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# Benefits for pregnant women with paternal participation in prenatal care: an integrative

Beneficios para mujeres embarazadas con participación paterna en la atención prenatal: una revisión integradora Benefícios para a gestante com a participação paterna no pré-natal: uma revisão integrativa

#### **ABSTRACT**

Objective: To identify the benefits provided to pregnant women as a result of paternal participation during prenatal care. Method: This is an integrative literature review carried out from the SciELO, LILACS, BDENF and MEDLINE databases between the months of September and October 2020. The PICO strategy was used to define the guiding question. The searches covered the period from 2014 to 2020. Results: Paternal participation during prenatal care is of paramount importance to favor a greater bond between the couple and provide a welcoming environment for the newborn. In addition, paternal support during prenatal care is able to bring positive feelings to the woman and this influences the course of pregnancy. Conclusion: Challenges need to be overcome for greater participation of men in prenatal care, such as appointment times and coincide with work hours. It is concluded, therefore, that the participation of the father generates a very important bond both in the life of the child and that of the pregnant woman. **DESCRIPTORS:** Men's health; Paternity; Prenatal care; Pregnancy.

#### RESUMEN

Objetivo: Identificar los beneficios que se brindan a las gestantes como resultado de la participación paterna durante la atención prenatal. Método: Se trata de una revisión integradora de la literatura realizada a partir de las bases de datos SciELO, LILACS, BDENF y MEDLINE entre los meses de septiembre y octubre de 2020. Se utilizó la estrategia PICO para definir la pregunta orientadora. Las búsquedas abarcaron el período de 2014 a 2020. Resultados: La participación de los padres durante la atención prenatal es de suma importancia para favorecer un mayor vínculo entre la pareja y brindar un ambiente acogedor para el recién nacido. Además, el apoyo paterno durante el cuidado prenatal puede traer sentimientos positivos a la mujer y esto influye en el curso del embarazo. Conclusión: Es necesario superar desafíos para una mayor participación de los hombres en la atención prenatal, como los horarios de las citas y la coincidencia con el horario laboral. Se concluye, por tanto, que la participación del padre genera un vínculo muy importante tanto en la vida del niño como en la de la embarazada.

**DESCRIPTORES:** Salud del hombre; Paternidad; Atención prenatal; Embarazo.

#### **RESUMO**

Objetivo: identificar os benefícios propiciados à gestante em decorrência da participação paterna durante o pré-natal. Método: Trata-se de uma revisão integrativa da literatura realizada a partir das bases de dados SciELO, LILACS, BDENF e MEDLINE entre os meses de setembro e outubro de 2020. Para definição da pergunta norteadora utilizou-se a estratégia PICO. As buscas abrangeram o período de 2014 a 2020. Resultados: a participação paterna durante o pré-natal é de suma importância para favorecer maior vínculo entre o casal e proporcionar um ambiente acolhedor para o recém-nascido. Além disso, o suporte paterno durante o pré-natal é capaz de trazer sentimentos positivos para a mulher e isso influencia no decorrer da gestação. Conclusão: Desafios precisam ser superados para maior participação dos homens no acompanhamento pré-natal como dos horários das consultas e coincidir com o horário de trabalho. Conclui-se, portanto, que a participação do pai gera um vínculo muito importante tanto na vida da criança como na da gestante.

**DESCRITORES:** Saúde do homem; Paternidade; Cuidado pré-natal; Gravidez.

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#### INTRODUCTION

regnancy causes changes in the body, mind and daily life of women. It is the time to seek specialized care for the early start of prenatal care in order to prepare the family for the birth and monitor the health demands of this woman and her family so that the pregnancy can go smoothly. At this stage, it is essential that the pregnant woman has full family support, especially from the child's father. <sup>1</sup>

