

A VISÃO DAS GESTANTES ACERCA DA PARTICIPAÇÃO DO HOMEM NO PROCESSO GESTACIONAL

THE POINT OF VIEW OF PREGNANT WOMEN ABOUT THE PARTICIPATION OF MAN IN THE GESTATIONAL PROCESS

VISIÓN DE MUJERES EMBARAZADAS ACERCA DE LA PARTICIPACIÓN DEL HOMBRE EN EL PROCESO DE GESTACIÓN

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RESUMO

Objetivo: Analisar a visão das gestantes quanto à participação do homem durante o processo gestacional e as consultas de pré-natal. **Métodos:** Trata-se de uma pesquisa qualitativa, avaliada por meio de análise de conteúdo, que teve como sujeitos as gestantes cadastradas em duas Estratégias de Saúde da Família. **Resultados:** A pesquisa apontou o apoio ofertado em âmbito familiar como essencial para a gestante e a ausência do homem durante a consulta foi entendida e justificada pelo horário de trabalho do companheiro, na maioria das vezes. **Conclusão:** Assim, depreende-se que existe a necessidade de estabelecimento de vínculo entre a tríade mãe-pai-filho para o melhor desenvolvimento da gestação. Os profissionais de saúde envolvidos na Atenção Primária à Saúde podem contribuir para esse processo e devem estimular e facilitar a participação do homem durante as consultas de pré-natal, entre outras atividades realizadas nesse cenário.

Descritores: Paternidade; Cuidado pré-natal; Apoio social; Gravidez.

ABSTRACT

Objective: To analyze the point of view of pregnant women about man's participation during the gestational process and prenatal consultations. **Methods:** This is a qualitative study, evaluated by content analysis, which had as subjects the pregnant women registered in a health unit. **Results:** The study showed that the support offered in the family environment as essential to the pregnant woman and the absence of the man during the consultation were understood and justified by the partner's working hours. **Conclusion:** Thus, it appears that there is a need for establishment of a connection between the mother-father-child triad for the optimal development of pregnancy. Health professionals involved in primary health care can contribute to this process and should encourage and facilitate the participation of man during the prenatal consultations, among other activities performed in this scenario.

Descriptors: Paternity; Prenatal care; Social support; Pregnancy.

RESUMEN

Objetivo: Analizarla visión de mujeres embarazadas en cuanto la participación del hombre durante el proceso de gestación y las consultas de prenatal. **Método:** Se trata de una investigación cualitativa, evaluada por análisis del contenido, que tenía como sujetos las mujeres registradas en una unidad de salud. **Resultados:** La pesquisa mostró que el apoyo ofrecido en el entorno familiar como esencial a la embarazada y la ausencia del hombre en la consulta fue entendida y justificada por el horario de trabajo del compañero. **Conclusión:** Así, pues, puede se desprender que hay necesidad de establecimiento de un vínculo entre la tríada madre-padre-hijo para lo mejor desarrollo de la gestación. Los profesionales de salud involucrados en la Atención Primaria a la Salud pueden contribuir a este proceso y deben estimular y facilitar la participación del hombre en las consultas de prenatal, entre otras actividades realizadas en este evento.

Descriptores: Paternidad; Atención prenatal; Apoyo social; Embarazo.

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INTRODUCTION

The concept of prenatal humanization, delivery and birth is broad and involves practices and attitudes whose goal is promoting childbirth and birth in a healthy way, preventing maternal and perinatal morbidity and mortality, and providing quality care and care⁽¹⁾. Prenatal care has been consolidated as an effective way to ensure a good prognosis for pregnant women and to ensure the adequate development of pregnancy, as well as to provide delivery and birth with reduced impact on the woman's and the newborn's health⁽²⁻³⁾.

During consultations the woman can solve her doubts, express her fears and her insecurities and make decisions regarding her pregnancy, the type of delivery she wants, among others. In this context, the paternal presence becomes essential, since it must be understood as a stage of preparation of the parents for the birth, which establishes the feeling of companionship, sharing of situations and delivery, besides offering suitable conditions to experience paternity still in gestation, as a form of materialization of the child⁽⁴⁻⁵⁾.

