UFSM

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REVISTA DE ENFERMAGEM DA UFSM

ISSN 2179-7692
OPEN ACCESS

Rev. Enferm. UFSM, v.14, e33, p.1-26, 2024 •
Submission: 06/04/2024 • Acceptance: 10/23/2024 • Publication: 11/08/2024

Original Article

Contemporary possibilities of the experience of paternity in the puerperal pregnancy cycle: qualitative study

Possibilidades contemporâneas da vivência da paternidade no ciclo gravídico puerperal: estudo qualitativo

Posibilidades contemporáneas de la vivencia de la paternidad en el ciclo gestacional puerperal: estudio cualitativo

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Abstract

Objective: to know the perception of the partner about the experience of paternity in the pregnancy-puerperal period. **Method:** qualitative research, developed between July and October 2021, in a virtual environment with 10 men, using the Technique of Creativity and Sensitivity called "Almanac", associated with individual semi-structured interview and thematic content analysis. **Results:** the paternal participation was evidenced in situations that covered the pregnancy-puerperal period and child development. Even when the presence of the partner was not effective, he sought some form of participation, demonstrating his concern to be available, assist and contribute in the care of the health of his partner and the baby. **Conclusion:** the exercise of paternity has been changing and overcoming the limiting historical and cultural aspects, resignifying the father's role in today's society.

Descriptors: Pregnancy; Parturition; Postpartum Period; Paternity; Father-Child Relations

Resumo

Objetivo: conhecer a percepção do companheiro sobre a vivência da paternidade no período gravídico-puerperal. **Método:** pesquisa qualitativa, desenvolvida entre julho e outubro de 2021, em ambiente virtual, com 10 homens, utilizando a Técnica de Criatividade e Sensibilidade denominada "Almanaque", associada à entrevista semiestruturada individual e análise de conteúdo temática. **Resultados:** a participação paterna foi evidenciada em situações que

abrangeram o período gravídico-puerperal e o desenvolvimento infantil. Mesmo quando a presença do companheiro não foi efetiva, este buscou alguma forma de participação, demonstrando a sua preocupação em estar disponível, auxiliar e contribuir no cuidado à saúde da companheira e do bebê. **Conclusão:** o exercício da paternidade vem mudando e ultrapassando os aspectos históricos e culturais limitantes, ressignificando o papel paterno na sociedade atual.
Descritores: Gravidez; Parto; Período Pós-Parto; Paternidade; Relações Pai-Filho

Resumen

Objetivo: conocer la percepción del compañero sobre la vivencia de la paternidad en el período gravídico-puerperal. **Método:** investigación cualitativa, desarrollada entre julio y octubre de 2021, en ambiente virtual, con 10 hombres, utilizando la Técnica de Creatividad y Sensibilidad denominada "Almanaque", asociada a entrevista individual semiestructurada y análisis de contenido temático. **Resultados:** la participación paterna fue evidenciada en situaciones que abarcaron el período gravídico-puerperal y el desarrollo infantil. Incluso cuando la presencia del compañero no fue efectiva, éste buscó alguna forma de participación, demostrando su preocupación por estar disponible, auxiliar y contribuir en el cuidado a la salud de la compañera y del bebé. **Conclusión:** el ejercicio de la paternidad viene cambiando y superando los aspectos históricos y culturales limitantes, redefiniendo el papel paterno en la sociedad actual.
Descriptores: Embarazo; Parto; Periodo Posparto; Paternidad; Relaciones Padre-Hijo

Introduction

The pregnancy-puerperal period can represent a phase of numerous changes in women's lives. Such changes cover bodily, emotional, psychological, cultural, social and sexual aspects.[1] However, beyond the biological perspective, the pregnancy-puerperal process is also a family event, experienced distinctly in each social context, implying the need for health professionals to include the partner and other family members in these experiences.[2]

The literature highlights the participation of the partner as a potentiating factor for maternal and child health care.[3] Thus, it is reinforced that, at present, there have been changes on paternity, being possible to observe that the partner has been seeking to stop being exclusively the financial provider to be more involved in family matters, such as child care. The definition of paternity itself has been constantly changing, if new concepts of family are considered.[4] Therefore, paternity is surrounded by different definitions, which can be seen from religious, cultural, social and family perspectives, which directly influence the family axis.

In view of the new social conditions experienced by society, the role of a new "father" is discussed, going beyond the limited definition of family provider and who

plays a more egalitarian care role with his partner.[5] It is important to highlight, also, that this paternity considers the new family configurations, such as the homoaffective couples and double motherhood. In this last configuration, there is the sharing of maternal function between two women, from a filiation, which may be derived from adoption, use of reproductive technologies or previous heterosexual relationships.[6]

In cases where paternity is practiced, this role is assigned to a member of the couple, regardless of whether it is male or female. Thus, paternity is independent of being the biological parent, of having consanguinity and/or legal nature, since it encompasses the exercise of care, protection, education and love.[7] It should be noted that this study was based on this described perspective of paternity.

