

**NURSING CARE DURING THE PARTNER'S PRENATAL PERIOD: A
LITERATURE REVIEW**

**ASSISTÊNCIA DE ENFERMAGEM NO PRÉ-NATAL DO PARCEIRO: UMA
REVISÃO BIBLIOGRÁFICA**

**CUIDADOS DE ENFERMERÍA DURANTE EL PERÍODO PRENATAL DE LA
PAREJA: UNA REVISIÓN DE LA LITERATURA**

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ABSTRACT

Prenatal care is a fundamental step in the prevention and/or early detection of problems during pregnancy. Historically, prenatal care has been built from the perspective of promoting the health of women and children. However, as new ways of thinking about health advance, changes are also observed in the implementation of public policies such as: norms, legislation, among others, whose approach has been gaining emphasis on the inclusion of the partner in prenatal care and in other stages of the pregnancy to birth process. The objective of this research is to discuss, through scientific literature, nursing care for the partner during prenatal care. The aim is to contribute to encouraging greater male participation in healthcare within the scope of Primary Care. Method: This is a descriptive and exploratory bibliographic review study with a qualitative approach. Data were collected from physical and virtual collections. For the search of virtual material, a consultation of the Health Descriptors (DeCs) was carried out to select specific terms to guide data collection in the database. Database: Virtual Health Library (BVS). The time frame for the final analysis of the publications covered the last five years. The results show data that align with the National Policy for Comprehensive Health Care (PNAISH) of the Ministry of Health, which emphasizes the inclusion of the topic of fatherhood and care, through partner prenatal care, in debates and actions focused on reproductive planning as essential strategies to improve care during pregnancy and childbirth in public health services. The evidence suggests a favorable context for the inclusion of men in partner prenatal care; however, the effective participation of men depends on various factors such as legislation, institutional commitment to humanized childbirth, and other aspects. Conclusion: For greater achievements, it is necessary to adapt the infrastructure of health units, promote actions to minimize barriers to access for the male population, especially in the processes of preparation and monitoring during prenatal care, and promote awareness among the health team to welcome this population. It is suggested that innovative strategies be designed for the recruitment, onboarding, and education of men and women, implementing a gender perspective focused on masculinities, considering issues that also involve the inclusion of this debate within the context of training.

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Keywords: Nursing Care. Prenatal Care. Partner. Health Education.

RESUMO

O pré-natal é uma etapa fundamental da prevenção e/ou detecção precoce de problemas no percurso da gestação. Historicamente, o pré-natal foi se construindo sob a perspectiva da promoção à saúde da mulher e da criança. No entanto, conforme avançam novas formas de pensar a saúde, também se percebe alterações na implementação de políticas públicas como: normas, legislações, entre outras, cuja abordagem vem ganhando ênfase na inclusão do parceiro no pré-natal e em outras etapas do percurso da gestação ao nascimento. O objetivo desta pesquisa é discutir, através de literatura científica, a assistência de enfermagem ao parceiro no pré-natal. Com a finalidade de contribuir para o incentivo à maior adesão dos homens no atendimento à saúde no âmbito da Atenção Básica. Método: Trata-se de um estudo de revisão bibliográfica, de natureza descritiva e exploratória, com abordagem qualitativa. Os dados foram coletados através de acervos físicos e virtuais. Para a busca do material virtual foi realizada consulta aos Descritores em saúde (DeCs) para a seleção de termos específicos para nortear a coleta de dados na base de dados. Base de Dados Biblioteca Virtual em Saúde (BVS). O recorte temporal das publicações para a análise final foi dos últimos cinco anos. Os resultados trazem dados que vêm caminhando na mesma direção da Política Nacional de Atenção Integral à Saúde do (PNAISH), do pelo Ministério da Saúde, os quais apostam na perspectiva da inclusão do tema paternidade e cuidado, por meio do pré-natal do parceiro, nos debates e nas ações voltadas para o planejamento reprodutivo como estratégias essenciais para qualificar a atenção à gestação e ao nascimento, nos serviços públicos de saúde. As evidências sugerem que há um contexto favorável para a inclusão dos homens no pré-natal do parceiro, no entanto, a participação efetiva dos homens decorre de diferentes fatores como a legislação, o compromisso institucional com o parto humanizado, entre outros aspectos. Conclusão: Para maiores conquistas, é preciso adequação da infraestrutura das unidades de saúde, promover ações a fim de minimizar as barreiras de acesso da população masculina, sobretudo, nos processos de preparação e acompanhamento no pré-natal e promover a conscientização da equipe de saúde para o acolhimento desta população. Sugere-se desenhar estratégias inovadoras de recrutamento, acolhimento e educação de homens e mulheres, implementando uma perspectiva de gênero voltada para as masculinidades, considerando as questões que envolvem também a inclusão do debate no âmbito da formação.

Palavras-chave: Assistência de Enfermagem. Pré-Natal. Parceiro. Educação em Saúde.