Paternity is a concept replete with cultural, religious, and family stigmas that determine man's affective involvement in the family context. These factors define how the father will experience the moment, interfering in the relationship between man-woman and father-son. For many, the feeling of "being a father" is expressed after birth, which in general affects the way they deal with gestation. With this, the man's involvement in prenatal consultations generates the opportunity to approach the mother-father-child triad, in addition to minimizing doubts and making both father and mother feel the need for care and being a caregiver, predisposing the family to a state of well-being^(4,6-7).

It is worth mentioning that the way a man inserts himself during the prenatal period gives indications about how he will deal with the other moments of the pregnancy-puerperal cycle. The involvement in the consultations favors their participation in the moment of delivery, which is as necessary and beneficial for the woman as in the other phases of gestation^(4,5). There is a constant need to be in a relationship that translates support, affection and security. The companion, when participating in the prenatal

consultations, enables the satisfaction of these needs, provides a greater bond in the relationships and favors the care of the woman's health.

However, when he excludes himself or when he is removed from this context, the appearance of feelings such as jealousy, anxiety and loneliness occurs, consequently the demands of the woman are not met. Pregnancy can be seen as a threat, a fact that may interfere with the relationship between the mother-father-child triad⁽⁶⁾. The father's sense of exclusion may be due to the family relationship, which may be affected by gestation, or to the non-incentive of professionals and society itself, who primarily turn their attention to the health of women and children, giving for the father the only function of provider, which takes an expectant attitude towards gestation⁽⁸⁾.

Even with the benefits of the companion's participation in prenatal consultations, studies such as Francisco et al.⁽⁴⁾, Silva⁽⁸⁾ and Gomes et al.⁽⁹⁾ indicate the absence of man during this time. The authors point out the external factors, the most important of which are the working hours. In addition, Lima points out that when the level of schooling of the partner is higher, there is greater adherence by women to prenatal care, and men's participation during the pregnancy-puerperal cycle is more active⁽¹⁰⁾.

The presence of man during labor is configured as a non-invasive technology for pain relief, provides support, minimizes anxiety, and reduces labor time. Therefore, its insertion in this moment, as well as in the prenatal, brings innumerable advantages to the woman and also to the transition that takes place in the man's life, who lives the fatherhood effectively⁽¹¹⁾. This provides a more secure, participatory and dignified paternity.

Instituto Promundo⁽⁶⁾, and Gomes et al.⁽⁹⁾ affirm that the man, when leaving the position of expectant and seeing himself in an active and participative way during childbirth, begins to experience fatherhood, especially when he attends prenatal consultations⁽⁶⁻⁹⁾. Silva points out that this participation can occur in different ways and the fact of being present during the consultations does not mean lack of support from the partner⁽⁸⁾. It adds that women affirm that the interest and concern that men demonstrate at

home supposes their absence in prenatal care, being sufficient to meet their greater demands⁽¹²⁾.

Given the benefits presented, it is understood that studies related to the participation of the father in the process of gestating, giving birth and mothering should always be encouraged and performed. Based on this assumption, and the one in which there was an increase in prenatal coverage in the municipality of Viçosa-MG and the paternal participation in this process is unknown, the following question emerged: What is the point of view of the pregnant women attended in a primary care unit Health of Viçosa, MG, about the absence or presence of the partner during the gestational process and prenatal consultations?

METHODS

This study has a qualitative approach, since it seeks to know the subjectivity of the research subjects, that is, their opinions, their feelings and their experiences in relation to the companion's participation during the pregnancy period⁽¹³⁾.

The research was carried out in a neighborhood of the municipality of Viçosa/MG, with the extension project "The educational group as a form of care of the pregnant couple, puerperal and family" of the Nursing course of the Federal University of Viçosa - Universidade Federal de Viçosa/UFV. This project has been developed for approximately two years, working with educational groups and conducting home visits. Through it, the researcher, member of this extension project, established a link with the pregnant women, a factor that favored the development of interviews. In addition, this scenario has two teams of the Family Health Strategy (ESF) that provide prenatal care and follow-up of pregnant women and postpartum women.