Given the evident evolution of society at national and international level, paternity has new needs linked to the contemporary family configuration. The current woman has new social roles due to the constant struggle for gender equity. Therefore, there is a need to rethink the paternal role, resignifying his participation in the pregnancy-puerperal period, as recommended by the Partner's Prenatal Guide.[8]

Reinforcing these perspectives, a research developed with 18 parents in the rooming-in accommodation of a public hospital highlighted that the presence of the partner contributes to strengthening ties with women and newborns (NB).[5] Also in this sense, an integrative review highlights the need for health professionals to encourage the participation of the partner throughout the pregnancy-puerperal period, considering all the benefits of this inclusion to family health.[9-10]

Therefore, considering the growing discussions that have been taking place in society about the contemporary possibilities of experiencing fatherhood, it reinforces the importance of studies on this subject. Despite the benefits of paternal presence in this process, review studies indicate that the literature on the role and involvement of fathers is still incipient. The authors reinforce the need for studies in which men are the main informants, so that their experiences and perspectives of paternity can be contemplated and understood, allowing subsidizing nursing interventions directed to fathers.[11-13] In this sense, the objective of this study was to know the perception of the partner about the experience of paternity in the pregnancy-puerperal period.

Method

Exploratory and descriptive research with a qualitative approach. The criteria established in the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed to prepare this manuscript.

The participants of the study consisted of individuals who performed paternity in the family structure, whether or not they were the biological fathers of their partner's children. The first participant was part of the network of contacts of the responsible researcher and was indicated to conduct the pilot test. After the collection, he indicated a new participant with whom he had some kind of bond. From this, the participants were not part of a specific health service but of their personal relationships. However, it was observed that all participants included in the survey had access to the supplementary health system, although this aspect did not represent an inclusion criterion.

The inclusion criteria involved individuals, regardless of age, biological sex, sexual orientation and/or gender identity, indicated by mothers as fathers and whose children, biological and/or adoptive, were at least one month of life, for considering that, in this period, the participant could have experiences related to the pregnancy-puerperal period and the raising/care of the child.

Data collection took place between the months of July and October 2021. Initially, the researcher responsible for the research indicated the first participant, who met the research inclusion criteria and was selected by convenience to conduct a pilot test. The main author contacted this participant by social networks (Facebook®, Instagram® and/or WhatsApp®), in order to send the invitation to participate in the study.

The theme and the objective of the research were presented, starting from the submission, in digital file format, of the Informed Consent Form. The Form was sent to this first participant, with the signature of the responsible researcher. Before his acceptance, date and time for the data collection were scheduled, which occurred virtually, in the online and synchronous mode, by Google Meet®, according to the availability of the participant in relation to the time and day. At the time, the participant was asked to indicate his acceptance of participation through audio and video recording.

For data collection, the Technique of Creativity and Sensitivity (TCS), called "Almanac", was used associated with the individual semi-structured interview, with a script previously prepared by the researchers. TCS consisted of cutting and digital gluing of distinct engravings for the preparation of an "Almanac", covering the theme and the guiding question. This technique is used as an alternative to data collection and can be associated with other methods, such as the interview, because it allows the participant to express their subjectivities, ideas, views, experiences and memories about the subject. In addition, it can help in the bond and approximation between researcher and participant.[14]

Due to the COVID-19 pandemic context, the technique was adapted and occurred online during data collection. The TCS was developed in five moments: 1) Presentation of the researcher, participant, objective and study; 2) Explanation of the operationalization of data collection techniques. At this time, the researcher designed numbered engravings, coming from virtual media about the theme. The participant was guided on the virtual making of the Almanac, in which it was sought to answer the guiding question, specifically developed for the development of this technique: "In which situations do you think that you are (or were) included and/or participate (or participated) in the pregnancy, delivery, postpartum, birth and/or care/raising of your child(ren)?". 3) Preparation of the Almanac, from the participant's mention on the number of the chosen figure(s) and that best represented his answer to the guiding question (4) Presentation of the Almanac with the figure(s) chosen by the participant and discussion of the production; 5) Archiving of the almanac in a virtual document by the researcher.

The semi-structured individual interview occurred concomitantly to the elaboration of the TCS and consisted of questions that were designed and read by the researcher in the virtual environment, aiming to deepen the subject. The data collection process took place individually, on a single day. The video call was recorded with the participants' authorization. The total duration of interviews was six hours and thirteen minutes, with a variation from nineteen minutes to one hour each.

After the pilot test, it was found that it was not necessary to make changes in data collection techniques. The data produced in this collection were included in the

analysis and the participant was requested to indicate another individual, who met the inclusion criteria, thus configuring the snowball technique or virtual snowball.[15] It was necessary to indicate new participants, because some participants did not know other individuals who met the inclusion criteria. Thus, when necessary, people were indicated, who met the inclusion criteria and who were part of the network of contacts of the responsible researcher.

All participants were recruited through social networks (Facebook®, Instagram® and/or WhatsApp®). The invitation to participate in the study covered a total of 26 individuals. There was no formal refusal to the invitation. However, 16 individuals did not return the instrument, even though contact was made to reinforce the date and time scheduled, at least twice after the initial invitation. In this sense, 10 participants were included, also considering the criterion of data saturation.[16]

During the collections, in addition to the participants, three members of the research team were present. Nevertheless, the data collection was always conducted by the same researcher, who had experience with interview technique and received training for TCS.

