

PATERNAL PARTICIPATION IN LABOR AND DELIVERY

PARTICIPAÇÃO PATERNA NO TRABALHO DE PARTO E PARTO

PARTICIPACIÓN PATERNA EN EL TRABAJO DE PARTO Y PARTO

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Objective: to understand the father's participation during labor and delivery from the perspective of the woman and her partner. **Method:** this is a descriptive study with a qualitative approach, developed with 22 participants, 11 puerperal women and their respective partners. Interviews were conducted guided by a semi-structured instrument on paternal participation in the delivery process. The data were analyzed using Bardin's discourse analysis technique. **Results:** couples know and exercise the right of the spouse to accompany the woman in labor and delivery, especially when encouraged by nursing professionals, also expressed satisfaction, pleasure and comfort, and emotional support. **Final considerations:** the father's right to be with the pregnant woman demonstrates evolution in the clinical assistance to the family health, as well as promotes well-being and family bond.

Descriptors: Paternity. Labor, Obstetric. Women's Health. Nursing.

Objetivo: compreender a participação do pai durante o trabalho de parto e parto sob a ótica da mulher e seu companheiro. Método: trata-se de um estudo descritivo com abordagem qualitativa, desenvolvido com 22 participantes, sendo 11 puérperas e seus respectivos companheiros. Foram realizadas entrevistas guiadas por um instrumento semiestruturado sobre a participação paterna no processo de parto. Os dados foram analisados por meio da técnica de análise de discurso de Bardin. Resultados: os casais conhecem e exercem o direito de o cônjuge acompanhar a mulher no trabalho de parto e parto, principalmente quando incentivados por profissionais de enfermagem, manifestaram, ainda, satisfação, prazer e conforto, além de amparo emocional. Considerações finais: o direito do pai no acompanhamento da gestante demonstra evolução na assistência clínica à saúde da família, bem como promove bem-estar e vínculo familiar.

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Descritores: Paternidade. Trabalho de Parto. Parto. Saúde da Mulher. Enfermagem.

Objetivo: comprender la participación del padre durante el trabajo de parto y parto bajo la óptica de la mujer y su compañero. Método: se trata de un estudio descriptivo con enfoque cualitativo, desarrollado con 22 participantes, siendo 11 puérperas y sus respectivos compañeros. Se realizaron entrevistas guiadas por un instrumento semiestructurado sobre la participación paterna en el proceso de parto. Los datos fueron analizados por medio de la técnica de análisis de discurso de Bardin. Resultados: las parejas conocen y ejercen el derecho del cónyuge a acompañar a la mujer en el trabajo de parto y parto, principalmente cuando incentivados por profesionales de enfermería, manifestaron, además, satisfacción, placer y confort, además de amparo emocional. Consideraciones finales: el derecho del padre en el acompañamiento de la gestante demuestra evolución en la atención clínica a la salud de la familia, así como promueve bienestar y vínculo familiar.

Descritores: Paternidad. Trabajo de Parto. Salud de la Mujer. Enfermería.

Introduction

Until the 19th century, childbirth took place in the home environment in a natural and physiological way, being the woman accompanied by people of her choice, usually family members and midwives. From the 20th century, it was institutionalized, leaving the family environment for the hospital and scientific knowledge gained evidence. The presence of the companion became increasingly scarce after this institutionalization, distancing the family, especially the father, from this moment of great significance, striking in the life of the woman and her family⁽¹⁾.

The right of the parturient woman to a companion had been widely discussed over the years and expanded further in the 2000s, through a national campaign to encourage women's right to have a companion of their choice by their side during labor and delivery, respecting the indications of the World Health Organization (WHO)⁽²⁾.

Law n. 11.108/2005 was approved on April 7, 2005, which guarantees the presence of a companion of the woman's choice during the entire period of labor, childbirth and postpartum, that is, it follows the principles of the Unified Health System (UHS) through public health policies and promotes humanized and quality health care for women throughout the pregnancy-puerperal process, including the right to choose a companion during labor and delivery⁽¹⁾.

However, there is a common practice in hospital environments, based on not allowing the

entrance of the companion or not guaranteeing this right in a full way⁽³⁾ which characterizes difficulty of access to the exercise of the right of women's to be accompanied in labor and delivery. The following justifications are presented for the restriction of this right: lack of preparation of the health team to embrace the companion, insecurity on the part of the professionals, physical structure of the small delivery room, which can only include the parturient woman and the team⁽⁴⁾.

Moreover, the paternal presence as a companion at the time of delivery transmits confidence and more security to the woman, contributes to the strengthening of the family bond in the triad father, mother and child and to better maternal and neonatal outcomes, in order to reduce pain and avoid unnecessary invasive procedures^(1,4).

