

PATERNAL INCLUSION DURING PRENATAL CARE

A INCLUSÃO PATERNA DURANTE O PRÉ-NATAL

INCLUSIÓN PATERNA DURANTE EL PRE NATAL

Gabriela Sofia Henz¹, Cássia Regina Gotler Medeiros², Morgana Salvadori³**ABSTRACT**

Objective: to investigate parental participation during prenatal care at a Women's Health Center. **Method:** this is a research with a qualitative, descriptive and exploratory approach. The participants were two nurses working at the Women's Health Center and five men whose partners were performing prenatal care at this health facility. The data were collected by semi-structured interview and treated by content analysis. **Results:** the restricted hours at the Health Centers coincide with the men's working hours, what hampers paternal participation. The importance of pregnant women to encourage their partner to participate in prenatal activities was highlighted. **Conclusions:** paternal participation in the prenatal period is complex and has many variants, since even being stimulated by health professionals, it also depends on economic, cultural and family issues in which men are inserted.

Descriptors: Paternity, Men's Health, Public Health, Prenatal Care.

RESUMO

Objetivo: investigar a participação paterna durante o pré-natal em um Centro de Atenção à Saúde da Mulher. **Métodos:** trata-se de uma pesquisa com abordagem qualitativa e de caráter descritivo e exploratório. Os participantes foram duas enfermeiras que trabalham no Centro de Atenção à Saúde da Mulher, e cinco homens cujas companheiras estavam realizando o pré-natal nesta unidade de saúde. Os dados foram coletados por entrevista semiestruturada e tratados por análise de conteúdo. **Resultados:** a limitação da oferta de horários de atendimento, que coincidem com os de trabalho dos homens dificulta a participação paterna. Destacou-se a importância de as gestantes encorajarem o seu parceiro a participar das atividades do pré-natal. **Conclusão:** a participação paterna no período de pré-natal é complexa e possui inúmeras variantes, pois mesmo sendo estimulada pelos profissionais da saúde depende também das questões econômicas, culturais e familiares nas quais os homens estão inseridos.

Descritores: Paternidade, Saúde do Homem, Saúde Pública, Cuidado Pré-Natal.

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RESUMEN

Objetivo: investigar la participación paterna durante el prenatal en un Centro de Atención a la Salud de la Mujer. **Métodos:** se trata de una investigación con enfoque cualitativo y de carácter descriptivo y exploratorio. Los participantes fueron dos enfermeras que trabajan en el Centro de Atención a la Salud de la Mujer, y cinco hombres cuyas compañeras estaban realizando el prenatal en esta unidad de salud. Los datos fueron recolectados por entrevista semiestructurada y tratados por análisis de contenido. **Resultados:** la limitación de la oferta de horarios de atención, que coinciden con los de trabajo de los hombres dificulta la participación paterna. Se destacó la importancia de las gestantes para alentar a su pareja a participar en las actividades del prenatal. **Conclusión:** la participación paterna en el período de prenatal es compleja y posee numerosas variantes, pues aun siendo estimulada por los profesionales de la salud, depende también de las cuestiones económicas, culturales y familiares en las que los hombres están insertados.

Descriptores: Paternidad, Salud del Hombre, Salud Pública, Atención Prenatal.

INTRODUCTION

In the contemporary family, the man is not the only provider anymore and in some cases, not even the major one. Many cultural changes collaborated to modify the roles of a mother and a father in a family. However, it is necessary to remember that, although these changes provide for men the possibility of living paternity more affectively, the traditional view that attributes to the father the role of financial provider still remains very widespread socially.¹

Brazil has stood out for the numbers of works that have been developed on the subject of paternity. This fact can be explained by the social and cultural characteristics found in the country referred to this subject. This leads us to reassess and question the way in which the male role has been developed in Brazilian families. For this reason, the creation of policies and programs that involve this

public is essential for increasing the participation of the male population in the family environment.²