Therefore, the Ministry of Health officially instituted in the National Policy for Comprehensive Health Care (PNAISH - Política Nacional de Atenção Integral à Saúde) the encouragement of paternal participation in prenatal care to prepare and make men an agent of social and family transformation in the care of women and their own health. <sup>2-3</sup> PNAISH aims to promote the demand for and expand the male population's access to health services, being the first health policy in Latin America aimed exclusively at men. <sup>4-5</sup>

PNAISH aims to implement and/or encourage in health services, public and private, a comprehensive care network for men's health that guarantees lines of care from the perspective of comprehensiveness capable of training and qualifying professionals for their adequate care. <sup>6</sup>

From this perspective, the interaction of men in the stages of pregnancy has increased due to the responsibility to promote the effective commitment to conscious parenthood and sexual changes imposed by the conversions in the roles of the parents. Therefore, the participation of

health professionals in promoting feelings of competence and trust in the parent is essential, reinforcing their valuable contribution to the health of their child. <sup>6-7</sup>

Primary health care (PHC) should be the gateway for users into the health service system in order to meet the main needs through a set of individual and collective actions that involve promotion, prevention, diagnosis, treatment and rehabilitation. <sup>8-9</sup>

Studies already carried out on the presence of the father during pregnancy, childbirth and puerperium indicate that this can support the partner in different ways. He can accompany you to appointments and exams; praise, showing your perception, the changes in your body; talk to her more, being comprehensive and helpful; help her with household chores, especially if she works outside the home or if the couple already has other children. The father's contact with exams, such as ultrasounds, helps materialize the presence of the new child, initiating the emotional bond during pregnancy. 10-12

In this context, this study aims to identify the benefits provided to pregnant women as a result of paternal participation during prenatal care. From this perspective, the question that guided this investigative proposal stands out: What are the gestational benefits provided by paternal inclusion in prenatal care?

#### MÉTODOS

This is an integrative literature review carried out in seven steps. <sup>13</sup> 1) delimitation of the review's guiding question; 2) definition of inclusion and exclusion

criteria; 3) extensive literature search; 4) identification of potential studies by evaluating the title and abstract; 5) selection of articles based on the full text; 6) quality assessment of included studies; 7) synthesis of the included studies.

In view of the first phase of the review, the guiding research question was elaborated based on the PICO strategy: P – population and problem; I – intervention; C – comparison; and O – outcome (English term that means outcome). <sup>14</sup> Thus, P: pregnant women; I: pregnancy benefits; C: any comparison about parental participation; O: prenatal care. In this direction, the question asked was: What are the gestational benefits provided by paternal inclusion in prenatal care?

The search for articles was carried out between September and October 2020 in the electronic databases Scientific Electronic Library Online (SciELO), Scientific and Technical Literature of Latin America and the Caribbean (LILACS), Database in Nursing (BDENF) and Medical Literature Analysis and Retrieval System Online (Medline).

To define the search terms, the Health Sciences Descriptors (DeCS) were consulted. The descriptor "saúde do homem" was chosen, which was combined with the search term "paternidade", "cuidado pré-natal" and "gravidez". The Boolean operators "AND" and "OR" were used for combination. The strategies built with the search terms and their results are presented in Chart 1.

The following inclusion criteria for the sample were considered: articles published online in the last 6 years (2014 to 2020); available in Portuguese

| Chart 1. Search strategies and | art 1. Search strategies and results of identified productions. Brasilia, Federal District, 2020. |         |  |  |  |  |
|--------------------------------|---|---------|--|--|--|--|
| INFORMATION SOURCES            | SEARCH EXPRESSIONS  | RESULTS |  |  |  |  |
| SCIELO                         | "saúde do homem" OR "paternidade" AND "cuidado pré-natal" OR "gravidez"                           | 32      |  |  |  |  |
| LILACS                         | "saúde do homem" OR "paternidade" AND "cuidado pré-natal" OR "gravidez"                           | 131     |  |  |  |  |
| BDENF                          | "saúde do homem" AND "paternidade" AND "cuidado pré-natal" OR "gravidez"                          | 5       |  |  |  |  |

| MEDLINE                                  | "Men's Health" AND "Paternity" AND "Prenatal Care" | 24  |
|--|--|-----|
|  | TOTAL  | 192 |
| Elaboration: Vieira AF, Aguiar RS, 2020. |  |     |

language and in full; studies in the format of original articles from diversified scientific productions. As exclusion criteria, comments, reflections, dissertations and theses were included.

