

The presence of the father in prenatal care in Primary Health Care*La presencia del padre en la atención prenatal en Atención Primaria de Salud**A presença do pai no pré-natal na Atenção Primária de Saúde***Anna Luiza Pedroza dos Reis¹**

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Abstract

The aim was to analyze the scientific productions that deal with the presence of the father in prenatal care in Primary Health Care. An integrative literature review was carried out in the Virtual Health Library and Scientific Electronic Library Online databases, in which it was used the following descriptors: "father, parent-child relationship, prenatal care, primary health care, family health strategy, pregnancy, pregnancy, health policy, men, male". In all, 992 scientific articles were found, when applying the inclusion and exclusion criteria, 787 articles were excluded because they did not comply with the theme and 193 articles excluded because they were repeated in the database (in both). Only seven were selected for this research, of which it was possible to identify three categories: Father's participation in prenatal care, Factors that prevent father's participation in prenatal care and Actions and strategies for father's adherence. To increase the father's participation during prenatal care, measures are necessary, such as: the training of health professionals to encourage parents, legal measures that guarantee the presence of parents in consultations and educational practices are carried out and disseminated to society.

Descriptors: Father; Primary Health Care; Prenatal Care.**Resumen**

El objetivo fue analizar las producciones científicas que abordan la presencia del padre en la atención prenatal en Atención Primaria de Salud. Se realizó una revisión integradora de la literatura en las bases de datos de la Biblioteca Virtual en Salud y la Biblioteca Electrónica Científica en Línea, en la que se utilizó lo siguiente descriptores: "padre, relación padre-hijo, atención prenatal, atención primaria de salud, estrategia de salud familiar, embarazo, embarazo, política de salud, hombres, varón". En total se encontraron 992 artículos científicos, al aplicar los criterios de inclusión y exclusión, se excluyeron 787 artículos por no cumplir con la temática y 193 artículos excluidos por repetición en la base de datos (en ambos). Para esta investigación solo se seleccionaron siete, de las cuales se pudieron identificar tres categorías: Participación del padre en el cuidado prenatal, Factores que impiden la participación del padre en el cuidado prenatal y Acciones y estrategias para la adherencia del padre. Para incrementar la participación del padre durante la atención prenatal son necesarias medidas como: la formación de profesionales de la salud para incentivar a los padres, se llevan a cabo medidas legales que garantizan la presencia de los padres en las consultas y prácticas educativas y se difunden a la sociedad.

Descriptores: Padre; Primeros Auxilios; Cuidado Prenatal.**Resumo**

Objetivou-se analisar as produções científicas que versam sobre a presença do pai no pré-natal na Atenção Primária da Saúde. Realizou-se uma revisão integrativa da literatura nas bases de dados Biblioteca Virtual de Saúde e *Scientific Electronic Library Online*, em que se utilizou os seguintes descritores: "pai, relação pai-filho, cuidado pré-natal, atenção básica à saúde, estratégia de saúde da família, gestação, gravidez, política de saúde, homens, masculino". Ao todo foram encontrados 992 artigos científicos, ao serem aplicados os critérios de inclusão e exclusão, 787 artigos foram excluídos por não estarem de acordo com a temática e 193 artigos excluídos por estarem em repetição na base de dados (em ambas). Apenas sete foram selecionados para esta pesquisa, dos quais foi possível a identificação de três categorias: Participação do pai no pré-natal, Fatores impeditivos da participação do pai no pré-natal e Ações e estratégias para adesão do pai. Para que aumente a participação do pai durante o pré-natal são necessárias medidas, como: a capacitação do profissional de saúde para incentivar os pais, medidas legais que garantem a presença dos pais em consultas e práticas educativas sejam realizadas e divulgadas para a sociedade.

Descriptores: Pai; Atenção Básica de Saúde; Cuidado Pré-Natal.

Introduction

Prenatal care is an especially important time in pregnancy. From conception to the moment of delivery, intense and impacting events occur from an emotional, biological, and sociocultural point of view for both father and mother¹. It is during prenatal care that prevention and early detection of pathologies occur, both for the mother and the baby, allowing for a lower risk of complications during pregnancy and the birth of a healthy child. It is also at this moment that the bond between the health professional and the mother is created, enabling an exchange of vast experiences for the health of this woman, as the best way to promote her self-care.