The health services are developed to host the pregnant woman, which makes it more difficult to care for the father. Regarding paternity, it is seen that the paternal figure, even though it has been idealized and referred to as important, is still devaluated by health professionals. The perception of parental exclusion in public services can be explained by the poor physical infrastructure, absence of qualification and discredit of professionals on this public in relation to men of the lower classes.³

Another factor related to the difficulty of health services that generates less presence of the male public is the fact that men have greater difficulty in recognizing their health needs, rejecting the possibility of becoming ill. This causes them to end up searching the health system

through specialized care, resulting in the aggravation of illnesses and the difficulty of healing. In this regard, it is necessary to qualify the assistance to this public in the primary care, developing the promotion of health and preventing irreversible diseases.⁴

Large part of the non-adherence of the male population to the health care is due to cultural variables. Culturally the disease is seen as a sign of fragility that men do not recognize as being possible to their own biological condition. Men judge themselves as invulnerable leading to the carelessness of these with their health, thus increasing their exposure to situations of risk. Another issue highlighted as an impediment by the male population is the health service hours that coincide with the working hours causing a decrease in the demand for health services.⁴

For the National Policy of Integral Attention to Human Health^{4,16}, "it is necessary to make men aware of the duty and the right to participate in reproductive planning". Paternity should not be viewed only from the point of view of the legal obligation, but above all as a human right to participate in the whole process, from the decision whether or not to have children, how and when to have them as well as monitoring the pregnancy, childbirth, postpartum and child education.⁴

Pregnancy and childbirth are natural physiological conditions, but they cause physical and emotional changes in women, making care by family members and health professionals critical. Professionals should not see prenatal care only as a time of physiological changes, but also of great emotional changes, so that a bond of trust and safety can be established with the pregnant woman.⁵

In order to provide quality care during the prenatal period, the Ministry of Health (MH) developed the Stork Network, which systematizes and institutionalizes a model of care for childbirth and birth, with the objective of ensuring the humanized attention to the pregnancy, the childbirth and puerperium, as well as to the child the right to birth, to safe growth and to healthy development. In order to achieve this, several strategies were developed for quality monitoring, such as host guarantee with assessment and risk classification, guarantee for a quality prenatal care, linking the pregnant woman to the reference unit, guarantee of safety practices regarding to childbirth and birth, and guaranteed access to reproductive planning actions.⁶

However, for improved quality of care to occur, it is important to have the participation of qualified health professionals that can contribute to reducing maternal mortality and improving

quality of service. For this, investments are necessary in the personal formation of the professionals, qualifying them for the service to the women in the period of prenatal and birth, because by strengthening the relationship between professionals and users and the qualification of these people it is possible to improve the quality of assistance during the prenatal care, reducing the chances of maternal-infant morbimortality.⁷

The differences between genders are culturally experienced issues, which are strongly linked to the division of labor between the sexes. The roles assumed by parents and mothers have always been well defined. Mothers were directed to the role of caregiver, who cared for affective needs, and the fathers supplied the financial needs of the family. With the beginning of the 21st century and the entry of women into the labor market there have been several changes in the cultural paradigm.⁸

The man starts to take a more equal posture towards his partner, and to become more aware of his importance in the family environment. These changes come as a result from the emergence of campaigns and parental inclusion policies developed by MH and health services. Along with this, comes the concern with the care in the prenatal period, centered on the family and not only on the needs of the woman. The couple begins to unite, besides providing

from the moment of conception, the beginning of the bond between father and son, thus strengthening family ties.⁸

It is necessary that health units also act with priority for humanization. According to the Ministry of Health, in order to establish a humanized care, it is necessary to assist women and their families with dignity, as well as to guarantee to women only the performance of effective procedures, avoiding unnecessary interventions that do not bring benefits to women and the newborn in addition to the inclusion of the partner during the prenatal period and during delivery and postpartum, thus preserving the privacy and autonomy of these subjects.⁶

To establish the affective bond between father and son it is essential that there is paternal involvement. It is defined through three dimensions of paternal behavior: accessibility, engagement and responsibility. Accessibility refers to the availability of the father to the child, the engagement is related to paternal participation in leisure activities and games, and responsibility is understood as the guarantee of care and resources for the child.⁸