The search in the databases generated 192 references. Of these, 32 were in SciE-LO, 131 in LILACS, 24 in MEDLINE and 5 articles in BDENF. The number of occurrences was reduced from the application of the inclusion filters: 24 articles because they were duplicates, 34 articles because they had a different theme from the proposed objective, and 20 articles because of the methodology. A total of 114 articles were submitted to full reading and the application of the exclusion criteria, generating the rejection of 63 articles. After the complete reading of the articles, 41 articles were still rejected for not answering the research question. Thus, the revised sample of 10 articles was constituted (Figure 1).

The evidence from the articles was classified into six levels: Level I - studies related to the meta-analysis of multiple controlled studies; Level II - individual experimental studies; Level III - quasi-experimental studies, such as the non-randomized clinical trial, the single pre- and post-test group, in addition to time series or case-control; Level IV - non-experimental studies, such as descriptive, correlational and comparative research, with a qualitative approach and case studies; Level V - program evaluation data obtained systematically; and Level VI - expert opinions, experience reports, consensus, regulations and legislation. 15

The compiled data were then analyzed using thematic analysis, <sup>16</sup> being organized and presented in thematic categories obtained from the following stages of analysis: 1) familiarization of data (results of the studies that composed the sample and were related to the research question); 2)

generation of initial codes; 3) search by themes; 4) review of themes; 5) definition and title of themes; 6) report production.

#### **RESULTADOS**

To facilitate the extraction and synthesis of data, a synthesis matrix described in an Excel® spreadsheet was created. Data were collected such as: journal; country and year of publication; author(s); title; study design; main results; factors related to the quality of care and level of evidence. The instrument was used, in addition to creating a database, mapping pertinent points, integrating data and characterizing the revised sample. Thus, part of this data is represented in Chart 2.

Most publications refer to the year 2018 and 2019, with three publications in each year (30% in each year), followed by the year 2017 with two (20%), 2015 with one article (10%) and 2020 also with an

| Chart 2. Final sample of articles. Brasília, Distrito Federal, 2020. |   |  |      |   |                 |                      |  |
|--|---|--|------|---|-----------------|----------------------|--|
| STUDY  | JOURNAL   | AUTHOR(S)  | YEAR | TITLE   | STUDY<br>DESIGN | LEVEL OF<br>EVIDENCE |  |
| E1   | Revista de<br>Enfermagem<br>e Atenção à<br>Saúde          | Henz GS, Medeiros<br>CRG, Salvadori M  | 2017 | Paternal inclusion during prenatal care   | Qualitative     | IV                   |  |
| E2   | Revista Online<br>de Pesquisa<br>Cuidado é<br>Fundamental | Cardoso VEPS, Silva<br>Junior AJ, Bonatti<br>AF, Santos GWS,<br>Ribeiro TAN    | 2018 | The partner's participation in the prenatal routine from the perspective of the pregnant woman                                  | Qualitative     | IV                   |  |
| E3   | Revista de<br>Enfermagem<br>do Centro-<br>Oeste Mineiro   | Caldeira LA, Ayres<br>LFA, Oliveira LVA,<br>Henriques BV                       | 2017 | The pregnant woman's view of men's participation in the pregnancy process   | Qualitative     | IV                   |  |
| E4   | BMC<br>Pregnancy and<br>childbirth                        | Firouzan V, Noroozi<br>M, Farajzadegan Z,<br>Mirghafourvand M                  | 2019 | Barriers to men's participation in perinatal care: a qualitative study in iran  | Qualitative     | IV                   |  |
| E5   | Texto e<br>Contexto<br>Enfermagem                         | Holanda SM, Castro<br>RCMB, Aquin PS,<br>Pinheiro AKB, Lopes<br>LG, Martins ES | 2018 | Influence of the partner's participation in<br>prenatal care: satisfaction of primiparas<br>regarding support during childbirth | Quantitative    | IV                   |  |

