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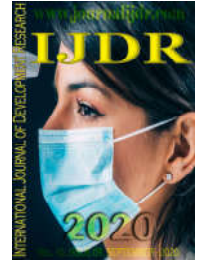
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## THE IMPORTANCE OF MAN'S PARTICIPATION (FATHER) IN THE PREGNANCY PUERPERAL CYCLE

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### ABSTRACT

**Objective:** to describe the benefits of paternal presence during the pregnancy-puerperal cycle.

**Methodology:** this is a descriptive and exploratory research, with a qualitative approach.

**Results:** it is important not only to encourage the presence of the father for all women, but also that they are prepared and oriented to help the woman during childbirth and birth, assuming an active participation in this period that involves so many emotions. **Conclusion:** in this way, it can be interpreted from the mothers' speeches that the presence of the father in prenatal care, childbirth and participation in the care of newborns are not yet legitimized in the male field, confirming the division of roles and differences in gender relations.

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## INTRODUCTION

Childbirth is an intense process experienced by women according to their uniqueness. Thus, it is important to share this moment with someone you trust who can provide a safer experience for the puerperal woman [1]. During consultations, women can resolve their doubts, express their fears and insecurities and make decisions with regard to their pregnancy, the type of delivery they want, among others. In this context, the paternal presence becomes essential, as it must be understood as a stage of preparing the parents for birth, which establishes the feeling of companionship, sharing of situations and surrender, in addition to offering favorable conditions to experience fatherhood even during pregnancy [2]. When the man is not present during pregnancy, he loses, failing to report his experiences. It is necessary to seek to answer your doubts and satisfy your needs. In this opportunity, it is the duty of the health professional to help the father to deal with the new reality [3]. The experience of childbirth is considered a unique experience in the life of men and women [4].

Even though the father is a male figure in a predominantly female environment, he as a companion ends up bringing numerous benefits during this moment. Due to factors such as the formation of bonds and the representation of family ties, since, when following the child's birth, he would be affirming his fatherhood, as well as valuing his role [5]. For this reason, the father cannot be denied to experience one of the most important moments in human life: birth. In this sense, it is necessary that hospital institutions must ensure compliance with Law No. 11,108, enacted on April 7, 2005, which ensures the presence of the companion of the woman's choice during the birth process [6]. However, there are still institutions where the father's presence as a companion is still not respected because he is a male figure in a predominantly female environment. The partner's exclusion processes are accentuated by the lack of space for men to participate in the pregnancy-puerperal cycle since prenatal care [6]. Pregnant women need to be properly informed in their prenatal consultations that the more present their partner is, the greater the benefits that she and her future children will have, thus

increasing the probability of having a more humanized delivery, decreasing the risk of developing postpartum depression, increasing the bond between father and child and avoiding emotional disorders that can be caused by feeling alone at some point, for example. As it is a sensitive period that women face, the presence of a partner is essential, as the man can transmit support to the woman, generating security and tranquility during pregnancy. In the world scenario, the care provided to women, newborns and families during the parturition process has changed over time. In the past, the control of labor, delivery and postpartum was carried out in a family environment with the help of other women - midwives or comadres - who had empirical knowledge about birth [7]. The presence of a significant person beside the woman in this moment of great expectation and emotion, childbirth, was unquestionable. It was found that the father figure is less authoritarian, less rigid and his feelings are raised during the pregnancy process, showing his emotional side. It was found manifestations of a new father, who takes another position in the context of his home, in the family sphere, living with the woman from conception to childbirth [8]. The couple gets closer and the relationship is better structured when the man and the woman share the moments of pregnancy and childbirth. For many men, feeling like a father is a fact that only occurs after birth. However, the participation of this father in the prenatal period can contribute to the early formation of attachment between father and son [9]. Therefore, in the current reality in which we find ourselves, there is a need to serve and welcome not only the woman - pregnant, parturient and / or puerperal woman - but also her husband / partner, guaranteeing both the opportunity to share feelings, experiences and above all, assisting them in the construction of their maternal and paternal identities [10].