Paternal involvement changes through the child's development, sociocultural changes, marital relationship, and even lived experiences by parents

during their own childhood can lead to differences in parental involvement. In this perspective, becoming a father involves a complex conscious and unconscious reflection of the inheritances received from the parents themselves, and from what it is wanted to transmit to the sons and daughters, these may be memories that follow socially accepted family patterns, or even memories that are denied or confronted.⁹

According to this reality, the objective of this study is to investigate paternal participation during prenatal in a Center for Women's Health Care, focusing on how parents are being included in their children's prenatal. It is sought to verify if the fathers identify the importance of their participation in the prenatal period, to know difficulties of paternal participation in the prenatal period and to investigate if the health service encourages parental participation in prenatal care and if there is specific activities for this purpose.

METHOD

For this study, a Women's Health Center was selected, it is considered a reference in Women's Health in the municipality of Lajeado (RS). The Center currently has two nurses and serves users throughout the municipality who require

specialized assistance in the area of gynecology and obstetrics.¹⁰

This is qualitative research with an exploratory approach, where five parents were interviewed, aged between 23 and 43 years-old, four with primary education and one with secondary education, in the period from August to October 2016. The interviews were semi-structured with the transcription of the statements and afterwards, a qualitative analysis of the information obtained was performed. The questions of the research instrument referred to the importance of paternal participation and the existence of activities directed to the father during prenatal period; the cultural, social, and labor difficulties faced by men when accompanying their partners and the strengthening the family bond that parental involvement provides.

The data collection occurred after approval of the study by the Ethics Committee in Research with Human Beings through CAAE 57839616.0.0000.5310 issued on September 8, 2016. All the participants signed the Informed Consent Term (ICT), they were advised about the confidentiality of their identification data, the possibility of withdrawing at any time during the research without any prejudice and authorized the disclosure of the results for scientific purposes.

Two interviews were conducted at the basic health unit with the men who were accompanying their wives. In the course of the research, it was difficult to find men who accompanied their partners in prenatal consultation. The main reason reported by them was that the service hours offered by the unit are consistent with their working hours. For this reason, the rest of the interviews were conducted through home visits, after previous contact with three pregnant women who participated in the pregnant group performed at the unit, and who accepted to participate in the study.

Regarding the professionals, two nurses were interviewed, both with eleven years of training, one of whom has been working for six months in the institution and another for two years. One has specialization in public health and child health and another has specialization in collective health.

RESULTS AND DISCUSSION

From the testimonials, the following categories emerged men's perception of paternity, parental participation in prenatal care, nurses' perception of the benefits of parental participation, and health service offerings to parents.

Perception of men facing paternity

Changes are now perceived concerning the modifications occurred during the gestational period, where the man begins to participate more actively in the pregnancy. These changes collaborated to increase the father's bond with both his partner and the baby, thus developing a greater affective family involvement. Including the man during prenatal is a strategy that provides greater interest in pregnancy by encouraging man to take greater care of the woman and the baby.¹¹

According to the authors mentioned, for the men who were interviewed in this study, their role during prenatal care is based on care, in monitoring and being together during difficult times, which shows significant changes in roles associated with gender. Traditionally, parental involvement with the family is marked by a certain distance between ideal paternal behavior and actual behavior, with the father figure little involved in the care provided to the children and in household chores.

Helping the pregnant woman with everything she needs, going to the doctor whenever it is possible because I work, so it becomes a little harder, and worrying about her feeding and the baby's health. (P5)

The role of the father during pregnancy I think is the monitoring... in the prenatal, help in what is necessary, try to keep calm, in the case, the

wife whose is having her first child and I think that is all, you know... tell her what is right and what is wrong to do. (P3)

Regarding the perception of paternity, three interviewees reported that they are prepared for this moment either because they already have children or even because of favorable economic issues, which highlights the perception of the importance of the father's role as provider of economic needs. Among the feelings, anxiety was the most expressed, especially for the fathers who were expecting their first child. Anxiety about changes and challenges that this child brings after the birth.