| E6                                       | Revista<br>Paulista de<br>Enfermagem                      | Cavalcanti MAA,<br>Tsunechiro MA                                     | 2018 | Paternal behavior in prenatal consultation   | Qualitative           | IV |
|--|---|--|------|--|-----------------------|----|
| E7                                       | Revista Online<br>de Pesquisa<br>Cuidado é<br>Fundamental | Mello MG, Parauta<br>TC, Saldanha BL,<br>Lemos A                     | 2020 | Participation of the young father in prenatal care: the health professional's view               | Qualitative           | IV |
| E8                                       | PLOS ONE  | Albuja AF, Sanchez<br>DT, Lee SJ, Lee JY,<br>Yadava S                | 2019 | The effect of paternal cues in prenatal care settings on men's involvement intentions            | Quantitative          | IV |
| E9                                       | Ciência &<br>Saúde Coletiva                               | Gomes R, Albernaz<br>L, Ribeiro CRS,<br>Moreira MCN,<br>Nascimento M | 2015 | Men's lines of care aimed at sexual health,<br>reproduction and fatherhood                       | Expert<br>Opinion     | VI |
| E10                                      | Enferm. Foco  | Cavalcanti TRL,<br>Holanda VR  | 2019 | Paternal participation in the pregnancy-<br>puerperal cycle and its effects on women's<br>health | Integrative<br>Review | VI |
| Elaboration: Vieira AF, Aguiar RS, 2020. |   |  |      |  |                       |    |

article (10%). The qualitative design was the most prevalent among the surveys (six articles - 60%). Regarding the level of evidence in the articles, there was a higher prevalence of non-experimental studies, such as descriptive, correlational and comparative research, with a qualitative approach and case studies (80%).

## DISCUSSION

The analysis of this theme of the results of the articles allowed the organization into three main thematic categories: 1) Paternal participation in prenatal care and benefits for women; and 2) Improvement opportunities for parental participation.

# Paternal participation in prenatal care and benefits for women

Currently, there are changes regarding the participation of men during the gestational period in which it is observed that they are participating more actively in the pregnancy. Therefore, including men in prenatal care is a way to provide greater interest in the pregnancy and encourage them to assume greater responsibilities for the care of women and newborns. <sup>17</sup>

It is essential that the man provide his partner with emotional support so that she feels more secure during pregnancy.

17-18 Furthermore, having a partner du-

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ring prenatal care helps to resolve the doubts that arise about the pregnancy cycle and this can also be a support to remember the prescriptions made by health professionals. <sup>18</sup>

When pregnant women are asked about their partner's participation during pregnancy, the expressions of feelings used by most women were security, strength and joy, among other feelings. <sup>19</sup> However, men mentioned that among the reasons for not participating in prenatal consultations is the lack of requests from women and the fact that they are accompanied by other family members during the consultations.<sup>20</sup>

In addition, other factors were presented by men for not participating in the care, such as their lack of awareness about the importance of their participation in the prenatal period and their role in the health of the newborn, the lack of knowledge about their participation in pregnancy, childbirth and postpartum care and the lack of proper interaction between couples due to communication difficulties. <sup>20</sup>

The practice of six or more prenatal consultations was associated with the presence of the partner as the woman's companion. <sup>21</sup> In addition, the man reports joy with the pregnancy in progress and that in his experience of being pre-

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sent in prenatal care, he made it possible to monitor and better understand the pregnancy, not only in relation to care for the woman, but also with feelings of obligation and decisions that must be taken together. <sup>22</sup>