The almanacs prepared by the participants and transcriptions of the interviews were inserted in full into the Microsoft Word® program. Next, thematic content analysis was adopted, based on the development of three stages: pre-analysis; exploration of the material; treatment of the data obtained and interpretation.[16]

In the initial stage, an exhaustive reading of the materials was carried out in order to understand the general sense of the data, but also to select the corpus of analysis, considering criteria such as completeness, representativeness, homogeneity and pertinence.[16] For this, the tools available in the Microsoft Word® program were used, such as text color and highlighting. These resources helped in the organization and classification of information contained in each interview, and in the set of images chosen in the confections of the Almanacs.

Next was the encoding of excerpts from the participants' testimonies and images used in the Almanacs into record units, using words or groups of words that represent the meanings of the materials. In this process, the chromatic technique was used, involving the assignment of colors for each registration unit. Next, the excerpts from

each record unit were transferred and organized into a new file, in order to separate them considering their semantic affinity. This coding allowed the categorization of five themes, which derive from the data and include the experiences of paternity in the pregnancy-puerperal period, as presented in Chart 1.

Chart 1 – Organization of themes based on record units. June-October, 2021. Brazil

Theme's Title	Theme	Record units
"From the first day until the end": the father's experience during pregnancy and prenatal care	Father's participation in pregnancy/prenatal	Difficulties; participation; consultations and exams; concern; support; interest.
"Be born because daddy is here": the father's participation in labor and delivery	Father's participation in pregnancy/prenatal care during childbirth	Childbirth; cesarean section; comfort; monitoring; presence; baby exams; frustration; interest.
"It was one of the most magical moments of my life": fathers' experiences during the birth of a baby	Father's participation in childbirth	Presence; baby care; joy; emotion; monitoring.
"I tried to help": the father's participation in the immediate postpartum or postoperative period	Father's participation in the immediate postpartum period	Concern; attention; care; breastfeeding; participation; difficulties; limitations; baby care; changes in routine; work.
"I participate": the care and raising of a child from a father's perspective	Father's participation in raising the child	Care; raising; involvement; consultations; immunizations; games; participation; adaptations in routine; work.

In the last stage of the analysis, a critical and reflective analysis of the data was carried out. This allowed the development of inferences and interpretations,[16] supported by updated scientific evidence published in the scientific environment on the object of investigation.

The research project was approved by the Ethics Committee of the Educational Institution on June 22, 2021, by the Certificate of Presentation of Ethical Appreciation n. 47942621.0.0000.5323, opinion 4.798.890, as recommended by Resolution 466/2012. To guarantee anonymity, an alphanumeric identification system was used, containing the letter P as the acronym for "Participant", followed by an Arabic numeral.

Results

The participants were 10 partners who performed paternity and were between 23 and 38 years of age. All self-declared heterosexual. Six self-declared white, three brown and one black. Five had completed higher education, three incomplete higher education, one complete high school and one incomplete high school. Nine had a regular paid job and one, another type of occupation. Eight lived with their partner and the child and two with other people. At the time of data collection, children were between two months and two years and three months old.

About the images chosen in the construction of the Almanac, there is a prevalence in the choice of the image about the presence during the ultrasound examination (Figure 1a), selected by seven participants; participation in the immunization of the child (Figure 1b), selected by eight participants; participation in the cesarean section (Figure 1c), also selected by eight participants; involvement in child care (Figure 1d), selected by six participants; and participation with the partner in consultations with health professionals (Figure 1e), which was selected by seven participants.

Figure 1 – Fragments of the production of the Technique of Creativity and Sensitivity (TCS), "Almanac". June-October, 2021. Brazil

1a 1b 1c 1d 1e

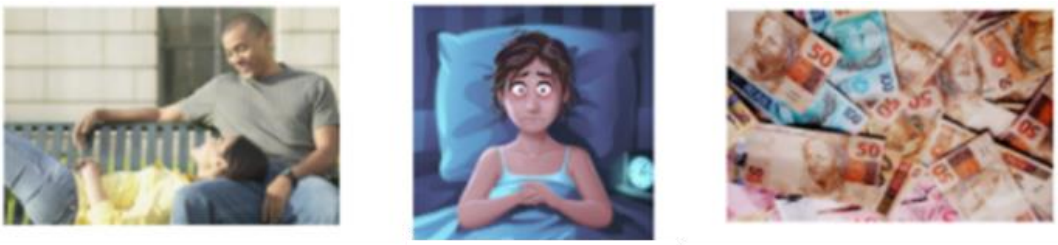
Other images were also selected, regarding the involvement in breastfeeding (Figure 2a), which was chosen by five participants; participation in domestic chores (Figure 2b), chosen by seven participants; and involvement in child play (Figure 2c), selected by five participants.

Figure 2 – Fragments of the production of the Technique of Creativity and Sensitivity (TCS), "Almanac". June-October, 2021. Brazil

2a 2b 2c

Image that involves the moment between the couple (Figure 3a) was also selected by seven participants. In addition, the choice of situation regarding possible insomnia and/or fatigue (Figure 3b) was chosen by six participants. It is also observed the choice of figure regarding financial aspect (Figure 3c), by three participants.

Figure 3 – Fragments of the production of the Technique of Creativity and Sensitivity (TCS), "Almanac". June-October, 2021. Brazil



3a 3b 3c

Situations that elucidate situations such as carrying out laboratory tests (Figure 4a), changing lifestyle (Figure 4b) and participating in the purchase of toys (Figure 4c) were also listed three, two and five times respectively by the participants.