The father, in our society, played the role of taster of the home, and the mother the role of primary caregiver, which generated a greater emotional bond with the child². In this way, the roles entrusted by the two were totally different, which, over the years, have been changed to a more egalitarian view among parents, where responsibility for tasks is assumed and, consequently, making it possible for parents to feel increasingly willing to participate in prenatal care.

In addition to financial concern, the spouse is usually the main emotional and social reference of the pregnant woman, especially when the family is formed only by the couple. According to the Father's Health Unit, during the gestation period, the woman is already going through many changes and is in emotional lability. Having a partner by her side to accompany her and demonstrate support is essential. When well-informed and prepared, it gives emotional security to women, bringing benefits to their health and that of the baby. Involved, can commit to caring for the family³.

"Fatherhood, first of all, should not be seen as an obligation, but as a man's right to participate in the whole process, to decide whether or not to have children, when to have them, education, prenatal care, childbirth, postpartum and child education"^{4,28}.

Authors³ affirm that, during pregnancy, the social and physical changes of the woman interfere in the coexistence with the partner who reacts by moving away from the woman so that conflicts are avoided, despite demonstrating knowledge about the mood change during pregnancy, in addition to moving away during the prenatal period, after the birth of the child, there is often the conjugal outcome. That said, the assistance of health professionals is extremely important to provide the pregnant woman and her partner with guidance about the changes that will occur during the gestational process and in the postpartum period.

Therefore, the idea that the mother should be the caregiver and the father should only be the breadwinner of the family must be deconstructed. When he perceives himself as a home provider, the man experiences his partner's pregnancy only with the concern of financial expenses with the health service, exams, and medications.

According to a study², as it is a moment often treated as exclusive and aimed at women, men are put aside

and their absence during consultations is seen as normal. It is worth mentioning that the professional must also realign his / her look at the man as a co-participant in pregnancy and the puerperium, in addition to the figure of provider, of strength, of the person responsible for supporting the house.

It is at that moment that he should be encouraged to attend the health unit to be with his partner in the prenatal period. He must be welcomed and always encouraged, in order to expand the father's participation in the care of the baby, since his presence, since prenatal care, brings important contributions to the establishment of an early bond between father and newborn born, helping to prepare and affirm paternity. Thus, it is the duty of the health unit to carry out care practices that allow men and women to share the care with the child since before birth⁵.

Associated with paternal participation in prenatal care, the consultation should be seen as an opportunity for the reception of the father, as one who also needs care, as he is not a mere spectator. This moment can be man's entrance into the health system, where he will be able to carry out actions to promote health and prevent health problems.

Thinking about this issue, the National Policy for Integral Attention to Men's Health already provides, among its axes, paternity and care, which aims to strengthen the involvement of the father with the children. To this end, PANISH aims to promote the improvement of the health conditions of the male population in Brazil, effectively contributing to the reduction of morbidity and mortality of this population through the rational confrontation of risk factors and by facilitating access to health services. actions and comprehensive health care services. In this way, participation is made throughout pregnancy and after birth. When the father is participative, he brings health and his family is more united, with healthy bonds between parents and children. As they are encouraged to participate more in the process of pregnancy, prenatal, postpartum in childcare, men will be more present in health services, and consequently, access to health promotion actions will be provided⁴.

Despite being among the central axes of PNAISH, authors⁶ they emphasize that to concretize man's participation in the context of the gestational process, it is necessary to know some aspects that interfere with his adherence, such as financial concern and little flexibility in working hours.

The lack of flexibility in working hours makes it difficult for the father to attend consultations. Because of this, it is important to adjust the time offerings in health services or laws that allow men to be absent from work activities during the time of prenatal consultations⁷.

When well-informed and prepared, it gives emotional security to the woman, bringing benefits to her and the baby's health and becoming a good caregiver. Taking this information into account, health services should develop strategies and actions with their professionals based on Federal Government programs, such as Sexual Rights and Reproductive Rights and Comprehensive Attention to Men's Health (PNAISH), which encourage the participation and



inclusion of men in your sexual and reproductive life planning actions, focusing on responsible parenthood⁸.

Based on such actions, health professionals inserted in the context of men's health will become accustomed to inserting them during prenatal consultations, with regard, for example, to contraceptive methods, STIs and screening tests, in addition to inform you about your rights related to prenatal care. Thus, there is the possibility of the integration of men and women, not only in the decision to have a child, but also in monitoring their entire development.