Look... even though I have children, it is different, however I feel prepared... because we have to be prepared for everything... but I am very happy. (P3)

Yes, I already have a son. (P2)

Yes... kind of... very anxious. (P1)

Yes, I have a job and my wife works too, we can afford having a child, but we always feel a little anxious since this is our first child, we have many doubts on how to raise the baby, but we will learn little by little. (P5)

From family inheritances, such as fears and fantasies, tensions and difficulties arise when it comes to establishing an affective bond with one's own children. Especially when these tensions are still linked to the new cultural changes where there are greater social demands, regarding the activities carried out by the men and the care with the

children. This ends up awakening in them a greater desire to be involved from the moment of pregnancy and in early childhood at the same as it has the function of giving support and structure to the conformation of mother and baby.⁹

The arrival of a baby is marked by a great intimacy between the couple who is preparing for the construction of a common good: the construction of a family. This makes the father's care at birth provide an excellent example of shared experiences. Paternity in homes where the parents both male and female have a good relationship gives the child a healthier and more harmonious development.¹² In addition, some recent studies indicate that the baby perceives the paternal presence differently from the mother and that this relationship with the baby brings great benefits to the child's mental health.¹³

Paternal participation in prenatal

The man who accompanies his partner in prenatal appointments is already emotionally prepared to exercise paternity, besides making the pregnancy period more humanized. It is necessary for the man to provide his partner with emotional support, so that she feels safer and it allows the couple to share the joys of birth, which leads to greater closeness and

intensification of the relationship. With this participation, the man makes his partner the focus of the care, in addition to strengthening his powers and knowledge to assist the pregnant woman, placing himself in an active position and not only as a spectator concerning the birth.¹⁴

When we talked about parental presence during prenatal appointments and activities, three interviewees reported participating in all appointments and two reported to participate when they are available from work. It should be mentioned that one interviewee works at night, two are autonomous, one works in a company and one was for the benefit of the National Social Security Institute (NSSI) during the prenatal period due to health problems. This may have favored them so that they are willing to accompany their wives during the appointments, since no alternative care shift is made available by the unit.

I accompany her in every one I can, I have been to practically all appointments... since her prenatal appointment is in the morning... now that I have been transferred to another shift, but it was ok since I started to work in the afternoon. (P3)

Yes, I go to every appointment... I work as an autonomous... (P2)

Yes, I have been receiving the benefit...I broke my arm... (P1)

I sometimes accompany her, because I am a mechanic, so when I do not have a lot of work I can go with her, I went to the first appointment to

do some rapid tests too, it is important to see how the baby is and make company to my wife. (P5)

These difficulties presented by men in participating in prenatal appointments are important to be worked on, especially for the formation of the family bond, since paternal involvement is complex, especially in the child's birth phase when the routines are strongly changed. There are varied situations that influence parental functions and how they are performed. The transition to paternity reveals individual tensions and affective relationships.¹²

One of the factor that leads to the lack of participation of the male population is the fact that culturally man has the function of supplying the economic needs. From this perspective, it is noticed that for there to be changes in the relations between parents and children it is necessary to break with the social values that still persist. Parents should be encouraged to have a family relationship based on love, affection, and caring, as economic issues are necessary for survival, but they are no more important than affective issues.¹⁵

Paternity can still be divided into three models: traditional, modern and emerging. In the traditional model, the paternal image is directly related to power and authority, with little direct involvement with the children. In the modern perspective, the paternal image is

related to the moral and education, the father is important for the moral development. The emerging perspective, however, is that men are psychologically able to actively participate in the care and rearing of their children.¹⁶

According to the interviewees, the activities that are performed by the unit are interesting and for the great importance for the adequate development of pregnancy, such as pregnant groups, prenatal appointments and rapid tests. Such activities help to solve the doubts that arise about the care of the baby in the first days of life, the legal issues related to childbirth where the accompanying law is highlighted.