Figure 4 – Fragments of the production of the Technique of Creativity and Sensitivity (TCS), "Almanac". June-October, 2021. Brazil

4a 4b 4c

"From the first day until the end": the father's experience during pregnancy and prenatal care

The participation of the partner in pregnancy and prenatal care was frequent. Despite the difficulties experienced with the working day and distance, participants were present directly or indirectly in prenatal consultations and in carrying out tests recommended during this period.

> *I have participated a lot [...] I went to all exams. I had to attend everything, I accompanied her. From the first day until the end of pregnancy, I was always there. (P03)*
> *I was there all the time [...] from the positive test until the child birth, I was always there. (P06)*
> *I attended all consultations, ultrasounds [...] I was always with her, I participated a lot. (P08)*
> *I was part of the whole prenatal care and pregnancy. (P10)*

Four participants were present in all prenatal consultations, five had partial participation in the consultations and one participated remotely due to the geographic distance of the partner. However, it is noted that they showed concern for the healthy evolution of pregnancy and the well-being of the mother-baby binomial.

> *I tried to participate in all the moments [...] I wasn't able to participate in the last appointments and I tried to give as much support as I could in the time I had available. I went to some exams, I always tried to be there. (P01)*
> *I was very present. I tried to go to all the appointments and all the exams [...] to see if everything was okay, if I needed any things, if I needed any medicine [...] I tried to participate as much as I could. (P02)*
> *There was one prenatal appointment that I couldn't go to, but I went to the others [...] I consider myself to have been very involved in the pregnancy. (P05)*
> *I think I was only able to participate in one appointment that I wasn't able to participate in. I participated in all the ultrasounds, exams, and monitored the growth of the fetus. (P07)*
> *I think I participated a lot, I think I was there from the first day we found out [...] I didn't go to one or two appointments with her [...] I think I participated in everything, right from the beginning. (P09)*
> *I was a little distant, I was more involved. We talked more via video call [...] it was very difficult for me to participate, even though I had the contact details of the gynecologist, who is a friend of ours. I couldn't participate directly, but rather because of her account of the consultation. (P04)*

Fathers who were unable to participate throughout the entire gestational process were present in other ways. They demonstrated support and interest in maternal and fetal well-being.

"Be born because daddy is here": the father's participation in labor and delivery

Regarding labor and delivery, three partners were able to be present throughout and seven participated in some stage of this period. It is possible to observe that they participated in different ways in both the vaginal delivery and the cesarean section.

> *I wanted to be there from the beginning, when she went into labor [...] after I arrived at the hospital, I touched her belly and said: you can come out because daddy is here. I wish I had been there for longer to help her with some technique, something, to give her a hug, to comfort her. (P01)*
> *I went to the delivery room. I was there for the entire birth. I saw her come in, lay down on the stretcher. I saw the staff using anesthesia. Preparing everything. I only left a little earlier, because when the baby was born, I was there for him in the nursery. I was there for almost everything. I couldn't be there until the very end. (P02)*
> *I wasn't with her when her water broke, but as soon as I found out, I left work, picked her up and was there for her from start to finish. I was monitoring the contractions on the clock [...] and inside the hospital, I was with her the whole time, I walked with her, I massaged her with the ball, I held her [...] I was also there in the shower, I held her hand when she was in the shower. (P03)*
> *I was there during the cesarean section and I was by her side the whole time. (P05)*
> *I was there when she was being taken out [referring to the cesarean section]. Then she went to the weighing room to do that initial screening and all the exams and I was there. I was there with her. (P07)*
> *During my partner's birth, I only participated in the moment of viewing [referring to observing the cesarean section]. I was able to follow the procedures performed by the doctor. (P10)*

The partners participated in labor, helping the partners to relieve pain with non-pharmacological methods. They were also at the embracement of the NB, in the first examinations and care performed by health professionals.

Other participants whose wives had a cesarean section mentioned that they could not participate. One of them reports the frustration for not having followed this experience.

> *Since it was a cesarean section, I had to wait for her to be anesthetized, and then I was called into the operating room [...] I was a little frustrated that I hadn't been with her since she was being prepared for the anesthesia, but these are health issues [...] when I went in, I stayed with her the whole time until the birth. When he was born, I held him, participated in the weighing, measuring and testing procedures. (P06)*
> *There were about 15 minutes when they started the cesarean section procedure and then they let me in. The birth was very quick. (P07)*
> *During labor, I stayed in the waiting room [...] and in the operating room I went*

> *in halfway through, when they let me in, but I was able to watch the birth. (P09)*
> *I tried to encourage a natural birth, talking to the gynecologist himself, talking to her [...] I asked to participate and record. (P04)*

It can be evidenced the father's participation in the encouragement of vaginal delivery. In this case, there was a prior dialogue with the health professional and his expression of interest to participate.

"It was one of the most magical moments of my life": fathers' experiences during the birth of a baby

At birth, all parents participated in some way. They reported clamping the umbilical cord and the first contact with the baby.