RESUMEN

La atención prenatal es un paso fundamental en la prevención y/o detección temprana de problemas durante el embarazo. Históricamente, la atención prenatal se ha centrado en la promoción de la salud de las mujeres y los niños. Sin embargo, a medida que avanzan nuevas concepciones de la salud, también se observan cambios en la implementación de políticas públicas, como normas y legislación, entre otras, cuyo enfoque ha cobrado mayor importancia en la inclusión de la pareja en la atención prenatal y en otras etapas del proceso de embarazo y parto. El objetivo de esta investigación es analizar, a través de la literatura científica, la atención de enfermería a la pareja durante la atención prenatal. Se busca contribuir a fomentar una mayor participación masculina en la atención sanitaria dentro del ámbito de la Atención Primaria. Método: Se trata de un estudio de revisión bibliográfica descriptivo y exploratorio con enfoque cualitativo. Los datos se recopilaron de colecciones físicas y virtuales. Para la búsqueda de material virtual, se consultó el Descriptor de Salud

(DS) para seleccionar términos específicos que guiaran la recopilación de datos en la base de datos. Base de datos: Biblioteca Virtual en Salud (BVS). El periodo para el análisis final de las publicaciones abarcó los últimos cinco años. Los resultados muestran datos que concuerdan con la Política Nacional de Atención Integral a la Salud (PNAISH) del Ministerio de Salud, la cual enfatiza la inclusión del tema de la paternidad y el cuidado, a través de la atención prenatal en pareja, en los debates y acciones centrados en la planificación reproductiva como estrategias esenciales para mejorar la atención durante el embarazo y el parto en los servicios públicos de salud. La evidencia sugiere un contexto favorable para la inclusión de los hombres en la atención prenatal en pareja; sin embargo, la participación efectiva de los hombres depende de diversos factores como la legislación, el compromiso institucional con un parto humanizado y otros aspectos. Conclusión: Para lograr mayores avances, es necesario adaptar la infraestructura de las unidades de salud, promover acciones que minimicen las barreras de acceso para la población masculina, especialmente en los procesos de preparación y seguimiento durante la atención prenatal, y fomentar la sensibilización del personal de salud para acoger a esta población. Se sugiere diseñar estrategias innovadoras para la captación, la integración y la formación de hombres y mujeres, implementando una perspectiva de género centrada en las masculinidades, considerando también la inclusión de este debate en el contexto de la formación.

Palabras clave: Cuidados de Enfermería. Cuidados Prenatales. Pareja. Educación para la Salud.

1 INTRODUCTION

Pregnancy is a complex experience with different aspects for each woman, in addition to the biological dimension, it is a social process that involves the collective, mobilizing the family and the environment in which the woman is inserted. Therefore, in order for health promotion, disease prevention, and early detection of risk situations to occur safely, the involvement of women, their partners, their families, and health services is important (LUCENA, 2024).

In view of this, it is necessary for pregnant women to start the first prenatal consultation early, preferably until the initial 120 days of pregnancy, to have at least six prenatal consultations, which can be medical interspersed with nursing and that take place in the reference service, educational actions with the pregnant woman and her family during the period of her pregnancy (BRASIL, 2016, BRAZIL, 2017).

Prenatal care in Brazil is governed by the guidelines of the Program for the Humanization of Labor and Birth (PHPN), established by the Ministry of Health (MS) in 2000, which is based on the humanization of care as a condition for adequate monitoring of pregnancy, childbirth and puerperium, seeking complete quality, qualified and humanized care, becoming fundamental for maternal and neonatal health with a view to prevention. Care during pregnancy needs to be permeated by scientific knowledge, humanization of care and respect for women as active subjects in this process (BRASIL, 2012).

Prenatal care precedes the birth of the baby, that is, it is a set of actions aimed at the individual and collective health of women in the gestational period. It is up to the health team from the first contact with the pregnant woman to seek to identify the meanings of pregnancy for her and her family members. Knowing that the history of each pregnancy is an important factor for the individual to develop in a healthy way. In view of this, prenatal care aims to welcome the pregnant woman and her family in its entirety, from the beginning of pregnancy to the changes that occur in the body, as well as her emotional. Pregnancy is a moment of transition in a woman's life, so such transformations can trigger doubts, fears, fantasy, anguish or questions about what happens inside her (TEIXEIRA; ADAM; MAGALHÃES, 2010).

Adequate prenatal coverage, associated with quality care, is essential for a good evolution of pregnancy and birth. The objective of this follow-up is to ensure the safe development of pregnancy, allowing the delivery of a healthy newborn, without impact on maternal health, including addressing psychosocial aspects and educational and preventive activities (BRASIL, 2012).

Low-risk pregnancies can only be confirmed at the end of the gestational process. The dynamic process and the complexity of the functional and anatomical changes that occur in the gestational cycle require continuous and specific evaluations in each period (BRASIL, 2012).