For the Ministry of Health, family participation in the pregnancy process represents a positive factor and should always be encouraged [6]. Thus, thinking about quality prenatal care, ready to meet needs that go beyond biological issues, permeates the inclusion of the partner in this scenario. The companion is recognized by health policies and by the pregnant woman as an important element in the validation of quality care, if the companion brings benefits to the pregnant woman, what to say when this companion is more than a companion, is a husband or partner [3]. In this opportunity, the nursing professionals who carry out the prenatal consultations are responsible for guiding the father about his right to accompany the pregnant woman in the prenatal consultations, at the time of delivery and postpartum. However, this information often goes unnoticed during consultations and the focus ends up being the pregnant woman, her complaints and the tests that need to be done during this period. Therefore, health professionals must be aware of the father's participation in prenatal, childbirth and postpartum care and offer care and guidance to him. It is crucial that nursing professionals are aware that they must inform during prenatal consultations the benefits of paternal insertion. To guarantee a complete and adequate service to pregnant women.

Based on these considerations, this research presented the following guiding question: what is the importance of the father in the pregnancy-puerperal cycle?

Therefore, this study aimed to analyze the importance of the father's insertion in the monitoring of the pregnant-puerperal cycle of his partners.

## MATERIALS AND METHODS

Descriptive exploratory study with a qualitative approach, developed in Northeast Brazil. The research, approved by the Research Ethics Committee of the Higher Education Institute of Paraíba (IESP), under opinion 3,675,965 and CAAE 24701019.6.0000.5184, respected all ethical principles contained in Resolution 466/2012 [11], of the National Health Council. The qualitative approach allows unveiling social processes that are still little known regarding particular groups, using the perception and opinion of the study subjects as methods of analysis. Therefore, it promotes the construction of new approaches, review and creation of new concepts and categories during the investigation [12]. The exploratory research aims to provide the researcher with greater familiarity with the problem under study. The main objective of this type of work is to make it possible to understand the problem faced by the researcher. This research is used in cases where it is necessary to define the problem more precisely and obtain additional data before an approach can be developed [13]. One of the main characteristics of qualitative research is to work with descriptive data. The descriptive study, in turn, observes, records, analyzes and correlates facts or phenomena without manipulating them [14]. Thus, the main objective of descriptive research is to describe the peculiarities of a given population [13].

The source population of the study was composed of 2 pregnant women and 4 puerperal women living in the capital of Paraíba, João Pessoa, who underwent prenatal care in the public health system and who performed at least 06 prenatal consultations, as recommended by the Ministry Health. The inclusion criteria for the sample were: age range between 18 and 40 years; women who were pregnant and who had at least 06 prenatal consultations and women in the puerperium accompanied by the health unit. Data collection started after the women had been informed of the importance and objective of the research by signing the Free and Informed Consent Term (ICF), which was carried out through a semi-structured interview, designed to answer the objectives described in this research. After data collection, the interviews were recorded and transcribed in full.

The treatment of the data took place through Bardin's Content Analysis [14], which consists of seeking to know what is behind the information on which it is concerned. Content Analysis is a search for other realities through messages, aiming at the knowledge of psychological, sociological, historical variables, through a deduction mechanism based on indicators reconstituted from a sample of private messages. The data were analyzed according to the pre-analysis stages, in which the interviews were reproduced so that an organization of the collected data was obtained; exploration of the material, in which all the material was divided into similar groups, always around the context of the study. And finally, the treatment of results and interpretation, phase in which the data obtained were analyzed and interpreted so that they were meaningful and valid [14]. After the selection, the information was constituted. For this, some rules were followed, such as exhaustiveness, followed by an exhausting reading in order to make the selection of the units of analysis in which the unit of record was chosen for the phrase / word. Subsequently, the material was prepared using clippings and classification of the collected content, then making a categorization, that is, a classification of the elements, according to their similarities

according to common characteristics. In the end, the raw results had their meanings explored, based on the analysis and enunciation modality [14].

## RESULTS AND DISCUSSION

The analysis of the results was divided into two sections, the first related to the characterization of the participants in the present study and the second section presents the thematic analysis from the interviews, which highlights thematic categories for a better understanding of the analysis of how the father's participation in the cycle occurs puerperal pregnancy. The age range of the study participants was 21 to 32 years old, with an average of 26.1 years old. As for the marital situation, two said they were single, and four were married. Thus, it is observed that most women were young adults and married, which is a very positive factor, as it indicates that these women had a partner, increasing the chances of having had the necessary support and support during pregnancy and childbirth.