With this study, we hope to understand more deeply about the contribution of the father's presence in prenatal care. To this end, it is urgent to assess how care for the father is carried out and what needs to be done. We hope that given research can attract attention to the topic and the discovery of new ideas. In addition, the search strategy adopted may serve for other studies in the health field. Thus, this study aims to analyze the scientific productions that deal with the presence of the father in prenatal care in Primary Health Care.

Methodology

It is an integrative review, as it summarizes the research and studies available on a given theme, allowing its understanding through the process of systematization and analysis of the results. The integrative review, due to its methodological approach, allows the inclusion of different methods that have the potential to play an important role in Evidence-Based Practice. Its elaboration was carried out in six stages: 1) Formulation of the research question; 2) definition of inclusion and exclusion criteria and sample selection; 3) representation of the selected studies in table format, considering all the characteristics in common; 4) critical analysis of the selected studies; 5) interpretation of results and 6) present the evidence found⁹.

Identification of the topic and selection of the research question is the first step to start the integrative review. It should be of interest to the reviewer and consists of a problem experienced in clinical practice¹⁰. Thus, the following question was formulated for the study: What are the issues addressed by the publications about the presence of the father in prenatal care in primary care?

The following descriptors identified in the Health Sciences Descriptors (DECS) were used: "father; parent-child relationship; prenatal care; basic health care; family health strategy; gestation; pregnancy; health policy; men; masculine". The bibliographic search was performed using the electronic database platform, through the data networks of the Virtual Health Library (VHL) and Scientific Electronic Library Online (SciELO).

The survey of the studies took place from August to September 2020. The inclusion criteria stipulated were original research articles in the field of health, referring to the theme, available online in full and that met the guiding question of the research, articles in Portuguese, with a time frame from 2009 to 2020. The starting date was defined in 2009, as it was the year in which the National Policy for Integral Attention to Men's Health was instituted, offering them a program aimed directly at them, focused on

promoting male health. While the exclusion criteria used were theses, dissertations, abstracts of scientific events, repeated articles and other literature reviews.

After defining the descriptors used for the research, the Boolean operators E / AND and OR / OU were applied to perform the crossings between the descriptors: Father OR Parent-child relationship E Prenatal care and through this crossing were not identified documents; With the descriptors Father OR Parent-child relationship AND Prenatal care AND Primary health care OR Family health strategy, 93 documents can be identified on the SciELO platform and 50 on the VHL platform; With the descriptors: Father OR Parent-child relationship E Prenatal care AND Basic health care OR strategy Family health AND Gestation or Pregnancy, 93 documents were found on the SciELO platform; For the descriptors: Father OR Parent-child relationship E Prenatal care AND Primary health care OR strategy Family health AND Pregnancy or Pregnancy AND Health policy no results were found; For the descriptors: Father OR Parent-child relationship AND Prenatal care AND Primary health care OR strategy Family health AND Pregnancy OR Pregnancy AND Health policy AND Men OR Male also found no results; With the descriptors: Father OR Parent-child relationship AND Basic health care OR family health strategy, 5 documents were found on the VHL platform; For the descriptors: Father OR Parent-child Relationship AND Pregnancy OR Pregnancy, 2 documents were found on the SciELO platform and 6,279 on the VHL platform; for the descriptors: Father OR Parent-child relationship AND Health policy, 53 documents were found on the VHL platform; For the keywords: Father OR Parent-child Relationship AND Men OR Male, 4 were found on the SciELO platform and 6,279 on the VHL platform.

In all, 992 scientific articles were selected for the research, and their analysis in the first moment was carried out by two researchers, through titles and abstracts. When applying the inclusion and exclusion criteria, 787 articles were excluded because they did not comply with the theme and 193 articles excluded because they were repeated in the database (in both). In all, seven articles were selected for the study. The strategies and data used are demonstrated in the flowchart (Figure 1), as recommended by the PRISMA group¹¹.