The actions developed with pregnant women begin with the diagnosis of pregnancy carried out through history, physical examination and laboratory tests. The main suspicion of pregnancy reported by women is menstrual delay in amenorrheic women with an active sexual life. In the context of public health, after confirmation of pregnancy, the woman must be accompanied by the health system in her area of coverage to start prenatal care (SOUSA; MARIE; TORRES, 2012).

Health actions should be aimed at covering the entire target population in the area covered by the health unit, ensuring at least six prenatal consultations (BRASIL, 2017). In addition, the continuity of care, monitoring and evaluation of the impact of these actions on maternal and perinatal health must be guaranteed (BRASIL, 2012).

In the context of prenatal care, nurses emerge as professionals qualified to monitor low-risk pregnancies, due to their technical-scientific training. This professional masters the propaedeutic methods for monitoring pregnancy, scientific knowledge for interpreting signs, symptoms and exams, as well as intellectual capacity to guide this woman on important issues and care, preparing her to experience this phase (**ERRICO et al., 2018**)

It is extremely important that during their work, nurses use, in addition to their techniques, scientific and social knowledge, special, empathetic and facilitating care in the face of the emotional sensitivity that these women are in, thus ensuring humanized and qualified care for pregnant women. This is an action guaranteed through public health policies, by the Women's Health Program, in places where the Family Health Program is inserted, it is recommended that this monitoring be carried out by the Inter-professional team, which allows the exchange of knowledge and a broad view of the patient (TEIXEIRA; ADAM; MAGALHÃES, 2010).

It should be emphasized that low-risk prenatal care can be performed by nurses, obstetricians or not, supported by the Law of Professional Nursing Practice (Law No. 7,498, of June 25, 1986), since this law ensures the legality of nursing consultations, nursing prescriptions, and care for parturient and puerperal women (**ERRICO et al., 2018**).

During the prenatal consultation, the nurse carries out the nursing care plan, based on the perceived and prioritized needs, guidelines, interventions and referrals are determined, in order to promote the interdisciplinarity of medical, nutritional, dental and psychological services (TEIXEIRA; ADAM; MAGALHÃES, 2010).

For low-risk prenatal care to occur in pregnant women, the variables (blood glucose, BP, BMI, history of the pregnant woman) are extremely important for the patient to have a faster recovery until the baby is born (**FERREIRA et al, 2015**)

During pregnancy, important changes occur in maternal metabolism to create an environment that allows embryogenesis, fetal growth, maturation, and survival; Thus, a nutritional reserve is favored at the beginning of gestation to meet the increase in maternal-fetal demands in the more advanced stages of gestation and lactation. A normal pregnancy is characterized by being a diabetogenic state, due to the progressive increase in postprandial glucose concentrations and the decrease in cell sensitization to insulin in the late stages of pregnancy. Inadequate prenatal care can lead to complications such as gestational diabetes (MIRANDA, 2008).

Prenatal care is a fundamental step in the prevention and/or early detection of problems in the course of pregnancy. Some pathologies, both maternal and fetal, can be detected in a timely manner, enabling, in many cases, a healthy development of the baby and reducing the risks of the pregnant woman. Information about the different experiences should be exchanged between women and health professionals (BRASIL, 2016).

The importance of participation and male support helping the partner helps to tolerate pain, doubts and anxiety related to labor, reduces the time of labor, number of cesarean sections and the use of medications. Therefore, in this way, the inclusion of men during the gestational process, childbirth and postpartum increases the bond between the trinomial (JARDIM; PENNA, 2012).

Prenatal care in Brazil is one of the most opportune moments for different forms of approach to health, as it is considered a service with good coverage in the Unified Health System, as shown in the research by Viellas *et al.* (2014). The study showed that prenatal coverage in Brazil was high at 98.8%, with 75.8% of women starting prenatal care before 16 weeks of gestation and 73.1% with six or more consultations. Prenatal care was performed mainly in primary health care units (89.6%), public health care units (74.6%), by the same professional (88.4%), mostly physicians (75.6%), and 96% received the prenatal care record in hand (VIELLAS *et al.*, 2014).

Historically, prenatal care has been built from the perspective of promoting women's and children's health. However, as new ways of thinking about health and the implementation of policies, norms, and legislation advance, other approaches have been gaining emphasis, such as the inclusion of the partner in prenatal care (COSTA & TAQUETTE, 2017).

It is in this process that there is the possibility of exchanging experiences and knowledge between professionals and families, and it is considered the best way to promote the understanding of the pregnancy process as a strategy to reduce the risk of maternal and neonatal mortality (BRASIL, 2016).

The Ministry of Health considers that prenatal care should be organized in such a way that it can meet the needs of the population of pregnant women, requiring the use of scientific technical knowledge, adequate and available means and resources (BRASIL, 2011; BRAZIL, 2016).