Pregnant women, who are over 18 years-old, who live in Viçosa (MG), were followed up and performed prenatal care at the ESF's in the neighborhood in question and who agreed to participate. The women were approached on a home visit scheduled by the Community Health Agent (Agente Comunitário de Saúde-ACS). The ACS accompanied the interviewer to the residence, but did not participate in the collection of data, in order to guarantee the privacy of the women. The interviews lasted approximately 15 minutes. The data were collected through an interview with a semi-structured script, for providing greater freedom for the answers,

besides allowing the elaboration of new inquiries. The script had questions regarding the identification of the participant, with data such as: age, schooling, race (self-referenced), and gestational age, among others, which allowed tracing the social and obstetric profile of the study participants. Then the questions were asked: 1) What does your partner's participation mean in your pregnancy? 2) How do you feel / would feel with the presence of your partner during prenatal care? The women were identified by numbers, in random order, to better guarantee the anonymity of the participants.

We used the technique of "Content Analysis" from Bardin's perspective. It is a step defined by Caregnato and Mutti as a research technique that aims to describe the content of the communication manifesto in an objective, systematic and quantitative way. In this proposal, the text is seen as the form of expression of the subjects, in which the researcher seeks to categorize the keywords, inferring an expression that represents them⁽¹⁵⁾. Thus, the objective of this study was to describe the content of the message, allowing the inference of the knowledge derived from the text regarding the conditions of production and its perception.

The application of the technique occurs in three stages: 1) floating reading, which consists of apprehending and organizing unstructured aspects that are important for the next phases of the analysis; 2) selection of the units of analysis, that is, identification of sentences, words, fragments of texts or complete texts that glimpse the objective of the research; and 3) a categorization process, which consists of defining categories that cover varied themes, defined by degree of proximity and, through their analysis, by their meanings⁽¹⁵⁾. From this analytical process, two categories emerged: "The point of view of women about the participation of men during gestation"; and "Feelings triggered by the presence or absence of the partner during the prenatal visit." The answers to these questions were analyzed and discussed based on relevant studies.

The conclusion of the collection was determined when there was saturation of the data, where there was no more information or changes in the understanding of the phenomenon under study⁽¹⁵⁾.

The research was approved by the Committee of Ethics and Research (CEP) with

human beings of the UFV, under the opinion 032736/2014.

RESULTS AND DISCUSSION

The collection was done from May to July 2014, with 11 interviews, excluding one, because the pregnant woman does not have contact with her partner and does not wish to participate in the study. Thus, ten interviews were analyzed. The average age of the participants was 26.3 years-old, with two self-referred as black, four white, two mulattoes, one brown and one said to be yellow. The mean gestational age found was 20.8 weeks, four primiparous, six multiparous with an average of 2.6 children.

From the women interviewed, only one presented a history of abortion, she reported she had five pregnancies, two of which progressed to loss. It was found that five participants have incomplete elementary education and for the other ones, the secondary education is complete. Regarding the participation of the companion, only three pregnant women reported they have been followed up in at least one prenatal visit, which demonstrates the minimal participation of men in this scenario, confirming the results obtained by Francisco et al.⁽⁴⁾, Silva⁽⁸⁾ and Lima⁽¹⁰⁾.

The most prevalent justification for the non-participation of the companion in the consultations is related to his work schedule. Seven women answered that the time of service to the pregnant women was inappropriate so that companion could accompany her. This situation evidences the importance of the better adaptation of the schedules offered by the health services in the attention to the health of the pregnant woman and, or the legal guarantee of the paternal absence of the labor activities in the schedules of the prenatal consultations, in order to allow their participation.

When questioned about the partner's participation during pregnancy, the expressions of feelings used by most of the pregnant women were safety, strength and joy, among others. Some women mentioned support as a form of participation during pregnancy. These data resulted in the formulation of two categories.

Women's point of view about men's participation during pregnancy

By analyzing the interviews, it is clear that most women cite the support of the partner as the main form of participation during pregnancy, which occurs in different ways within the family

context and in private homes. Support can be defined as "social support" and "social networks". Social support is characterized by formal and informal relationships, from which the individual receives emotional, cognitive and material help to cope with stress-promoting situations. Social networks refer to networks of relationships maintained by individuals, being considered as sources of social support⁽¹⁶⁻¹⁷⁾.