> *I waited for the doctor to deliver him and I believe that, at the time of birth, I did what I could do as a layman. Since I am not in the field, I didn't know exactly what I could do. I asked for help from his pediatrician who was there, asking what I could do, what I couldn't do and she would guide me [...] I did what I could do and I discovered that I could do, which was to cut the cord, be with him, dress him as soon as he was born. (P06)*
> *It was very emotional to see her being born [...] I was the first one to hold her in my arms, besides the doctors. One thing that really left a mark was that she recognized my voice when I held her. I always talked to her in the belly. She was crying a lot because they [technicians] hold, measure and weigh her. (P07)*

Other participants mentioned that they were present at birth, especially during the first examinations and care performed on the baby by the health professional. They also reported that they carried the baby to their partner.

> *I was there as long as I could. I even took him to his mother with the nurse. I couldn't stay there for more than a day. As long as I could, I participated in the birth. (P02)*
> *I was there with her the whole time. Since it was a natural birth, I held her hand. She was born and they put my daughter on top of her mother. At that moment, it seemed like she wasn't breathing very well, they started doing things like that to try to breathe and they told us, "Let's take her to another room to suction." They had to suction her nose. I left her [my partner] there, because the doctor said, "You can go there with her [daughter]." (P03)*
> *I was able to be there for his birth [...] I was able to be by her side the whole time and, after my son was born, I accompanied the pediatrician during the first exams, during his hygiene. (P04)*
> *At the moment of her birth, I shared a moment of joy and emotion, being able to see the moment she left my partner's body and right after that I was able to exchange affection with my partner. I went to a room next door so I could spend the first few minutes with her, which turned into an hour and the time I spent nebulizing her to remove the liquid that was left in her body [amniotic fluid from the respiratory tract] and then I was able to spend*

> *about 20 minutes with my daughter and my partner in a room. It was one of the most magical moments of my life. (P10)*

It is observed that the parents wanted to participate in the birth of their children. This experience was permeated by numerous feelings.

"I tried to help": the father's participation in the immediate postpartum or postoperative period

In the immediate postpartum or postoperative period, some participants reported concern with the physical and emotional well-being of their partner. They mentioned attention to postpartum bleeding, surgical wound care and breastfeeding.

> *I stayed with her the whole time. I took care of her. I paid attention to her, to what she was feeling. Because we know that there can be hemorrhage and there was [...] she said that I should sleep, rest. I know that she didn't sleep that night. (P01)*
> *I think that I participated more [...], the care has to be much greater with the incision, with the stitches, the cleaning. Medication, a question of effort [...] I had more participation during that period. (P02)*
> *I was only able to participate in the immediate postpartum [...] and during that whole time, [name of the child] was on her chest [...] the team encouraged us to think only about that moment and, mainly, she encouraged us to forget about the rest that was happening in the operating room. (P04)*
> *Since it was a cesarean section, she had to rest. I tried to stay a long time. I still try to stay a long time with them. (P05)*
> *As it was a cesarean section and there were some rules of care, I helped her with the bath [...] I brought her food and water [...] I helped with everything she needed, I tried to be present, taking care of her, picking up and reminding her when to take her medicine. (P06)*
> *We went to the recovery room. She stayed for a few hours and then went to her room. I accompanied her, I stayed with her the whole time. (P07)*

Three participants reported that the partners had initial difficulties with breastfeeding. One of them mentions that he did not know how to handle the situation and that it may have generated emotional wear on his wife.

> *There was a problem after giving birth, when she couldn't breastfeed and I didn't know how to deal with it [...] I didn't understand how breastfeeding worked [...] We were trying everything to get [my partner] to breastfeed, to get our daughter to drink breast milk, but she couldn't suckle. I tried to help sometimes, but I couldn't help her in any way, I even thought I got in the way and wore her out more, because she got more nervous and we didn't know how to deal with it and it was very stressful for her. (P03)*
> *Since we are self-employed, we set our own schedule. This allowed me to*

> *spend a lot of time with them [...] I enjoy being involved in all the processes [...] the hardest part was breastfeeding, until the baby and the mother got used to it. (P05)*
> *She had trouble getting her milk supply, she had to take medication. We were left with the job of making sure [daughter] would latch on [...] always present. (P07)*

One of the participants comments that, during hospital admission, in the first days of the baby's life, he was able to participate only in the morning and afternoon shifts. According to him, the institution did not authorize his stay on the night shift.

> *My participation in the postpartum period was more active than I thought I could have been in a hospital, given all the limitations that one can encounter in a hospital, whether in terms of travel, access, or time spent in the hospital. However, I can see that the doctors and nurses were very flexible regarding my access. I was able to spend a good amount of time, both in the morning and in the afternoon, sharing that moment with my partner and my daughter. I just couldn't "pose" with them, but I consider that my participation was very good, within the hospital's criteria. (P10)*

Parents also signaled the participation in the care provided to the baby in the first days of life. One of them reports that he postponed his work activities to be closer to the son and the partner.

> *I was able to help with the first bath, with feeding both her and his, [...] help with the correct latch, and since it's a first-time mother and father, we stumble a lot. (P04)*
> *In the early days, I was the one who bathed our son, who changed his diaper, those things were all my responsibility. (P06)*
> *I remember that in those early days, I ended up canceling most of the work I had to do so I could spend more time with him. The family was close by. Father, mother, all the grandparents around, watching too. (P07)*

The change in family routine was a recurring aspect in the postpartum period. Given this, there was a need to re-plan the partners' work activities.