In view of these points, equity is one of the principles that best suits the topic under discussion, as it is directly related to equality. Thus, it is understood that partners must be fully involved in everything related to reproductive decision-making, from the choice to be a father to solidary participation in pregnancy, childbirth, care and education. It is from this perspective that this study discusses the theme of nursing performance on the partner's prenatal care. This work Its objective is to investigate the partner's prenatal nursing care.

2 METHOD

The bibliographic review aims to build a contextualization for the problem and analyze the possibilities existing in the literature consulted (VOSGERAU; ROMANOWSKI, 2014). According to Andrade (2010, p.112), descriptive research consists of "the facts observed, recorded, analyzed, classified and interpreted, without the researcher interfering in them". In other words, the main objective of exploratory research is to delimit the problem, formulate hypotheses or identify new approaches for the study to be developed, and its main objective is to delimit the problem, formulate hypotheses or identify new approaches for the study to be developed (GIL, 2008).

. It is emphasized that "through exploratory research, the possibility of developing good research on a given subject is evaluated" (ANDRADE, 2010, 2012).

According to Polit and Beck (2011, p.90), "in qualitative studies, researchers mainly collect qualitative data, that is, narrative descriptions."

The content survey was carried out between September 2021 and November 2022, the search took place through the physical and virtual collections. The virtual database used was the VHL (Virtual Health Library). The following descriptors were used in DeCS (Health Sciences Descriptors) databases: Nursing care, prenatal care, partner, health education, using the Boolean operator AND.

The inclusion criteria for the selection of contents were the choice of productions, which fit the following aspects: article published in the period of five years, articles that were

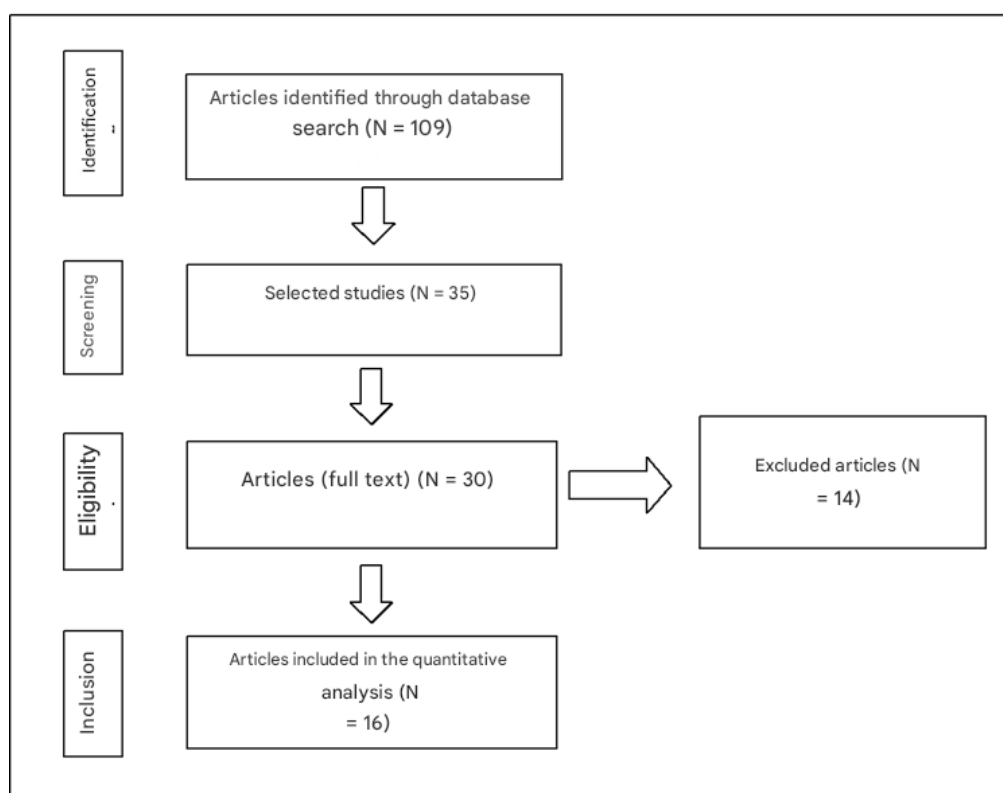
repeated and did not have full texts were used as exclusion criteria. The titles, indexes, abstracts and chapters were read - when it was thesis, policies and books, as shown in **Figure 1**.

The Portuguese language and the five-year time frame (2017 to 2021) were used as filters. As inclusion criteria, theses, dissertations, books, articles published in journals with an editorial policy of peer review, articles with titles, abstracts and keywords, . As exclusion criteria, articles that did not answer the research question, that is, not related to the research theme, and duplicate publications.

Next, the material was organized in a synoptic table according to the type of publication (Table 1). From the contents found, the categories that guided the discussion of the study emerged.

Figure 1

FlowTable of the researched articles



Source: (The authors, 2025).