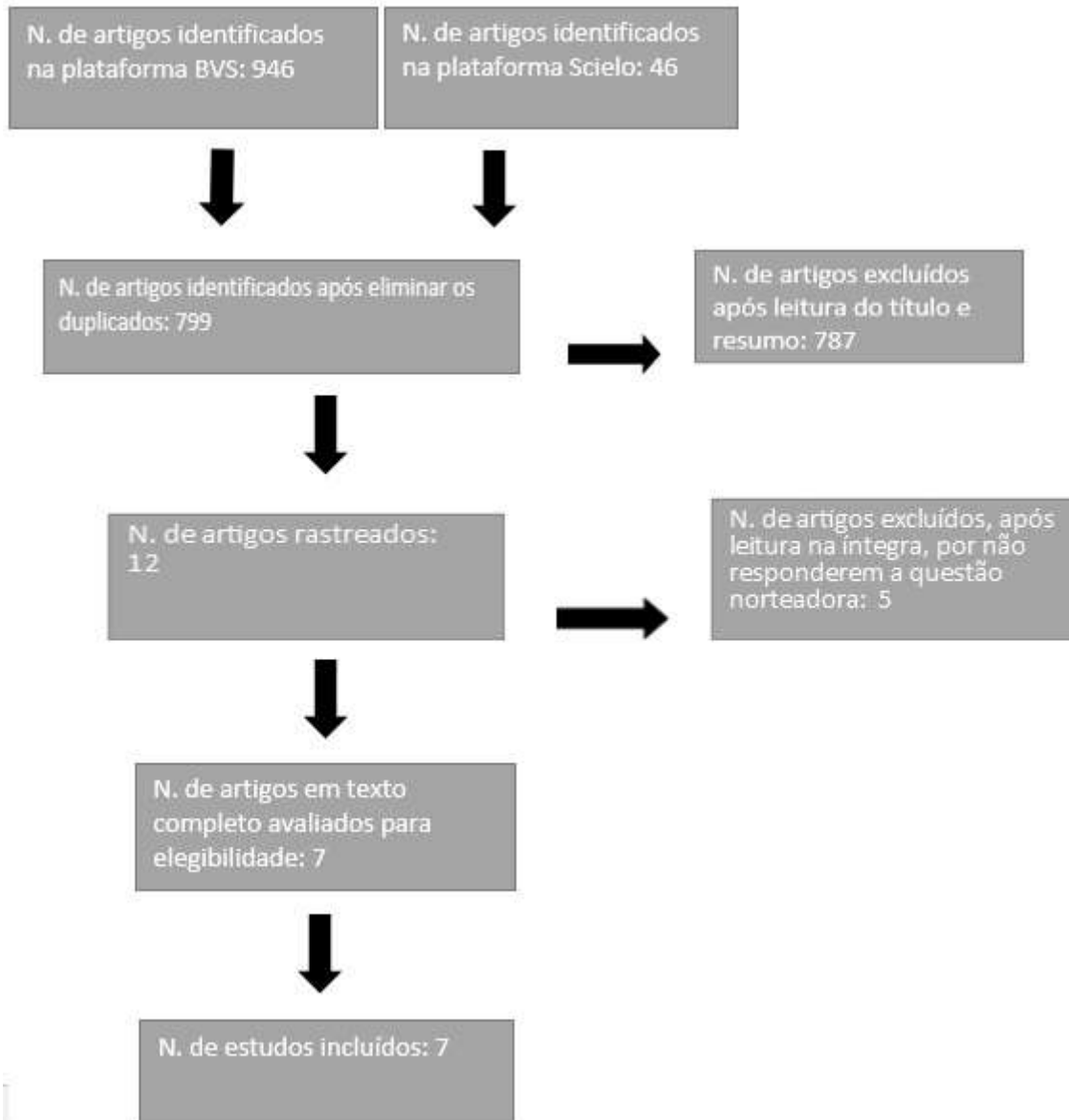
After reading the articles selected for the present study, a form was created composing the variables to identify the articles: study code, title of the articles, year of publication, professional area of the authors, objectives, main findings, and level of evidence. The evidence code aims to identify each article, naming them from A1 to A7.

To perform the classification of the level of evidence, the system of classification of the level of evidence was used, with the following levels: level I - evidence from systematic reviews or meta-analysis of relevant clinical trials; level II - evidence derived from at least one well-designed randomized controlled clinical trial; level III - well-designed clinical trials, without randomization; level IV - well-designed cohort and case-control studies; level V - systematic review of descriptive and qualitative studies; level VI - evidence derived from a single descriptive or qualitative study; and



level VII - opinion of authorities or report of expert committees¹².