"I participate": the care and raising of a child from a father's perspective

Eight participants reported participating fully in the care and raising of the child. Two showed participating punctually. They indicated involvement in the choice of school, clothes and toys, daily care, consultations with health professionals, immunizations and everyday games.

> *I participate in everything! I participate in everything that happens. Even in choosing the school. We went to visit with him to see how he would react at the place [...] we are always looking for toys that stimulate him, playing games that stimulate him [...] when it is time to choose the pediatrician, the vaccines that are available at the clinic and at the pharmacy, we go and*

> *research together. We choose the clothes together. (P01)*
> *I have not participated in her care very often, because we do not live together yet. I do not participate much, but I am always present. Every day I spend time with him, I play a little, I talk. (P02)*
> *I actively participate in the hours that I am not working. I always stay with her at night [...] I go to all her pediatrician appointments and all her vaccinations [...] one thing that we have always been very concerned about was the issue of the stimuli that we would offer her, linked to her development. We have always studied this a lot and it has worked out quite well. (P07)*
> *I've always been with her, I've never let her lack anything. I'm always playing, encouraging her [...] I work, when I get home in the morning, her mother is leaving. I go home, sleep with her. Then we wake up, I give her lunch. We play a little, then I take her to the park, to her grandmother's. I go out with her to ride my motorcycle, I play with her around the apartment. (P08)*
> *I participate in all aspects of her life and her day, I'm there, from putting her to sleep, waking her up and making coffee, taking care of her hygiene, playing, trying to be as non-clingy as possible. I consider myself an overprotective father, even too much so. (P10)*

Given this context of participation in the care and raising of children, one of the participants expresses what this experience has been like in his life.

> *It's been challenging. It's something new every day, but it's also rewarding, something that I've discovered is that I'm a different father every day [...] I've grown a lot both as a person and as a professional, because I've also had to learn to adapt my study and work schedules, and class preparation. I've been enjoying every minute of it. It's been enriching for me. (P06)*

There is a clear need for personal and professional adaptations in family life. These adaptations aim to experience fatherhood in a more active and participatory way.

Discussion

The literature reinforces that, in recent years, father's participation has been encouraged and valued in the pregnancy-puerperal period in government actions.[3,10] The *Rede Cegonha*, for example, was a strategy established in 2011, which aims, among many, to encourage the participation of the father/partner in prenatal care. This perspective demonstrates an advance capable of contributing to the change in binomial mother-baby conformation, including the companion in this process.[3,8]

In the study on screen, it was found that father's participation in the pregnancy-puerperal period is a frequent process, despite limiting factors. In this sense, it is pointed out that this period is conducive to the involvement and effective inclusion of

that who will perform paternity in the family structure.

In the first theme, which deals with the father's experience during pregnancy and prenatal care, the testimonies of the participants show that the absence from prenatal consultations was often associated with the working day, thus signaling the need for greater awareness of health professionals and services. In this sense, it is considered fundamental to adjust the hours of attendance, in order to allow greater parental participation and/or the creation of strategies that provide their inclusion.

Under this perspective, the Ministry of Health has developed a guide for health professionals about male prenatal care in order to bring the father figure closer to the pregnancy cycle.[8] Ordinance n 1.474 of September 8, 2017, incorporated as procedure the Partner's Prenatal in the Unified Health System (UHS), reaffirming the need for active parenthood and also demonstrating concern with the partner's health, from the execution of health approaches that were previously restricted to the pregnant woman. However, adjustments are still needed to meet the specificities of these partners, considering, for example, their gender identity and/or sexual orientation, perspectives that are not always thought of in health actions.

Moreover, although these actions demonstrate significant progress concerning greater participation of the partner, a significant number of men do not attend, for example, prenatal care because they are involved in another activity at the same time, such as work. Due to labor obligations, their participation is hampered, as well as their effective insertion in prenatal care.[3] This reality only reinforces the conceptions that this period is an exclusive experience of women. In the face of this obstacle, an alternative would be to extend the hours of operation of health services, with the purpose of encompassing a larger public, from the flexibility in the schedules.

Another problem identified by authors involves the lack of interest and knowledge about the importance of parental involvement, as well as the maintenance of social norms that reinforce the idea that men should be the main providers, reflecting the low adherence of partners.[17-18] In this context, factors such as low wage income and schooling may also further hinder paternal participation.[3]

In this sense, it is worth considering that, in the present study, at least five participants had completed higher education and nine had a fixed paid job. Although

these data are not determinant to explain the results, it is possible to infer that they represent aspects that contribute to participation and involvement more frequently.

Regarding prenatal care, it is considered that it requires qualified listening and embracing moments, respecting the autonomy of the pregnant woman and providing the participation of the partner in an active way, with a view to promoting gender equality in the contexts of motherhood and fatherhood.[18-19] Paternal participation has been resignifying this phase of transformations that, traditionally, was effectively experienced only by women, at the physical, psychological and social levels. Thus, the involvement of the partner is fundamental for the creation of bond with the partner and son, which can be expanded and solidified over the period of pregnancy and puerperium.