Regarding the occupation of mothers and pregnant women, 1 reported being a housewife, not exercising any activity outside the home. The other 5 women reported working in different capacities, including cashier, farmer, intern, students. When asked about parity, a small difference was noted, with four multiparous women and two primiparous women. All study participants were entitled to a companion respected by the institution. Of the 4 puerperal women interviewed, all reported having had a person of their choice at all times within the hospital. It was also possible to verify that all the companions were people who had some family link with the woman. Among them, one was the mother of the parturient, one was the sister of the parturient and two were the baby's parents, which represents a total of 50% paternal participation and 50% female participation in monitoring births in the reality of this study. Thus, it is observed that the paternal participation was significant, which is an important fact, because the father, in addition to participating, can also contribute to this moment, since it is the opportunity to develop the bond with the child from the moment birth, sharing responsibilities with the partner, emotionally supporting the partner and experiencing the moment of childbirth, as this is a unique event in the couple's life, and not just the woman's. This increase in the participation of men as companions may be due to the incentive that health professionals currently provide. Based on the reports collected through the semi-structured interview, the interviewees' statements were grouped. From the analysis of the interviews with the subjects, the speeches were organized into three categories: Participation of the father during pregnancy; Forms of father participation with baby care; Information about the father's participation during prenatal care.

### Father's participation during pregnancy

In this category, positive aspects related to the father's participation during pregnancy were listed. The general support, both emotional and physical, highlighted in the interviewee's speech 1:

“Anyway, physical, psychic, emotional and financial.”  
(M.A.)

The fact of having someone to share the moment of difficulty

experienced is considered important by the puerperal woman in the immediate puerperium [15], since the puerperal woman mentions in her speech how her partner helped her during pregnancy, as if the fact of having someone beside her contributed to the less to ease the feeling of loneliness. A study carried out in Curitiba-PR showed that women who do not have the presence of a family member continuously during the birth process reported feelings of loneliness and felt more vulnerable, even in the presence of health professionals. In relation to the women accompanied, the presence of a trusted person during the birth process provided the feeling of security and, in addition, the establishment of effective communication with others, making the woman feel less vulnerable to feelings of solitude and giving him the opportunity to express himself freely [16].

Some men / parents have been actively involved in pregnancy, following prenatal consultations, learning about everything that is happening, and the main thing, being concerned with the health and well-being of the partner and the child who is due. come over. As is the case with interviewee 2:

“He went to almost all (the consultations), participated a lot.” (R.M.P.)

The participation of these subjects in prenatal consultations offers them the possibility to understand the entire gestational process, thus facilitating the father's perception that the pregnancy is also his, and from that, helping him to feel more active and more participant [17]. It is also reported that the emotion that the parents experienced due to the fact of accompanying the consultations, for showing commitment and emotional support to the pregnant woman and at the same time for creating an emotional bond with the baby, already makes them grateful, especially for knowing that they are everything is going well with the mother-child dyad [18].

### Forms of father's participation in baby care

This category aims to demonstrate how parents are helping and participating more actively in the care for their child. The activity of caring for children is represented in the social imaginary as a natural function of women, since work in society is organized by gender and does not provide for male participation in family tasks. In the cultural universe built on motherhood, care is established based on gender and closely associated with women. However, in several areas, fathers, in addition to being recognized as being emotionally important to their children, are also considered able to provide all the necessary care for their well-being, including those previously restricted to mothers [19].

In view of the interviewees' statements, we can observe the expressions of care, issued by parents, to babies:

“It will help to give a bottle, change a diaper, shower bar, these things like that ...” (L.C.N.S)

“Exemplary! Because she wakes up in the middle of the night, puts her to sleep, bathes, plays, etc.” (R.M.P.)

“Every time I'm busy I don't need to ask, he goes there and picks up the baby, plays and puts him to sleep” (R.M.P.)

“Helping to shower, taking her to put to sleep.” (L.P.F.T.)

The routine generated by the care related to the child and the home may predispose the puerperal woman to physical exhaustion, especially when she does not seek or has no one to share the household chores with. At that moment, the companion can become a great ally. It is important that this interaction takes place in the baby's routine activities, as caring is an attitude that represents an affective involvement action with the other [20]. Providing a greater knowledge interaction between father and son, so that the bond already created during pregnancy, due to the active participation of the father, evolve continuously. The practice of care requires knowledge of being cared for. The caregiver must be able to understand the needs of the other and respond to them appropriately [20]. The increasing male participation in the domestic sphere seems to confer a more central place for the father in the family during the first months of the baby's life, minimizing his feelings of family exclusion. The man's involvement in the baby's care routine is a possibility for the father to invest in establishing a bond with the child, contributing to the construction of a relationship of intimacy and family proximity.