Recognizing the importance of supporting women during labor and delivery, the companion becomes an important figure. In this context, the health team need to be prepared to receive, stimulate and guide the companion, from the moment of promoting their participation in all dimensions of care, contributing to the caregiver and the parturient woman to feel more secure and empowered⁽⁵⁾.

The importance of encouragement on the part of health professionals and institutions regarding paternal participation in labor and delivery is perceived, since it can be an emotional and social

reference for his partner. Therefore, the research question was: "what is the view of the woman and her partner about the father's participation during labor and delivery?"

Thus, the objective of this study was to understand the participation of the father during labor and delivery, from the perspective of the woman and her partner.

Method

This is a descriptive research, with qualitative approach, based on the international guide to the preparation of qualitative articles Consolidated criteria for Reporting qualitative research (COREQ). The study was conducted from July to September 2018, and was developed with 22 participants, 11 of whom were postpartum women and their respective partners, who experienced labor and delivery in a public hospital unit, located in the state of Piauí.

The following inclusion criteria were used: the couple (puerperal woman and father) in a stable union or married, who experienced labor and/or delivery together; aged 18 years or older; being in good self-reported emotional conditions. The postpartum women who experienced fetal losses were excluded.

Participants were selected according to the criterion of convenience sampling, which is based on the choice of all subjects who may have the necessary information to provide a response or facilitate the discussion of the proposed objectives, in order to ensure qualitative in-depth analysis⁽⁶⁾. The theoretical saturation technique was used to define the closure of the sample⁽⁷⁾.

Couples were invited to participate in the research during hospitalization in the Obstetric Center, Rooming-In and Center for Normal Delivery, were clarified as to the objectives, risks and benefits of their participation by reading the Informed Consent Form (ICF). The interviews were conducted by the assistant researcher and lasted roughly 20 to 30 minutes, were recorded in a smartphone and later transcribed. The instruments were identified by means of

acronyms, such as: W for women and F for father (Example: W1, F1, W2, F2...).

Participants were interviewed individually in a private environment in the hospital unit or in the home environment, according to the participants' availability. In the hospital unit, there was a reserved room, close to the aforementioned sectors, intended for interview, while in the home environment was requested private space to conduct the interview. Data collection occurred during the day and night periods (7pm - 9pm), and the flexibility of the times and places of collection was intended to enable greater paternal participation.

A single semi-structured instrument was used, which contained age and obstetric history, as well as information on paternal participation during labor and delivery. The questions were grouped into socioeconomic data of the family health condition, as well as knowledge and practices subdivided for fathers and mothers. Thus, the instrument had information on the identification of the couple and questions about knowledge and practices directed to mothers and, later, to fathers. As for the guiding questions for women: did your partner accompany you during the delivery? How did you feel during your labor and childbirth with the presence of your partner at this time? And for fathers: how did you feel during labor and the moment your child was born?

Transcriptions were analyzed using Bardin's thematic categorical content analysis technique, proposed in three stages: pre-analysis, material exploration and treatment of results and interpretation⁽⁸⁾. The analysis resulted in the following thematic categories: the guarantee of the right to paternal presence in the participants' view; the participants' view on the father's performance.

Ethical and legal aspects were respected, according to Resolution n. 466/12 of the National Health Council. The research project was approved by the Research Ethics Committee, opinion n. 2.917.951, 2018 and Certificate of Presentation for Ethical Assessment n. 92072818.5.0000.5660.

Results

Among the participants, women's mean age was 25 years and men's, 28 years; as for the reproductive history, seven couples were first-time parents and most experienced normal childbirth; there was unanimity in the prenatal follow-up reports in all pregnancies:

The guarantee of the right to paternal presence in the participants' view

There was reference to the knowledge about the rights assured by law about the presence of the companion during labor and delivery and respondents also mentioned the importance of paternal participation at that time:

[...] today, the law supports us, the father has the right to be with the mother during the delivery, whatever it is: cesarean or normal. (W1).

[...] fathers have this right, I wanted his presence since the beginning, and he accepted to participate; I'm very happy for this. (W9).

[...] by media, I always see it. I had also researched the internet about the law that allows it. (F1).

This category addressed contradictory points: on the one hand, the guarantee of right and embracement; on the other, the absence of guarantee of the father's participation in childbirth. Some deponents reported that, when they arrived at the maternity hospital, they were encouraged and guided by health professionals to accompany the delivery of pregnant women:

[...] I think they embraced him well, and let him participate, right? They treated him well, they treated us well, and it was so calm, thank God there was no problem. And the father's participation is fundamental, and they allowed it. So for me it was good. (W10).

[...] they advised that he should participate at the time of delivery, if he wanted, he could be present... and he would not be a companion, it would be a duty in this case, his duty. (W2).