The participants of the study were also constantly concerned about the healthy evolution of pregnancy and the well-being of their partners. The same zeal was also observed in studies, which identified the participation of partners in consultations and examinations,[2-3] and in caring for food and tasks that required maternal effort.[2]

In the second theme, which involved the father's participation in labor and delivery, it can be observed that his presence promoted the physical and psychological well-being of the parturient. The literature points out that, in childbirth, the participation of the partner may provide a reduction in the labor time, fewer interventions and a reduction in the anxiety and fear of delivery of the parturient woman.[19] It is also associated with the greater possibility of the woman receiving analgesia, using non-pharmacological methods for pain relief, choosing the position for delivery and less likely to be tied.[20]

In the testimonies, it is possible to note that their participation was also appropriate for the use of non-pharmacological methods of pain relief, corroborating the findings of a study,[20] which shows that the paternal presence contributes to the use of non-pharmacological methods of pain relief. In addition to assisting the use of these methods, the paternal presence is also considered an effective strategy for pain relief. The partner can provide emotional support, comfort, security and other benefits that may decrease the woman's sense of anxiety and fear.[20]

Some participants were not present from the beginning of the cesarean section,

highlighting the difficulty found in health services about the effective inclusion of the companion in this procedure, and this restriction generated a feeling of frustration in

one of the fathers. Authors note that many caregivers encounter difficulties in fully monitoring the delivery due to resistance from health professionals and institutions, which often claim to have an inadequate physical structure to receive them.[21]

In the cesarean section, resistance to the presence of the companion is even more frequent. The professionals mention that the accompanying person may interfere with the assistance offered by being in an environment whose dynamics are unknown.[21] Thus, it is essential for health professionals to identify the demands presented by the accompanying person and explain and resolve questions about the assistance provided.[22] Educational technologies, such as booklets, are resources that can assist in this process by allowing preparation and guidance, as well as the involvement and participation of fathers in the parturitive process.[23]

Still facing the historical problem involving paternal participation in childbirth, it is reinforced the existence of Law 11.108, which guarantees the right of companion to the parturient during the pre-birth, delivery and immediate postpartum, which may be the partner or another person chosen by her. This law has allowed overcoming the cultural and gender barrier, contributing to the insertion of the figure of the companion in the process of childbirth. However, it is necessary to disseminate and discuss the law constantly by health professionals, seeking to empower women, companions and family members about their rights.

In the third theme, which involves the paternal experiences at the birth of the baby, it can be observed that the partners did not have expectant posture. They participated actively and effectively during the birth of their children, and these experiences generated unique and often ambivalent feelings and emotions.

The paternal participation in a constant and effective way allows resignifying the "being a father". This change is capable of having repercussions in changes in the social and gender construction, which traditionally designated aspects related to reproduction and child care only to women, leaving the one who performs

paternity away from that context.[4-5]

The paternal participation in the birth of the baby, as observed in the testimonies, allows them to share situations and feelings that were previously experienced only by the woman and/or health professional, such as holding the child for the first time and cutting the umbilical cord. In this direction, the participation and involvement of parents can generate a sense of appreciation, strengthen and expand ties between the couple and with the child.[5,10]

The findings of the study are consistent with the results shown in a research,[22] in which parents demonstrated the importance of being present in the first minutes of life. In this sense, for many companions, birth is the materialization of fatherhood.[5]

It was also observed that, in the first days of life of the baby, one of the participants moved away from work activities to establish an effective support network for the partner and the child. The family was also included in this process, demonstrating that the pregnancy-puerperal period can represent a family event and not only female.

The birth of a child can directly reflect on the dynamics of the couple and family. The change in demands generated in this period is important, requiring the articulation and division of activities and responsibilities between the couple and/or family. For many parents, the arrival of a child may provide changes in the organization of work activities.[5]

In the meantime, paternity leave, provided for by law, can contribute to more participatory parenthood, promoting the establishment of a bond between father and child and reflecting on the care and adequate development of the child. Nevertheless, the limited time set in the legislation may be challenging for new family dynamics, making it difficult for the partner to participate effectively. Such a context may reflect on demands exclusive to women, in addition to overload. Therefore, discussions and considerations about paternity leave are necessary, considering the possibility of extending the current period.

In the fourth theme, which deals with the participation of the father in the immediate puerperium, reports of difficulties with breastfeeding were identified. This situation can represent a stressful factor and provide ambiguous feelings, which affect

not only the woman, but also the partner. In this sense, one of the participants reports not having understood how breastfeeding worked, which may indicate that the subject was poorly clarified or addressed in prenatal follow-up.

The breastfeeding process can be complex and multidimensional, involving all who have bond with the mother as a companion. Research developed with 152 women, aiming to identify the people who act as primary source of support and influence in breastfeeding, revealed the partner as the person that provides most support in adherence and maintenance of this practice, confirming its importance in this experience.[24]

The solidification of a support network and the involvement of the partner directly in the breastfeeding process may be essential for the adherence and maintenance of this process.[25] Therefore, health professionals need to discuss this topic from the prenatal care, thus allowing the inclusion of the partner in this process, helping him to understand and raise awareness about his co-responsibility in the face of possible difficulties and intercurrences that may arise during this period.

The puerperium, as seen, may have common characteristics in different family nuclei, representing a transition period. Thus, in the first moment of family adaptation, participants assumed or shared the care of the NB with their partner, deconstructing the cultural practice of assigning this role only to the mother.