Paternal involvement provides greater assurance in your potential to be a good father and greater reported intentions to learn about pregnancy and engage in positive behavior together with your partner. <sup>23-24</sup> Thus, during prenatal consultations, maintaining a dialogue with men and women is essential to avoid possible stressors related to pregnancy. <sup>25</sup>

Paternal monitoring during prenatal care improves the family bond, as it ends up providing a closer relationship between the couple with demonstrations of affection, warmth and complicity, reducing the differences between the couple. <sup>14</sup> The experience of being present during this cycle allows men to discover affectionate and loving feelings capable of building a bond between father-mother-child that enables a family union. <sup>18</sup>

When men interact permanently during pregnancy, the bond established between mother and fetus increases and makes the pregnancy transformations supported with greater clarity and acceptance, in addition to providing a safer and more welcoming environment that enables the pregnant woman to have greater interaction with the baby and thus reduce anxiety and worries. <sup>19</sup>

The presence of men in prenatal consultations influences women's assessment of physical and psychological support, in addition to welcoming. <sup>21-22</sup> Thus, care for women's health has shown that the relationship with men profoundly influences the well-being of women during pregnancy and after the birth of their child, whether through their presence, acceptance and pleasure in being together. 22 Finding that affective fatherhood has a notable impact on the physical, emotional and social development of children, bringing benefits to the family and society as a whole, in addition to making all the difference for

women in terms of physical and emotional stability. <sup>23</sup>

# Improvement opportunities for paternal participation

For greater paternal adherence to prenatal care, it is essential that health professionals create opportunities to

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offer guidance and preventive tests to men. In addition, it is recommended that assistance be carried out together with women who are undergoing prenatal care. <sup>17</sup>

The Ministry of Health has been carrying out strategies to include men in care practices in the pregnancy-puerperal cycle based on the Cegonha Network and the Companion Law. However, health services still do not provide adequate spaces for the involvement and encouragement of health professionals so that these pregnant women bring their spouses with them for prenatal consultations. <sup>18</sup>

It is necessary to understand that prenatal care is centered on the family, providing care not only to the woman and fetus, but to the couple. In the concept of active fatherhood, men are inserted in this context and their participation in prenatal care is essential for greater father-son interaction. <sup>19</sup>

It is believed that the media has a weakened role in creating the culture of men in the participation of prenatal care by judging pregnancy and childbirth as a private matter. <sup>20</sup> However, it is the nurse's role to guide and encourage pregnant women about the presence of men, not only in the delivery room, but also in prenatal care, as they will be better able to provide greater support to women and children from the beginning of the pregnancy and childbirth cycle. <sup>21</sup>

Health professionals are able to bring broad discussions in relation to fatherhood in educational practices aimed at pregnant women and men. The expectation that the necessary importance of intervention by professionals is given, looking for new practices aimed at the insertion of adolescent parents in health services. <sup>23</sup>

Thus, the recognition and encouragement of the participation of men of different profiles at all stages of pregnancy (prenatal, childbirth and postpartum), respecting the mother's right to choose a companion, is of fundamental importance and should be encouraged increasingly by health professionals. <sup>25-26</sup>

## **CONCLUSION**

From the data mentioned in the review, it can be observed that paternal participation during prenatal care is of paramount importance to favor a greater bond between the couple and provide a welcoming environment for the newborn. In addition, paternal support during prenatal care

is able to bring positive feelings to the woman and this influences during pregnancy. Challenges need to be overcome for greater participation of men in prenatal care, such as appointment times and to coincide with working hours, among others.

Given these facts, it is possible to identify the need for paternal monitoring throughout the prenatal period. Paternal

support brings great benefits in relation to the health of the newborn and the pregnant woman, this identification being notorious according to the articles selected for this study.

Therefore, it is concluded that the father's participation generates a very important bond both in the child's and the pregnant woman's life.

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