[...] when we arrived, they sent us here, the nurse was already there and the first thing she said was: you, father, you can accompany your wife, it is your right; if you want to stay, you can stay. (F9).

In other situations, the absence of permission from the hospital institution in the father's participation in parturition was justified by the

lack of adequate clothing, which hinders the guarantee in the legislation and breaks with the presence in labor and delivery:

[...] I asked if he could be present, and they told me was that he could not accompany the cesarean delivery because there was no clothes for him to wear and accompany me in the delivery. (W1).

[...] they didn't talk about his right of being able to be at the birth. They just said he couldn't go in because they didn't have clothes for him. (W8).

The participants' view on the father's performance

The parturients expected that the father's performance in childbirth would promote security, trust and emotional well-being. They also reported that the partner participated actively throughout the process of labor and delivery, giving support, encouraging and calming them:

[...] I felt comfortable, good, and safer.. (W9).

[...] oh, he did pretty much everything; he held my legs when I had no more strength. He was encouraging..., helped a lot. (W2).

[...] at the moment he kept me calm and passed me tranquility too. (W9).

The fathers wanted to live the experience of accompanying labor and delivery, regardless of nervousness and anxiety; they wanted to demonstrate emotional support to their partner:

[...] at first I was very nervous, but the doctor was calming down... I tried not to show so not to make her more tense. Then thank God it was..., when he was born. (F9).

[...] I felt anxious..., distressed. But thank God it went fine, but the expectation is always great. (F8)

The reports of all participants show that the experience about the father's participation during labor resulted in positive aspects for the couple, especially in strengthening the union and the family bond:

[...] we were living far away and then..., with that we became closer. (W2).

[...] with the baby and the fact that he was here when the baby was born our union will get stronger and stronger. I believe that next time, if I get pregnant again, I will be able to count on him again. (W8).

I think we got closer. And when I'm telling the story I will advise to participate. It's very good, and I think it

strengthens the connection, and we have another view of the women's role and the men's role, we, as men, end up minimizing women too much in this sense, we think that, since they only take care of the baby, just giving birth, their role isn't that important and it's not something so extraordinary, bigger than what we can do, and I think it changes our view; if the guy participates, if he has a view of his wife, he changes, his view changes, I think he sees her differently. (F10).

In relation to feelings, which led fathers to assist their partners during childbirth, companionship with the parturient and emotional satisfaction translates as a personal fulfillment:

[...] feeling of joy, I have no words to say... something I can't even explain. (F3).

[...] it was the pleasure, pleasure of being a father, being present at the moment from belly to birth... Anxiety to see the child, right?! And when the nurse showed me the baby, it marked me a lot. (F8).

[...] I think birth, which is the "grand finale" of everything, is more exciting when we see the baby's face. (F10).

Discussion

The study portrayed the effective participation of the father in labor and delivery, as well as its benefits for the family bond. Demonstrating a change, since, for many centuries, the man was excluded from the process of pregnancy and perceived as someone who could disrupt the work of health professionals in the obstetric center⁽⁹⁾.

In Brazil, women's right to have a companion during labor and delivery is ensured by law, and should be disclosed in the various media and health professionals who assist childbirth, as occurred in the study. However, it was possible to observe the non-compliance with this law, which implies in the violation of this right of choice and prevents a participatory relationship⁽¹⁰⁾. This contradiction suggests the need to monitor the exercise of the right and respective punishment of health institutions that do not allow paternal participation in labor and delivery.

Although the legislation guarantees the right to the companion, it is not ensured and reproduced by all institutions responsible for childbirth. It is common to affirm that there are no structural conditions for accommodation or that there is no obligation to comply with this

law, since there is no sanction provided for in case of non-compliance⁽¹¹⁾.

The deprivation of the right to a companion contributes to other behaviors that violate the autonomy of the pregnant woman at the time of delivery and, to ensure the effectiveness of this right, the embracement practice by health professionals becomes essential in order to provide maternal and child well-being and the chance to experience a safe birth⁽¹²⁻¹³⁾. In this context, health institutions must be prepared to provide resources for parents to exercise the right of companion.

According to the Resolution of the Collegiate Directorate n. 36/2008, of the National Health Surveillance Agency (ANVISA), the presence of the companion is of free choice of the woman and that her privacy and of her companion must be guaranteed⁽¹⁴⁾. Moreover, there is Normative Resolution n. 262/2011, of the National Health Agency, which provides for the guarantee of the coverage of expenses related to the dressing, food and accommodation of the companion "indicated by the woman"⁽³⁾. Thus, the right of presence of the companion and the guarantee offered by the health institution should be widely publicized in the media.