Review article signals the possibilities of parental participation. The authors cite the assistance in the care of the partner, the division of tasks related to the domestic sphere and the support and encouragement at the time of breastfeeding and in preventing complications linked to this practice.[11] These possibilities reflect the changes experienced throughout history on the paternal social representation, which was initially seen as absolute master of the family, and that, nowadays, is observed as a more present, participatory and close figure of the family and domestic affairs.[26]

The care listed by the participants demonstrates their participation and involvement in the care of the partner and the child, showing changes in the routine and activities developed by the couple. These findings are similar to those described by authors,[4] who observed that the activities performed by fathers resemble in different

family conformations, covering aspects aimed at the needs of the NB, such as changing diapers, body hygiene and preparation of food. There are also concern and involvement with education and participation in children's games.

In the fifth theme, which addresses the care and raising of the child from the paternal perspective, it is possible to see that fatherhood represented a process of personal redefinition, able to reflect on new social roles and responsibilities, overcoming the historical concept that the father was only the financial provider. The active participation of participants was linked to the needs experienced by the child and family.

Study conducted with 15 fathers identified that all their partners were inserted in the labor market, an increasingly common and frequent aspect in the current context. This reality has been reflected in the deconstruction of the patriarchal perspective and expanded the perspectives on paternity. Although many fathers still understand the paternity tied to material and financial provision, the changes that have been occurring are visible. It has been increasingly observed that, for the effective exercise of paternity, greater participation of the father figure in the care of the child is necessary.[4] Review study indicates that, currently, the paternal role has included actions of care, education and provision of children, demonstrating that the man can contribute to family subsistence, but also develop role of educator, which leads children throughout life.[7]

About the possibilities of parental participation in this perspective, it can be inferred from the speech of a participant that the absence of daily living with the companion is configured as a limiting aspect for his participation in the care and raising of the child, despite his participation whenever possible. Furthermore, one participant reported that being a first-time father may be corroborated as a limiting but not an impediment to developing child care. Thus, it is understood that paternity can be permeated by feelings of fear and insecurity, in front of new assignments.

In the testimonies, it is remarkable the desire for change in social construction, which involves the traditional definition of paternity, demonstrating the search for new possibilities of exercise and experience of this role. The participants show new discoveries, experiences, challenges and wishes to be involved in the pregnancy-puerperal period, playing new possibilities of paternity. In this sense, the findings can

provide subsidies to nursing professionals about the nuances and benefits of effective and participatory parenthood, as well as providing reflection on paternal insertion in health institutions.

Health professionals and services need to act in the creation of health strategies that allow access, inclusion and parental participation, in view of the positive repercussions generated by their presence and inclusion. The insertion and creation of a link with the health service can be appropriate for carrying out actions of health promotion and prevention related not only to maternal and child health, but also to men's health.

The theme is still appropriate for university-community integration, in the sense of creating extensionist strategies with these companions, which can favor and enhance the discussion of the theme, in addition to providing the insertion of nursing graduate students in this context, which can contribute to professional training and reflect on future assistance to the population.

It is considered that the pandemic context may have generated a limitation to the study, generating the need for data collection on digital platform. This situation may have limited the participation of individuals who did not have access to the internet. It was also observed that all participants included in the survey had access to the supplementary health system, which may have reflected in the results found.

It is indicated the need for studies covering individuals who develop paternity and have access exclusively to the UHS, thus verifying their possibilities of participation in the pregnancy-puerperal period. In addition, the research had only heterosexual participants, limiting the findings to the heteronormative model traditionally established in society. In this sense, studies covering new family configurations are fundamental.

Conclusion

The study allowed knowing the perception of the partner about the experience of paternity in the pregnancy-puerperal period. The participants' testimonies allow considering that paternity may be permeated by unique, cultural, social and economic and political factors. In the participants' life contexts, positive repercussions are

observed in the family triad due to paternal participation. Changes in social identity, creation of early bond with the baby and promotion of physical and emotional well-being to the partner are also noted.

The paternal experience was permeated by ambivalent feelings, challenges and new possibilities for the family structure, demonstrating the importance of the support network. In addition, the paternal participation in the pregnancy-puerperal period was frequent, with demonstration of effective support to the companion. Still, some difficulties were identified, such as barriers to access to some health services, absence of these in certain situations and doubts about themes related to the exercise of parenthood, making it difficult to engage properly and allowing the perpetuation of their distance.

The findings may indicate that the current exercise of paternity has been changing and overcoming the limiting historical and cultural aspects, which corresponded to material provision and passivity. Paternity is an opportunity for the partner to engage in the care of the partner and the child, actively acting in health promotion and domestic activities. The involvement of the partner can help in the redefinition of the paternal role in today's society, triggering personal maturation and benefits to the family and social context.

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Funding: Research Support Foundation of Rio Grande do Sul (FAPERGS)

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How to cite this article

Souza BP, Knapp LEP, Wilhelm LA, Lipinski JM, Schmalfuss JM, Prates LA. Contemporary possibilities of the experience of paternity in the puerperal pregnancy cycle: qualitative study. Rev. Enferm. UFSM. 2024 [Access at: Year Month Day]; vol.14, e33:1-26. DOI: https://doi.org/10.5902/2179769287842