3 RESULTS AND DISCUSSION

From the literature review and analysis of the studies indexed in the databases, on the proposed theme, 109 scientific studies were found, 35 were selected, 30 met the inclusion criteria, 14 of them did not focus on the theme in question or did not have the full text, and combination with descriptors in the last 05 years between 2017 and 2022, leaving

only 16 articles to compose the analysis. In table 1, we describe the selection strategies for articles on the theme, as shown in the flowTable below:

Table 1 describes the strategy for selecting articles on the topic in question. Table 1 - Scientific literature on the importance of the partner in prenatal care (- 2017-2021).

Table 1

Scientific literature on the importance of the partner in prenatal care (- 2017-2021)

Quadro 1. - Literatura científica sobre a importância do parceiro no pré-natal (2014-2021).					
Título	Autor/data	Objetivo	Tipo de estudo	Revista	Resultados
Atenção à gestante adolescente na rede sus - o acolhimento do Parceiro no pré-natal	Costa & Taquette (2017)	Verificar o acolhimento e a participação de parceiros de gestantes adolescentes no pré-natal da rede SUS.	Estudo descritivo de abordagem qualitativa	Rev. Enferm.UFPE	Houve o desejo do parceiro de acompanhar as consultas de pré-natal, mas este desconhece seu direito de participar. Há limites pessoais e institucionais para efetivar a participação dos parceiros.
Característica do relacionamento entre a mulher e seu parceiro na ocorrência de gravidez não planejada	Parcer et.al.(2017)	descrever características do parceiro e do relacionamento com a companheira na ocorrência de gravidez não planejada	Estudo transversal exploratório	Rev.bahiana.enferm	Os parceiros apresentaram idade média de 28 anos, predominando raça/cor negra, sem religião, baixo nível de escolaridade e baixa renda. A situação conjugal casada/união estável e o tempo de união apresentaram alta significância estatística para a ocorrência da gravidez não planejada.
Prática de cuidado realizadas pelo companheiro na perspectiva da gestante	Martello et al.(2017)	Compreender como a mulher percebe a participação do homem no processo gravídico	Estudo qualitativo	Rev.Enferm.UFPE	Foram identificados tipos de cuidados prestados pelos companheiros às gestantes, relacionados principalmente à preocupação com o bem-estar delas e do bebê, participação nas consultas, alimentação e sexualidade. As gestantes consideram importante a participação do companheiro, e isso tem
Estratégias para identificação e enfrentamento de situação de violência por parceiro íntimo em mulheres gestantes	Marques et al. (2017)	Conhecer as estratégias utilizadas por enfermeiros de Unidades de Estratégias de Saúde da Família para identificação e enfrentamento de situação de violência por parceiro íntimo em mulheres gestantes.	Estudo descritivo com abordagem qualitativa	Rev.Gaúcha Enferm.	Ações de identificação e enfrentamento da violência por parceiro íntimo em mulheres gestantes. As lesões físicas foram o principal indicativo de violência identificada na consulta pré-natal. As estratégias de enfrentamento foram os encaminhamentos a serviços especializados e discussão conjunta com a equipe de saúde.
A inclusão paterna durante o pré-natal	Henz;Medeiros;Salvador(2017)	Investigar a participação paterna durante o pré-natal em um Centro de Atenção à Saúde da Mulher	Estudo qualitativo	Rev.Enferm.APS	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.
A visão da gestante acerca da participação do homem no processo gestacional	Caldeiras et al. (2017)	Analisar a visão das gestantes quanto à participação do homem durante o processo gestacional e as consultas de pré-natal	Estudo qualitativo	Rev.Enferm.Cient-Oeste	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.
Influência da participação do companheiro no pré-natal: Satisfação de primíparas quanto ao apoio no parto	Holanda et al. (2018)	Correlacionar a satisfação de primíparas quanto ao apoio e à utilidade do companheiro durante o processo de parto com a sua presença e capacitação no pré-natal.	Estudo correlacional	Texto & Contexto	A variável presença do companheiro no pré-natal esteve estatisticamente associada à satisfação da puérpera com o apoio ($p=0,0004$) e com a utilidade do apoio ($p=0,007$) durante o trabalho de parto, enquanto a variável capacitação do companheiro no pré-natal esteve estatisticamente associada à satisfação com o apoio ($p=<0,00001$) e à utilidade do apoio ($p=<0,001$; $p=<0,00001$ e $p=0,006$) prestado pelo companheiro durante todas as fases avaliadas (trabalho de parto, parto e pós-parto imediato).
O comportamento paterno na consulta de pré-natal	Cavalcante et al. (2018)	Conhecer a experiência do homem como acompanhante na consulta de pré-natal.	Estudo qualitativo	Rev.Paul.Enferm.	Ainda que o atendimento pré-natal seja destinado aos cuidados com a mulher grávida, a experiência do homem na atenção pré-natal – o objeto social – é uma inserção masculina no universo feminino. Esta experiência pode beneficiar a ambos na vivência do período gestacional.
Gestantes adolescente e seu sentimento acerca do apoio familiar	Nune et al. (2018)	Identificar o sentimento em relação às principais fontes de apoio para mulheres que vivenciaram a gestação na adolescência	Estudo qualitativo, exploratório e descritivo	Rev.Enferm.UFSM	A participação e apoio dos pais dos bebês e da figura materna no contexto da gravidez na adolescência,pareceu primordial no enfrentamento da situação de tornar-se mãe.

