cujas companheiras estavam internadas com diagnóstico de síndromes hipertensivas. Os dados foram coletados por meio de entrevista semiestruturada durante o período de maio de 2008 a janeiro de 2009, após aprovação do Comitê de Ética em Pesquisa da Universidade Federal do Rio Grande do Norte, com parecer nº 81/07. Os depoimentos foram tratados de acordo com a análise de conteúdo, segundo Bardin. **Resultados**: Sobressaíram-se os sentimentos de medo e preocupação, os quais estiveram relacionados à possibilidade de perda da mulher e do filho. Fato agravado pela ausência de informações acerca do estado de saúde de ambos. **Conclusão**: Constatou-se a necessidade dos profissionais de saúde de realizarem o acolhimento ao homem no contexto de uma atenção obstétrica humanizada.**Descritores**: Enfermagem obstétrica, Gravidez de risco, Cônjuges, Saúde do Homem.

**RESUMEN**

**Objetivo**: Identificar los sentimientos vividos por el hombre frente al embarazo de la compañera afectada por síndromes hipertensivos. **Métodos**: Estudio exploratorio y descriptivo de naturaleza cualitativa, desarrollado en dos maternidades de Natal-RN/Brasil, con 20 hombres cuyas compañeras estaban internadas con diagnóstico de síndromes hipertensivos. Los datos fueron recogidos por medio de entrevista semiestructurada en mayo de 2008 a enero de 2009, después de ser aprobado por el Comité de Ética en Investigación de la Universidad Federal de Rio Grande del Norte, con parecer nº 81/07. Las declaraciones fueron tratadas de acuerdo con el análisis de contenido, según Bardin. **Resultados**: Se sobresalieron los sentimientos de miedo y preocupación, los cuales estuvieron relacionados a la posibilidad de pérdida de la mujer y del hijo. Hecho agravado por la ausencia de informaciones acerca del estado de salud de ambos. **Conclusión**: Se constató la necesidad de los profesionales de salud, realizar la acogida al hombreen el contexto de una atención obstétrica humanizada. **Descriptores**: Enfermería obstétrica, Embarazo de riesgo, Cónyuges, Salud del Hombre.

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## INTRODUCTION

The pregnancy period represents physical and emotional changes in the woman's life and in her family. It is a time in which she needs more attention, as well as care procedures with her health, with a view to ensuring maternal and fetal welfare. Although most women experience the pregnancy without intercurrences, other, for some reason, might have an unfavorable evolution being considered high- risk pregnant women.[1]

The Brazilian Ministry of Health defines high-risk pregnancy as problems that emerge during the pregnancy period, whose evolution promotes complications for mother and fetus, thus putting them into a risk situation. Among such troubles, it should be mentioned the hypertension in pregnancy, which also is presented with the general designation of hypertensive syndromes of pregnancy (HSPs) and receives special highlight, since it is one of the main causes of maternal mortality. [1-2]They are characterized by systolic blood pressure equal to or above 140 mmHg, diastolic equal to or above 90 mmHg, and classified as: chronic arterial hypertension, gestational hypertension, chronic arterial hypertension superimposed by pre-eclampsia and pre-eclampsia/eclampsia.[3]

The HSPs affect the development of pregnancy, by increasing the rates of pregnancy termination and of perinatal mortality due to inadequate intrauterine growth of the fetus, which is determined by the genetic potential and influenced by the nutritional support, as well as endocrine, to which it is submitted. This is due to the placenta, organ responsible for oxygenation, fetal nutrition, in addition to acting as an interface between maternal conditions and fetal needs. Among the causes that affect this metabolism, it should be cited the hypertensive diseases.[4]

Therefore, the increase in blood pressure in a pregnant woman is a warning sign for complications of the mother and of the baby, because it provokes risk to both lives. Thus, the HSPs predispose to an adverse perinatal outcome, causing a newborn small for the gestational age, prematurity and Apgar score below seven in the first and fifth minute of the newborn. [6] As a result, the pregnant woman with HSPs requires rigorous care in the prenatal period.