Look, for me, I thought it was interesting these lectures that were made and they should be everywhere, I do not know if this was not something that we were missing, because... as I told you, I have two daughters and I did not have the right monitoring, I could not accompany the childbirth for... maybe not knowing, not looking for further information on my rights as a father alongside my wife during the childbirth and this is interesting. (P3)

I think that it is good as it is, there are pregnant groups, the medical appointments, they explain a lot and clarify the doubts. Since it is our first child, we are anxious, but after the baby is born we will learn. (P5)

This shows that there is a relationship between the respondents' speeches and the MH orientation. As mentioned previously, it is necessary to

humanize the health units not only to women, but also to their relatives and newborns, avoiding unnecessary interventions and promoting parental inclusion during the prenatal period and during childbirth and postpartum.⁶

Nurses' perception of the benefits of parental involvement

According to the perception of the nurses interviewed, the participation of the father during the prenatal period has a very positive influence in relation to the family life, since it would be a greater bond with the pregnant woman, supporting and assisting throughout the prenatal period, which strengthens the relationship of the couple, besides increasing the involvement in the care directed to the baby after the birth.

(...) for him to support the pregnant woman, to know that the pregnancy is and what kind of risks a woman goes through during all this period (...) (I2)

(...) and also, already preparing him to be a father, from the moment he understands how this whole process is, he is also going to have a bond with the child, it is one of the most important points I consider, the beginning of the family (...) (I2)

(...) because he is going to be participating actively and knowing about the development of the baby and how the woman's health is (...) (I1)

(...) and it surely is a way of binding him to this baby that is about to be born (...) (I1)

The presence of the father during the prenatal period is of great importance when it comes to the process of humanization. However, in the majority of health services, it is noticed that during prenatal care the health professional concentrates the care on the pregnant woman, not paying attention to the father.¹⁴

Participating in the consultations enables men to better understand gestation and their role in it, as well as being an important time to work on preventive measures such as prevention of HIV infections, syphilis, viral hepatitis and increasing adherence to pre-delivery exams, besides having the role of guiding the father regarding the emotional and physical changes that women undergo during childbirth and postpartum, thus helping to reduce domestic violence.¹¹

Regarding the involvement of the father, the nurses realize that the fathers who participate during the prenatal return to the health unit more frequently, bringing their child to get the vaccines, participating in the medical appointments with the pediatrician, and the puerperium appointments, in addition to being informed about breastfeeding, care with the stump, among others.

(...) a lot of difference because you can see the involvement of that father since the first moment

not only with the baby, but with the wife too (...)
(I2)

(...) as to the care of the baby and after birth, or even during pregnancy, the importance of immunization of the mother, the importance of the examinations, the medical follow-up, because she has to come more often as the pregnancy comes to an end (...) (I1)

The fathers who participate in the care have a good relationship with the children, marked by joy, affection and a higher quality in the relationship with their wives being marked by little conflict and easy dialogue. Parents can have a broad participation in the lives of their children, not based only on financial support, but sharing their responsibilities with their wives.¹⁷

Regarding the maternal stimulus for the participation of the father during the medical appointments, it was reported by the nurses that it is of great importance that not only the Health Unit encourage the father to participate in the consultations, but the pregnant woman should also encourage her partner to participate in the activities related to the prenatal care, because this will have a great influence on how the man will engage in postpartum.

(...) many women do not invite their husbands to come either, they do not even know that they are coming to prenatal appointments if you ask them... I think that women are also guilty because they have to build that bond. (...) (I2)

It is also possible to emphasize that the female perceptions regarding the

paternal involvement with the children also have great weight in the relationship between father and son, because although the mother understands the importance of the relationship between father and child and needs his help, she can not always allow and encourage involvement between the father and the baby.⁹

Health services offers to parents

Regarding the activities directed to men in the paternity exercise, it was reported that there were no activities for the fathers during prenatal care, only for pregnant women. The only time dedicated exclusively to men during prenatal care is rapid testing, but it has little adherence. They explain that it may be due to the schedule provided by the unit, which are not suitable for working hours. The schedule that the male audience is most in demand is at noon, where men are in the work break.