Continua...

(Cont. **Quadro 1**)

Título	Autor/data	Objetivo	Tipo de estudo	Revista	Resultados
Pais de primeira viagem: demanda por apoio e visibilidade	Trindade et al. (2019)	Reforçar um aspecto já identificado em outros estudos, a deficiente atenção (social, familiar e institucional) aos homens ao longo de sua construção social e afetiva como pais, este estudo, investigando o posicionamento de pais de "primeira viagem" sobre ações de apoio advindas de sua rede social e de profissionais da saúde	Estudo descritivo e analítico	Saúde & Sociedade	Indicaram que elementos tradicionais de representações sociais sobre homem e pai interferem na proximidade dos participantes com a gestação e no reconhecimento de suas necessidades por apoio durante esse período. Evidenciou-se também o distanciamento do homem do atendimento por profissionais de saúde e a necessidade de cumprimento de políticas públicas na saúde e inserção da perspectiva de gênero nas políticas e práticas de saúde e educação, visando a formação de profissionais sensíveis para atuar com os homens, contribuindo para a promoção de modos de vida mais igualitários e benéficos para o homem-pai.
Presença do acompanhante durante o processo parturição e nascimento	Anjos & Geremias(2019)	Analisar a prática da presença do acompanhante durante o processo de parturição	Estudo transversal	Rev.Enferm.UERJ	A informação sobre o direito do acompanhante foi mais frequente no Centro Obstétrico e Internação Obstétrica. Não houve relação significativa entre o conhecimento da Lei de Acompanhante e o número de consultas pré-natal. Onde houve menor frequência de acompanhante foi na sala de recuperação pós-parto, devido à ausência do acompanhante e à não permissão. O companheiro foi o acompanhante mais frequente. Não houve significância quanto à presença do acompanhante e realização de analgesia, o tipo de parto e o Apgar.
A presença do genitor no pré-natal: um estudo de representações sociais com gestantes	Couto et al.(2020)	Analisar as representações sociais da presença do genitor no pré-natal para as mulheres gestantes	Estudo descritivo e qualitativo	Rev.Enferm.UERJ	A análise aponta a palavra "não" como a mais latente no sistema cognitivo das gestantes, sendo percebida a alta frequência no Dendograma de Classes, presença no eixo de intersecção entre as ordenadas e abscissas no Mapa Fatorial de Correspondência, além de ser central e fazer as maiores forças de conexidade com as demais palavras na árvore máxima de similitude.
Transição para a paternidade no período pré-natal: um estudo qualitativo	Silva; Pinto e Martins (2021)	Compreender as vivências dos homens na transição para a paternidade durante o período pré-natal.	Estudo qualitativo, exploratório, descritivo, transversal e retrospectivo	Ciência & Saúde Coletiva	Evidenciam o período pré-natal como momento chave da transição para a paternidade, marcado pela enorme exigência psíquica e emocional e afigurando-se como motor do desenvolvimento da identidade paterna.
O pré-natal do parceiro sexual: importância para a saúde do homem e da gestante-	Vitoretti et.al (2021)	Avaliar a saúde dos parceiros sexuais de gestantes, bem como a sua importância para a evolução da gestação.	Estudo transversal	Rev.Eletrônica . Acervo Saúde	Considerando a participação do parceiro ou não durante o pré-natal, não houve mudanças estatísticas significativas em relação a progressão esperada da gestação bem como as complicações mais comuns dessa fase. Em relação a saúde do parceiro o fator de maior preocupação foi a média de IMC classificada como sobrepeso.
Percepção e participação do parceiro na assistência pré-natal e nascimento	Marques et.al (2022)	Compreender a percepção do parceiro sobre sua experiência e participação na assistência pré-natal e nascimento.	Estudo qualitativo	Rev.Pesqui	Emergiram três categorias as quais mostram que eles tiveram pouca participação nas consultas de pré-natal e que desconhecem o "pré-natal do parceiro". Em geral, demonstram gratidão pela assistência durante o parto, mas poucos relataram ter recebido informações relacionadas à educação em saúde.

(As autoras,2025)

(Conclusão)

4 NURSING CARE IN THE PARTNER'S PRENATAL CARE

According to Ordinance GM/MS No. 1,944, of August 27, 2009, it is foreseen that the health monitoring of the male population in the unified health system will be ensured, with primary care as a gateway, especially in the partner's prenatal care, and this monitoring is extensive in childbirth and immediate postpartum. The same must be done by qualified professionals, as recommended by law.

The assistance includes an assessment of the health status of the pregnant woman during pregnancy. Take care of any existing health problems; prevention of other health problems; health promotion. Each patient should have an equal or better health status at the end of pregnancy than at the beginning and give birth to a strong and healthy child.