Figure 1. PRISMA flowchart. Rio de Janeiro, RJ, Brazil, 2020



Source: Adapted from Moher et al¹¹.

Results

The material was analyzed by the researchers and subsequently filled out simultaneously on the form. After filling in, a comparison was made by them, so that there are no divergences in the present study. At this stage, it was possible to identify, discuss and compare the findings about the father's presence in prenatal care in Primary Health Care. The analysis of the works is described in Chart 1.

Of the seven studies selected, only three specifically addressed the presence of the father of prenatal care. While four approached beyond the gestational period, the moment of delivery and the postpartum period, considering the results related to the father's presence in prenatal care in Primary Care. For data analysis, the studies were grouped into categories, as follows: Participation of the father in prenatal care, Factors that prevent father's participation in prenatal care and Actions and strategies for father's adherence.

Chart 1. List of articles that made up the corpus of the integrative review. Rio de Janeiro, RJ, Brazil, 2020

Code	Title	Year	Area	Objectives	Main Findings	Level of Evidence
A1	A INCLUSÃO PATERNA DURANTE O PRÉ-NATAL	2017	Nursing	Investigate paternal participation during prenatal care at a Women's Health Care Center.	Limiting the supply of office hours, which coincide with men's work hours, makes paternal participation difficult. The importance of pregnant women to encourage their partner to participate in prenatal activities was highlighted.	VI- Evidence derived from a single descriptive or qualitative study.



A2	PATERNIDADE AFETIVAMENTE INSCRITA: MODALIDADES DE INTERAÇÃO NA RELAÇÃO PAI-BEBÊ	2018	Psychology	Investigate the father-baby relationship by highlighting the ways in which the father is inserted as a caregiver.	Through the analysis of the material and considering the psychosocial perspective of the study, the category of affectionately inscribed fatherhood was elaborated, which expresses the correlation between the care provided by parents in the face of the demands of their babies and their positions in different modes of interaction. It is noteworthy, the coexistence of archaic and current references in the exercise of contemporary fatherhood and the need for further studies on the father-baby relationship.	VI- Evidence derived from a single descriptive or qualitative study.
A3	INFLUÊNCIA DA PARTICIPAÇÃO DO COMPANHEIRO NO PRÉ-NATAL: SATISFAÇÃO DE PRIMÍPARAS QUANTO AO APOIO NO PARTO	2018	Nursing	Correlate the satisfaction of primiparous women regarding the support and usefulness of the partner during the delivery process with their presence and training in prenatal care.	The significant associations found demonstrate the importance of stimulating the partner's participation in the parturition process and their training.	VI- Evidence derived from a single descriptive or qualitative study.
A4	A VISÃO DAS GESTANTES ACERCA DA PARTICIPAÇÃO DO HOMEM NO PROCESSO GESTACIONAL	2017	Nursing	Analyze the view of pregnant women regarding the participation of men during the gestational process and prenatal consultations.	The research pointed out the support offered in the family environment as essential for the pregnant woman and the absence of the man during the consultation was understood and justified by the work schedule of the partner, most of the times.	VI- Evidence derived from a single descriptive or qualitative study.
A5	O SIGNIFICADO DE SER PAI NA ÓTICA DE CASAS GRÁVIDOS: LIMITAÇÕES E FACILIDADES.	2012	Nursing	Knowing the meaning of being a father in the birth process and identifying the limiting and favorable factors to this participation in pregnancy, childbirth and postpartum, from the perspective of pregnant couples.	There were two meanings of "being a father" from the point of view of pregnant couples: the provider father of the family and the affective father involved in pregnancy, the birth process and childcare.	VI- Evidence derived from a single descriptive or qualitative study.
A6	PROFISSIONAIS DE SAÚDE E O (NÃO) ATENDIMENTO AO HOMEM-PAI: ANÁLISE EM REPRESENTAÇÕES SOCIAIS	2016	Psychology	Investigate the social representations of paternity, constructed by health professionals, and discuss how they can intervene in their positions on the care of parents who use public health services.	The results corroborate data from studies and reveal that there is no academic training of professionals to deal with paternity and that the services do not have infrastructure to accommodate these parents. We verified that the paternal presence in the attendance is not encouraged, even though it is evaluated as important, by the participants.	VI- Evidence derived from a single descriptive or qualitative study.
A7	A TRANSIÇÃO PARA A PATERNIDADE: DA GESTAÇÃO AO SEGUNDO MÊS DE VIDA DO BEBÊ	2009	Psychology	Understand the transition to fatherhood, investigating the expectations and feelings of parents, during pregnancy, and the experience of fatherhood after the baby is born.	It revealed that the pregnancy was experienced as emotionally intense, marked by joy, anxiety and conflicts.	VI- Evidence derived from a single descriptive or qualitative study.