By highlighting the emotional aspect, it is noticed that the woman when experience this situation is fragile and in need of spousal support. In this context, his companion also experience anguishes and fears before the diagnosis of gestational risk. Nonetheless, he does not always have a space to verbalize his doubts and insecurities within the line of care for pregnant women.

This reality imposes upon man the duty to overcome his emotions in a time when doubts, anxieties and fears are evident in his coexistence with the woman affected by HSPs. Therefore, the feelings that he experiences in such a situation encompass the possibility of harms to his welfare and, consequently, interfere in his health status.

Accordingly, it becomes necessary that health care professionals are awakened to a contemplative care towards the companion during the gestational period, so that they might hear and guide him with regard to his doubts and anxieties, because to involve the man in the reproductive context is a right guaranteed to him by the National Policy of Integral Care to the Men's Health. It should be emphasized that this policy resulted from the recognition of the male vulnerability to health hazards, which was detected from high morbidity and mortality rates. Therefore, it is understood that see the man as a companion within the scope of the obstetric care only have to contribute to the family health and strengthening of the emotional bonds between the

spouses and the newborn, as advocated by the Brazilian Ministry of Health.[7,8]

Given the issue that involves a high-risk pregnancy in the family environment, it is assumed that the man whose companion is affected by HSPs experiences, during this period, feelings of several natures. Hence, the question is: what are the feelings experienced by the man whose companion is suffering from hypertensive syndromes of pregnancy?

Thus, the study aimed at identifying the feelings experienced by the man before the partner with HSPs. It is conceived that the achievement of this objective will promote the importance of the care shares provided to him and his family in the pregnancy context. Hence, the results of this study will support the planning of strategies for the man's health, taking in account his vulnerability by experiencing the pregnancy risk of his companion, because, it is understood that the male needs arising from this situation, when they are not met, tend to undermine his health status, reflecting in the support to the partner, as well as in the integrity of the family health.

## METHODOLOGY

This is an exploratory and descriptive study, with a qualitative approach, developed in two public maternities, located in the city of Natal/RN, Brazil.

This study has included 20 men in the investigation, being that their partners were affected by HSPs and met the following inclusion criteria: age greater than 18 years and who were experiencing an admission of their companions for over 48 hours, with a diagnosis of HSPs in collective admission unit or Intensive Care Unit (ICU). Thus, men under the age of 18 years, who presented unfavorable conditions to answer the question, whose spouses were not affected by HSPs or were in a period less than 48 hours of admission were unable to be components of the study.

As to the data collection, we have used the technique of semi-structured interview by means of a script prepared for this purpose. This happened in the period from May 2008 to January 2009. Explanations with regard to objective and purpose of the survey were prior to the interview, followed by the questioning about the possibility of their participation in the research.

It is noteworthy to highlight that after previous explanations, the contacted men agreed to participate in the survey. Thus, they formalized their agreement with the signing of the Free and Informed Consent Form (FICF), meeting the requirements of the Resolution 196/96, of the Brazilian National Health Council, which makes reference to researches involving human beings.[9]

It should be emphasized that the study, while project, has obtained the approval of the Research Ethics Committee from the Federal University of Rio Grande do Norte (CEP-UFRN), through the favorable opinion nº 81/07. Managers of hospitals involved in research have also granted a formal agreement.

In order to ensure the anonymity of the participants, we chose to identify them with a numbering resulting from the sequence of the interviews. It should be noted that, during the process of data collection, there was an informal dialogue between researchers and researched, with a view to allowing the spontaneity of respondents in their verbal or non-verbal expressions, being that the latter were recorded in a field diary.

The interviews, once subjected to content analysis procedures, according to Bardin[10], were transcribed, read and reread, in order to organize the stuff to be worked. Accordingly, we have identified the units of records, which were followed by the coding. It should be emphasized the obedience to the principles of mutual

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exclusion, homogeneity, relevance, objectivity, loyalty and productivity at this stage. In the next phase, through a process of aggregation and cutting, there was the categorization of the elements. Thus, the raw data obtained from the speeches, once condensed and regrouped, give birth to the theme: **"Fear and concern before the pregnancy of the companion with HSPs"**.