The study shows that the baby's father may be the ideal companion for the woman in the birth process. Paternal participation in parturition contributes to a more affective relationship with his children, because it stimulates the construction of paternal identity and the establishment of bonds between father, baby and woman⁽¹⁵⁾. This ensures that the woman feels accepted emotionally and psychically by the support and encouragement of her spouse⁽¹⁴⁾.

The paternal participation provided security, trust and emotional well-being to the woman. Thus, sharing this moment and enjoying these feelings in labor generates good outcomes at birth⁽⁴⁾. Furthermore, paternal participation can influence the evolution of labor and the women's own decisions about actions performed by professionals during labor, being his presence considered the best "technology" for a successful delivery⁽²⁾, since the woman feels safer⁽¹⁶⁾.

The presence of fathers in labor and delivery was marked by emotional support to the partners, despite the nervousness and anxiety, since the purpose was to encourage and reassure the woman in labor. With the birth of the baby, the father felt joy and pleasure, such feelings experienced are able to subsidize the man's resignification with his family, strengthening the family bond and promoting co-responsibility in the childcare.

Most fathers are aware of the importance of accompanying the parturient and their presence in labor and delivery. The presence of husbands during childbirth is accepted throughout the world⁽¹⁷⁾, because, when living this experience, the stimulation of the perception of an active participation of the man in the family unit occurs and brings the possibility of resignification of the masculinity of being a father, transcending social beliefs⁽¹⁸⁾.

Paternity establishes a complexity of skills and knowledge necessary to explore and adapt to the responsibilities required in the relationship with the child, in order to promote the effective involvement of men with responsible parenthood⁽⁹⁾ which may represent the search for the balance of attributions between parents in the childcare.

The assistance provided in labor and delivery should be family-centered, transcending the care of the woman and the child, thus health services need to offer men opportunities to learn and exchange experiences that favor their participation⁽¹⁵⁾. When the man accompanies his partner during prenatal consultations, throughout this period, he will emotionally prepare to perform paternity and still contributes to a more peaceful pregnancy⁽¹⁹⁾.

Participating in prenatal consultations enables men to better understand pregnancy and their role, establishing their identity as a "father figure"⁽²⁰⁾. Furthermore, follow-up still allows increased adherence to tests prior to childbirth, in addition to guiding the father regarding the emotional and physical changes that women undergo during delivery and postpartum⁽²¹⁾.

According to the National Policy of Comprehensive Health Care for Men: "it is necessary to make men aware of the duty and right to participation in reproductive planning"⁽²²⁾, as well as paternity should not be seen only from the perspective of legal obligation, but, above all, as a man's right to participate in the whole process, the monitoring of pregnancy, childbirth, postpartum and the education of the child⁽²²⁾.

The female focus on reproductive planning since the 1980s stands out; however, the men's attitudes can interfere in the opinion of their partners, defining the directions of the use or not of a contraceptive method, the number of children, time between pregnancies and distribution of tasks in the care of children, having a significant participation in all phases of life of the woman and the pregnancy-puerperal cycle⁽²³⁾.

Prenatal care and birth are unique moments for each woman, and health professionals, especially nursing professionals, who work in the perspective of health education as a practice inherent in care, should assume the role of educators in an interdisciplinary way, sharing knowledge and seeking to generate in women the self-confidence to live pregnancy, childbirth and postpartum in a positive way⁽⁴⁾. The nursing team must position itself, contribute, assist and facilitate the process of acceptance of the rights of the companion so that he feels more embraced and respected⁽⁵⁾.

Final Considerations

The study allowed identifying the knowledge and the exercise of fathers' right in the monitoring of the pregnant woman in the process of labor and delivery, despite the difficulties for access to this right. The interface of perception between father and mother pointed out benefits of childbirth follow-up for the creation and strengthening of the family bond.

The paternal presence in labor represented more security and well-being for the postpartum women. In this context, the exercise of the father's right in the monitoring of the pregnant

woman in the process of childbirth redefines the paternal participation in the delivery process. Thus, all actors must act to guarantee the right of insertion of the father in childbirth, in order to promote the well-being and health of the family.

The study presents as limitations the absence of participation of fathers whose children were hospitalized in the Neonatal Intensive Care Unit and spouses of homoaffective relationships, which suggests the relevance of research with these audiences.

Collaborations:

1 – conception and planning of the project: Denivan Benvindo Pereira and Igbo Leonardo do Nascimento Carvalho;

2 – analysis and interpretation of data: Denivan Benvindo Pereira and Igbo Leonardo do Nascimento Carvalho;

3 – writing and/or critical review: Denivan Benvindo Pereira, Igbo Leonardo do Nascimento Carvalho, Jardeliny Corrêa da Penha, Ana Márcia Lima Miranda, Herla Maria Furtado Jorge, Ingrid Moura de Abreu and Amanda Vieira Sarmento;

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