Of the seven studies selected, two presented the pregnant women's view on the father's support in prenatal

care, one addressed the social representations of paternity and the view of health professionals. The authors' area of



knowledge, four were from the area of Nursing and three from the area of Psychology. Another factor noted was the fact of the year of publications, in which only one article is from 2009, the year of the National Comprehensive Men's Health Policy, and the others are more updated, from 2012, 2016, 2017 and 2018. Regarding the level of evidence, all are level VI, evidence derived from a single descriptive or qualitative study¹². The language of all publications was Portuguese, following the exclusion criteria for that research. The reference place for the studies was Brazil, four in the South region, in the states of Rio Grande do Sul (2), Santa Catarina (1) and Paraná (1), two in the Southeast region, in Rio de Janeiro (1) in Minas Gerais (1) and one in the Northeast, in Fortaleza (1). For analysis of the studies, the data were grouped into three categories: Father's participation in prenatal care, Factors that prevent father's participation in prenatal care and Actions and strategies for father's adherence.

Discussion

Participation of the father in the prenatal

Of the seven articles, six showed factors that contribute to the importance of the father's participation in prenatal care. Among them, there are many benefits, such as: understanding of the father about the physiological changes that occurred with the pregnant woman and about baby and mother care, emotional and financial support for the woman, positive influence at the time of delivery and postpartum, creating a bond with the baby during pregnancy and involvement in the creation and care after birth^{7,13-17}.

Analysis of the studies^{7,14,17,17} highlights that most men recognize that paternal participation during prenatal care should be permeated, not only by financial support, but also by emotional support for women. In addition, authors¹³ showed that the father's presence in prenatal care influenced the father's involvement with the baby after birth, being more present in health units during consultations and day-to-day care for the child. However, a study¹⁴ also evidenced that the paternal participation during the gestational period was not decisive for the involvement of some parents with care after delivery, either due to the mother's lack of confidence to perform some tasks or lack of confidence and interest of the mother, who started to act only as a mother's helper and material provider.

The discovery of pregnancy, both for the mother and the father, brings with it many expectations about this period, and there is a need to establish the link between the mother-father-son triad⁷. These generated expectations establish positive and negative feelings. Positive feelings are associated with the desire to be a father, to be participative, affective and reproduce memories left by the father himself. While the negatives are related to concerns about the health of the mother and baby, changes in the couple's routine and adaptation to the child's care after birth^{14,16,17}. Therefore, prenatal consultations should be a time not only for exams, but also for clarification and exposure of information about physiological changes that have occurred with the woman that can influence the couple's routine, information about baby care and about the moment of childbirth¹⁸. Authors^{13,16}

confirm this by bringing opinions from men who judged the presence of educational practices and support groups as relevant and decisive factors in their involvement with pregnancy, creating an emotional bond and caring for the baby, in addition to the emotional support given to the pregnant woman in the face of so many changes for both.

In study¹⁵, despite the satisfactory presence in prenatal consultations, the partner did not attend much in the educational activities of preparation for childbirth. In addition to this fact, women were not satisfied with the presence of a partner in prenatal consultations, stating that their presence was not significant at the time of delivery and postpartum. Despite this, the father is often the main emotional and social reference of the pregnant woman and, when well-informed and prepared, gives emotional security to the woman, bringing benefits to her and the baby's health. In addition to this, the contact of the father with the baby still in the delivery room, holding him, cutting the umbilical cord and / or giving the first bath, makes the woman, still recovering from the delivery, feel safe and supported in the baby care tasks³. Thus, it is up to women to encourage their partners to participate in prenatal activities, as this will significantly influence how the partner will be involved in the postpartum period¹³. In addition, it should be noted that the presence of a companion at the time of delivery is the right of women, guaranteed by Law No. 11,108, of April 7, 2005^{19,20}.