It is of paramount importance that health professionals have a qualified listening and that they seek to understand what the couple has in terms of knowledge, opinions and rights about prenatal care. Therefore, it is essential that nurses hold groups aimed at pregnant couples, so that there is an exchange of experiences among the participants. Understand the anxieties for low inclusion of men in health services, always encouraging and promoting their early inclusion in the unified health system (ANJOS & GEREMIAS 2019).

According to Vitoretti (2021), the partner's participation in prenatal care did not influence the pregnant woman's clinical complications for the determinism of childbirth, but it was possible to identify changes in the partner's own health that deserve guidance, control, and treatment. Thus, it can be seen that men's prenatal care reduces the morbidity and mortality rate.

The aim of the 2016 WHO antenatal care model is to provide pregnant women and their partner with respectful, individualised and person-centred care in all contacts, and to ensure that each is supported by effective and integrated clinical practices (interventions and tests), relevant support and timely information and to offer psychosocial and emotional support by professionals with good clinical and interpersonal skills in a well-functioning health system. Given the evidence pointing to an increase in perinatal mortality in women with only four antenatal visits and that an increase in the number of antenatal contacts, regardless of country, is associated with higher maternal satisfaction, WHO recommends a minimum of eight contacts: one contact in the first trimester, two in the second trimester and five contacts in the third trimester, (TAVARES *et al.*, 2019).

For Silva, (2021) the prenatal period is like a key moment in the transition to fatherhood, marked by enormous psychic and emotional demands and appearing as an engine for the development of paternal identity.

Thus, it is of fundamental importance to become the visible partner in prenatal consultations so that he can report on his fear or anguish in relation to fatherhood.

To meet the objectives of prenatal care, the nursing team must base its actions on a continuous process of learning situations, whose purpose will be to reaffirm or achieve changes in the attitude or behavior of the pregnant woman and the family nucleus. The educational actions that Nursing performs in the Areas of Outpatient Clinics, Inpatient Rooms (Prepartum and Delivery Rooms, pregnancy and puerperium), could be operationally divided into incidental education and systematic education. Incidental education is understood to be that which is carried out during the development of daily work, where appropriate situations that arise are used to teach through casual conversation. Systematic education is that which is carried out in a formal way, with work methodology and planned time, with explicit objectives and purposes (Cavalcante et al., 2018).

4.1 PARTNER PARTICIPATION

The role of men in pregnancy and in protecting maternal health has generated growing interest in recent years. Despite this, their exclusion and marginalization persist in relation to these processes, traditionally considered as a women's issue. Male involvement in these environments is poorly understood and little researched compared to other areas of sexual and reproductive health (HORTA, 2017).

The intersection of gender, health, and reproductive rights highlights the need to analyze men's reproductive experiences. Men can be made visible in reproductive spaces, while reproduction has been feminized in disciplinary discourses, in everyday language, and in the discourse of public policies (SILVA et al., 2020).

Men's participation in care is decisive for gender equality. Men's weak approach to care is reinforced by the dominant forms and roles of fatherhood that relate to the sexual division of labor. Sexual difference and the hegemonic models built from this difference end up excluding what it means to "be a man" and "to be a woman", causing and legitimizing inequality. In gender learning, such as men and fathers, stereotypes centered on values such as strength, responsibility, and conformity are usually constructed, from which expectations,

actions, and forms of relationship considered typical of masculinity and fatherhood are created (SANTANA; DA SILVA GONÇALVES, 2020).

The importance of male participation in reproductive health and its benefits for gender equality has been highlighted in widely accepted international agreements, emanating from the International Conference on Population and Development and the Fourth World Conference on Women, and in the Sustainable Development Goals, one of the key points is to meet the needs of the actors involved in their fulfillment (HORTA, 2017).

The interest in addressing the phenomenon of male participation in pregnancy lies in being able to listen to the voices of men. Therefore, spaces are created to learn about their experiences and their constructions as caregivers, and reflections are generated in the institutional sphere in relation to prenatal programs, in view of the importance of male participation. In this way, attachment strategies are promoted for men (SILVA *et al.*, 2020).

In this context, participation is understood as the process in which people want to do more than just contemplate: they want to get involved, intervene and carry out actions that result in change, managing to do so constantly. In this way, the participation of men contributes significantly to maternal health, facilitating the acceptance of pregnancy, favoring timely access to prenatal programs, promoting the physical and emotional stability of pregnant women and self-care actions (SANTANA; DA SILVA GONÇALVES, 2020).

Likewise, the participation of men during pregnancy facilitates early adherence to prenatal care, reduces maternal stress and risk behaviors and, in the future, ensures male participation in paternal functions. The participation of couples in the reproductive processes favors the humanization of care for pregnant women, but, despite these benefits, their participation in pregnancy is still scarce (HORTA, 2017).