It is understood that during pregnancy the woman is in a state of emotional lability, which influences not only the mother but also the family, it affects their lifestyle and the role played by its members⁽¹⁸⁾. In this way, social support becomes essential for coping with stressful situations. The partner is usually seen as the main source of this support and the acceptance of gestation by the father-man has an important influence on the mother-fetus / mother-baby interaction⁽¹⁶⁾. This factor can be perceived in the speech of G-II, G-III, G-IV and G-XI, respectively: "(...) It leaves us even more calm"; "(...) the woman becomes deprived without the support of the man, it is very bad if she does not have his support"; "(...) For him to participate in my gestation?! To worry... are you taking the vitamins? Are you smoking? Are you drinking? Is he moving? Do you hear the little heart? Do you know what it is, if it's a boy, if it's a girl, if it's both? 'It is to have that good care... I am not talking about husband, that I am not forced to be married again. But, about a partner (...)" ; "We have more strength, because he talked to me, gave me strength to not be desperate, for me not to be the way I was. Because I was really, really very nervous. I just wondered what it was going to be like. But he gave me a lot of strength, so... he keeps giving me".

From these affirmations, it can be seen that when the partner interacts positively with the gestation, dispensing to the woman not only financial but also emotional support, the bond established between the mother-fetus dyad has intensified, causing the pregnancy changes to overcome with greater ease. Consequently, during this period, their behavior towards health tends to become more positive, with a greater stimulus to the reduction of smoking, alcoholism, among other vices, as well as the acceptance of gestation by the woman, as perceived in the speech of G- XI. In addition, it provides greater solidity in family relationships⁽¹⁹⁻²¹⁾.

As regards the participation of men in domestic activities, it is evident in G-IX's

statement that the woman understands the support of the partner as a favor or help, what is beyond his obligations as a provider of home, and it is gratifying for her. "He helps me in the way he can! He helps me to take care of the boys, whatever he can do he does". Through this report it is verified that the woman cannot understand that the participation of the father can be greater than his assigned functions for years, as established by the patriarchal model. This situation reinforces the cultural burden imposed by society as regards the roles of men and women in family relationships^(4,22-23).

However, studies show that since the end of the last century, the man has assumed a new role in the family, leaving aside the rigid behavior, maintainer, and assuming assignments hitherto intended for women. This factor also causes a change in the concept of paternity, because nowadays the participatory father, who watches over his children and shares with the woman the concerns of gestation, becomes more and more common and has been charged by the current society, as noted in the G-VIII and GX reports: "It would be good for him to help in taking care of the baby. It is also important, because we are a couple "(G-VIII); "He is the father, he has to be present" (G-X)⁽²²⁾.

It should be noted that these changes are closely related to women entering in the labor market, which required the reorganization of the family structure and, consequently, the concept of paternity, as mentioned previously⁽²¹⁻²²⁾. On the other hand, participation in a prenatal consultation can be seen not as a source of support, but as a loss of autonomy, as perceived in G-III's speech: "I think this is bad. If he was in the consultations, he would interfere; he would consult for me, so I think he would not help so much."

The previous speech refers to Rousseau's assertion, in the eighteenth-century, that the woman is incapable of self-judgment, further emphasizing that she should always stick to the judgment of her parents and husband. It can be seen that the historical and cultural view of women influences how society deals with her independence and the new social posture she has assumed in recent decades⁽²³⁾. This situation reinforces women's submission and gender inequality, which is expressed in the hierarchical categories, built in the history of society, which classifies the status of the genders. When G-III states that "he would consult for me", the loss of women's autonomy is evident, which can be

defined as "the capacity and concrete conditions that allow decision-making that affect their lives and the power to act according to these decisions"⁽²¹⁻²⁴⁾.

In this way, when a man interferes in a woman's decision making, regardless of the situation in which she is, he withdraws her autonomy and decision-making power over her own life. However, woman does not always perceive this occurrence, which can be understood, according to Bourdieu (1998), as "a soft, insensitive violence, invisible to its own victims, which is essentially exercised by the purely symbolic means of communication and knowledge, recognition or, ultimately, of feeling"⁽²⁵⁾. Therefore, it is understood the attitude of this companion as a symbolic violence, aiming to make the woman a passive and submissive being to culture, beliefs and values⁽²⁵⁾.

In view of the above, it is evident that the participation of men during the pregnancy-puerperal period should not be limited to their insertion during prenatal consultations. Their participation in the daily events, the preparation to receive the baby and the care for the woman are forms of support that satisfies her, since it provides a safe, welcoming environment and that encourages the pregnant woman to seek greater contact with the baby and also decrease anxiety and worry⁽²⁶⁾.