According to the Ministry of Health, the partner's prenatal care is an opportunity to promote men's health in Primary Care through actions for prevention and self-care. It is at this point those men should be encouraged to take care of their own health, update their vaccines, perform preventive measures, such as blood pressure, weight, BMI, nutritional counseling, and testing for STIs³. Thus, in addition to promoting and preventing men's health, they would feel welcomed in the units and would be more comfortable participating and accompanying prenatal consultations with their partner. However, despite the importance of the father's prenatal care, only one article out of the seven analyzed addressed this topic, denouncing that the only exclusive moment destined for men during the prenatal period is the performance of rapid tests¹³.

Factors that hinder the father's participation in prenatal care

Authors¹⁵ demonstrated in their study that all the companions of the pregnant women were the parents of the babies and current companions of these women. In contrast, other authors¹³ evidenced the difficulty of finding men accompanying their partners in prenatal consultations, being predominantly accompanied by their mother, mother-in-law, or a friend. However, all articles analyzed exposed factors that influence the father's non-participation during prenatal care and his absence in consultations. Among these factors, there was a predominance of: the lack of flexibility in the consultation hours, which coincide with the man's working hours; the lack of knowledge about their rights; cultural and social issues and the lack of incentive for health professionals to participate^{7,13-17,21}.



One of the most cited preventive causes was the labor issue. Consultants' hours coincide with working hours, in addition to the lack of appreciation of paternal presence in consultations by employers who do not release their employees to attend prenatal consultations^{7,13,16}. Associated with this, there is still work fatigue, stress (considering the fact of the first pregnancy, this factor may increase even more) and the issue of the opening hours of the units, which rarely coincides with their free time^{16,17}. A research¹³ with five parents in Primary Care in Lajedo (RS) found that the time of greatest demand from the male public remains midday, during lunch, due to the time they have available. Corroborating with this fact, it was found that parents who actively participate in prenatal care are the parents who are most available at work.

Although some social issues change over time, social, cultural, and family issues still influence the father's non-participation in prenatal care. Even though women are more present in the labor market, men are still seen by society and, even by the family itself, as the provider of the home and it is only this function that leaves the mother responsible for affection and basic care. of the day, as the main caregiver of the family and the home. Traditionally, the man was educated by the patriarchal and sexist society, to take care of the financial part of the family and transmit authority within the home, distancing himself from his children. However, with the constant changes that have occurred around the figure of man and woman, the figure of a contemporary father emerges who is involved emotionally, with daily care of the child and sentimentally seeks to create a bond with the baby since pregnancy, staying with both educational and everyday tasks^{7,13-17}.

A research⁷ with a pregnant woman from Primary Care in Viçosa (MG) revealed that some women believe that the presence of the father in prenatal consultations is dispensable and seen as a loss of autonomy for decision-making. This exclusion on the part of women can be justified by the concentration on the mother-baby binomial, in which many still believe that the baby naturally depends exclusively on the mother and by the lack of trust in the father to perform some tasks¹⁴. The woman's dissatisfaction with the father's presence in the consultations may also be related to physical changes in her body that occur during pregnancy and that are seen in a negative way by the pregnant woman, making the woman feel insecure about her image. The moment when the man is most requested is not at the time of the consultations, but in the ultrasound exams, in which the relationships of the parents with the baby are strengthened and strong emotions occur between the couple^{7,17}.

Another obstacle reported for the father's participation was the lack of infrastructure in the health unit to receive the father in the prenatal and postpartum consultations and the absence of exclusive activities for men, since, often, the physical space does not exist. father and mother behave at the same time in the room, as well as the absence of places for group educational activities²¹. In addition, health professionals are often not trained and encouraged to encourage the father's presence during these

moments, because even though they know the importance of the man's presence, there is disbelief on the part of the professionals regarding the ability to exercise paternity that they end up not improving in the prenatal care of men^{16,17,21}. In addition to this fact, even after the publication of the National Policy for Attention to Men's Health in 2009, health services often still prioritize the attention to the health of women and children, distancing men from the units, since they are not feels welcomed and represented in that space¹⁶. The lack of representations of the father figure with the child and educational materials in health spaces, especially in Primary Care, contribute to further distance men, transforming the almost exclusively female environment²².