In addition to health system recommendations to improve the quality and use of antenatal care, the 2016 WHO antenatal care recommendations address interventions in four other categories: nutrition, maternal and fetal assessment, preventive measures, and treatment of birth defects (SILVA *et al.*, 2020).

The most common concerns that exist in men during the pregnancy of their companion were evaluated: what it is to be a father, how it should behave and whether he will be able to promote what is necessary for his child and family. The future birth will cause the present father to evoke or elaborate memories of his childhood and his relationship with his own parents (ANJOS & GEREMIAS, 2019).

Many fathers-to-be feel ambivalence about pregnancy: anxiety about their own maturation (because becoming a father means ceasing to be a teenager) and expressing internal conflicts related to the role of father. Even when on the conscious level you are very happy with the prospects of being so, it is common for there to also be anxiety and fear of the future. In the man who has had a difficult relationship with his own father, the challenge is how he can become so. There may also be feelings of competition towards the fetus. Societal expectations and uncertainty are additional stressors; many men are confused about what is expected of them during pregnancy (MENDES; SANTOS, 2019)

In primary studies and literature reviews, it has been pointed out that the follow-up of the father during pregnancy and/delivery has positive effects on the emotional relationship of the father with the mother and the newborn, increasing maternal well-being during delivery and although it does not affect mortality, it improves obstetric outcomes. For women, the presence of the father is valued, and greater paternal participation in the care of the newborn is observed when he is actively involved in the delivery activities by the health team (ANJOS & GEREMIAS, 2019).

The prenatal period is considered in the literature as a propeller for the development of paternal identity, in which the monitoring of the gestational process promotes the physical and psychological adjustment necessary to face the new role and deep reflections on the parental model that parents want for the future of their children. The collective discourse also revealed that, during the evaluations, the men were sure about their maternal and child health conditions, through the monitoring of auscultation of the heartbeat, uterine height and cardiac evaluations and techniques (MENDES; SANTOS, 2019).

Therefore, these processes allow a better understanding of the changes that occurred with the woman, obtaining information and reducing insecurity and anxiety resulting from doubts in the development of care. Thus, paternal participation in childbirth and puerperium can be determined by the different experiences lived during prenatal care, in which the monitoring of procedures such as ultrasound and fetal movements are positive, as they influence the acceptance of pregnancy, the recognition of paternity, and the strengthening of titles (ALVES *et al.*, 2021).

The inclusion of fathers in prenatal care favors access to nursing consultations, to meeting their demands and the form of exams and immunization, a proposal widely recommended by the Ministry of Health, based on encouraging the implementation of male prenatal care. The political strategy called "male prenatal care" aims to encourage fathers to

make frequent visits to health services in a preventive manner, developing a greater affective bond between him, his partner and his child, in addition to tracking infectious diseases and expanding access to health services.

5 RELATED FACTORS THAT INTERFERE WITH THE EFFECTIVE PARTICIPATION OF MEN IN PRENATAL CARE

Although the Ministry of Health recognizes the presence of a companion as one of the rights of women, some factors interfere directly or indirectly with male participation in prenatal care. The issue of lack of space, due to the pregnant woman's own decision to be alone, lack of knowledge and socioeconomic difficulties can be mentioned.

In prenatal care, the information made available in the consultations provides the partner with the conditions to understand the changes that occur with the woman during this period and also to guide them on the right to accompany the pregnant woman in prenatal consultations and childbirth, a right guaranteed by Law No. 11,108/2005 (FERREIRA et al., 2014; FIELDS; SAMPAIO, 2015).

However, it is still possible to find natural obstacles and resistance in this process, since it involves a change in paradigms and new ways of working, both on the part of managers and health workers and by a significant portion of the male and female population with regard to men's engagement in this issue (BRASIL, 2016).

Not every father is aware of his responsibility in the prenatal process. The lack of involvement and willingness to accompany in this stage is not always a matter of interest, but because it does not measure the importance of its presence in this process, This fact comes from values passed on by a patriarchal culture and society, predominantly sexist, which defends the maintenance of rigid gender roles for women and men. Often, including the perception that pregnancy and child care are exclusively the responsibility of women (BRASIL, 2016).

The hegemony of the patriarchal model is still maintained: the man is only the material and moral provider of the family, opposing the need for his presence in the pregnancy process.

6 FINAL CONSIDERATIONS

Paternal participation during the pregnancy-puerperal period is still poorly understood, because even if it is stimulated by health professionals, it also depends on cultural, family

and labor aspects. The participation of the partner provides emotional, economic, affective support and strengthening of the bond between the family, the community and the health professionals.

Despite the changes in the way men participate in consultations, there is still low adherence to health services. Therefore, it is of great relevance that health professionals are qualified about their partner's prenatal care, carry out activities related to men about fatherhood, promote actions and strategies to expand the opening hours of health units, so that they can meet the demand with quality and problem-solving capacity and clarifying that men also have rights to preventive practice, as recommended by PNAISH.

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