However, it cannot be confined to this factor, it is necessary to understand the need for prenatal care to be centered in the family, paying attention not only to the woman and the child, but to the couple. It is essential to provide men with the right to be present and to be part of this moment, not only during childbirth, but throughout the pregnancy-puerperal period, since there are innumerable advantages both for the care of women's health and for the family. It is worth mentioning that the change in the concept of fatherhood affects the way in which man inserts himself in this context, which is crucial for the father-child interaction, consequently affects this relationship during the child's growth and development⁽⁶⁾.

Therefore, it is necessary to identify how the companion is inserted in the gestation, so that the professionals who perform the prenatal (doctors and nurses) can act in a way that reaches the family. Identifying their participation at home is preponderant to understand the biopsychosocial needs of the woman and her partner, and also to offer the care and guidance

appropriate to the mother-father-child triad. In addition, it is the responsibility of health professionals to present to the couple their rights as a father, mother, pregnant, parturient and puerpera, so that they can enforce the laws and exercise their rights as citizens. It is necessary to rethink the forms of health care and seek the qualification of the assistance as defined by the Ordinance No. 569 of June 1, 2000, which instituted the Prenatal and Birth Humanization Program so that qualified assistance can be effectively implemented, humanized and family-centered, thus ensuring greater well-being⁽¹⁾.

Feelings triggered by the presence or absence of the partner during prenatal consultation

Feelings are the forms encountered by individuals to express their experiences. Their definition, in the psycho-clinic terminology, configures them as broad and abstract, being the experiences capable of causing changes in the subjectivity of the subject that give origin to the feelings. These are processes of an exclusively psychic nature that can accompany the sensations, but they do not have dependence relation with the objects, but with the subjects⁽²⁷⁾. Objects are determined as internalized human experiences and subjects, such as those who experience such experiences, in such a way that the object is extracted from the subject and generates hypotheses about reality⁽²⁸⁾.

When questioning the participants how they would feel or felt with the companion's participation during the prenatal visit, we can notice the presence of many feelings. Almost all of the women mentioned it in a positive way, mentioning feelings like security, joy and confidence, as noted in the following lines: "It was everything to me because he is always on my side for everything. So for us it's all new, we're happy" (G-I); "Oh, I think I'd feel safer. Because I think he gives us more strength, more confidence" (G-IX); "I would feel good, it would not bother me" (G-VI); "It's good he came to hear everything the doctor is talking about, to participate with me" (G-VII).

From the psycho-analytic point of view, the feelings referred are associated with the need developed by the woman, during the gestational period, for greater protection and protection. This need occurs due to gestation triggering a regressive experience, which leads the pregnant woman to experience, in an intense way, feelings of anxiety and abandonment. Based on the

assumption that the greater emotional support during pregnancy, according to the women, is dispensed by the companion, father of the baby, it is concluded that their participation during prenatal care is as necessary as the support granted in the family context, a woman's desire⁽²⁷⁾. It should be noted that the presence of the man is requested by the woman not only in the consultations, but also in the imaging tests, such as ultrasonography (USG). The speeches of G-VI and G-XI respectively stand out: "(...) on the ultrasound of my first child, he was with me, so I felt much better, at least I knew he was there with me at that time (...)" ; "I missed him most on the ultrasound, but for the consultation, no... I do not bother him".

We can justify this woman's need to have the companion's presence during the USG because of the emergency in answering doubts regarding well-being and fetal health. For the man, it is a possibility to establish greater contact with the baby⁽²⁶⁾. These factors were also identified in the speech of G-XI: "in the first ultrasound I did, he was so excited, to know everything. And when I went to know the gender too, because he wanted to, but I did in the morning. It was just this part ... so he could see, because he was anxious to see".

It is noted that the USG is a moment of intense emotions between the couple, in addition to strengthening the relationship of the parents with the baby. This allows the man to visualize the contours of the fetus through the display of the USG device and still listen to the heartbeat. All imaginary aspects regarding the baby are the subject of investigation, because of the desire to identify the child's health, gender, weight and length. These factors, for the most part, ensure that the fetus is healthy and that the gestation can follow its course without problems related to the baby⁽²⁶⁾.