Actions and strategies for father adherence

Within the analyzed actions and strategies, the training of health professionals to achieve the greatest incentive for the presence of parents and educational practices were the most outstanding actions. During consultations, it is important that the professional understands the relationship between the woman and the man, and the family relationship by identifying factors that may interfere with the behaviors to be adopted and how the prenatal process will be conducted. In addition, identifying how the pregnant woman is dealing with the changes in her body and her mind is fundamental for future orientations regarding the couple's daily relationship and the woman's relationship with her own body, making nurses a fundamental part in the educational process and an integral part. support network for the couple and family^{7,16,21}.

Authors⁷ highlighted in their study that, during consultations, health professionals should always encourage the presence of the father to carry out techniques that bring father and baby closer together, such as haptonomy, which stimulates the bond of the mother-father-baby triad once. The term haptonomia comes from the classical Greek "hapsis" and "hapteme", which designate touch, sense and feeling. Haptonomy is defined as an empirical human science that believes that touching can affectionately confirm the other within its existence to establish a state of basic security. Perinatal haptonomy has developed a lot in the last twenty years in France²³. Group educational activities should be carried out by the health service and the presence of men should always be encouraged by professionals and women in all consultations, as they are important for transmitting knowledge to men about pregnancy, the moment of delivery and about care. with the baby so that he feels prepared during those moments²¹.

Thus, it is clear the need to develop work with health professionals to make them aware of the importance of the father's presence throughout the gestational period and of his ability as a caregiver. Also, necessary activities that enable professionals to better care for men, since they have specific and different demands from women^{7,14,16,21}. In addition, it is extremely important that health services offer educational activities and that their existence is disclosed to society. In addition, it is necessary that the physical space of the units is structurally capable of receiving them and



behaving them in an environment that allows group meetings to be held or the presence of more than one companion within the office²¹. In view of this, the Partner's Prenatal Program developed through the National Policy for Attention to Men's Health is of great value to develop these actions aiming at reproductive planning and the promotion and prevention of men's health.

As already mentioned, the labor issue was one of the main obstacles to the father's non-participation during prenatal care. In view of this, advances in workers' rights are suggested so that legal guarantees allow men to be absent from work activities at the time of prenatal consultations^{7,14}. Since, according to Decree-Law no. 5,452, of May 1, 1943, Art. 473, item X of (Consolidation of Labor Laws), the employer may stop attending the service without prejudice to salary for up to two days to accompany your partner in prenatal care and complementary exams during pregnancy²⁴. Although this period is considered extraordinarily little, since the minimum number of consultations in prenatal care is seven, not counting the exams, the partner could not participate in even 50% of the prenatal care. Regarding the birth of the baby, the man is entitled to 5 days off, according to the Federal Constitution / 88 in its Art. 7, XIX and Art. 10, § 1, of the Transitional Constitutional Provisions Act²⁵. Thus, it is essential that parents are informed of their rights as pregnant, parturient, puerperal and father so that they can exercise their rights as citizens⁷.

Final Considerations

This review sought to assess the importance of the father's presence in prenatal care, the factors that influence the father's non-participation and the strategies and actions for better incorporation of men in health services, specifically in Primary Care. The results showed a vast

number of articles focused on the labor limitations of working hours, limitations and implications of the father's participation, but there are the benefits of the father's participation, of the man's accompaniment to the pregnant woman in this period of so much turbulence. However, over the years, the male gender has been increasingly interested in participating, preparing to receive his son and being always present for his wife / partner, even if he still encounters prejudice and many difficulties in exercising his law role.

The presence of parents in prenatal care is still a little discussed, which needs to be encouraged by health professionals, explaining the changes in the woman's body during pregnancy, changes in mood and, therefore, its importance for support of your companions. The importance of their presence, for both mother and baby, should be stressed, strengthening the couple's bond at the time of many changes and expectations with the arrival of a new member in the family.

For the principles and guidelines of the National Policy for Integral Attention of Men's Health to be implemented, it is important that professionals are trained to welcome the father as a companion of the pregnant woman, but not only in this way, as a man, taking advantage of the opportune moment of going from the same to the health unit for routine exams, rapid tests, and update of the vaccination calendar. It was realized through this study that the participation of parents is still timid, and it is up to Primary Care to invest in integrative practices so that they feel comfortable and excited to participate in this moment. Over time, awareness of the importance of man's participation in prenatal care will be built, as well as responsible parenting and the idea of the importance of self-care.

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