The analysis of the results was based on the principles of the humanization of obstetric care; regarding the discussion, it was grounded by studies that addressed the man in the context of the partner's parturition.

## RESULTS AND DISCUSSION

### CHARACTERIZATION OF THE PARTICIPANTS:

Before the sociodemographic data, it was observed that most respondents were aged between 18 and 50 years, being that the age group from 18 to 33 years was predominant. The data relating to marital status showed that all participants lived with their respective wives under the same roof in a consensual union. Regarding the family income, the range of less than minimum wage (R$415.00) was prevalent. [11] Regarding the educational level, the highlight was the incomplete elementary school.

### FEAR AND CONCERN BEFORE THE PREGNANCY OF THE COMPANION WITH HSPS:

The respondents have experienced statuses of restlessness, such as fear and concern. The feeling of fear revealed in the face of risk pregnancy of the companion is justified, because there is the possibility of this condition to affect the health conditions of mother and child. In general, the fear might be originated by uncertainties and organic changes arising from diseases or even from the possibility of the individual being affected by them and their signs and symptoms.[12]

> *I was too afraid of losing my wife and my son [...] (E1).*

> *I went home in a situation of despair ... People do not report anything right. A sense of sadness came to me, a fear, I don't know! I just thought bullshit, both killed in a coffin. [...] (E2).*

The fact that the respondents feel fear becomes relevant when one considers that the maternal and neonatal mortality rates, as a result of HSPs, comprise a reality. Thus, mother and fetus are subjects to damages that might result in death. Through a risk pregnancy, fear is present both in women and in men, by predisposing them to a status of insecurity and uncertainties in relation to maternal and fetal health conditions throughout the pregnancy period.[13] Faced with possible occurrences arising from HSPs, the World Health Organization (WHO) considers them as a one of the main causes of serious morbidity that affects women during the pregnancy period. In fact, in Latin America, a quarter of maternal deaths are associated with such complications.[14]

The respondents also demonstrated that the fear is also related to the lack of information on the status and severity of the pair formed by mother and child. Accordingly, it is conceived that the scarcity of guidelines implies an increased fear before the unknown, as shown in the statements below:

> *I went home in a situation of despair...People do not report anything right* (E2).

> So, they did not report anything. I was afraid that something happened with my wife and the baby [...] (E3).

These statements showed that the absence of information about the clinical condition in which the partner and the son were inserted has contributed to the respondents to experience feelings contrary to their welfare. Therefore, the assistance and the sensitivity of health care

professionals are essential to welcome and inform the man in the pregnancy-puerperal context, especially when it comes to a pregnancy with hypertensive syndromes.

Among the professionals involved in this scenario, it should be highlight the nursing professional due to its assistential and educational character, because, it is understood that such characteristics make it able to establish a process of communication and interaction with the man, providing him aid, as well as support, in a atmosphere of trust and understanding.[6]

The fear expressed by the interviewees was still associated with the distancing of their companions because of the hospital admission.

> *I was very scared, very anxious, I really wanted to cry. I could not stay longer next to my wife, because she was in a room to control the pressure [...] (E3).*

> *That was horrible, because I could not stay with my wife any longer and I could only visit her on visiting hours [...] (E4).*

These statements lead to the conclusion that the fear, felt by the men when they experience such a situation, tends to be minimized by the welcoming and permission to be together with the partner during the childbirth process. This presence is ensured by Law nº 11.108, of April 7th, 2005, which provides the right of the pregnant woman to have at her side a companion of her choice during the pre-birth, childbirth and immediate puerperium. [15] Nevertheless, many services still do not offer this right to the pregnant woman and to her companion.