In addition, the health professional, in the presence of the couple, can use the Haptonomy technique to stimulate the bond between the mother-father-fetus triad during prenatal consultations, and thus to stimulate the father's feeling of being so attached to the maternal figure. The technique, which gained its name more than 50 years ago, was developed in the twentieth century by FransVeldman, whose aim was to define the "Science of Affectivity". It is used to develop intrauterine communication, especially by touching the abdomen, which helps to develop a state of safety for the child, and stimulates its development both during

pregnancy and after birth. It is also a form of parental preparation to receive the baby⁽²⁹⁾.

This technique allows the development of paternity and motherhood even in the gestation, since it stimulates the parents' sense of responsibility towards the child, thinking it as a human being, going beyond the limits of the imaginary that often persists until birth⁽²⁷⁾. It is understood that Haptonomy allows greater interaction between the couple, favoring the development of feelings such as security and protection. The man begins to experience, along with the woman, unique experiences and sensations that have been specific to the pregnant woman.

"As for the father, sometimes excluded from the mother-fetus psychological relationship, he finds an exceptional means of contacting the child before birth"⁽²⁹⁾. Haptonomy minimizes the difference between the experiences of the father in relation to that which the mother has with the baby. In fact, the practice of this technique must be performed in the presence of the father, in order to strengthen this bond.

During the consultations or meetings of the educational group, the health professional who knows the technique can guide the parents about their achievement, so that many conflicts are overcome and the bond and affection intensify between mother-father-fetus. Thus, paternity is constituted as motherhood, without cultural differences that classify man only as the provider. He comes to be seen as an attentive and participatory individual in the development of the child, thus collaborating to establish the new concept of fatherhood.

Contrary to this view, some participants claimed to be ashamed of their partner's presence, which can be proved in the following reports: "Ah, I think I would be more ashamed." (G-III); "Oh, I'd be a little ashamed! They speak something there that no matter how much I am married, it makes people shame "(G-VIII).

This feeling may be related not only to the presence of the partner, but also to the feeling of dissatisfaction related to the pregnancy changes, which may be being experienced in a negative way, making the woman to feel insecure about her image and sexually incapable. This sensation leads to repulsion to the companion's show of affection, believing that he only wants to console her⁽²⁶⁾. Therefore, the sense of shame is understood as an expression of this feeling, and it is believed that the presence of the companion

during the consultations is a way of exposing the modifications not accepted, promoting the embarrassment of the woman.

It is necessary that the health professional is able to recognize this feeling and to identify the history of the pregnant woman, her relationship with her body, as well as her relationship with the partner and how this interacts with the gestation and perceives the changes caused by it. Sensitive listening and guidance are essential so that the woman can demonstrate these feelings. This situation can change her point of view about gestation and help her to experience this process as something simple, natural and undisturbed.

It is essential for health professionals to identify psychosocial factors during prenatal consultations, whether positive or negative, as they interfere in the behaviors to be adopted and in the way the process will be conducted.

FINAL THOUGHTS

This study identified in the pregnant women interviewed, who live in a neighborhood of Viçosa/MG, the need to receive greater support and safety from their partners. Conditions that provide joy, confidence and strength, feelings that favor well-being, acceptance of gestation and possible biopsychosocial changes.

It is evident that the presence of the companion in prenatal consultations is not dispensed in most cases, but their absence is understood and justified by working hours. Women perceive the presence of men in this scenario as important, but not indispensable, as they consider their participation in the family.

It appears that there is a need to establish a link between the mother-father-child triad. Health professionals involved in PHC can contribute to this process and should stimulate and facilitate the participation of men during prenatal consultations, among other activities carried out in this scenario. Consequently the man will begin to understand and to accept the biopsychosocial changes that occur in the pregnant woman at this stage. It is up to the professional to explain these changes, to clarify and to resolve doubts, to explain Haptonomy practice and to reduce fears and desires according to the unique demands of each couple. Thus, the practitioner provides a practice that favors the experience of the puerperal pregnancy cycle in a more pleasurable and happy way, once the mother-father-fetus bond and the stimulus to

motherhood and parenthood are established coetally.

However, it is necessary to grasp the meaning and point of view attributed to the gestational process and prenatal consultations regarding the family, especially the father. For this, it is suggested to carry out similar studies with future parents, since it is important to assimilate how they see and understand the process of gestation, the need and the ways to support the pregnant partner. It is also believed that understanding the father's point of view will allow health professionals to formulate intervention strategies that favor and stimulate the participation of men, thus guaranteeing the effective exercise of fatherhood.

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