(...) They participate, but very few parents are coming, most of the time they end up coming to take the rapid testing because it is part of the protocol, we guide in the beginning of pregnancy, we ask them for rapid testing exams, but only a few fathers participate in both the medical appointment and the nursing appointment, and the orientations (...) (I1)

(...) the biggest allegation is the work issue... this schedule is bad for him to come because he is still working, so much so that the

rapid tests are done at noon as soon as the unit is open because he has to go back to work. (I1)

This limitation of scheduling is negative because, according to studies, the insertion of men in prenatal care reduces the occurrence of infectious contagious diseases, and provides a greater awareness of the care they must have during their pregnancy. At the individual level, paternal participation in prenatal care increases the involvement with the pregnant woman, enabling the fathers to attend to her needs and preparing them to participate actively in care.¹¹

The way the father participates and gets involved in the prenatal care is something that differs from individual to individual, so that each one exercises their paternity according to their beliefs and personality. This factor negatively influences the possibility of bonding, both in relation to the baby and to the mother. With regard to men's lack of motivation and interest in accompanying their prenatal partners, this may be related to the lack of incentive of participation by the pregnant woman herself or the lack of reception of the health service that focuses attention specifically on the pregnant woman, not allowing the man to interact at this moment.¹⁴

It was verified the existence of a pregnant group that is still in implantation, but it does not have a specific schedule, it

is planned according to the demands of the users. The pregnant women are invited to bring their companions, but a few of them are accompanied by the father of the baby. They are usually accompanied by the mother, mother-in-law or a friend. When asked about their companions, they report that they are working.

(...) where we have the pregnant group, we are actually getting started because we did not have an active pregnant group, and we invite the woman but we also invite the fathers to participate too because it is something more informal, it is not like... a structured thing of professionals. (I1)

(...) the ideal would be for the parents to come to the appointments making company to their women even to understand the signs and symptoms, and so what a pregnancy is, like I said before, and also in groups it would be extremely important for fathers to come, but they do not (...) (I2)

For paternal adherence to prenatal care, it is necessary for professionals to create activities and strategies for men to have their preventive exams and follow-up at the same time that women are having the prenatal. Thus, having the opportunity to follow the father during the pregnancy.¹¹

However, it is necessary to extend the service hours offered by the health units, taking into account the difficulties that men encounter in order to be liberated from the companies. According to the Ministry of Health in Law no. 13257/2016, the father has the right to be absent from work to accompany his wife or partner in prenatal appointments for up to two

consecutive days, and the employer is not allowed to deduct these days from the employee's salary. It is essential to present a medical certificate or statement.¹⁸ It is through the creation of new laws that it is possible to perceive the cultural and social changes that are taking place in relation to the development of paternity and its repercussions in society.

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Parental participation during the prenatal period is something complex that has innumerable variants because even though health professionals have stimulated this, it also depends on the cultural and familiar issues in which men are inserted. The kind of parental participation appears in speeches such as providing economic support and emotional and affective support. The lack of flexibility in the medical appointments schedule, which coincides with their working hours, makes it difficult to participate in the appointments.

Although there are some changes in men's participation in prenatal care, they are still often linked to rapid testing for sexually transmitted infections. There is a need for health units to promote actions and strategies, such as the expansion or changes in the service hours of the units, training of professionals in relation to the

stimulation of the care of this population group and the development of activities alluding to men in the exercise of paternity. It is important to encourage men in co-responsibility for baby care since the gestational period. For this to happen, advances in workers' rights are suggested, through public policies that guarantee the possibility of being absent from work to accompany the pregnancy, as well as the development of activities directed to men and flexibility of service hours.

It is considered as a limitation of this study the difficulty of access to men, due to the low adherence to prenatal care that reduced the possibilities of interviews having to resort to a home visit for its accomplishment.

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