Besides the right to have a companion, there is still the open visit in health care institutions as an important tool used to assist the actions of hospital humanization. Accordingly, whether the partner cannot stand beside the woman throughout the hospital admission, he could visit her in time of his convenience. According to the National Humanization Policy (known as HumanizaSUS), the open visit is a strategy that serves as a link between the user and the health care service, with the aim of making the admitted patient closer to its family members, in order to minimize the insecurities and fears arising from this admission.[16]

Despite having lived with the fear before the risk to which the woman was exposed, the respondents also saw themselves without welcoming and without information about the health status of the companion affected by HSPs. In the scope of National Humanization Policy, the Brazilian Ministry of Health understands that the welcome is one of the relevant guidelines for the accomplishment of this policy. The welcoming is defined as “an approach action, a being with, a being next to, an attitude of inclusion”. [17: 6]

It should also be noticed that the concern experienced by the respondents resulted from the distancing from the companion in relation to the family coexistence due to her stay in the hospital environment. “The fact that men have reported such a concern finds support when one considers the childbirth as a moment covered by feelings, expectations, desires and needs of several natures.” [6:129]Thus, the inability to accompany the woman during the childbirth and the risks to which the parturient is exposed were matters of concern.

> At the childbirth time, I was not here [...] It was a lot of concern because I could not stay with her in the hospital. (E5)

> It was a lot of concern, very careful [...] When the doctor said that it was high-risk pregnancy, I got very worried. (E6)

The concern, as well as the feeling of fear, was also evidenced in the statements due to the lack of received guidance.

> *I got worried, not knowing where to go, what to do [...] He did not say much, he just said that we had to come to the city of Natal. (E7)*

*It has represented a lot of fear, concern, because I did not know exactly what was going to happen with my wife [...]* (E8)

These statements reflect the concern expressed by the men participating in the study at stake, being that they also kept relationship with the lack of information about the health statuses of their companions. Thus, it should be admitted that health care providers for women in the obstetric care context need to consider the spouse as a participant in this process, because, the clarification of doubts and the minimization of anxieties will lead him to be an adjuvant in the therapeutic of the woman affected by HSPs.

It is understood that the care for the man in the scope of reproduction involves the entire pregnancy-puerperal period. Accordingly, it becomes necessary to understand the importance of the guidelines, with emphasis on the listening to the spouses, in order to identify and solve doubts. Therefore, although the companion might feel fear and concern, due to a risk pregnancy, these feelings should be considered as positive, given that the man start to take more care of his companion because of such feelings.[18]

Nonetheless, the experience of these feelings might impact on the men's health. Furthermore, the difficulty of the man to express his health needs and the lack of welcoming by the professionals of this area might contribute to his distancing from the health care services, thus contradicting the recommendations of the National Policy of Integral Care to the Men's Health, which envisions the strengthening of actions of male insertion into such services.[7]

Moreover, the actions related to prenatal care, labor time, childbirth and puerperium, when performed contextualizing the presence of the companion, might significantly contribute to men's health. In addition to influencing a greater bond of fatherhood, by enabling the "man/father to get conditions to understand the changes that take place during this period linked to his role in the society and in the family institution".[19: 77]

## CONCLUSION

The results lead to the conclusion that the respondents experienced feelings of fear and concern during the pregnancy of the partners with hypertensive syndromes. However, in this study, they did not receive attention and welcoming necessary to minimize the doubts and the anxieties that permeates these feelings.

In this sense, it should be understand the need for strategies targeted to the male presence in all phases of the reproductive scope as a way to support the partner, but also for the welfare itself of men. It is believed that the strategies of parturitive attention might facilitate the presence of the companion by means of legal measures that might help him to participate in the prenatal consultations, as well as in monitoring during the childbirth and the immediate puerperium, which will protect him from possible obstacles to his presence in these spaces.

Thus, through the obtained results, it becomes necessary that the health care staff of the hospitals where the research was conducted begins to rethink its role, especially because we are talking about two public hospitals of reference for high-risk pregnancy at the Rio Grande State.

Therefore, in the pregnancy-puerperal context, it should be emphasized the nursing professional's role, particularly the obstetrician's role, because it is one of the professionals who performs the low-risk prenatal in the public health care context. Thus, in addition to being aware of the risk factors raised during the pregnancy period, it needs to welcome the pregnant woman and her companion, being attentive to the health conditions of them both, as well as to their reproductive rights. In this scope, it should welcome the companion during the prenatal, childbirth, puerperium, as well as in actions directed to the newborn.

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