### **Information on the importance of father's participation during prenatal care**

This category seeks to describe how information between the patient and the professional about the father's participation during prenatal care takes place. It is emphasized that the professionals must encourage both the involvement and the paternal accompaniment in the entire pregnancy process, as well as they must perform their welcoming in the unit, as it is fundamental to guarantee the father the right to accompany the pregnant woman in consultations, in order to prepare and clarify the specifics of parenting. In addition, if we consider that pregnancy is a period of preparation for both the father figure and the mother figure, all kinds of clarification from both parties are necessary, since they will assume new roles very soon [18].

Interviewee 1 reports that she was sometimes informed about the importance of the father only in the puerperium:

“In some consultations the doctor spoke about the puerperal state and how she would need his support at that time.” (BAD.)

Interviewee 2, on the other hand, reports that she was informed of her rights at the time of delivery:

“He spoke of the rights of the pregnant woman at the time of the baby's birth.” (R.M.P.)

Observing what has been discussed in this category, and analyzing the statements presented above, we can infer that the father's interaction in prenatal care was not questioned, the father does not fit into this scenario, they are not encouraged by professionals to participate. Therefore, we can see that the professionals welcome, but do not encourage, and this is a flawed act, because the father's presence is something very important at all times, taking into account the division of emotional overload that occurs between father and mother, the gestational support, materialization of the baby and bonding with him, among others. Men and women have different demands, a fact that needs to be recognized by professionals, as their unpreparedness can be considered an obstacle in the insertion of the father in this scenario, and it is necessary, then,

that they train themselves and understand the new way of caring, also inserting the man as the protagonist of this whole process, thus providing a smoother transition to fatherhood [21]. The participation of the man / father in groups favors the knowledge of the “new”, providing tranquility so that, thus, he can transmit security to the woman in the birth process; making the experience less traumatic, the more the man participates in the pregnancy and learns about it, the more he will be prepared to accompany in the delivery room, it favors the emotional bond between the couple and there is a greater possibility for the men / parents to follow the consultations monthly payments of their children until around the age of two [7]. The importance of the nurse's role as a member of the health team and responsible for attending prenatal consultations in the primary care environment, stating, therefore, that he must be able to welcome the man / father, in order to provide conditions for interaction together your partner in this process [22]. Therefore, the aim is to promote greater investment to provide conditions for the participation of the man / father, from the beginning of prenatal care to motherhood [23]. The World Health Organization emphasizes that care in prenatal, perinatal and puerperal care must be centered on families and be directed to the needs of not only the woman and her child, but the couple [6]. Thus, it is perceived that it is important not only to encourage the presence of the father for all women, but also that they are prepared and oriented to help the woman during childbirth and birth, assuming an active participation in this period that involves so many emotions.

### **Conclusion**

Paternal participation in the pregnancy-puerperal cycle has become more active nowadays, at times ranging from prenatal care to puerperal consultation, however it is emphasized that such insertions allow positive repercussions in the spaces of the residence / relationships with family, whose speeches are able to expose the opinions of pregnant women and puerperal women about the insertions of partners in this context. In this way, it can be interpreted from the mothers' speeches that the presence of the father in prenatal care, childbirth and participation in the care of newborns are not yet legitimized in the male field, confirming the division of roles and differences in gender relations. These reflections lead to consider that the man experiences different situations during the pregnancy-puerperal period. Attitudes of support to the partner and care for her child are opposed to doubts, anxieties and feelings of abandonment. Therefore, it is understood that fatherhood is a moment of construction, dynamic and continuous, transposed daily through the inter and interrelationships of man with his family and him with himself. Another situation that should be highlighted is the lack of encouragement on the part of professionals towards these parents, because when they participate in prenatal care, however much they are welcomed, they are often treated as “guests”, and the consultation is thus directed at most to the mother. This non-paternal participation in prenatal care can be justified both by the lack of encouragement from health professionals and by the incompatibility of the father's schedule with the schedule of consultations, lectures and exams.

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